UNIVERSAL
LIBRARY

OU_150798

UNIVERSAL
LIBRARY

OSMANIA UNIVERSITY LIBRARY

Mc Dougall, william
outline of abnormal
Psychology. 1948

~~8 MAY 1987~~

—28-4-81—10,000.

OSMANIA UNIVERSITY LIBRARY

132
M130

Accession No. 1840

Mc·Dougall, William

Outline of Abnormal Psychology

ok should be returned on or before the date last marked below

AN OUTLINE OF ABNORMAL PSYCHOLOGY

WORKS BY THE SAME AUTHOR

PSYCHO-ANALYSIS AND SOCIAL PSYCHOLOGY. (Methuen).
THE RIDDLE OF LIFE. (Methuen).
PRIMER OF PHYSIOLOGICAL PSYCHOLOGY. (Dent).
AN INTRODUCTION TO SOCIAL PSYCHOLOGY. (Methuen).
BODY AND MIND. (Methuen).
PSYCHOLOGY, THE STUDY OF BEHAVIOUR. (Home University Library).
THE GROUP MIND. (Cambridge University Psychological Series).
NATIONAL WELFARE AND NATIONAL DECAY. (Methuen).
AN OUTLINE OF PSYCHOLOGY. (Methuen).
ETHICS AND SOME MODERN WORLD PROBLEMS. (Methuen).
THE AMERICAN NATION. (Allen & Unwin).
CHARACTER AND THE CONDUCT OF LIFE. (Methuen).
JANUS, THE CONQUEST OF WAR. (To-day and To-morrow Series).
MODERN MATERIALISM AND EMERGENT EVOLUTION. (Methuen).
WORLD CHAOS, THE RESPONSIBILITY OF SCIENCE. (Kegan Paul).
THE ENERGIES OF MEN. (Methuen).
RELIGION AND THE SCIENCES OF LIFE. (Methuen).
FRONTIERS OF PSYCHOLOGY. (Nisbet).
THE PAGAN TRIBES OF BORNEO. (Macmillan). (*In conjunction with* DR. C. HOSE).

AN OUTLINE OF ABNORMAL PSYCHOLOGY

BY
WILLIAM McDOUGALL, F.R.S.

SIXTH EDITION

Post Graduate Library
College of Arts & Commerce, U.

METHUEN & CO. LTD.
36 ESSEX STREET W.C.
LONDON

Copyrighted and Published in the United States of America 1926

First Published in Great Britain	*July 8th*	*1926*
Second Edition	*December*	*1933*
Third Edition	*March*	*1940*
Fourth Edition	*December*	*1944*
Fifth Edition	*June*	*1947*
Sixth Edition		*1948*

CATALOGUE NO. 3634/U

PRINTED IN GREAT BRITAIN

PREFACE

"At this time," writes Prof. Eugene Bleuler, "one of the most important, if not the most important, of all paths to a knowledge of the human soul is by way of psychopathology." This dictum of a great psychiatrist seems to me indisputable. In writing my "Outline of Psychology," I omitted all consideration of the facts and theories of mental disorder, in the hope of discussing them in a later volume. That hope is realised by the appearance of the present work. The two volumes, though published separately, are essentially two parts of one book, and in this volume I have found frequent occasion to refer to the earlier one as Part I. I wish to emphasise the complementary nature of the two volumes. I hope that their conjunction may do something to bridge the gap between academic psychology and the study of the neuroses and psychoses, a gap which remains regrettably wide. Its width is due to the fact that the two lines of work, the study of normal mental life on the one hand, and of the disorders of mental life on the other, have been pursued by groups of workers who have but little contact with one another. While the academic psychologists have concentrated their efforts for more than a generation upon the development and application of the experimental methods of the laboratory, the study of the disorders of our mental life has remained in the hands of medical men, who, with few exceptions, have had little sympathy with the endeavours of, and little knowledge of the results achieved by, the academic psychologists. It has been the fashion among psychiatrists to introduce their text-books with a chapter or two on normal psychology; but such chapters have been for the most part very perfunctory and inadequate. And the most fruitful of all the medical movements in the field of psychopathology, that of Prof. Sigmund Freud and his school, has proceeded with an almost ostentatious neglect of academic psychology, and a

consequent widening of the breach. Within the field of psychopathology also there is a regrettable lack of harmony and consensus of opinion. The field is cultivated by a number of warring schools whose teachings are so widely different that to a layman they might hardly seem to be concerned with the same topics and the same problems.

In view of this situation, I have held before me, as a principal object to be attained, the bringing together in one consistent scheme what seems to be soundest and most fruitful in contemporary academic psychology and in the teachings of the various schools of abnormal psychology. And especially I have made it a principal object to incorporate in academic psychology whatever seems of most value in the teachings of the various schools of psychoanalysts. Unlike many of my academic colleagues, I do not regard the psychoanalytic movement with indifference, still less with hostility. I believe that Prof. Freud has done more for the advancement of psychology than any student since Aristotle. At the same time, I by no means accept all of his teachings; I regard much of the current psychoanalytic doctrines as ill-founded and somewhat fantastic. But it would, I hold, be a great service to single out what is sound and true in these doctrines and to bring it into harmony with the main body of psychological science. I have striven to contribute towards the accomplishment of this task by including in this volume a critical exposition of the views of Freud, and, in less detail, of those of Drs. C. G. Jung, Eugene Bleuler, Alfred Adler, and other leaders of the psychoanalytic schools. If some of my criticisms seem severe, I would beg the reader to believe that they are written in no spirit of hostility, but rather in one of sincere appreciation of the great work that is being done by medical students of the human mind.

I have not attempted to conceal my opinion that the Freudian school retains something of the nature of a closed coterie or an esoteric sect, most of the members of which are too much dominated by their great leader. They show too strong a tendency to accept, somewhat uncritically, as an indivisible whole, the complicated system of Freudian psychology, and to demand on the part of others a similar acceptance. I find in a recent publi-

cation[1] a statement of this attitude towards Freud, attributed to one of his "most brilliant younger disciples in Vienna, a teacher and analyst." Mrs. Parker, the reporter of the statement, had remarked of one of the published works of a compatriot—"It's hard to find any book where every word is beyond question. No man is God." She goes on as follows: "'No,' the Austrian mused, 'of course no man is God.' Then he sat up suddenly. 'Yes, yes, one man is God—Freud.' He pointed to his newly bought complete writings of Freud in ten volumes. 'Every word in these ten volumes is absolutely correct. Freud is 100 per cent right. No—200 per cent. Every word Freud has written is absolutely correct. Every word he will write is absolutely correct.'" Now this incident, if it is authentically reported, remains no doubt a whimsical caricature of the attitude of the good Freudian. But, like all good caricatures, it expresses, while overstating, a truth.

The prevalence of the attitude thus caricatured among members of the Freudian school renders difficult all profitable discussion of the Freudian doctrines; and the difficulty is greatly increased by the opposite attitude, one of derisive scepticism, which has been prevalent among those physicians and psychologists who have not fallen under Freud's influence. This attitude of complete negation has been given numerous expressions, one of the most temperate of which is the following passage from Prof. Pierre Janet's latest book, "The Principles of Psychotherapy": "It is interesting to note that we are again concerned with a psychotherapeutic method whose roots extend into the French animal magnetism. Psychoanalysis is to-day the last incarnation of those practices, at once magical and psychological, that characterised magnetism. It maintains the same characteristics, the use of imagination and the lack of criticism, the vaulting ambition, the contagious fascination, the struggle against orthodox science. It is probable that it also will meet with undeserved appreciation and decline." Prof. Janet here speaks as the representative of both orthodox medicine and orthodox psychology,

[1] "The Capital of Psychology," by C. S. Parker, *Survey Graphic*, September, 1925.

in implying that the psychoanalytic movement, including not only that of the Freudian school but also that of the various derivative schools, is destined soon to fade away and to figure in the history of medical science as merely one more of the many strange occultisms that from time to time have obsessed some considerable fraction of the medical world. I cannot accept either of these extreme estimates of the value and significance of the movement initiated by Freud. The present acute opposition of opinions seems to me most unfortunate; and I have striven to play the part of a mediator, by recognising and expounding what seem to me the contributions of great and enduring value made by the psychoanalytic movement, while criticising freely those psychoanalytic teachings that seem to be ill founded.

It may perhaps be in order to say a few words about my qualifications to undertake this task of exposition, criticism, and mediation. The breach I seek to heal has arisen largely from the fact that the academic psychologists for the most part have enjoyed neither medical training nor extensive opportunities for the study of mental and nervous disorders; while the medical men who have devoted themselves to such studies have had as a rule little training in or contact with academic psychology, a state of affairs well-nigh inevitable and not easily to be remedied in the future. Since my undergraduate days it has been my aim to contribute to the science of the mind. But it was not easy to decide what was the most profitable line of work; whether to adopt the profession of a metaphysician, an academic psychologist, a physiologist, a neurologist, or a psychiatrist. These were the alternatives presented by the organisation of the learned world as it then was. The somewhat stagnant condition of psychiatry and medical neurology at that time, and the promising development of the experimental methods of psychology, led me to choose the second of these lines of approach. But I went through with my medical studies and have continued to keep in touch to the best of my ability with the modern developments of neurology and psychiatry. Since qualifying as a medical practitioner nearly thirty years ago, there have been few times when I have not been in touch with one or more cases of mental or nervous disorder; and I have from time to time made special studies in the field of

hypnosis, regarding it as a most important and neglected field of experimental psychology. When the War came, I was fortunate in having the opportunity greatly to enrich my most inadequate clinical experience. For some five years my time and energy were wholly devoted to the care and study of cases of nervous and mental disorders in soldiers. And I was especially fortunate in that, during the early years of the war, I was stationed at Netley hospital. At that time the British army in all parts of the world sent to Netley all cases regarded as mentally disordered; and it was my duty to select and care for, from among this immense and steadily flowing stream, all cases that seemed capable of being managed in open wards. In this way there came under my care a series of cases of functional disorders which, in respect of variety and severity, was probably unique.

I have also enjoyed the great advantage of having my dreams analysed by Dr. C. G. Jung. But, to my great regret, I have not been analysed by a Freudian analyst; for it seems probable that no Freudian will attach any weight to the reasonings of a critic who has not been subjected to that process. I have attempted to compensate for this deficiency by reading as carefully and sympathetically as possible a large part of the very extensive Freudian literature.

This volume makes no pretension to be a text-book of psychiatry, of functional neurology, or of psychotherapeutics. Its standpoint is not that of the clinician or medical specialist, but rather that of the student of human nature. It is therefore but little concerned with the classification of diseases. I have rather sought to discuss in separate chapters each of the principal types of disorder-processes, processes which enter in various combinations into the recognised clinical pictures of disorders. I have confined my attention to those disorder-processes that seem to be of a functional nature, making no attempt to deal with the vast field of disorders due to organic lesions.

The endeavour to combine exposition with a running criticism of views which I do not wholly accept has led to numerous repetitions and overlappings which may be vexatious to many readers. I offer my apologies to these and would ask them to remember that these defects may be advantageous to those readers who

may take up this book with little previous acquaintance with these difficult topics.

In discussing the problems of abnormal psychology one is under the temptation to encumber one's pages with descriptions of an excessive number of cases. I have, I hope, successfully resisted this temptation; in connection with each topic I have cited only the minimum number of cases required for adequate illustration. These illustrative cases I have selected as far as possible from my own clinical note-books; but have drawn many of them from the extensive literature of abnormal psychology published in French, German, and English. I make no apology for the fact that a considerable proportion of the cases described are those of disorders incurred by soldiers during the Great War. The selection of cases presented is partly due to the predominance of military cases in my own clinical experience; but the inclusion of the military cases is justified by the fact that very many of them are, as compared with civil cases, relatively simple and transparent, and therefore especially well suited to serve as illustrative material.

I am well aware that there is no finality about any of the views propounded in these pages. I regard this volume as an early, if not a first, attempt to bring into something like systematic order a very large and difficult province of science, hitherto cultivated in patches rather than as a whole. And I am convinced that psychology will make rapid progress in proportion as it succeeds in assimilating the products of this fertile province. As regards psychology itself, I obstinately continue to be optimistic. For me psychology as it exists is no "nasty little science," but rather the beginnings of a science which is destined to be recognised as fundamental to all the human sciences. I carry this optimism very far. I anticipate that at no distant date, perhaps before the end of the century, even the University of Oxford may begin to take interest in the human mind and may set her hall-mark upon psychology by giving it a recognised place among her studies.

At the present time the main difficulty in the way of progress is the extent of the studies required in order to achieve something like general competence in the field of psychology. A single lifetime seems hardly sufficient. By the time one begins

to find one's feet, one's energy and enthusiasm are flagging. Whether the progress of science will effect so great a simplification of the tasks of the psychologist as to remove this difficulty I cannot foresee. In the meanwhile, we of this generation must be content if we can hope that by our labours we may shorten a little, for those who will come after us, the long road by which we have attained, as we believe, some slight insight into the mysteries of human nature.

I have to thank the editors of several journals for permission to make use of matter contributed to their pages, more especially the editors of the *Journal of Abnormal and Social Psychology; The American Journal of Psychiatry; Brain, a Journal of Neurology;* and *The Proceedings of the Society for Psychical Research.*

I wish also to express my deep indebtedness to my friend Dr. Edouard Sandoz, who has read the proofs and made many important suggestions for the improvement of the text.

W. McD.

CONTENTS

CHAPTER		PAGE
I.	Sketch of the Schools of Abnormal Psychology	1
II.	On the Nature of Functional Disorders in General	30
III.	Fatigue, Drugs, and Sleep	57
IV.	Hypnosis	81
V.	Theory of Hypnosis and Suggestion	103
VI.	Theories of Suggestion of Janet and Freud	127
VII.	Dreaming	137
VIII.	Freud's Theory of Dreaming	157
IX.	Jung's Theory of Dreaming	188
X.	Day-Dreaming	205
XI.	Conflict, Repression, and the Complex	215
XII.	Dissociation	234
XIII.	Automatisms—Fugues, Somnambulisms, Fits	253
XIV.	Vague Fears and Anxieties	263
XV.	Symbolisation and Symbolic Symptoms	272
XVI.	Regression	281
XVII.	Tics and Stereotyped Movements	299
XVIII.	Compulsions and Obsessions	304
XIX.	Perversions of the Sex Impulse	321
XX.	Delusions	333
XXI.	Hallucinations	344

CHAPTER		PAGE
XXII.	Exaltation and Depression	352
XXIII.	Schizophrenia	370
XXIV.	Epileptoid Seizures	397
XXV.	Freud's Views on the Nature and Causation of Neurotic and Mental Disorders	402
XXVI.	Freud's Therapy	422
XXVII.	Dr. Alfred Adler's Theory of the Neuroses	429
XXVIII.	Psychological Types and Their Relations to the Disorder-Process	435
XXIX.	Psychotherapeutic Methods and Mental Hygiene	451
XXX.	Alternating Personalities	482
XXXI.	Coexisting or Coconscious Personalities	490
XXXII.	Trance Personalities	507
XXXIII.	Theory of Personality and of Its Disintegration	518
XXXIV.	Integration and Disintegration from the Point of View of Consciousness	541
	Appendix—The Definition of the Sexual Instinct	557
	Index	567

LIST OF ABBREVIATIONS OF TITLES OF WORKS FREQUENTLY REFERRED TO

Brit. Journ. of Psych. = *British Journal of Psychology*, Cambridge.

Brit. J. Med. Psych. = *British Journal of Medical Psychology*, formerly *British Journal of Psychology* (Medical Section).

Am. Journ. of Psychiatry = *American Journal of Psychiatry*, formerly *American Journal of Insanity*, Philadelphia.

Mind = *Mind*, Quarterly Journal of Psychology and Philosophy, London.

Brain = *Brain*, a Journal of Neurology, London.

Studies of Personality = *Studies of Personality*, a Volume in honour of Dr. Morton Prince. Edited by A. A. Proback. London and New York, 1925.

The Lectures = *Introductory Lectures on Psycho-Analysis*, by Sigismund Freud, Eng. Trans., London.

Part I = *Outline of Psychology* (W. McDougall), London and New York, 1923.

Journ. Abn. Psych. = *Journal of Abnormal and Social Psychology*, formerly *Journal of Abnormal Psychology*, Boston.

OUTLINE OF ABNORMAL PSYCHOLOGY

CHAPTER I

SKETCH OF THE SCHOOLS OF ABNORMAL PSYCHOLOGY

There are two great classes of disorders of our mental life, those that are directly due to organic lesions of the nervous system and those which seem to imply no such lesion, no gross injury to the structure of the brain, and which are therefore called "functional disorders." This distinction is discussed and defended in Chapter II. Its theoretical validity may be challenged; but there can be no question that, for all practical purposes, it is useful and important. The whole field of abnormal psychology falls into two corresponding divisions, concerned respectively with the organic and the functional disorders. Both have been assiduously cultivated in our time and are yielding good fruit; but hitherto the personnel and the methods of the two divisions are largely distinct; and only the most general conclusions reached in either division can be applied to the problems or correlated with the data of the other. Owing to the immense difficulties of research in the organic division, it remains relatively chaotic and obscure. The functional division is at the present time much the more profitable for the student of human nature; and this volume attempts to review the functional disorders only. The psychiatrist, governed by practical considerations, necessarily concerns himself with disorders of both classes. I ask the reader to pardon my use of the expression "abnormal psychology" in the restricted sense of psychology of functional disorders, and to understand that the present chapter is concerned, not with the various schools of psychiatry, but only with the schools of thought that are attempting to achieve some consistent interpretation of the functional disorders.

Until recent years few psychiatrists recognised any mental disorders as of functional origin. With few exceptions they accepted the structuralist theory that all disease of the mind is primarily disease of the brain. At the present time few of them would repudiate all interest in psychological interpretations; but the majority probably assign only a very small proportion of the disorders in which they are practically interested to the psychogenetic group. The increasing recognition of functional genesis of mental disorders is well represented in successive editions of Prof. Kraepelin's "Handbuch der Psychiatrie."

It is now generally recognised that cases of functional disorder are very frequent and of many different types.

Medical men are no longer content to dismiss every such patient as a malingerer for whom the only prescription required is some severity of treatment that will induce him to relinquish his pretense of disease. In the early days of the War I heard a medical officer of the rank of general declare emphatically that every case of "shell-shock" should be shot forthwith as a malingerer. That remark expressed very well a prevalent medical attitude. The occurrence of functional disorders in immense numbers during the Great War, and especially in soldiers of proved courage and virility, has done much to bring about a change of opinion; and it has led to keen interest in, and an intensive study of, such cases on the part of a large number of medical men. The War imposed on a multitude of men a moral strain which, in respect of intensity and duration, has never been equalled in civil life or in previous wars, save only in rare cases. Under this strain not only the weaklings went down, but also the strong, men of unusually strong constitution, in both the physical and the moral sense. It was a matter of pretty general agreement among medical officers in the British army that, in respect of percentage of cases of neurotic disorder, there was little difference between the commissioned officers and the lower ranks. Officers of the highest intelligence, education, and morale were by no means immune.[1] And it was especially

[1] It was also a matter of general agreement that, although there was little difference in respect of proportional frequency, there was a well-marked difference in respect of the type of disorder to which the higher and lower ranks fell victims. The

noticeable that there was a large incidence of functional disorders among the non-commissioned officers; and not only among those who had volunteered or been conscripted for the War, but also among the seasoned veterans of the Regular army, a particularly fine class of men. I, for one, had under my care many officers of fine type, as well as many a fine sergeant-major of long service and distinguished record.

The same facts have done much to make untenable another and allied view that used to be widely held in medical circles; the view, namely, that only persons of defective, degenerate, unstable, or inferior constitution, or of organically impaired constitution, are liable to functional or neurotic disorder. If a few of those who had large experience of the War cases still hold to that opinion, they, I believe, constitute a distinct minority. And they are able to maintain their opinion only by postulating that the implication of the convenient, but inaccurate, term "shell-shock" (applied to so many of these War cases) was literally true; the implication, namely, that the nervous system of the patient had been impaired by the physical concussion which so many of the patients had suffered in various degrees. In a few cases such impairment was demonstrated by *post-mortem* examination, which revealed numerous small hemorrhages in the brain tissues. But, though it remains probable that physical concussion did play a part in a considerable number of cases, by impairing the soldier's resistance to functional disorder, there were many cases of functional break-down in men of fine physique and morale in which there was no history of concussion.[1]

officers were less liable than the private soldiers to disorder of the hysteric or dissociative type; among the officers neurotic disorder took most frequently the neurasthenic form. As will be made clear in later chapters, I use the terms "hysteric" and "neurasthenic" in a very broad loose way to denote the two main types of functional disorder. The hysteric type is characterised by symptoms of dissociation; the neurasthenic (with which I include the psychasthenic) by symptoms of continued repression and conflict. Most of the authorities observe no clear distinction between symptoms of dissociation and those of repression. To my mind there is in principle a clear and broad distinction to be made between symptoms of these two kinds, although some cases present symptoms of both kinds.

[1]There were, of course, many cases of actual concussion and resulting brain-injury. In the more severe cases the fact of organic impairment could readily be diagnosed,

It is, however, in my opinion very improbable that any man of entirely sound constitution and morale will suffer from functional disorder in consequence of moral shock of any kind, unless his powers of resistance have been weakened by prolonged strain and fatigue, with insufficient rest and sleep, or by a series of shocks that have exerted a cumulative effect.

While all medical authorities now recognise that the large class of disorders classed as psychoneuroses are functional (in the sense that the symptoms are not due to any gross and enduring impairment of the nervous or other tissues and that in their genesis and cure mental factors are of great importance) there continue to be wide differences of opinion as to some of the disorders generally classed as true psychoses or insanities, notably those forms known as manic-depressive insanity, *Dementia Præcox* or *Schizophrenia*, epilepsy, and *Paranoia* or delusional insanity. The predominant opinion still is that these are primarily and essentially organic diseases; but there are those who incline to seek a functional factor in many such cases, or even to regard some such cases as primarily and essentially functional, although admitting that some constitutional deficiency may pre-

and the diagnosis was in many cases confirmed by the slow and gradual course of recovery. It seems certain that many cases must have been of mixed type. The distinction between purely functional and organic disorders of the nervous system is easy to make in a great many cases. But there are many cases in which functional symptoms predominate, but in which nevertheless it is extremely difficult or impossible definitely to exclude organic disease. And there are very many cases of organic nervous disease that are complicated by functional symptoms. I cite as one striking illustration of this difficulty the following case: A soldier, a sergeant-major of powerful personality and, in civil life, a very influential trade-unionist, came under my care with unmistakable symptoms of functional disorder of neurasthenic type. However, I could not persuade myself that it was a purely functional case, although the only positive sign of organic disease was impairment of tactual perception on the legs, so slight as to escape detection in any ordinary clinical examination. He was examined by several expert neurologists, all of whom pronounced the case purely functional and, since the patient displayed a certain bumptiousness, recommended a more disciplinary line of treatment than I was applying. Failing, during some months, to produce any improvement, I sent him to a hospital for chronic cases, where he died within the year from the luetic infection of the brain known as general paralysis or paresis. Uncertainty as to the presence of organic disease is, of course, a very severe handicap upon mental treatment of functional disorder; one of the prime requisites of such treatment being the assurance of the patient that he has no organic disease and will make a complete recovery.

dispose to the outbreak of the disorder. I shall return to the discussion of these difficult problems in later chapters.[1]

In spite of the general agreement now attained as to the reality, seriousness, and frequency of functional disorders, interpretations of them, or theories of the nature and modes of genesis of these disorders, still differ very widely. Some brief characterisation here of the principal schools of thought will serve to orientate the reader in this field, and prepare him to consider impartially the rival theories.

At the one extreme are the pure mechanists and behaviourists. They believe that all human behaviour, whether normal or abnormal, can be adequately understood in terms of certain very simple conceptions, more especially the reflex arc, the reflex action, and the "conditioned reflex." They repudiate all reference to mental process or activity, whether conscious, subconscious, or unconscious, holding that all attempts to conceive of mental process, or to make use in any way of introspective observation and reports, are fruitless and lead only to confusion. This way of thinking will no doubt continue to flourish for some time among those who dislike the study of human nature in its more intimate aspects; but its narrow limitations must eventually bring it into general disrepute.

A second school maintains a view to which many academic psychologists incline. It is well represented by Prof. H. L. Hollingworth's book "The Psychology of Functional Neuroses."[2] This is an endeavour to interpret the functional disorders in terms of a sensationist psychology, avowedly mechanistic, but modified by some partial and inconsistent recognition of true mental activity under such terms as "meanings," "determining tendencies," "instinct," "*Aufgabe*," "purpose," and "motivation."

Hollingworth endeavours to explain all functional disorder by

[1] For the benefit of the lay reader I would point out that we have no definition of mental diseases or disorders that marks them off from the neuroses or functional disorders. Although medical writers commonly speak of true psychoses, or mental diseases, or insanities, as though they were a distinct class of disorders, the distinction is in reality merely one of practical and legal convenience, and is a matter of degree rather than of kind.

[2] New York, 1920.

the application of a single master-principle, which he calls "redintegration." This principle includes, but is wider than, that of the "conditioned reflex." It is a mental or psychological principle arrived at largely by the aid of introspection; but is to be understood, or translated into, terms of a mechanistic physiology.

Hollingworth writes: "If the 'conditioned reflex' should ever cease to be heralded as a unique and recent discovery and were once recognised as perhaps the earliest of man's generalisations about the behaviour of his neighbours, his children, and his domesticated animals, it might perhaps constitute one of the most useful concepts yet proposed for the purpose here under discussion. As a simple illuminating concept it aptly describes many of the hysteric and neurasthenic symptoms. But the esoteric and Pavlovian atmosphere with which the concept has become invested by American reviewers does not favour its ready articulation with the accepted principles of systematic psychology." To this I would add that the principle of the "conditioned reflex" may be made more useful by changing its name from its present question-begging form to "conditioned response," and by recognising that such responses are not in any strict sense reflexes, but are rather *instinctive* reactions modified through a redirection (by experience) of the instinctive impulse towards some previously indifferent object. I refer the reader to the paragraphs in Part I[1] (chaps. VI, VII) in which such modifications and redirections of instinctive impulses are discussed.

It is not clear, however, that Hollingworth recognises any distinction between a mechanical reflex and an instinctive response or reaction. He would seem rather to regard an instinctive reaction as merely a somewhat complex or compound reflex action, in the sense of Herbert Spencer. He takes the term "redintegration" from the psychology of Sir William Hamilton, but modifies its meaning considerably. The principle contains much truth and is of importance in the interpretation of the neuroses. I shall try to state it as far as possible in Hollingworth's own words. "Hamilton long ago used the term 'redintegration' to indicate the tendency of a complex idea to be reinstated upon the oc-

[1] Part I refers to my "Outline of Psychology," published 1923.

currence of one of its constituent parts. This atomic conception of the nature of an 'idea' we may willingly relinquish, even though the substitution of 'cortical pattern' for 'idea' makes the term entirely compatible with current neurological theory. But the redintegrative mechanism, whereby a part reinstates a previous whole, is one of the most enlightening concepts ever offered to psychology, and, as the writer is convinced, to neuro-psychiatry also. . . . That a 'part of an idea' may occur may be doubted; hence Hamilton's use of the concept fell into disrepute. But that a part of a stimulus may occur no one will probably dispute, and that such a partial stimulus may provoke a reaction previously made to the complete stimulus may be easily demonstrated. A child is frightened by a large, black, growling, and moving quadruped. Both stimulus and reaction are complex. On a later occasion the growl alone provokes the entire fright reaction, even when made by a parent crawling on all fours, or hiding behind the door. This is the redintegrative mechanism. Under certain conditions, later to be specified, this type of reaction is the essential characteristic of the psycho-neurotic make-up."

As Hollingworth is careful to explain, such emotional reaction to the presentation of some one quality or aspect of some object that previously has provoked emotion is not peculiar to neurotics; it occurs frequently enough in normal persons. "Most of the devices of patriotism, the ceremonials of religious devotion, and many types of æsthetic response depend for their efficiency on the redintegrative process. The thrill of piety comes to be aroused by trivial details of the original setting—the hymn, the cross, the candlesticks, the incense. Patriotic fervour originating in a complex situation of national danger is thereafter stirred by the drum, the flag, the bugle-call, the martial air. Illustrations of the redintegrative basis of such æsthetic and emotional reactions are to be found in every one's experience. The various forms of fetichism, whether of the primitive sort or the more modern forms found in the perverted instincts of sex, property, fear, etc., represent similarly a complex emotional response, properly aroused only by a correspondingly complex stimulus or situation. In the taboos and magic of primitive

fetichism and in the reactions of the modern pervert these total responses are provoked by the occurrence of some very partial or remotely associated detail. A drop of a comrade's blood, the crudely drawn profile of the enemy's features, the weapon or tooth or wedding-ring of an ancestor stir the primitive and redintegrative consciousness with elaborate emotional patterns entirely disproportionate to the fragmentary stimulus determining them. . . . More modern neurotics are similarly stimulated through the emotional reactions and the adrenal adjustments and compensations occasioned by the voice of a bishop, the bone of a saint, or the touch of a handkerchief mailed by the secretary of some secular healer who has been given newspaper notoriety."

Again: "Similarly the occurrence of a single detail, such as the scent of flowers, the noise of rain-drops, the smell of peanuts, may revive *in toto* the emotional reaction previously associated with a much more complex situation. This is indeed the psychology of the 'souvenir.' Because of this redintegrative mechanism, Napoleon's old shoes acquire merit and the bone of a saint comes to possess special virtue. Fetichism, whether of the religious, artistic, erotic, or nationalistic form, is based on the possibility of this type of 'transfer.' But the inaptness of the term 'transfer,' commonly used to describe this type of conduct, is apparent from the fact that no transfer of any kind has taken place. Even in the most symbolic of instances the reaction is to *some detail* of the previous total situation, now encountered perhaps, but by no means necessarily, in a new setting. Most animal training proceeds in just this fashion, by inducing the animal to make a total reaction when only some minor detail of the original situation is present, some word, gesture, or other cue. . . . It is important to note that the detail or fragment, which touches off the redintegrative reaction, need not take the more or less substantial form of a sensation, a sensory quality, nor need it be so objective a factor as an object, person, or thing. Relational elements, details, or analogies of form, structure, and pattern, such as those that underlie the metaphor, the simile, the rhythm, and the melody, are just as effective as are the most sensory qualities."

While the appropriateness of the term "redintegration" as applied to reactions of this type is open to question, there can be no doubt that the facts pointed out are important. They have not been ignored by other writers; they are briefly dealt with in Part I.[1] I have cited Prof. Hollingworth's exposition at some length, because it is clear and forcible and expresses a principle that is of importance in the genesis of neurotic disorder. But when he seeks to make this one principle the sole master-key to the understanding of all neurotic disorder, he can be followed only by those who have small acquaintance with the neuroses. The inadequacy of the principle appears as soon as Hollingworth seeks to explain the difference between the neurotic and the normal person; which he does in the following way. To distinguish the relevant from the irrelevant aspects of a complex object or situation implies sagacity. The characteristic of the neurotic is that he is defective in such sagacity; by reason of this defect he is more liable than the normal man to such redintegrative reactions; and this is the essence of the neurotic constitution.

In support of this intellectualistic interpretation, Hollingworth cites certain statistics which show that the inmates of a certain war hospital for neurotic soldiers were, on the whole, rather below the normal in their reactions to intelligence tests. Now there is no reason to doubt that persons of small intelligence do break down more readily under certain forms of moral strain; partly because they have less understanding of themselves and of the demands of the situation, and therefore are less capable of adapting themselves to strange and trying situations. But, on the other hand, there is equally no room for doubt that many neurotic patients stand high in the intellectual scale and have sagacity of a high order.[2]

[1] Cf. pp. 183, 209.

[2] It cannot be doubted that among subjects who rate low in the intelligence tests are a certain proportion whose low-rating is due to retardation of intelligence by neurotic conflict. On this question Dr. W. Stekel writes: "Neurotics present in general highly intelligent material, while persons of less intelligence suffer much more frequently from *dementia præcox*." There is, I think, a consensus of opinion among those who have wide experience of neurotic subjects that they stand in the main high rather than low in the scale of intelligence. Hollingworth, no doubt, had to do with a group which was unusually low in the scale; first, because the officers were not included, they having been selected out on account of intelli-

And Hollingworth, having elaborately supported his intellectualist theory, proceeds in later chapters unwittingly to demolish it by another array of statistics which illustrate the important rôle played by motivation in the genesis, maintenance, and cure of the neuroses.

Now the essence of the modern advance in the understanding of the neuroses is the new insight gained into motivation, the demonstration that motivations, understood in the widest sense (that is to say, as impulse, conation, striving, desire, emotion, will, and intention), are the all-important factors in the genesis and cure of the functional disorders. In an intellectualistic psychology, such as Hollingworth's, these motivating factors can find no place; even when they force themselves on the recognition of such a psychologist, they remain a mysterious extra factor which he cannot fit into his all too simple picture of the human mind. Before them he remains as helpless as the mechanistic behaviourist, with whom he is so closely allied, in spite of his recognition of "sensations" and even "meanings" and "feelings."

Prof. Pierre Janet's School

A different and historically more important type of interpretation is offered by the French school of which Prof. Pierre Janet has long been the most influential representative. French psychology, from the time of Condillac and La Mettrie, has been, in spite of Maine de Biran's influence, predominantly sensationist and materialistic. And Janet's teaching shows strongly the influence of this tradition, as well as that of his master, Charcot. Janet has given special attention to neuroses of the dissociative or hysteric type and has given us excellent studies of many such cases. His descriptions and interpretations have been given mainly in terms of an intellectualistic and sensationist psychology. By Janet mental life is described as a flux of sensations cohering in a complex stream. In the normal man they cohere or are synthetised in a single stream; in the neurotic the stream

gence; secondly, because neurotic break-downs in the American army must have occurred for the most part after relatively slight strain, the army having been but a short time in the field.

falls apart or fails to attain unity; then the neurotic organism, instead of bearing a single stream, becomes the seat of two or more streams, generally one major stream and one or more minor collateral streams.

In one respect only did Janet depart in his earlier writings from this description of mental life as a passive streaming of mental atoms; namely, he taught that a certain energy is required to effect the synthetisation or aggregation of the many atoms in virtue of which they normally cohere in a single stream. In the normal healthy man this energy is abundant and suffices to secure the synthetic aggregation. In the neurotic subject this energy is constitutionally deficient, or readily becomes deficient under fatigue, strain, or shock; and then the integration of the atoms of consciousness cannot be effected. Hence, for Janet, a poverty of such energy (*la misère psychologique*) is the essential condition or cause of disaggregation or dissociation of the mental life, and hence of neurotic symptoms.

This is the essence of the teaching of Janet's classical work "L'Automatism Psychologique." In later works Janet has shown a tendency to concern himself more with the dynamic factors, so inadequately recognised under the term "synthetic energy." But it remains true, I think, that he has not advanced very far in this direction, by the introduction of such terms as "levels of psychic energy," "psychic tension and hypotension," etc.

The principal advance made by Janet in his later works[1] consists in the more adequate recognition of what he calls "tendencies" and "psychic forces." He writes: "We should have the courage to speak of psychic forces, to note their diminution, their exhaustion, or their growth, before knowing their nature and on what organ they depend." Referring to his older studies on hysteria and psychasthenia, he writes: "All these symptoms could be summarised in the conception of a lack in psychic forces, however one interpreted the nature of these forces and their origin. The notion of exhaustion seems to furnish an interesting expression of this insufficiency and for numerous authors

[1] Cf. "Les Medications Psychologiques," 1919, and "Principles of Psychotherapy," 1924.

neuroses have come to be diseases of exhaustion." And Janet himself continues to lay much stress on exhaustion of psychic force as a prime condition of neurosis. "The disorders that involve the vigour, the number, and the duration of actions are readily enough connected with the notion of quantity and can be described as diminutions of psychic force, like the asthenias proper. The disorders that have to do with the psychological perfection of acts, that suppress the higher operations while they deliver their force to the lower, suggest the idea of a disturbance in psychic tension. But it is to-day very hard, first, to make a clear diagnosis of these two classes of disorders and, second, to point out the laws that rule the quantitative relations and the relations of psychic tension." In the last sentence we have the admission of the fact that Janet's conception of the mental or psychic forces is very inadequate. Janet's forces are the "tendencies," and "a tendency is a disposition of the organism to produce a series of particular movements in a definite order in consequence of a certain stimulation at a point in the periphery of the body." That is to say, a tendency, for Janet, is a mechanical reflex. "A certain number of tendencies are original and are written into the organism from birth. Many others are acquired in the course of life, for the execution of every action leaves after it a disposition to reproduce itself, that is to say, a new tendency. Our behaviour is the result of the complicated functioning of a multitude of tendencies that are being constantly formed and modified. Not only do tendencies present a disposition to cause a series of movements in a determined order, but they must also possess a force able to produce this series of movements. Each tendency seems to be the reservoir of a certain quantity of force corresponding to the complexity and importance of the act that it determines. Some psychologists like Mr. McDougall have maintained that only the fundamental and original tendencies contain a charge of force.[1] For many years I have been accumulating records to show that every tendency, even the slowest and the smallest, possesses a certain charge without which it would be impossible to understand either the suggestions that

[1] He is referring here to my theory that the energy liberated from the instinctive dispositions actuates and sustains all our mental operations.

cause it to function or the excitement caused by the arrest of this tendency. Doubtless this charge could have been acquired at the moment of the formation of the secondary tendency by borrowing force from the more original tendencies, but the new tendency once established, this charge remains attached to it in a permanent way." He regards these tendencies, original and acquired, as constituting a hierarchy. The reader who is acquainted with Prof. R. Woodworth's "Dynamic Psychology" will see from these passages that Janet's attempt to transform his psychology from a passive atomic sensationism arrives at the same point as Prof. Woodworth.[1] That is to say, Prof. Janet, in spite of his promising remarks about psychic forces, stops short in his progress towards a truly dynamic, a conative, a hormic, a purposive psychology, and remains content with a mechanical dynamism. The purposive, the conative, nature of the psychic forces and of mental activity in general is not recognised. Janet mentions incidentally vital, maternal, and sexual instincts; but he has nowhere shown that he has achieved any understanding of the nature of instincts. As for so many others, an instinct is for him merely an inborn reflex tendency, "a disposition to produce a series of particular movements in a definite order in consequence of a certain stimulation at a point in the periphery of the body."

The whole of Janet's very important discussions of the neuroses and of their treatment suffers from the limitations imposed by this inadequate dynamic foundation of his psychology. Janet attaches great importance to emotional shocks and traumatic memories as factors inducing neurosis. He shares the curious but common medical view that all emotion is in some sense morbid or quasi-pathological, something of which a perfectly normal man would have no experience.[2] Hence, he regards all emotion as peculiarly exhausting. He claims that repression is merely what he has called "restriction of consciousness." But the truth is that repression is a very positive and active process

[1] Cf. my criticism of this doctrine in an article "Motives in the Light of Recent Discussion," *Mind*, 1920.

[2] To the defense of which Dr. A. T. MacCurdy has recently devoted his large volume, "The Psychology of Emotion."

resulting from conflict of conative tendencies; whereas Janet's "restriction of consciousness" is a negative effect, a mere failure of the normal synthesis of conscious elements due to defect in the quantity of synthetic energy. Janet writes of inhibition and regards inhibition as a process of drainage of nervous energy; but he does not seem to have grasped, certainly has not recognised sufficiently, the nature and rôle of conflict between purposive strivings.

The obscurity that infects much of Janet's discussion of the neuroses appears clearly when he formulates principles of causation and treatment. In accordance with the view that exhaustion and consequent defect of energy is the great underlying condition, he makes much of undue expenditure of energy in the causation, and of economy of energy in the prevention and cure, of neuroses. But in both cases there is obscurity and inconsistency. He regards emotions as the main factors in producing exhaustion. "From the point of view of symptoms there is no perceptible difference between emotion and fatigue. These two phenomena are psychic states of mild depression in which there is inadequacy and excitement. It might be said, moreover, that in current speech one speaks rather of fatigue when he notices more the first characteristic, the inadequacy, and he speaks more particularly of emotion when the second characteristic, the consequent excitement, is more in evidence. The difference between the two states from the point of view of symptoms is thus very slight, if it exists at all." But he finds a second great factor in producing exhaustion. Emotions are of a low order in the psychic hierarchy; they exhaust by reason of the expenditure of large quantities of energy. "Besides those characteristics having to do with psychic quantity, there must be added those that depend on the hierarchical degree of elevation of the acts, of their psychic tension, and it must be understood that the accomplishment of acts of a high order, belonging to the order of reflection, or of works, whether they be carried out completely or incompletely, is still more capable of bringing on exhaustion and depression than the accomplishment of acts of lower order." Thus Janet cannot decide whether it is acts of a high or a low order in his hierarchy of tendencies which chiefly produce exhaustion; and ends by

accepting both; which merely amounts to telling us that all psychic activities are exhausting. Yet he comes very near to recognising conflict as the essential ground of neurotic trouble, in one or two passages, as in the following: "Whether it is a question of complexity, of rapidity, of duration, we always see that the chief difficulty of activity lies in the activation of higher tendencies. It is easy to see in our records that there are, in fact, acts of this sort which have presented difficulties and dangers. Religious practices, study, occupations, betrothals, set problems of will and belief. Making decisions is as much involved in business as in the command of men or in marriage. The circumstances in which one is compelled to choose between two opposed lines of conduct, practice, or forbearance, the 'yes' or 'no' of the betrothal, the husband or lover, are especially typical."

In Janet's discussion of therapy a similar obscurity and inconsistency appears. Economy of energy is the great principle. "We see this fundamental principle of economy entering into everything. Psychic behaviour is not the work of pure mind, it is an activity of the whole organism that demands doubtless a considerable expenditure of force. This expenditure is all the greater when the acts are on the highest level. Most disorders of behaviour result from a lack of these forces. If I may be permitted such a comparison, all these diseases are nothing more at bottom than various ways of going bankrupt and falling into misery. In spite of apparent differences a great number of psychological therapies have a general likeness. Nothing is more urgent when one is confronted by an individual on his way to bankruptcy than to reduce his expenses and to establish a strict economy." Yet Janet cannot ignore the value of the methods of stimulation, methods that rely upon suggestion, persuasion, exhortation, etc. "There are forms of stimulation more or less consciously sought for and used in various psychological treatments. In several they are used without taking account of their real nature, by disguising them under other names. In studying mental agencies in general we have just observed that miraculous cures at sacred springs or in the magnetist's cabinet very often depend on a nervous and mental stimulation caused in an individual by the part he was made to play. . . . If the forms of psychic stimu-

lation are disguised in most of the foregoing methods, they are, on the contrary, quite evident in the moral therapies that make use of work, faith, or guidance. In all impulsions there is found the need for being stimulated by an action; in all the manias for being loved or for being guided there is found the need for being revived and excited by another person. . . . In all these treatments there is always involved a more or less lasting stimulation. . . . He [the physician] uses all the methods of suggestion, of persuasion, all the methods of rhetoric for encouraging action and stimulating the patient." Again: "All the forms of re-education of neuropaths so much discussed to-day are subject to the same law. Whether they are concerned with gymnastics, the education of movements, the stimulation of sensibility, the investigation of memories, it is always necessary that the leadership of the director arouse attention and effort, stimulate emotion, and cause a higher tension. When such functioning is obtained, the subject feels a change of his whole consciousness which is translated into an increase of perception and of activity."

Janet himself is not blind to the inconsistency of these two great principles of his treatment. He writes: "Such a therapy is a surprise at the start, because it seems quite opposed to the forms of treatment that have formerly seemed to us rational and useful, the forms that we have studied under the name of treatments by rest and by economy of forces. It seems odd to try to cure exhausted individuals by making them work, and to avoid bankruptcy by advising new outlays." And Janet's ingenuity does not succeed in removing this appearance of oddness.

The popular mind has obscurely recognised a profound truth in the dictum that "care killed a cat" and in the saying "it is not work, but rather worry, that kills." For "worry" is mental conflict, largely subconscious. Janet has not sufficiently recognised this truth; and the advance of the psychoanalysts beyond Janet's position consists essentially in a fuller recognition of it.

Janet has striven manfully to correct the defects of his earlier too passive type of psychology. He has realised that a dynamic psychology, a psychology that concerns itself with the energies

of the organism and the ways in which these energies are liberated and expended, can alone cope with the problems of psychopathology; but he has not recognised that such a dynamic psychology must also be a conative, a hormic, psychology, must recognise that the psychic energies are liberated and expended in the form of purposive strivings towards natural goals; and that the first chapter of any useful psychology, whether normal or morbid, must be a study of the instinctive nature of the species *homo sapiens.*

It was of great interest to me to find, in conversation with Prof. Janet in the year 1922, that he was strongly inclined to take up a behaviouristic point of view (in the Watsonian sense); that is to say, that, although he did not commit himself to a dogmatically mechanistic view, he was inclined to regard introspective observation, and interpretation of behaviour in terms arrived at by way of such observation, as of little or no value. He seems to be following independently the same route that has led Dr. J. B. Watson to his extreme behaviourism. That is to say, finding that a sensationist psychology is of little or no practical value, he is inclined to discard or neglect it, and to interpret the facts of human behaviour in terms of a speculative physiology only. He has not only adopted my proposed definition of psychology, saying "Psychology is the science of behaviour," but, like Dr. Watson and his school, he inclines to a purely objective psychology. "We shall some day describe mental disorders solely in terms of action and conduct. The psychology of behaviour, so useful in the study of animals, should be applied to men also by describing even the higher psychic phenomena in terms of conduct." This new attitude of Janet is the more interesting in that he has so long figured as the champion of psychology in medicine, over against the predominant materialistic trend still surviving from the nineteenth century.[1]

The Psychoanalysts

There are various schools of psychoanalysis, of which those of Prof. Sigmund Freud, of Dr. C. G. Jung, and of Dr. Alfred

[1] All the passages cited above are from Janet's latest work, "Principles of Psychotherapy."

Adler are the most influential. All of them derive by fission from Freud's school. Freud is the man to whom chief credit belongs for all increase of insight that has accrued and may still accrue from psychoanalytic investigation and speculation. Like each of the psychopathological theories noticed in the foregoing pages, Freud's theory implies a distinctive system of psychology. And Freud, though he may be said to have found his point of departure in Janet's theory, has travelled far from that point. Janet himself has described the departure in the following passage: "At this time [the early nineties] a foreign physician, Dr. S. Freud, came to Salpétrière and became much interested in these studies. He granted the truth of the facts and published some new observations of the same kind. In these publications he changed, first of all, the terms that I was using: what I had called psychological analysis he called psychoanalysis; what I had called psychological system . . . he called a complex; he considered a repression what I considered a restriction of consciousness; what I referred to as a psychological dissociation, or as a moral fumigation, he baptised with the name of catharsis. But, above all, he transformed a clinical observation and a therapeutic treatment, with a definite and limited field of use, into an enormous system of medical philosophy" [1] —the philosophy of Pansexuality.

But Freud did far more than to introduce a new terminology. As Janet's last sentence implies, he has developed a new system of psychology, of a most far-reaching kind, the merits of which Janet has never appreciated and for which he has shown little understanding and no sympathy. In later chapters I shall endeavour to present and to criticise the main features of Freud's teaching. Here I shall attempt only to indicate it in a slight outline.

Freud's Psychology

Freud's psychology presents interesting resemblances to earlier systems; but it would seem that even these features have been developed independently and anew by Freud. He seems to have neglected to study the various existing systems, other than

[1] "Principles of Psychotherapy."

Janet's, and to have evolved his system in almost entire independence. To this must be attributed the fact that his terminology is strange and often crude, and his teaching often obscure and inconsistent with itself; perhaps also in some measure we may attribute to this extreme independence and detachment from his predecessors one of the main virtues displayed by Freud; namely, his continued development of his views, a development that still continues. The changes thus introduced make any brief sketch of these views the more difficult.

The principal feature and the principal virtue of Freud's departure from Janet was the discarding of a sensationist and mechanistic (or quasi-mechanistic) psychology and the putting of his psychology on a hormic foundation. That is to say, Freud aligned himself with that tradition in psychology, known as voluntarism, which comes down from Aristotle and of which Schopenhauer has been the most influential modern exponent; the tradition which sees the most fundamental characteristic of men and animals in their purposive striving towards ends or goals. Like other exponents of this view, Freud regards this hormic urge to activity and to self-development and expression, given in the native constitution, not as entirely undirected and unspecialised, but rather as specialised in each species in dispositions or impulses to strive towards goals of certain types; and he calls such specialised tendencies "instincts." An instinct so conceived is something very different from the instinct of the mechanistic behaviourist or the "tendency" of Janet; for them an instinct is merely an "action-pattern," a system of reflex arcs in the nervous system which, on being appropriately stimulated, leads the nervous excitation through a fixed system of channels to a certain group of muscles and glands. In contrast to this, the instinctive disposition of the hormic psychology generates an impulse towards a goal of a certain type; and this impulse may express itself in strivings that may take a multitude of forms and bring into play a variety of muscular and other executive processes according to the circumstances; this variety being greater, the greater the creature's power of intelligent appreciation of the circumstances and of intelligent adaptation of its actions to those circumstances.

Freud recognises that the human species is endowed with many such instincts. But he assigns predominant importance to one of these, the sex instinct, his view of which has been developed in great detail, as we shall see in later chapters. Freud has postulated other instincts of man, writing vaguely of various lower instincts of cruelty, brutality, and destructiveness, and of a group of Ego instincts; but all these he has left entirely undefined. In a recent work he writes: "No knowledge would have been so important for the establishment of a sound psychology as some approximate understanding of the common nature and possible differences of the instincts." [1] But he has neglected to seek such knowledge; and the neglect has been a principal source of defects in the Freudian psychology. It has led Freud to attribute to the sex instinct a number of tendencies of human nature which in reality are independent of it, and in this way greatly to magnify or exaggerate the rôle of sex in human life, or, as Janet has said, to construct "an enormous system of medical philosophy," the theory of Pansexuality.

Freud's development of his hormic psychology has suffered, not only from this neglect to define, by the aid of comparative studies, the nature of the human instincts other than the sexual, but also from his taking over a fallacy which has long been current in popular psychology and in the traditional associationist psychology of the utilitarian philosophy, namely the fallacy known as psychological hedonism, the assumption that all human striving is fundamentally a striving for pleasure. Freud calls this fallacious assumption "the pleasure principle" and has made it one of the foundation-stones of his psychology, much to its detriment. But in his recent work, "Beyond the Pleasure Principle," he has revoked this error and recognised the hormic principle as more fundamental and primary than the pleasure principle; thus showing once more his remarkable power of continually developing and rectifying his views.[2]

While, then, instinctive striving is the fundamental conception of his psychology, Freud makes great use of several other princi-

[1] "Beyond the Pleasure Principle."

[2] Cf. my article, "A Great Advance of the Freudian Psychology," in *Journ. of Abn. Psych.*, vol. XX.

ples which, though not entirely novel, are used by him in a more far-reaching manner than by any of his predecessors; notably, unconscious or subconscious mental activity, conflict, and repression. All these principles may be said to have been used by Herbart; and the first of them has, of course, figured largely in the writings of Schopenhauer and of Ed. von Hartmann. In the system of Herbart, which was an intellectualist rather than a voluntarist psychology, the strivings, the conflicts, and repressions (going on partly consciously, partly subconsciously) were represented as functions of "ideas" and of "systems of ideas." Freud has given the striving functions primacy and predominance over, and relative independence of, the "ideas," the intellectual cognitive functions.

The fact of moral conflict within the human soul has, of course, been familiar through long ages; and it has often been recognised that the man who is the seat of such a conflict may have but little understanding of the nature of the conflict and of the conflicting forces; that is to say it has long been justly recognised that such conflicts often are, in part at least, subconscious. Freud gave a vast extension to this subconscious activity. He showed that such conflicts are not always, or commonly, fought out to a decisive issue; but that rather one of the contending forces, some specialised instinctive urge towards some special goal, is apt to be suppressed or repressed, but not thereby deprived of its power. He taught that a tendency thus repressed is apt to live on subterraneously, seeking expression in indirect ways. From the earliest months of life such repressions are effected; and each new repression adds to the sum of submerged tendencies or "complexes," which sum he calls "the Unconscious." Since the repressions are effected in the main according to the dictates of the moral ideals and rules prevalent in society, "the Unconscious" becomes a mass of rebellious tendencies, most or all of which are regarded by Freud as specialisations of, or derivations from, the sex instinct. The energy with which they strive to gain expression is the energy of the sex instinct, which energy he calls the *Libido*.

Freud's psychology consists largely in more detailed attempts to show how these repressed tendencies, constituting "the Un-

conscious," gain partial expression in devious ways; in the normal man, in his dreams, in his phantasy, in the making of his choices and decisions, in various slips of the tongue, pen, and hand; and in neurotic patients, in their various symptoms.

Prof. Freud has gained many ardent disciples who accept his teachings in the main and of whom some have actively contributed to the development of the whole complicated system. In addition to these professional followers, a host of laymen, educators, artists, and dilettanti, have been fascinated by the Freudian speculations and given them an immense popular vogue, so that some of the technical terms used by Freud have become embodied in the popular slang of both America and England.

Other Schools of Psychoanalysis

A large number of the leading students of human nature have found reason to accept some of Freud's teaching, more especially the importance of conflict, repression, and the subconscious activities of repressed tendencies; while they reject other parts of it, including the extreme emphasis on the sex instinct, and the attribution to it of all disorder, as well as of all dreams and phantasy; and they reject also much of the detailed description of the ways in which the repressed tendencies are supposed to operate.

Of these, some, like Dr. C. G. Jung, Dr. A. Adler, and Dr. W. Stekel, began as ardent disciples of Freud, but have diverged widely from him, each carrying with him a group of followers. Jung has repudiated increasingly the "pansexuality" of Freud's teaching. He has enlarged the realm of "the Unconscious" by including under that term, in addition to the repressed tendencies or complexes, all the instinctive foundations of our mental life, and an ill-defined mass of innate capacities or tendencies of a more developed cognitive nature than the instincts, the alleged *archetypes*, innate tendencies to conceive and explain our world in terms of objects and principles of the kind that figure largely in mythology and folk-lore. Under his hands "the Unconscious" ceases to be a mere fermenting dung-heap, made up of odds and ends of nasty and forbidden desires, and becomes the source of all our more imaginative life, our inspirations, our

intuitive insights and prophetic glimpses. And his therapeutic practice has diverged from the Freudian in a corresponding manner.

Adler's transformation of the Freudian theories is less far-reaching. It consists mainly in relegating the sex instinct to a position of subordinate importance and in giving chief influence to our self-regarding tendencies.[1]

Dr. Wilhelm Stekel is another of the rebels, a former disciple who now, while recognising with gratitude the pioneering quality of Freud's work, claims to have gone away from and beyond his master's teaching in many respects. He also gives up the pansexual theory and recognises that other instinctive urges may give rise to disorders. In his chief work, "Conditions of Nervous Anxiety," he writes: "Besides the influence of sexual life as a cause of the neuroses—sufficiently emphasised by Freudians—this book shows the importance of ambition, religious feelings, and the instinct of self-preservation; in this sense, without a thorough knowledge of all the factors at the basis of neurosis, no one can understand it." That is to say, Stekel is not content to leave all the instinctive bases, other than the sexual, unexplored or to regard their manifestations as somehow expressions of the sex instinct. He demands a more thorough exploration of them. "The impulsive life has been very little investigated, and one must agree with Möbius when he says 'The misapprehension of the human impulsive life is a veritable *testimonium paupertatis* for psychologists, and nothing is more pitiable than the theory about ideas that act and fight like little manikins in the soul.'"

The Psychological School

Others have seen that Freud's teaching contains truths of importance alongside many errors; they therefore have never given general adhesion to his views, but have sought to incorporate such truths in the general body of psychological science, rather than to follow Freud in setting up a new and esoteric doctrine, in defiant detachment from all tradition. They continue to recognise the great value of Janet's pioneering work and of much of

[1] The special features of Jung's psychology are presented more in detail in Chapters IX and XXVIII, and those of Adler's in Chapter XXVII.

his teaching, especially as regards the importance of dissociation; whereas much of the development of the Freudian doctrine seems to have been influenced by the desire, largely subconscious, to set up a system of psychopathology entirely distinct from Janet's.

This last group is best represented in America by Dr. Morton Prince, and in England by the late W. H. R. Rivers. And it is in this group, to which, as it seems to me, the future belongs, that I would claim membership.[1]

It is only a psychology fundamentally of the same type as Freud's, that is to say, one that recognises human nature as founded upon instinctive tendencies, and as everywhere and always manifesting purposive strivings, rooted in the instincts, it is only such a hormic psychology that can assimilate the new insight which the genius of Prof. Freud has brought us. It is for this reason, rather than on account of his "pansexualism" or his peculiar therapeutic methods, that Freud's teaching has created so wide a schism in the psychological world, especially in America, where Sensationism and its rebellious offspring, Behaviourism, still predominate. The same may, perhaps, be said of France and Germany, where Freud's teaching hitherto seems to have had relatively small influence. In Great Britain, on the other hand, where psychology has partially recovered from the excesses of the Associationists and assumed a saner form, Freud's teaching has been more widely influential, though it cannot claim many thoroughgoing adherents.

Taking Morton Prince and Rivers as leaders of the group to which I affiliate myself, I may venture to point out that both of

[1] It is a delicate matter to pretend to assign one's friends and colleagues to this or that school, but I will venture to suggest that the following British physicians (to mention only a few of the most eminent whose writings are well known) may properly be regarded as belonging to this group: Drs. William Brown, Millais Culpin, R. S. Gibson, J. A. Hadfield, Bernard Hart, Crichton Miller, T. W. Mitchell, E. Prideaux, Hugh Wingfield, Henry Yellowlees, and (in Australia) Dr. J. W. Springthorpe; in America, Drs. Milton Harrington, William Healy, Ed. H. Reede, and T. Williams; I think I may add Prof. Adolph Meyer together with those psychiatrists who stand nearest to him. Others who stand near this group, but a little apart by reason of their acceptance of the more speculative parts of the teachings of Dr. C. G. Jung, are Drs. H. Baynes, Beatrice Hinkle, Constance Long, and Maurice Nicol. If a special name be required for the group or school of psychologists here indicated, I would suggest the expression "the school of integral psychology."

them accept and have done much to develop a psychology of the type represented by my "Introduction to Social Psychology." That book was written in the year 1907, at a time when I had only a very slight acquaintance with Freud's work. It is therefore of some importance to note that it teaches a psychology which in its fundamentals agrees with Freud's. Dr. Morton Prince, in his "The Unconscious," has explicitly accepted the main principles of that book, and has applied them with much effect in interpreting many interesting cases of neurosis. And Dr. Rivers, though he, perhaps, did not refer explicitly to my book, not infrequently based himself upon its teachings, referring to them as those of orthodox psychology.

The foregoing rough sketch of the present state of opinion in the field of abnormal psychology will be filled out and given more body by the discussions of the following chapters.[1] The reader will find that, while I accept much of what is most fundamental in Freud's teaching, I have much to say in criticism of it. He will find also that I am sympathetic to Jung's peculiar views, but, while finding them stimulating and suggestive, regard them as not yet sufficiently well founded; further, that I regard Adler's views as providing a much needed corrective to Freud's "pansexualism," yet, like Freud's, erring in giving undue importance to one feature of our constitution to the neglect of others.

Terminology and Classification

I will conclude this chapter with a few words on the terminology I propose to use and on classification of disorders. There are now current certain technical terms, such as "dissociation," "repression," and "complex," which are used in rather different senses by the various schools. In successive chapters I shall endeavour to define more exactly the meaning I attach to the more important of these terms. I shall not make use of "the Unconscious" as an explanatory principle. The use of that term tends, as in the hands of von Hartmann, to a vague and mystical way of thinking; authors too readily fall into the way of solving

[1] For further discussion of the peculiarities of recent medical psychology, I refer the reader to my presidential address to the Section of Psychiatry of the Royal Society of Medicine, printed also in the *Journal of Mental Science*, 1919.

all obscure problems by invoking "the Unconscious," or "the Subconscious Mind," and leaving them illuminated only by that dim and uncertain radiance. A number of influential authors, among whom must be reckoned F. W. H. Myers, W. J. Hudson, and Boris Sidis, have given wide currency to "explanations" of this too facile type.

One word which I have not used in Part I is commonly used in psychopathology and is so convenient that I shall adopt it; namely, the word "affect." This word, as commonly used and as I propose to use it, implies the acceptance of a view of the relation of emotion to instinct the development of which was a principal task of my "Social Psychology," the view, namely, that our primary emotions are rooted in our instinctive dispositions, and that instinctive striving and emotional expression are but two inseparable aspects of one activity, the activity resulting from the stirring, the coming into action, of some one or more of the instinctive dispositions. The word "affective" has been used in the intellectualistic psychologies to denote merely feeling in the narrow sense of the word, feeling of pleasure or of pain. But, as used here and by other psychologists who have adequately recognised the predominant importance of our inborn conative tendencies, the terms "affect" and "affective" denote the emotional-conative aspect of all mental activity, with the recognition that feelings of pleasure and of pain are conditioned by, and in turn react upon, the course of such activity, furthering or checking it, respectively, in proportion to their intensity.[1]

The word "libido" has been given wide currency by Freud and his followers. In their usage it means the energy of the sexual instinct, all energy liberated within the instinct and operative in sustaining the most varied forms of bodily and mental activity. Dr. C. G. Jung uses the word in a wider sense; namely, to mean all instinctive energy, all energy liberated from the instinctive dispositions. This usage has, I think, much to commend it; but, since the word has long had a sexual connotation and since the Freudian usage of it has confirmed that connota-

[1] The word "affect" as thus used is no neologism; it comes from the Latin "affectus," which seems to have precisely the meaning of the word "affect" as here adopted.

tion, Jung's attempt to give it the wider meaning conduces to confusion. For this reason I prefer to use the word "hormé," which has the advantage of possessing an adjectival form, "hormic." Jung says, "I postulate a hypothetical fundamental striving which I designate *libido*"; and in a foot-note to this passage he writes: "This energy may also be designated as hormé. Hormé is a Greek word (ὁρμή)—force, attack, press, impetuosity, violence, urgency, zeal. It is related to Bergson's 'élan vital.' The concept hormé is an energetic expression for psychological values." I regret that Jung did not see fit to adopt this word in place of "libido," when I urged it upon him many years ago in conversation. In my own early writings of twenty-five years ago, I felt the need of some such word and proposed to coin the word "neurin." Later, finding that Dr. O. Vogt had used the word "neurokyme" in a similar sense (*i. e.*, to denote the liberated energy that works within the nervous system), I adopted that word; and in discussions of the mental life from the neurological point of view, the word "neurokyme" is, I think, more suitable than "hormé," since many neurologists will regard the latter word as having a mystical or metaphysical flavour, and hence will reject it with disgust.

Another term in almost universal use among psychopathologists and psychologists is "mechanism." This also owes its present wide currency largely to Freud. This word I reject for two reasons: first, because the use of it seems to imply a strictly mechanistic view of the organism and of our mental life; secondly, and more importantly, because it is apt to be misleading, both to those who hold the mechanistic theory and to those who do not. Even some writers who explicitly guard themselves against the mechanistic implication yet fail to avoid altogether the misleading tendency of the word. When, for example, authors write of the mechanism of introversion, or of sublimation, or symbolisation, or regression, or repression, or what-not, they inevitably provoke most of their readers (and, I think, in many cases themselves also) to think of a piece of mechanism located somewhere in the brain (or in the mind), a machine that achieves the particular effect or process under discussion and all other effects or processes that go under the same name. This, I say,

is very misleading. What is meant by "mechanism" in the current usage is a process of a certain type. The mind or the brain does not contain a separate machine for effecting each distinguishable type of process. The word "mechanism" as currently used is exactly equivalent to the word "faculty" in the old faculty psychology. We observe a process of a certain type and we explain its occurrence by invoking a correspondingly named "faculty" or "mechanism." It is an extremely convenient way of speaking, but is no less misleading than convenient.

I shall not accept or attempt to make any detailed classification of forms of disorder. Such classifications are useful and perhaps necessary for clinical purposes; but, even from the clinical point of view, any rigid classification, in the present state of our knowledge, may have its dangers. And, from the purely scientific point of view, there is great advantage in avoidance of classifications. In accordance with an increasing tendency, I shall refuse to recognise any clear lines of separation between neuroses, psychoneuroses, and psychoses. Such separations imply a knowledge which we do not possess. Nor shall I recognise any clear separation of organic from functional disorders. It is sufficient to recognise that some forms of disorder are primarily functional and psychogenetic, others predominantly organic, and very many of a mixed nature.

There are, however, two great categories of disorder under one or other of which we may attempt to place many of the cases, though without confidence in respect to many of them; for even in this respect some cases seem paradoxically to belong to both categories. These two categories are the dissociative or the hysteric class, on the one hand; the neurasthenic or anxiety class, on the other. The liability to disorder of one or other of these two great types seems to be a matter mainly of innate constitution; persons of the extrovert temperament seem more liable, under strain, to disorder of the hysteric or dissociative type; those of introvert, or shut-in, temperament to disorder of the neurasthenic type.[1] It seems probable that the disorders known as epilepsy and manic-depressive insanity should be regarded, in so far as they are of functional nature, as falling in the disso-

[1] On introversion and extroversion, see Chapter XXVIII.

ciative group; while *Paranoia* and *Dementia Præcox* fall in the other. The principal difficulty arises in the case of the last-named disorder. Further discussion of the validity of this rough two-fold classification will be found in later chapters.

CHAPTER II

ON THE NATURE OF FUNCTIONAL DISORDERS IN GENERAL

It is in order that the lay reader of this work should be prepared to understand the more special discussions of later chapters by a general statement of the peculiar nature of functional disorders. I cannot do better than to introduce this discussion by citing in part an address made to the American Psychiatric Association in the year 1921.[1]

"I have chosen as the topic of my address 'The Conception of Functional Disorder,' in the hope that I may clarify a little this important but disputed conception, may fortify its theoretical foundation and help to establish it as the base of the most important line of progress in mental medicine. Nor is the importance of this conception confined to the field of mental and nervous diseases as commonly recognised. There are indications that the field of functional disorders is likely to be recognised in the future as comprising a very much larger part of the total field of medicine and surgery than has yet been generally suspected; that, as knowledge increases, so the range of functional disorder will be seen to comprise much that has been regarded as organic disease.

"In considering this topic, we are really taking up one aspect of a very large philosophical problem upon which all through the ages opinions have been acutely divided, and which has been keenly disputed from various points of view. It may be defined as the problem of structure *versus* function. It has sometimes been stated as the question: Does structure determine function? or does function determine structure? It is the fundamental biological problem of mechanism *vs.* vitalism.

"If an organism, and especially if the human organism, is in every way strictly comparable to a machine; if the principles

[1] Printed in the *American Journal of Psychiatry*, vol. I.

which suffice for the making, the control, and the repair of a steam-engine or an automobile, suffice for the understanding, the control, and the repair of the human organism; then, it is held, and with some reason, that the conception of functional disorder is mistaken; that it is at the best a temporary stop-gap which must be given up as knowledge grows; and which at the worst is a mere cloak for ignorance and a serious bar to progress. For, it is argued, the perfect working of the machine depends upon the perfection of the spatial adjustment and of the reciprocal pushes and pulls of its material constituents; whether these be large rigid masses, or particles of the molecular, or atomic, or ionic orders, dissolved in fluids or colloidal solutions. And, it is said, every disordered working of the machine must be due to some maladjustment, some spatial displacement, of the material elements or masses of the mechanism. And, if in the disordered organism no such structural defect is visible, that is because it is on so small a scale, affecting elements of the atomic order rather than molar masses. And, if the powers of our microscopes could be sufficiently increased, we should always be able to discover the mechanical defect which is the primary and essential cause of the disorder which in our ignorance we call functional disease.

"The great advances made by biology in the nineteenth century, especially the Darwinian theory of organic evolution, and the new insight into the physics and chemistry of the body achieved by a series of brilliant physiologists, tended very strongly to establish this strictly mechanistic view of organisms; and in consequence it has become the dominant and popular view. For the Darwinian theory seemed to give a purely mechanical explanation of the long process of organic evolution; and the success of the physiologists in revealing the mechanical and chemical factors at work in organisms seemed to justify the faith that even the human organism is nothing but a machine of marvellous complexity and nicety of adjustment; and that we only need to push on with our physical and chemical and microscopical researches, in order to discover the mechanisms underlying all human activities.

"Medical science has been profoundly affected by these tri-

umphs of mechanistic biology. They seemed to bring to a definite decision the age-long dispute between the claims for primacy of structure and of function; and to settle it in favour of structure. Medical men began to believe that all those disorders that we call diseases are, at bottom and primarily, defects of the mechanical structure of the organism. And many of the great advances of medical science itself contributed to confirm them in this way of thinking. The discovery of the microbic origin of so many diseases showed that these at least are due to the introduction of foreign bodies into the organism, which thereupon becomes deranged, just as a clock is deranged if sand or other foreign matter penetrates among its cogs and springs. The demonstration of the chemical causes of other diseases, such as lead-poisoning, alcoholic neuritis and cirrhosis; of the chemical factor in yet others, as, for example, the excess of sugar in diabetes; all such instances strengthened the faith that we were progressing steadily towards a complete understanding of diseases in terms of defect of material composition and structure.

"Mental medicine or psychiatry showed the effect of these influences perhaps more strongly than any other branch of medicine. Research was for a time turned almost wholly in the direction of attempts to discover the defects of brain-structure which were assumed to underlie all mental disorder. An immense amount of energy and time was devoted to the minute examination of the brains of the mentally diseased, as well as to the study of the normal brain. And chemical theories of mental diseases became fashionable, and led to elaborate chemical studies of mental patients.

"It would be untrue to say that all this immense output of energy was misdirected, or that it yielded no valuable results. But I think that many of you will agree that these efforts seem to have remained relatively sterile; that the results for psychiatry have not come up to the expectations that inspired those efforts. Not only did this way of thinking and these efforts prove relatively sterile as regards new insight into mental diseases; but also it led to the neglect of the psychological study of mental disorders. The research workers in mental medicine concerned themselves little with the psychological study of their

patients, the study of their mental functions; they concentrated their efforts rather on the study of their brains after they were dead. And, if their theoretical foundation was sound, their practice was justified; for they were following the sound principle of seeking out the causes of symptoms; their theory was that all symptoms, all disorders of function, merely result from and express disorders of structure.

"Whatever we may think of this theory of the primacy and all-importance of structural defect of the brain in mental diseases and of the practice founded on it, it must be admitted that, during the latter part of the nineteenth century, when this theory and practice held almost exclusive sway, and when other branches of science were making very rapid progress, advance of the theory and practice of psychiatry was disappointingly slow; relatively speaking, it was a period of stagnation. There is, I think, good reason to seek the ground of that stagnation in the prevalence of the structural theory. For this led to neglect of psychological study among psychiatrists, a neglect which is reflected clearly in the meagre and inadequate chapters devoted to psychology in most of the psychiatric text-books of that period.

"Another consequence of the prevalence of this theory, which contributed to that stagnation, was the strict separation of the psychoses, or mental diseases proper, from the neuroses or functional nervous disorders. And, while the secrets of the former, the psychoses, were indefatigably besieged with the microscope, and with wonderful methods of staining the nervous tissues, the neuroses were, especially perhaps in Britain, but also, perhaps, in this and other countries in a lesser degree, neglected and despised; for they were regarded as merely functional; and that meant that they had no structural basis which the microscope might reveal; and therefore, according to the prevailing mode, they were unreal; they were merely fanciful or imaginary; they were products of the patients' imagination, and therefore to be treated by scolding, derision, or other disciplinary measure; or, if the patient could afford it, by a stay in some expensive institution or watering-place, the financial penalties entailed by this being regarded no doubt as an important part of the treatment.

Thus we had two great branches of the profession, the organic neurologists and the organic psychiatrists, who studied the organic nervous diseases and the psychoses respectively; while the neuroses or functional nervous diseases fell between in a despised no man's land, neglected by all, with a few distinguished exceptions, such as Dr. Morton Prince in this country and Dr. Pierre Janet in France.

"We seem now to have entered a period in which this unfortunate state of affairs is being rapidly abolished. We owe the change in the main to two influences. Firstly, the immense number of severe cases of neurosis or functional nerve disease produced by the war. These have made it clear to the profession at large that neuroses are not merely the fanciful productions of idle women of inferior constitution; but that they may affect in very severe and distressing forms men of originally healthy and vigorous constitution. These war cases have served also to break down the artificial distinction between the psychoses and the neuroses. For we have seen many cases presenting symptoms which, if they had occurred in civilian patients, would have secured for them admission to mental hospitals with a diagnosis of grave psychosis and a bad prognosis; very many of which cases have nevertheless cleared up in a wonderfully satisfactory way, especially when they have been treated with a little psychological understanding.

"The second great influence which is bringing about this change, and which began to operate in this way before the war, is the work of the psychoanalysts. Whatever opinion one may hold of the doctrines of Freud and Jung and of the other schools of psychoanalysis—and I for one am convinced that they all contain much error and vague speculation as well as some truth—it must, I think, be admitted that their work has had at least this good result, namely, it has quickened the interest of the profession and of the world at large in psychological study; it has already brought the study of the functional nervous diseases to the front from out of their place of neglect, directing the attention of many keen minds to them; and it is helping to break down the artificial and restrictive barrier between the psychoses and the neuroses.

"But if this reform is to be completed and if we are to make satisfactory progress in psychological medicine, we still need, it seems to me, to recognise fully and frankly the claim of functional disorder to a place of equal importance and reality with the organic or structural disorders; and that recognition can only come from a revision of the conception of organisms as pure mechanisms or machines which has dominated the biological and medical sciences and even psychological science for more than half a century.

"I am not asking you to accept a dualistic philosophy, which would regard man as a union of material body and immaterial spirit. That is a view of man's nature which is not merely a popular view of the past; some great philosophers in all ages have held it; and it is at the present day philosophically defensible. The reaction of science against this view played a considerable part in bringing into vogue that mechanistic theory of the human organism whose unfortunate consequences in medicine I have just now sketched. But the acceptance of the reality of functional disease, or disease of functional origin, does not commit us to adhesion to that dualistic philosophy.

"I believe that, even if we regard the human organism strictly as a machine, the conception of disorder or disease of functional origin may still find a place in medicine. For even a machine is a purposive structure, it is an orderly arrangement of parts designed to achieve or fulfil a purpose. It is for this reason only that we can properly speak of disorder in a machine. Any material system of moving parts or masses which does not express a purpose, which is not the orderly embodiment of a purpose or design, cannot properly be said to be subject to disorder. Thus, unless we regard the planetary system as designed and set in motion for the achievement of some purpose of its Creator or Designer, we cannot regard any irregularities of its motions as disorders. If, for example, two planets collided, or a comet swallowed up one of the planets, that might be described as a catastrophe, or a violent departure from previous regularity or recurrent phases; but to describe the event as disorder would imply acceptance of the view that the motions of the planets express some purpose or are working out some design.

"Let me illustrate the conception of functional disorder in a machine by reference to the familiar automobile. If your machine is adjusted to run at a normal temperature and the temperature falls to a low point, the machine may work badly or may cease to work because the explosive mixture becomes too poor in gas. That is a functional disorder, consisting essentially in a disturbance of the normal balance of functions; in consequence of the disturbance of balance of functions, the machine no longer fulfils the purpose which is embodied in it. Or again, when your automobile slowly climbs a steep hill, the spark requires to be retarded; if you do not retard it, the machine becomes a prey to functional disorder and no longer fulfils the purpose embodied in it; and, as we know, this timing of the spark is a very delicate matter. In these two ways, then, this machine, even though all its parts be in perfect order, requires adjustment under the varying conditions of its work; and if these adjustments or regulations are not made, it suffers from functional disorder. If the machine had to work only under one fixed set of environmental conditions, it would work perfectly or normally, so long as its structure was perfect; only a structural defect would produce disordered action.

"Now, if we regard the human organism as a machine, we must admit that it is one that has to work under environmental conditions which frequently vary and often vary very widely. Hence it requires frequent adjustment or regulation, if it is to avoid functional disorder. And the functional disorders from which it is most liable to suffer, perhaps all its functional disorders, are just of the two kinds which are illustrated by the automobile; namely, disturbance of the balance of functions, and inappropriate timing of its functions, of its sparkings.

"But the organism differs profoundly from the machine; firstly, in that the purpose which it expresses, and in the service of which its parts operate, is in some sense its own purpose; the purpose is resident in the organism; secondly, the adjustments or regulations which are necessary to enable it to meet the frequent environmental changes of conditions of work are made from within. The organism, in so far as it is a machine and fulfils a purpose, is a self-regulating machine. And func-

tional disorder arises when the environmental changes demand adjustments which exceed the organism's powers of self-regulation or purposive adjustment; it is then we see evidence of disturbance of the balance of functions, or of ill-adjusted timing of its reactions.

"For example, when the organism is exposed to unusually high temperature, it continues to work normally by effecting the required adjustment of the balance of functions; just as your automobile will continue to work well under changed temperature, if you nicely adjust the mixture of air and gas. But, if the exposure to high temperature be prolonged and excessive, there comes a time when the organism's power of self-regulation in this respect is no longer adequate to the task, and functional disorder, with rapid rise of temperature, sets in.

"Or again, under the demands of heavy muscular work, the timing of the heart-beats and of the successive phases of the systole is adjusted to the increasing demands; but, if the strain becomes too great or prolonged, the capacity for such adjustment seems to be inadequate; the heart-beat becomes irregular and feeble, and we have the functional heart-trouble so frequent among the soldiers in the late war.

"We may see another type of functional defect, due to breakdown of the organism's power of adjusting the timing of its processes, in the functional defects of the voluntary muscular system. The normal performance of even a very simple action of a limb requires a very nice adjustment of the timing of the muscular contractions, an adjustment which seems to be effected in the main at the synaptic junctions in the nervous system. Under excessive strain, the power of adjusting the timing seems to reach its limit and to fail. It is, I suggest, not improbable that all the functional paralyses and contractures, which play so large a part in the picture of functional disorders, may properly be regarded as due to just such breakdown of the power of adjustment of the time relations, the power of timing the spark.

"In this connection it seems worth while to remind you that several great thinkers who have grappled with the problem of conceiving the organism as a machine endowed with the capacity of purposive self-regulation—or more generally with the

problem of conceiving how purpose can make itself effective in the material world, without breach of the mechanical law of the conservation of energy—have suggested that purpose works, not by adding or subtracting the least quantum of energy to or from the mechanical processes it controls, and not even by guiding or directing the path or incidence of physical energies, but by controlling their time-relations, by timing the spark, determining the moment of the conversion of potential to kinetic energy, suspending or precipitating the moment of release or conversion.

"Now purpose implies mind or mental activity. To speak of purpose without implying mind is meaningless. Commonly, when we speak of purpose, we have in view our most clearly defined and self-conscious purposes. But we must recognise that mental purposive operations go on on very different planes of consciousness; that, besides our most fully conscious purposes, our organs express and are controlled by purposes of which we may be only very obscurely aware, and also by purposes which operate wholly on the subconscious plane. And functional disorders are commonly the expression of subconscious purposes, or of the failure and disharmony of conflicting purposes which may be wholly or in part subconscious. This fact has been increasingly recognised by all who study the neuroses, especially hysteria. But however little the conscious subject may be aware of the purposes at work within him, they are essentially of the type of mental activities. It is therefore through mental influences that functional disorders are brought about. They are the consequence of disharmony, conflict, or failure of mental or purposive adjustments. That is to say, they are essentially *psychogenic.* This is now commonly admitted of those disorders which are officially classified as functional—the hysteric, neurasthenic, and psychasthenic disorders. But it is just for this reason, just because they are so clearly the result of mental activities, mental conflicts, disharmonies and failures of mental or purposive adjustments, as well as because they do not commonly involve any discoverable lesion or structural defect, that they have been in the past so commonly neglected and regarded as unreal or imaginary. Therefore my particular purpose this

evening, namely, my purpose of persuading you of the reality of diseases of functional and psychogenic type, cannot be achieved or promoted by dwelling upon these admittedly functional diseases.

"I will only point out in passing that hysterical disorder may be very grave, endangering the life of the patient; that purely mental influences, which produce profound emotional disturbance, such as grief or deep resentment of injury or insult, may very gravely disturb the health, taking away sleep and appetite, grave disorders which may even issue in death. I believe it is true that even animals sometimes die from mental influences of emotional nature. Certainly savage men are liable to death from such influences; and sudden death from great emotional shocks is not unknown. In the last type of case we are apt to say, 'Oh, he must have had a weak heart'; and so we dismiss the fact, with the implied assumption that the trouble or cause of death was after all organic, refusing to see that, even if the heart was weak, the primary and essential cause of the death was the mental influence. And, in the emotional disturbances of the more chronic kind, we dwell upon the bodily changes, the glandular secretions and the changed nutrition; again losing sight of the essential fact, that the mental change was the primary condition of the trouble.

"In this connection also I would insist in passing upon the great significance for our present topic of the organic effects producible by suggestion. These are too often neglected or thrust aside, just because they cannot be reconciled with the prevailing prejudice in favour of purely mechanistic explanations of biological facts. I refer more especially to such effects as the production of blisters and ecchymoses. This has been shown to be possible in some subjects. There is no clearer example of organic disorder of purely functional, purely psychogenetic, origin.

"It is in relation to the mental diseases proper, the psychoses, that the question of functional origin or psychogenesis is of greatest interest; and it is in relation to them that the question is most acutely disputed and opinion most divided. Some authorities continue to scout the notion of psychogenesis of real

psychoses; a few stoutly maintain it; while others take up an uncertain and vacillating position. Prof. Kraepelin is, I suppose, generally regarded as the highest authority in psychiatry. I have tried to discover from his great 'Lehrbuch der Psychiatrie' to which of these three groups he belongs. I think he must be placed in the third group. He writes that 'in general we must grant to the really causal significance of mental influences only a very restricted scope.' He devotes some twenty pages to the discussion of mental or psychical causes of mental disease. He puts alongside hysteria a group of mental disorders which he calls the psychogenic diseases and to which he devotes some 150 pages. Yet, in spite of this, he cannot be claimed perhaps as a thoroughgoing exponent of the conception of psychogenesis or of disease of functional origin. In all the great types of psychosis he is disposed to postulate a material or structural cause rather than a functional; and in discussing the relation between bodily and mental changes he writes: 'If in view of the fundamental difference between the processes of the two orders (bodily and mental), a true explanation of those of the one order through those of the other is not possible, nevertheless it appears that we may hope to attain the goal of inferring certain bodily changes from observed mental disturbances and inversely.' And on another page he writes of 'the bodily foundations of madness' which we are told to conceive as 'alterations of the brain cortex, which though widely diffused are yet of quite determinate character.' Such passages seem to leave the question open; though on the whole this great authority seems to incline to the side of those who would dogmatically exclude the possibility of a truly functional or psychogenetic origin of real mental disease.

"It is in relation to *Dementia Præcox* that the problem presents itself most definitely, and in relation to which opinions are most acutely opposed. No one questions that the typical cases of this disorder are true psychoses; and, if such cases can be shown to be psychogenetic, the argument is closed in favour of the exponents of the possibility of psychogenesis.

"Dr. C. G. Jung of Zurich has argued forcibly in favour of the psychogenesis of this disease, citing various cases in which the disorder seems to have been induced by mental conditions

and to have been changed and improved by mental influences.[1] A particularly striking case of this sort was recently described to the Psychiatrical Section of the Royal Society of Medicine in London by Dr. D. Forsyth—the case of a boy presenting a clear picture of *Dementia Præcox* of the paranoid type, in which it was possible to trace the origin to unfortunate mental influence, and in which complete restoration to health followed when better and wiser mental influences enabled the patient to effect a re-adjustment or adaptation to his social environment.[2]

"Against the powerful argument founded on such cases we have such work as that recently published by Sir Frederick Mott.[3] I have the warmest admiration for Mott's work in general and for this piece of work in particular. In this research, Mott and his pupils have shown that in many cases of *Dementia Præcox* there is evidence of maldevelopment of the sex glands, and that in some there are distinct departures from the normal in the appearance of the neurones of parts of the brain. They have shown also reason to believe that certain endocrine secretions are in many cases disordered. Mott's observations on the nervous tissue confirm and extend the findings of other observers to the effect that there occurs a parenchymatous degeneration of the neurones in various parts of the brain. From these facts Mott infers that the disease is primarily and essentially an organic and structural disease. He writes: 'We have thus two morphological conditions which will account for the fundamental disorders, and the nature of these disorders will depend upon the cerebral structures affected.' Mott is, in fact, as I know from many personal discussions with him, an uncompromising advocate of a purely mechanistic and materialistic conception of the mental diseases. But, if we examine his language closely, we find that even he drops into modes of expression which seem to be concessions to the functional view. For example, he speaks of 'a progressive failure of the *élan vitale*' as the first symptom

[1] "The Problems of Psychogenesis in Mental Disease." *Proc. Roy. Soc. Med.*, August, 1919.

[2] "A case of early dementia of paranoid type." *Ibid.*, 1920. Cf. also Case 50.

[3] "Studies in the Pathology of Dementia Præcox." *Proc. Roy. Soc. Med.* (Section of Psychiatry, August, 1920).

of the disease; and he supposes that the predisposition to *Dementia Præcox* may consist in a deficiency of 'vital energy.' Further, he shows that the earliest microscopic change in the affected neurones is the presence of an excess of lipoid granules, and that these indicate hypofunction or abnormally diminished metabolism in these cells. Here we seem to be right up against the essential problem—namely, are these degenerative processes in the neurones, which are correlated with diminished metabolism, always the primary cause of the hypofunction? Or may not the hypofunction, the continued diminution of function, be the cause of the lowered oxidation, of the accumulation of lipoid granules and of the other degenerative structural changes?

"Mott and the other structuralists, in whom the materialistic prejudice is strongly fixed, would, I know, dismiss the second alternative with contempt; yet such dismissal seems to me entirely unreasonable. Various observers have shown that excessive and prolonged activity, maintained through strong appeals to such instinctive tendencies as fear and rage, excited and maintained, that is to say, by mental impressions, may produce visible changes in the neurones concerned, due to excess of metabolism. That is a clear case of structural change functionally induced by mental impressions and mental activity. Why then should circumstances which induce the opposite kind of mental effect, namely, a checking and depression of instinctive activities, why should these not induce structural changes of the opposite kind, namely the accumulation of lipoid granules and so forth, in consequence of diminished oxidation and metabolism? Such depression of instinctive activities through unfortunate mental influences is just what seems to be the history of the genesis of *Dementia Præcox* in many cases.[1]

"No doubt in all cases in which the disease develops, and in which the structural alterations of neurones are induced, there is some constitutional predisposition which renders the patient peculiarly liable to such checking and depression of instinctive emotional tendencies; either an original defect of the vital energy or that constitutional peculiarity which Jung calls 'introversion'; peculiarities which, however, are perfectly consistent

[1] Cf. Chapter XXIII.

with a normal and healthy life, in the absence of the unfortunate mental influences and circumstances which lead to depression of these functions. It may well be that in some persons these constitutional defects are so marked that, in the absence of any peculiarly unfavourable circumstances, the defect of function will manifest itself and will be followed by structural degeneration. In such cases the disease would still be psychogenetic, though not traceable to any unusual mental strains, shocks, or depressing influences.

"It so happens that this very morning I received a copy of a lecture, recently delivered by Sir Frederick Mott, on 'The Influence of Song on Mind and Body,' and in it Mott seems to give away the case of the structuralists, and to embrace the functional theory. It is true that the lecture was designed for a popular audience; yet even in a popular lecture truth may be conveyed; and in this case, I think, Mott, speaking under circumstances which relieved him from the influence of his fixed scientific prejudices, has spoken more truly than in his more strictly scientific utterances. He says: 'The great war has shown the extraordinary influence of the mind on the body when it has been affected by experiences causing contemplative fear.' Again: 'Singing, by producing an individual and collective sense of joy and well-being, promotes digestion, assimilation, and nutrition, thereby aiding convalescence of all forms of mental and bodily disease.' And again: 'Inasmuch as music is associated with pleasure and the nobler feelings and passions of love, tenderness, joy, mirth, the martial spirit, and rhythmic dance, rather than with pain, fear, terror, grief, horror, anger, and rage, it tends to initiate and energise the former and drive away the latter. These latter emotions and passions are associated with particular changes in the bodily state. . . . Not only are there those changes in personality of which we are conscious by bodily feelings, but associated therewith are subtle biochemical changes in the blood caused by an increased production and outpour of adrenalin, which plays an all-important part in the defensive mechanism of fright and fight.'

"You may notice that even in this popular lecture Mott's scientific caution does not wholly desert him. He does not say

that music excites or causes pleasure and the beneficial emotions, or that these emotions produce favourable changes in the bodily state. In each case he cautiously uses the phrase 'is associated with.' But in seeking to determine, among associated changes, which is cause and which effect, we rightly attach great importance to the time relations of the 'associated' changes; if one of these is the cause of the others, it must be that which precedes the others in time; and here the time order is: (1) impressions on the sense-organs, (2) appreciation of these as music, (3) pleasure and various emotions, (4) favourable bodily changes. Is not the attempt to disguise the order of dependence by using the phrase 'associated with' in so clear a case of causal sequence, is not this clear evidence of an obstinate prejudice that blinds those who hold it to obvious facts?

"One of Mott's pupils sums up the evidence by saying: 'The failure of the sexual instinct . . . may be correlated with the regressive atrophy of the reproductive organs and the biochemical changes of the neurones.' But, if we accept this correlation as established, we are not compelled to follow Mott in assuming that the organic changes described are the primary and essential causes of the mental disease. This conclusion, which Mott so confidently draws, seems to me to be quite illegitimate. The mental and the bodily life are admittedly closely related; so that grave disorder of either must, if it be continued, seriously affect the other. If there is serious and long-continued maladjustment of the sex functions, or other instinctive activities, on the mental side, this can hardly fail to react prejudicially on the development of the sex glands and on the endocrine secretions which they influence, and through them perhaps upon the development of neurones in the brain concerned in these functions. That is to say, the demonstration of organic changes in a case of mental disease of some standing does not by any means prove the disease to be of organic, rather than functional, origin. Only the demonstration that changes of one order precede in time all changes of the other order could suffice to establish the primacy of the functional, or of the structural, derangement. No such evidence is at hand for *Dementia Præcox;* and it seems probable that such precedence of either factor can never be fully established for this disease.

"Let us turn then to a disease which presents organic changes, but in which nevertheless the functional disturbance seems, in many cases if not in all, distinctly to precede the organic changes. I refer to Grave's disease, or exophthalmic goitre. It is an old belief that emotional shock, and especially fear, may play a part in bringing on the symptoms of this disease; and experience in the war hospitals has, I think, strongly confirmed this view. My own experience certainly convinced me of it. During nearly five years of service in the war hospitals for nervous troubles, I saw hundreds of cases which presented in various degrees some or all of the combination of symptoms characteristic of Grave's disease. It was noteworthy that the frequency of these cases seemed to increase greatly in the later stages of the war, when many men had been subjected for long periods to the strain of active service. Practically all of the men had been subjected many times, in some cases almost continuously for considerable periods, to conditions of a kind well suited to excite fear. And there can be little doubt that the fear instinct was very strongly and frequently excited in them, although in most cases its expressions in behaviour were subdued and controlled by resolute effort. In some of these cases the part of fear in bringing on the symptom-complex was unusually clear; namely, in some few cases an excessive timidity, with exacerbations of acute fear, continued for a considerable time after the patient's admission to hospital, in spite of all therapeutic efforts. War-dreams and, more rarely, terrifying hallucinations were both the occasions of such attacks of fear and the expression of such continued timidity. And in some of these cases it was notable that slight symptoms of Grave's disease became steadily more pronounced, while the excessive timidity endured. On the other hand, it was noticeable that as the patients recovered from their abnormal timidity and ceased to suffer from fearful dreams the bodily symptoms subsided; and in the vast majority of cases the symptoms passed away completely.

"Now the recent discoveries of the important part played by the endocrine secretions, especially the work of Prof. W. B. Cannon, enables us to give a very satisfactory interpretation of these facts. This work has shown how the impressions which excite fear stimulate the adrenal and other glands to throw into

the blood secretions which maintain all the bodily reactions of fear—the rapid pulse, the tremor, the dilated pupil and staring eye; and the excessive activity of the thyroid gland is one of the chief of these effects. Thus a vicious circle is established in which the emotion excites the bodily and especially the chemical reactions of fear; and these in turn render the organism more sensitively responsive to all impressions of a kind capable of exciting fear. Is it then not in accord with all physiological principles that there should result an hypertrophy of the organs and functions concerned, especially of the thyroid gland? And the symptom-complex of Grave's disease is exactly the picture of such hypertrophy and fixation of the normal effects of fear.

"We have then an organic disorder resulting from and maintained by mental impressions; an organic disease of functional origin; a true example of psychogenesis of a disease which, at first purely functional, later becomes organic. The fact of the reality of the chemical and organic changes of pathological character in such cases clearly does not in the least detract from the truth of the statement that the disease is of functional and mental origin; further, in such cases purely mental treatment may be the most essential and effective means towards preventing or cutting short the organic disorder. It is a case of disturbance of the balance of functions brought on by an excess of mental impressions of one particular kind.

"If then such pronouncedly organic changes as those of Grave's disease may be psychogenetic and of truly functional origin, why should we hesitate to assign a similar origin to mental diseases, if the facts point that way? No one, of course, would attempt to claim a functional origin for general paresis. But besides all cases claimed as *Dementia Præcox*, I think we are justified in looking for functional origin of manic-depressive and epileptic insanities; even though we recognise that, when these are well established, structural and chemical disorders play an important part. I strongly suspect that, in the last-named disorder, fear plays a larger part than is commonly supposed, and that it may in many cases have been an essential psychogenetic factor.

"That in the onset of some mental diseases, some true psychoses, psychogenetic factors play an essential part seems to me beyond dispute; and I believe this fact is being and will be increasingly recognised; with corresponding benefit to therapeutic and especially preventive practice. And this advance will go on the more rapidly, the more thoroughly we repudiate the reactionary psychology and biology of the purely mechanistic type; that is to say, the more fully and frankly we recognise that biology and psychology are sciences which should not allow themselves to be wholly dominated by and confined to the use of the conceptions and theories in use among the physical sciences; that the biological sciences have the right and the duty to evolve and use their own fundamental conceptions; and that, for psychology and, I would say, for biology in general, the most fundamental working conception must be that of purposive activity.

"If the answer to the question of the functional origin of some diseases seems clear and positive, there remains a deeper and more difficult question, which has commonly been confused with the question of the functional origin of disease: namely, the question—Can mental disease be not only psychogenetic in origin, but also essentially functional in nature, without there having been set up any organic change, secondary to the functional disturbances? We might put the question in this way—Granting that mental impressions may disturb the balance of functions, and that, if they are frequently repeated, they may, by unduly depressing or stimulating some bodily function, set up secondarily pathological changes in the tissues concerned, is it not possible for the state of disorder to continue after the mental impressions cease to be received from outside the organism, without there being any pathological change in the tissues concerned? It is reasonable, I suggest, to suppose that habitual excess or defect of one function, having been induced by mental impressions, this excess or defect may perpetuate itself, perpetuating the disturbance of balance of function, and constituting a truly functional disease; even though there should be no tissue which any microscopic or chemical investigation, no matter how far refined beyond our present means, could show to be diseased or abnormal in its structure and operations; that is

to say, every tissue might be perfect in structure and every chemical process might be perfectly normal in quality; and yet, by virtue of a disturbance of the quantitative relations of the chemical and other functions, a state of true functional disorder might obtain.

"But there remains still another and more difficult question; and it is, I think, the positive answer to this question which is often assumed to be involved in the assumption of the reality of functional or psychogenetic mental disease.

"In bygone times those disorders of conduct which are the symptoms of mental disease were supposed to be due to disorder of the mind alone, and to involve no disease or pathological alterations in the body. It is as a reaction against this old-fashioned conception that the modern prejudice against the notion of functional disease has arisen; and it is against this old-fashioned view that the dictum has been set up: 'every mental disease is a disease of the brain.'

"Well, I am going to be excessively rash and to risk my reputation for sanity, such as it is. I am going to say that I think we should not altogether close our minds to that old-fashioned view. I believe that the mind has a nature and a structure and functions of its own which cannot be fully and adequately described in terms of structure of the brain and its physical processes. And, if this be true, it does not seem logically impossible that this nature of the mind itself may be disordered or impaired or defective. I confess that I cannot point to any empirical evidence that clearly supports this view. I only venture to say that this remains a possibility, which is not definitely excluded by any philosophically or scientifically established truth; and that therefore our minds should be open to it rather than dogmatically closed.

"Under the conception of functional disease, as opposed to disease essentially involving organic or structural defect of the bodily organs, I have distinguished three *possibilities:* (1) Diseases which, though involving structural and chemical abnormalities, are of functional origin. (2) Diseases which are of functional origin and of functional essence, involving no strictly pathological tissue change, but only a disturbance of the quan-

titative balance of functions. (3) Mental diseases which are of the mind only and not at all of the body.

"The first and second seem to me not only possibilities, but to be abundantly realised in numerous cases. The third theoretic possibility I leave at that; urging only that in this obscure realm, in which our ignorance so far outweighs our knowledge, we cannot afford to accept dogmatic negatives. The path of progress is that of the cautious and critical, but open, mind."

In the address from which these passages are taken, I was concerned only to establish the validity of the conception of functional disorder. The two forms of functional disorder suggested, namely, disturbance of balance of functions and of the time relations of functions, may cover some part of the field; but hardly the whole of it. We shall see in later chapters that one great condition of a large proportion of all functional mental disorder is conflict. Internal conflict, when severe and continued, is itself disorder; and it prepares the way for a second great form of disorder, namely dissociation. Conflict is a dynamic conception; it can only be understood in terms of a psychology which conceives the human organism as essentially an integrated system of organs and functions, and the normal life of man as the expression of a harmonious co-operation of many dynamic tendencies, tendencies to strive towards different goals, goals as different as the preservation of the individual and the perpetuation of the species. All through the biological scale we observe that these two great functions of organisms are to some extent in conflict with one another. Up to a certain point the welfare of the individual is necessary to the preservation and further evolution of the species. But in the struggle of species for survival the welfare of any particular individual is of very minor importance. The constitution of the human being reflects this perennial conflict between the interests of the individual and those of the species.[1] Man's nature is such that his conduct is prompted and sustained by tendencies or purposes of two great classes that are not easily harmonised, the ten-

[1] This point of view is excellently developed by Mr. G. C. Flügel in an article, "On the Biological Basis of Sexual Repression and Its Sociological Significance," *Brit. Journ. Med. Psych.*, vol. I.

dencies to secure the welfare of the self, and the tendencies to secure the welfare of the species and of the social community. It is only under peculiarly favourable social conditions that any individual can approximate to entire harmonisation of these two groups of tendencies. Their opposition, their liability to conflict with one another, remains the principal ground of functional disorder. This is the great truth which, elaborated in a somewhat distorted fashion, underlies the Freudian psychology. But this opposition of primary biological functions is not the only source of conflict in the individual, as the Freudian psychology would have us believe. Each of the instinctive tendencies of human nature seems to struggle for its own maximal development, and to be capable, under favouring circumstances, of becoming hypertophied until it dominates the whole organism, becoming the main channel for all its vital energy. And it is only by the perpetual rivalry and reciprocal checking that obtains between the several tendencies that each is kept in due subordination to the whole system. When any one tendency, whether because it is natively of too great strength or because it is too much stimulated and favoured by the circumstances of the individual, becomes so strong that it is not easily kept within due bounds, the process of reciprocal checking is exaggerated in intensity and becomes what we call inner conflict. There is thus no sharp line to be drawn between morbid or pathogenic conflict and the normal processes of reciprocal inhibition by which alone all harmonious life and development are maintained.

Since all the rival tendencies of our nature are purposive tendencies, it follows that in all the conflicts that give rise to disorder, we have to do with conflicts of purposes, a conflict of strivings towards incompatible goals. This is the great discovery of modern psychopathology—that functional disorder is, in a sense, always purposive, an expression, however distorted and imperfect of purposes however obscure and unacknowledged. This is the truth which, when baldly stated, seems to the layman so bizarre and incredible; because he is accustomed to recognise only the most clearly conscious and openly avowed purposes, ignoring all those obscurer stirrings of our nature

which do not succeed in formulating their goals in clearly conscious desires, intentions, and resolutions.

Prof. Eugen Bleuler, one of the wisest of contemporary psychiatrists, has condensed in a few paragraphs the most essential truths about the purposive nature of functional or psychogenetic disorders.[1] I reproduce them here with the warning that any reader not already familiar with the field can hardly hope to understand fully the very condensed statement. Later chapters will expand and illustrate it in some detail.

"By means of *flight into the disease* one achieves definite aims through the disease [that is to say, the disorder is in some sense the achievement of a purposive activity]; by an attack of rage one achieves a yielding; by a fainting spell, a new hat; and by the more protracted disease one gets a pleasant sojourn in a sanatorium. By means of all these one can at the same time compel consideration, secure care and tenderness, obtain power over others who have to adjust themselves to the disease, extort an allowance, evade tasks from the simple household duties up to the terror of the trenches. But above all one circumvents inner difficulties; one keeps off self-reproaches from consciousness; by means of a symptom one identifies oneself with the beloved, or represents symbolically the union with the beloved who does not care for the patient.

"Such *external* aims of the neurosis are very simple; the inner purpose, the fictitious accounting to oneself is often so complicated that we cannot go into details here. Only this should be mentioned, that naturally the neurosis is usually a poor solution from the subjective point of view also, as is shown by the fact that neurotics themselves condemn the evasion of difficulties by these means; for they do not admit the purpose of the device either to themselves or others. Even the attack of rage, which under these circumstances represents a primitive reaction, sensible in principle, often overshoots the mark so much that it becomes most unpleasant for the patient. In order to get the hat, one must have a real fainting spell; in order to be excused from work, one has unpleasant symptoms; the pensioned neurasthenic has to renounce all joy of living. Whoever be-

[1] "Text-book of Psychiatry."

comes a thief out of revenge against the father, or commits arson because of an unbearable situation, may get into jail; whoever achieves the companionship of the beloved symbolically is as little satisfied as the hungry dreamer who thinks he eats; and whoever satisfies his ambivalent feelings by imagining a sexual attack, which though it arouses sexuality at the same time causes disgust, only gets hysterical vomiting out of it.

"When we speak of flights into disease, as a sort of purpose of the neurosis, this should be understood with some reservation. A more primitive reaction passes away and has no subsequent significance. *But it becomes a neurotic symptom, difficult to combat, if it is released for definite purposes.* If physical purely reactive symptoms, like paralysis of the vocal cords or the leg, trembling when in danger, diarrhœa or fainting from fright, vomiting from disgust, do not disappear with the releasing affects, or when they always recur without an adequate occasion, then there is involved something different in principle from simple reactions; *there is a positive quantity added, which as a rule consists of some necessity for being sick.* If the term 'wish' is applied to this, it is to be understood in the widest sense. The most decent person occasionally has an impulse to steal or to some sexual transgression; but he does not permit himself to act on the impulse. Not infrequently the pathological wishes are entirely unconscious, while in the patient's consciousness the opposite impulse is not only important but solely dominant or present.

"The 'morbid gains' are usually found on closer inspection. They are plain in the war and income neuroses, in the twilight states of commitments for examinations; in 'mass hysterias' or 'imitative hysterias' they are based, among other things, on the desire, on the one hand, to be in the swim, and on the other, to be distinguished from the mob. In school epidemics, freedom from school is a special consideration; but also the making oneself important and the imitation of everything conspicuous.

"Naturally there are diseases of a neurotic kind for the origin of which, at least in principle, an advantage is not necessary. Many primitive reactions, the suckling who perishes from anorexia in an unsympathetic environment, the homesick nurse-

maid, the dog that starves on his master's grave, the girl who always gets a pain in the loin when she lies on the grass after she had lain in the open during an illegitimate birth, the false connections of the sex impulse, the fever that appears after the injection of water when this is taken to be the accustomed tuberculin—all these are instances. *But in the ordinary neuroses one always finds on close inspection an advantage from the disease.*

"But there must be something besides that permits the nervous to take refuge just in disease, while there are other means of evading difficulties. To be sure, it should be remarked that such evasion is favoured in our super-Christian age with its petting of weaklings, and is particularly encouraged by many families, especially in the bringing up of children. But it is probable that still other forces bring the hysteric to resort to disease: thus, many intellectual constellations and the experience that with his strong affective reactions, which at times even to the layman appear morbidly exaggerated, he often accomplishes his purpose; and perhaps there is a certain weakness towards the idea of disease. All of this Kohnstamm brings together under the name of weakened 'health conscience,' which says as much as a long explanation, and which I would not like to dispense with."

All this may seem to give colour to the old popular and medical view of hysteria, to the effect that it is not to be distinguished from malingering, the deliberate self-conscious shamming of disease. But to interpret Prof. Bleuler's words in that sense would be a serious error. Bleuler himself warns against this interpretation by saying: "This objection is based on an entirely wrong conception, which one cannot sufficiently guard against. There is not involved a defect in the sense of 'morality' or a weakness of the conscious psyche which one can make responsible and blame; and it is a serious theoretical and still more serious practical mistake, merely on the basis of neurotic symptoms, to reproach a patient with not wanting to get well."

The peculiar attitude of the neurotic patient towards his troubles cannot be stated in terms of the too simple psychology of common speech, which assumes the indivisible unity of the individual and points as a logical necessity to the alternatives

that *either* the patient wishes to get well *or* he wishes to retain his disorder and clings voluntarily to his symptoms. In a sense the patient achieves the logical absurdity of doing both at the same time. He desires to get well and yet he desires to retain his sickness and make use of his symptoms. Psychopathologists often cut the Gordian knot by personifying the neurosis, saying that, while the patient wishes to get well, "the neurosis" wishes to maintain itself. But this also is but a rough approximation to an accurate statement. The truth is more nearly expressed by recognising that the personality which clearly and decisively wills or wishes this or that, which chooses and decides and exercises over the whole organism the mastery that we call self-control and resolve, such personality is an integration, a product of a long integrating process, the most important aspect of development and the chief aim of true education; an integration that results in a firmly knit character, from which alone true volition and intelligent consistent self-direction can proceed.[1]

In the neurotic patient this integration is very imperfect. Commonly, no doubt, the integration has never attained in such persons a high level; and such lack of integration is the defect that predisposes to neurotic disorder. The defect in turn may be and often is, no doubt, in part the expression of an ill-balanced hereditary disposition and an unfortunate temperament; often it is due in large part to environmental influences, especially to unwise training in the home.[2] Yet in none of us is the integration perfect and complete; and, under sufficiently great and prolonged strain, the best of us, as shown clearly by the neuroses of the Great War, may undergo some degree of disintegration and develop neurotic troubles.

Neurotic disorder, then, is the expression of disintegration or failure of integration of the personality or of character. In the neurotic patient, the various tendencies of character, the sentiments, are not organised as they should be, in one harmonious

[1] Cf. Chapter XXXIII.

[2] Dr. E. Kempf points out (in his "Psychopathology") that what is regarded as hereditary transmission of a neurotic disposition may, in many cases, be more truly interpreted as an infection from parent to child, and even to grandchildren and further generations, of unfortunate modes of personal adjustment or maladjustment. The patient is apt to create a neurotic atmosphere.

system. Rather they are more or less divided into conflicting systems. The division may take place along many different lines, producing as many types of disorder; ranging from the milder cases, in which some weak and relatively unimportant tendency is in conflict with the rest of the personality, to those in which the whole personality is divided into two great systems conflicting on equal terms; and others in which there are multiple divisions, a general and disorderly disintegration into many parts.

When each part of such a disintegrated personality carries with it its own memory-train, distinct from and discontinuous with that of another part of the personality, we have the very striking but relatively rare and clear-cut cases of divided and alternating personality.[1] In most cases no such clear-cut division occurs.

Bleuler writes: "Besides sex, the complex to put oneself over, to distinguish oneself, to obtain power over others is important. Many a neurosis serves this complex primarily by compelling those who are about the patient to act in accordance with it. If the self-estimation is not recognised by others, there develops from this the many attitudes of spite that lead to changes of character or to disease. A young woman was badly treated by her husband; after a scene she states that he should be told he had made her sick; she developed an obviously nervous fever of short duration and then a severe expectation-neurosis from which she herself suffered unspeakable pains, and which only now after forty-four years is beginning to disappear—that was the punishment for the husband. But this method of reacting is used not only towards people, but also towards God or fate; the 'purpose' is thus spite.

"A peculiar way of making oneself important is finding joy in misery; one always sees to it that one is the victim of injustice, usually only in little things, but one magnifies it into a big affair, mild persecution-mania, nervous symptoms, reasons for changing one's position, etc.

"Other symptoms again are compensations for feelings of inferiority. An individual poorly endowed in certain directions

[1] See Chapters XXX–XXXII.

wants to cover his mistakes and appear to be extraordinary in just that respect, and for this reason seeks refuge in the neuroses.

"Conversely the suppression of artistic impulses, talents in general, selection of the wrong vocation, sometimes leads to neuroses and morbid attitudes.

"Also all sorts of complexes which are by chance created by the situation (*e. g.*, bad treatment in a subordinate situation) may release neurotic mechanisms. But it is important that clear, unambiguous endeavours, wishes and their definite suppression, rarely lead to neuroses, but only to ambivalent complexes."

CHAPTER III

FATIGUE, DRUGS, AND SLEEP

He who would understand the graver abnormalities to which our mental life is subject does well to study first the slighter departures from the state of normal, fully waking activity which alone has been made the object of the immensely greater part of psychological research. To such departures we all are frequently subject; and, since many of them can be experimentally induced without danger or serious discomfort, the study of them should be regarded as the experimental approach to abnormal psychology; on such experimental studies all interpretation of functionally disordered mental life should be founded.

Such minor and brief departures occur in states of fatigue, during sleep in the form of dreaming, in states of reverie or fantasy, under the influence of drugs, and in hypnosis. All of these states lend themselves readily to experimental study. I propose, therefore, to discuss some of the peculiarities of our mental life in these mildly abnormal states before proceeding to the more obscure problems of the graver disorders.

This procedure has also the advantage that, in respect of these minor departures from normality, we have better hope of achieving some understanding of the disordered states and processes, in terms of the structure and functions of the nervous system. I shall not scruple to attempt such physiological interpretations; for, without dogmatically asserting that the ultimate aim and task of psychology is to translate all mental descriptions and explanations into terms of physiology, I hold that we may and should approach our problems from the two sides, the bodily and the mental. Descriptions and explanations may validly be attempted from the standpoint of the objective student of behaviour and of the bodily processes, as well as from the psychological standpoint proper. We take the latter standpoint when we base our descriptions and explanations upon the

introspective observation of our own experience and on accounts of similar experiences given by our fellows, more especially our experimental subjects and our patients; endeavouring to correlate such descriptions with the objectively observed facts of behaviour.

At present these two lines of approach, which may be called respectively the approach from without and from below upward, and the approach from within and from above downward, have hardly made such progress as will permit of helpful co-operation between the workers along the two lines. The situation is like that of two parties of engineers engaged in tunnelling a great mountain from opposite sides; and the engineers' parties are of two nations, each speaking its own peculiar language and using its own peculiar methods, with little understanding of the language and methods of the other party, and without agreement with the other party as to the nature of the goal to be attained.[1] Further, the workers in each party are extremely individualist; they work individually or in small groups, giving adhesion to no single plan and obedience to no single leader. In this unpromising state of affairs the best that can be hoped for is that some of the workers of either party shall acquaint themselves with the language and methods of the other, and shall exert their influence towards bringing about a convergence of the two lines of work. Such liaison work is what I am chiefly concerned with in these opening chapters.

Fatigue and Exhaustion

Many experimental studies of fatigue have been made, largely with a view to the discovery of some method of measuring degrees of fatigue. The results up to the present date have been meagre, chiefly owing to the fact that the output of work or energy of the human organism is conditioned, not only by the general physiological state of the organism at the time of investigation, but also, and in predominant fashion, by the in-

[1] The one party working from below upward is that of the organic neurologists, the brain-staining psychiatrists, and the extreme behaviourists. The other party is that of the psychologically minded psychiatrists, the psychoanalysts, and the purists among the psychologists.

centives supplied and by the motives brought into play by them.[1] These two factors, incentives and motives, vary from moment to moment, and no means are known of keeping them constant. The incentive itself, though it may be described objectively as some desirable goal or reward held out to the subject, cannot be regarded as a constant quantity; for the same subject may change his mental attitude towards the incentive from moment to moment. A goal which at one moment may seem to him highly desirable, he may look at a moment later from a different point of view, from which it may seem of little worth. And the motives which sustain his efforts will inevitably vary from moment to moment in correspondence with these varying attitudes towards the incentives or inducements. Thus the subject who has set himself with good-will to a sustained effort may, in the course of the work, suddenly reflect that it is a trivial and thankless task on which he is engaged; his output is then likely to fall off. Or he may as suddenly reflect that his achievement is to be compared with that of another subject, to whom he would not willingly appear inferior; and then his output of energy and work increases.

We are familiar in daily life with facts of this order. Perhaps we rise in the morning after a night of sound sleep, yet feel sluggish and incapable of any concentrated effort. Or, after a hard day's work, we feel thoroughly tired and incapable of another ounce of work; yet, if then there comes a sudden call upon us, some situation that demands action for self-preservation, or in defense of our loved ones, of our honour, our reputation, or our fortune, or perhaps merely appeals to some strong "intellectual interest," such as our views on politics or art or philosophy—at such a call we may become reanimated; every symptom of fatigue disappears, we are alert and active again, and per-

[1] Prof. F. S. Lee, a leading physiologist who has paid much attention to the problems of fatigue, asserted in the year 1924 that no method of measuring fatigue had yet been discovered. This was, perhaps, an overstatement of the case. In a paper read before the British Association in the year 1908 I suggested that the cue to the problems of fatigue is the fact that fatigue symptoms express the relation between two independent variables, namely, the freed energy within the nervous system and the resistances which that energy has to overcome. The lack of progress in this field seems to me to be largely due to the continued ignoring of this fact.

haps sustain a prolonged effort without showing or feeling any sign of fatigue. Then perhaps the danger is averted, the threat overcome, the argument brought to a successful issue; the extra incentive having been removed, the motives of our accentuated activity cease to operate, and we sink down in an armchair acutely aware of our fatigue and pleasurably anticipating, or enjoying, our well-earned repose.

Such experiences are familiar to all of us; yet most psychologists, many of them obsessed and blinded by the desire to devise a mechanistic explanation of all human life, or thinking only in terms of sensationist or other intellectualist psychology, and ignoring the fundamental fact that man is a purposive being, and that all his life is a succession of strivings towards goals, near or remote, have grossly neglected the facts of this order.[1] My attention was drawn to them partly by experimenting, with a view to devising a satisfactory fatigue-test, but also by reflection on the facts of common experience of the kind indicated; especially I was interested by the problem of falling asleep. Why, in spite of the usual external conditions favourable to sleep, and in spite of the usual, or even greater than usual, fatigue resulting from a day's work—why should I sometimes remain obstinately awake, thoughts chasing one another through my mind? Introspection soon showed that the kind of thoughts, or, more strictly speaking, the objects of my thinking, were all-important. If I could think of impersonal topics in which I was only remotely interested, sleep soon came. But, as soon as I thought of any topic in which I was keenly interested, and especially if I thought about myself and my personal relations, my aims and ambitions (for all of us are keenly interested in ourselves), I was wide awake; perhaps coming suddenly wide awake from a half-sleeping state, as soon as any such topic rose to consciousness.

Long puzzling over such problems led me to see clearly that here were facts of an order that could not be dealt with by the current physiological psychology, in terms of which I had learned to think. Neither "ideas," nor "sensations," nor "images,"

[1] William James was a brilliant exception, as shown in his famous essay, "The Energies of Men."

nor "reflex arcs" could throw light on these problems. The ideomotor theory seemed, on the whole, ridiculously untrue, in spite of William James's indorsement of it. The hedonist theory seemed only a little less absurdly inadequate. I turned then to consider the emotions; to try to find in them, conceived according to the Lange-James theory as merely psychic reflexions of reflexly produced visceral changes, the explanation of the facts. The problem presented itself to me in the following form: I lie here withdrawn from all external stimuli except such constants as the pressure on various surfaces; yet my mental activity varies enormously from almost complete abeyance to high intensity. These variations of activity come from within the organism; they are incidental to the course of my thinking; thinking of some objects, I sink towards sleep, my mental activity gradually remits; but on thinking of others I become wide awake, my activity becomes suddenly intensified; there is obviously a sudden access of energy from some source within me. What is that source? Where and what are these latent reserves of energy? And how does my thinking bring them into play?

The answer that lay nearest was that some "ideas" are emotionally toned and some are not; and the former are exciting, the latter are not. But what is an "idea"? I had acquired a healthy scepticism about "ideas." And what in the name of heaven is "an emotionally toned idea"? Is it anything more than a name with which we disguise from ourselves our ignorance? Certainly emotion was, somehow, an important factor in the problem. Often the access of activity that brought me wide awake and seemed to indicate a sudden liberation of energy was distinctly emotional; it was sometimes fear, as when I began to think of a dangerous moment in a recent mountain climb; or anger, or resentment, or sheer lust; and most commonly, and most fatal to sleep, it was some obscure emotional reaction provoked by thinking of myself: embarrassment, shame, elation, self-reproach, or approval. But emotion, conceived merely as a complex of visceral sensations, refused to do the work, to solve the problem. I therefore turned to consider the animals. They display similar phenomena. My dog, left alone in a quiet spot, grows quiet; his nose sinks down upon his paws,

and presently he dozes. But let any one of a limited number of things occur, and instantly he is all excitement and activity, putting forth a most copious flow of energy. And the things or events that provoke such sudden outbursts of energy are those that appeal to his instincts; when some instinct is aroused, he does not merely display excitement and activity, an emotional excitement and activity, but also his activity is more or less directed to a goal of some kind, seems to be, in some obscure sense, purposive. The animal strives towards a goal with unremitting activity and enormous output of energy; he fights furiously until he gets the better of his adversary; he flees until he finds some safe retreat; he assiduously courts his female acquaintance; or hunts persistently, coming home dirty, satisfied, and tired out, to throw himself down and sleep.

Are we then so different from the animals? Is it true that the animals are actuated by instinct, and men only by reason and the interplay of those mysterious entities called "ideas"? Are we not fundamentally similar to the animals? Has Darwin written in vain? And do we not display this fundamental similarity just in these sudden outbursts of energy from within? Before I had reached this point in my reflections I had written my first little book, "Primer of Physiological Psychology"; it set forth in concentrated fashion all that seemed of most value in the field, and indeed seemed to carry the explanations of the generally accepted type a little farther than others had done. Yet I could not continue to conceal from myself the fact that it was grossly defective in one all-important respect, namely, it contributed nothing to the understanding of activity, of volition, will, desire; it contained no theory of action; the psychology it presented was, in the main, the passive sensationism I had acquired from current teachings. It threw no light on the all-important problems of activity; it left the energising of the organism entirely unexplained, especially those waxings and wanings of energising which called so loudly for explanation.

The cue came from the comparison of men with animals. The animals are actuated by their instincts: when nothing appeals to their instincts they remain quiescent; when some instinct is brought into play the animal becomes emotionally excited and

puts forth a tremendous display of energy, a display that may continue over an astonishingly long time. Each instinct seems to be in some sense a great reservoir of energy, or at least something that liberates energy and directs it towards the instinctive goal proper to the species.

May it not be, then, that my emotional excitements are instinctive excitements: that, when my train of sleepy thinking suddenly brings me to fully waking activity, it is because my thinking has somehow touched the hidden springs, has stirred some instinct within me, and so liberated a stream of energy? For my mental activity resembles the bodily activity of the dog, not only in the bursts of energy which it seems to imply, and in the evidences of emotional excitement accompanying these outbursts, but also in a third feature—namely, like the animal's instinctive striving, my thinking, even though I lie motionless in bed, is also a striving, a seeking of goals, a seeking that brings satisfaction in proportion as it is successful, dissatisfaction or pain in so far as it is fruitless. This is obviously true when, as sometimes happens, I self-consciously realise and define the nature of the goal I seek; when I plan a course of action or wrestle with a problem. But it seems to be true also, in some obscure sense, when I do not clearly know what I seek, when I cannot say what I am after, but merely know that my mind refuses to rest, and that I lie thinking of one thing after another without self-conscious plan or purpose, or with only the vague purpose of resting and falling asleep.

This was the cue which led me to the hormic theory of human and animal nature expounded in my "Social Psychology." Since writing that book further reflection and more intensive study of the phenomena of mental disorder have convinced me that the theory is on the right lines, that all other types of psychology are of little value. And in spite of the many attacks upon it made, more especially in America, of recent years by dogmatic young mechanists, I have been confirmed in my conviction by finding that it is in line with fundamental, though often merely implicit, assumptions of all the most progressive and fruitful workers in the field of psychopathology, of Freud and Jung and Adler and Stekel, and their many followers, of Morton

Prince, Rivers, Bernard Hart, William Brown, Crichton Miller, and many others of that eclectic school with which I affiliate myself.

Let us now return to the problems of fatigue and sleep, and consider them in the light of the hormic or instinctive psychology.

Fatigue is a word by which we denote the diminished efficiency of the organism that seems to result from intense and sustained activity, and which, during a period of rest and more especially of sleep, gives place to full efficiency.

The fatigued condition is revealed by symptoms or signs of two kinds, the objective and the subjective. The objective signs are drooping bodily attitudes, sluggish motions, and diminished efficiency. The subjective signs again are of two kinds, namely, localised bodily sensations of fatigue and a general sense of inefficiency, of difficulty in energising, of lack of energy.

That which we call fatigue is no entity, and cannot be accounted for in terms of any one kind of physiological change. Undoubtedly, the using up of reserve stores of energy is one factor. This factor may with advantage be called "exhaustion"; we then recognise exhaustion as one of the factors of the syndrome we call fatigue. In some instances of fatigue it is of predominant, in others of relatively slight, importance.

A second great factor is the presence in the blood and tissues of products of metabolism which, acting both on the brain and on other tissues, and locally as well as in more diffuse manner, somehow retard metabolism.

A third principal factor is fatigue-sensation. This is a special quality of sensory impression excited in the afferent nerve-endings of muscles (and perhaps in other allied tissues, such as tendons and ligaments) in consequence of intense or prolonged activity. We do not know the nature of the stimulus; it may be chemical in part or whole. But, whatever the stimulus, the afferent currents excited in this way seem to have an inhibitory effect. If I hold out my right arm horizontally for half an hour, I begin, after a few seconds, to experience sensory effects, localised in the deltoid and other shoulder muscles; these sensations grow gradually more intense, and at the same time I find it necessary to put forth more and more effort to sustain the limb.

These two effects increase together during the first five minutes or so, and then seem to attain a maximum. If in spite of them I persist with my task, these local effects seem to diminish rather than to increase; but I become aware of a more central, less definable form of fatigue, an increasing difficulty in sustaining my effort. And at the end of half an hour I give up, feeling exhausted and aware that only some new and stronger motive could enable me to persist in my effort for a still longer time. Yet I have not expended any great amount of energy. If I had walked briskly for the same length of time, or swung a pair of clubs, I should have done much more muscular work.

The fatigue induced has, then, been essentially local. But though local it is not wholly a matter of the changes occurring in the muscles and other peripheral tissues. The local conditions are in the central nervous system also; and there they are of twofold nature. There is a general inhibitory effect which I experience as something to be overcome by increased effort. It is probable that this may be rightly conceived as an obscure instinctive impulse to relaxation, to seek repose. But there is in all probability an actual blocking of the efferent nerve-channels through which my effort innervates the deltoid muscle. This is indicated in two ways: first, the impulse to relax is general, it is not only an impulse to relax this effort but an impulse to general relaxation and repose; yet, if I relax my right arm, I can raise and sustain my left arm in spite of this impulse, with very much less effort, less will-power, than is required to persist in sustaining the right arm. Secondly, as I sustain my right arm, it begins to show tremors and coarse irregular slight movements which I cannot altogether prevent, and my innervation spreads more and more widely, overflowing into muscles that have no direct part in sustaining the arm.

There is good reason to believe that this local central fatigue has its main locus in the synapses upon the efferent path, perhaps chiefly in those at the spinal level.[1] The synapses are the weak points, and the points of varying resistance, in the neural

[1] The evidence of this is brought together in two articles, "The Seat of the Psychophysical Processes," *Brain*, vol. XXIV, and "The Conditions of Fatigue in the Central Nervous System," *Brain*, vol. XXXII.

channels (the neurones themselves are extraordinarily resistant to fatigue). The synapses are susceptible to the influence of various drugs. I have shown reason to believe that they are subject to a rapidly oncoming fatigue (probably of the nature of self-poisoning) when kept in continued action; an effect which is rapidly removed, as the blood washes away the products of metabolism.

During long-continued activity of brain and body the poisonous products of metabolism become diffused through all the tissues and body fluids. Then these products act upon all the synapses of the brain, raising their resistances to the passage of the nervous current; thus rendering all bodily and mental tasks more difficult, and tending to reduce me to passivity and sleep by way of this relative isolation of each neurone from its fellows; this is partial dissociation of all my nervous system.

After long-sustained activity of a varied kind, I am reduced to a condition in which I can only with the utmost difficulty resist the onset of sleep. I feel utterly tired; and, as soon as I sit down to rest, my eyes tend irresistibly to close and I fall asleep. No task that can be set the will is more severe, more trying, than that of resisting sleep in such conditions. Many a tired soldier has fallen asleep at his post, though he knew that his yielding meant death and disgrace. In this condition the two factors of exhaustion and general diffuse poisoning of the brain by products of metabolism are probably of chief importance.

Influence of Drugs

In connection with these chemical factors of fatigue, let us consider briefly the action of some drugs on the nervous system. We shall find that they yield strong confirmation of the view suggested, especially of the reality of general relative dissociation of the brain neurones.

Of all such drugs alcohol and coffee are the most familiar; and they are representative of two great classes of drugs of chief importance in the present connection, the anæsthetic drugs (of which alcohol, ether, and chloroform are the chief) and the stimulating alkaloids (tea, coffee, opium, and strychnine). In a vague way both alcohol and coffee have been regarded as stim-

ulants. But the truth about alcohol is that it is not a stimulant. The pseudostimulating effects of alcohol are of three kinds. It dilates the peripheral arterioles, especially those in the skin. It weakens or removes our normal inhibitory control of our lower functions. It is an easily assimilated food, though one of no great value.

I cite here some passages from a little book issued by the British Liquor Control Board during the war;[1] the book is the work of several authors, of whom I was one.

Mental Effects of Alcohol

EFFECT OF ENVIRONMENT ON SYMPTOMS OF DRUNKENNESS

"The aspect of drunkenness which has most impressed the popular mind is that of boisterous, disordered, and even violent activity of mind and body which not infrequently appears as one phase of the process of intoxication. But this phase commonly appears under social conditions which stimulate the emotions; alcohol undoubtedly diminishes the control of the intellect and the will over the emotions, and it appears not improbable that this passing phase of excitement may be accounted for by exciting influences of the environment, the jovial company, the bright lights, the unrestrained talk and song, the general sense of festivity, which are the common setting of the feast. The conclusion indicated by laboratory tests of mental and bodily capacity is borne out by simple observation of oneself (or of other subjects) if one takes successive doses of alcohol in the absence of all such exciting influences. The first effect generally noticed is a slight giddiness or 'light-headedness'; this is followed by increasing heaviness and disinclination for all effort, soon passing into sleepiness; and this in turn, if not counteracted by any excitement coming from within or without, gives place to a heavy sleep which continues for many hours.

FEELING OF WELL-BEING INDUCED BY ALCOHOL

"We may notice at once that even under these conditions alcohol produces to some degree that effect which, perhaps more

[1] "Alcohol and Its Action on the Human Organism." In this authoritative booklet the reader may find abundant support of my statement that alcohol is not a stimulant.

than any other, is the secret of its charm, its well-nigh universal attraction for the human race, namely, a sense of careless well-being or of bodily and mental comfort. In so far as this sense of well-being is of bodily origin, it is no doubt largely due to a flushing of the skin with blood that abolishes all sense of chill; but it is due also in part to a blunting of the sensibility to the small aches and pains and a thousand hardly distinguishable sense-impressions which, except in those in perfect health, contribute to tip the balance of bodily feeling-tone to the negative or unpleasant side. In so far as this effect is primarily mental, it results from the blunting of those higher mental faculties which lead us to 'look before and after and pine for what is not' and harass us with care for the future and a too sensitive self-consciousness for the present.

APPEARANCE OF EXCITEMENT NOT DUE TO ANY STIMULANT ACTION OF ALCOHOL

"If, on the other hand, the drinker, as he takes more and more liquor, is subjected to the stimulation that comes from social intercourse, he usually passes through a phase which may be justly called one of excitement, the degree of excitement depending upon the temperament of the drinker and the nature and degree of the external stimuli. But careful observation of and reflection upon the phenomena of this stage show clearly that they do not require for their explanation the assumption that alcohol stimulates the nervous system, whether directly or through the medium of other bodily organs.

"The drinker's conversation and actions become less restrained; all his emotional responses are freer and fuller than in his normal state. He laughs and smiles more readily, he grows more easily angry or tender, elated or depressed, scornful or compassionate, according to the appeal of the moment. Perhaps the absence of the various emotional states into which fear enters as an element, and which we denote by such names as anxiety, worry, care, despondency, is explicable on the principle that we apply, namely, that alcohol successively weakens and suspends the hierarchy of functions of the brain, and therefore of the mind, in the order from above downward; that is to say,

in the inverse order of their development in the individual and in the race. For the emotional dispositions or capacities are a very ancient racial endowment and have their physiological seats in the basal ganglia, the lowest levels of the great brain, the part which alone is represented in the brains of the lower vertebrates. The higher intellectual faculties, on the other hand, are the latest acquired, and are connected with the anatomically highest and last developed parts of the brain. Intermediate between these come, in the order of development, the sensory and the skilled motor functions (and their nerve-centres).

BLUNTING OF SELF-CRITICISM BY ALCOHOL

"Now, of all the intellectual functions, that of self-criticism is the highest and latest developed, for in it are combined the functions of critical judgment and of self-consciousness, that self-knowledge which is essential to the supreme activity we call volition or the deliberative will. It is the blunting of this critical side of self-awareness by alcohol, and the consequent setting free of the emotions and their instinctive impulses from its habitual control, that give to the convivial drinker the aspect and the reality of a general excitement.

"In the mature well-developed mind the interplay of thought and emotion goes on under the checking and moderating influence of self-criticism; in social intercourse especially, it is constantly checked by the thought of the figure one cuts in the eyes of one's fellow men. In proportion, then, as alcohol hampers this process of self-control, the liberation of intellectual or emotional effects goes on at a higher rate. Normally the emotional states of anxiety, care, and despondency are maintained by self-consciousness, by the repeated turning of the stream of thought to the self, its difficulties, its embarrassments, the snares and dangers that beset its course on every hand and are far more frequently imagined and foreseen than actually encountered. Hence, when imaginative self-consciousness is dimmed, the emotions of this class are proportionately less liable to be touched to life, and in the absence of their restraining influence, the other emotions run riot the more gaily.

WEAKENING OF SELF-CONTROL, EVIDENT IN EVERY STAGE OF DRUNKENNESS, THE MOST PROMINENT FEATURE OF INITIAL STAGE

"Both introspectively and objectively this lack of self-control is clearly discernible in every stage of alcoholic intoxication. It is commonly counteracted in part by the subject, if he becomes aware of it, by means of a deliberately increased effort of self-control; but, as the influence of the alcohol increases, this effort ceases to be continuously effective, and the drinker surprises the observer (whether himself or another) by smiling or laughing aloud at some very small joke, or by remarks or other actions which betray the suspension of his habitual self-control. The weakening of his critical self-awareness is especially revealed by the fact that such jovial remarks as he now utters seem to him to shine with a lustre hardly perceptible to the normal mind; hence the tendency, perhaps the most characteristic and constant feature of the first stage of drunkenness, to flippant, whimsical utterances, which, like the rest of the subject's behaviour, betray the blunting of his critical self-consciousness and of his sense of personal responsibility.

"The successive stages or phases of intoxication cannot be sharply distinguished; and every case presents its peculiar combination and succession of features, varying with the temperament and disposition and character of the individual and his circumstances of the moment. But three main stages may be broadly distinguished, corresponding to the invasion by the narcotic of the three principal levels of cerebral function mentioned above. The first stage, that in which the highest or intellectual brain-level is alone distinctly affected, has been described above.

NERVOUS FUNCTIONS INVOLVED IN SECOND STAGE OF DRUNKENNESS

"The second stage is that in which the functions of the intermediate level, sense-perception and skilled movement, are invaded and disturbed. The drinker begins to show a certain clumsiness of behaviour. If he is self-observant, he notices that

he is liable to make ill-adjusted movements; on setting down his glass, it makes a more violent contact with the table than he had intended; on rising, he may stumble against a chair, perhaps upsetting it; on lighting a cigarette, he may break the match which he essays to strike; in speaking, he may slur a word or drop an 'h.' Each such little mishap will at first be quickly rectified; for each one may evoke the power, possessed in some degree by all and to a wonderful degree by many men, of temporarily correcting, by an effort of concentration or self-control, the paralysing effects of the drug.

EMOTIONAL INSTABILITY IN SECOND STAGE OF DRUNKENNESS

"At this stage also his perceptions are impaired. His field of sense-observation is narrowed; the several senses work in relative isolation from one another; the fineness of his ear, of his taste, his touch, his vision, is blunted; he may momentarily see objects doubled, and becomes relatively indifferent to heat and cold, to the flavour of his food and the aroma of his wine, to the glare of the lights, the strains of the music, and the stridency of his own or his neighbour's voice. The impairment of his intellectual functions, being further advanced than in the first stage, and the functions of the third or lowest cerebral level, that of the emotions and instinctive impulses, being still relatively intact, he is apt to give way to clumsy but violent displays of emotion characterised by the exclusive dominance of each primary emotion in turn; he passes quickly from anger to affection, from boisterous merriment to tears, from elated boasting to despondency, each emotion being unrestrained and unmodified by that blending of other emotions which expresses the reaction of the intellectual faculties upon them.

"At this stage the drinker is apt to feel that his bodily movements occur without his initiation or intention—they escape from him rather than proceed from his will—and, in so far as he remains self-conscious, he leads a double life; his inner self, a detached observer with folded hands, watches his bodily actions, not seldom with surprise, consternation, or amusement; he may, *e. g.*, become aware of wearing facial expressions, of making gestures, or of uttering remarks, which he did not intend

and cannot wholly repress, and which seem to him to be executed by his members of their own initiative.

"At this stage the paralysis of the drinker's higher mental functions reveals itself clearly also in the increasing dependence of all mental and bodily activity upon external stimulation; he lives in and for the present moment only, and, if he is deprived of the stimulus of social intercourse, he quickly lapses into dreamy somnolence or actual sleep.

THIRD STAGE OF DRUNKENNESS

"In the third stage the intellectual processes of judgment and self-criticism and control are virtually suspended; the functions of sense-perception and skilled movement are grossly impaired, and the emotional tendencies themselves are invaded and weakened, so that only strong appeals to them suffice to evoke any response and, in their absence, the drinker sinks inert and nerveless into a heavy sleep, which lasts until the alcohol absorbed has all been oxidised.

HYPOTHESIS THAT ALCOHOL ACTS PRIMARILY ON NERVE-CELL JUNCTIONS OR SYNAPSES

"This succession of events, constituting the normal course of alcoholic intoxication as it appears to common observation, can be explained in general terms by a hypothesis as to the direct action of alcohol on the nervous tissue, which is suggested and supported by many physiological facts and analogies; the hypothesis, namely, that alcohol acts primarily and most powerfully, not upon the nerve cells or fibres, but upon the junctions between nerve-cells, technically known as synapses. It is now pretty well established that we may properly regard the nervous system as consisting of a vast number of vital units, the nerve-cells, each consisting of a central body and one or more slender threads or fibres; each cell having no anatomical, but only a functional, continuity with others. Their relations to one another may be likened to those of a crowd of people, in which each person maintains relations with his fellows, and communicates with them, only by the touch of hands and feet. There is much evidence to show that these points of contact are the

weak points of the nervous pathways; the points that give way most readily under strain or shock and under the influence of fatigue and of various paralysing drugs.

WHY EFFECTS OF ALCOHOL ARE FIRST SHOWN ON HIGHER FUNCTIONS

"Further, there is good reason to believe that in the pathways of the lower levels of the brain, those which subserve the functions first developed in the race and in the individual, the points of junction are relatively firm and open to the passage of the nervous current; while those of higher and later developed levels are less solidly organised, and that they therefore offer more resistance to the passage of the nervous current, in proportion as they stand high in the scale of function and late in the order of development. If we accept this view, and if we make the further simple assumption that alcohol acts equally upon all such junctions of nerve-cells (or synapses), we have the explanation of the phenomena of drunkenness. For, by the terms of the hypothesis, the alcohol, acting equally upon all cell-junctions in the nervous system to increase their resistance to the passage of the nervous current, will first raise this resistance to the point of impermeability in those junctions in which it is normally highest, that is, in the latest developed paths of highest function; and it will progressively effect a similar paralysis of other nerve-paths in the descending order of functional dignity and complexity.

ACTION OF ALCOHOL PURELY NARCOTIC

"It may be added that a review of the many laborious attempts made in recent years to determine by the methods of the laboratory the effects of alcohol on the mind and nervous system shows that such observations harmonise well with these general conclusions; for, although some of the earlier workers on these lines believed they had found evidence of an initial stimulating effect of alcohol, this appeared in all cases to be of but small extent and duration; and later work throws doubt upon the validity of this interpretation of the evidence and supports the conclusion that the direct effect of alcohol upon

all parts of the system is to depress or suspend its functions; that alcohol is, in short, from first to last a narcotic drug."

Alcohol, then, acts like the general products of metabolism, producing a general relative dissociation of the brain. Its effect is closely allied to general fatigue.

I have devised a very delicate method for revealing the influence of alcohol and other drugs on the brain. It consists in setting the subject to register the successive alternations that occur when he continuously observes an ambiguous object, such as any one of the well-known "illusions of reversible perspective," the transparent cube, the open book, or the staircase figure. Best of all is the windmill illusion. The rotating arms of a small windmill are looked at, with the line of vision making an angle of some thirty degrees with the plane of rotation. The windmill then seems to reverse its direction of rotation at fairly regular intervals. The duration of these intervals varies greatly from one subject to another, and is characteristic for each subject in his normal state. Alcohol, ether, and chloroform produce very marked prolongation of these intervals in all subjects tested. General fatigue has a similar though less pronounced effect, slowing the rate of alternation. The alkaloids, strychnine, tea, and coffee (also opium, though here my observations are very few) produce the opposite effect; namely, an increase of the rate of alternation.

Now I have shown in another study[1] that these alternations are, in all probability, conditioned by local synaptic fatigue of the nervous channels concerned. We have, then, in these observations confirmation of the view that alcohol and fatigue-products alike act upon the synapses of the brain to produce relative general dissociation of neurones and neurone-systems; and that coffee and the other alkaloids are their natural antagonists, facilitating mental activity of all kinds by lowering the synaptic resistances throughout the brain, and at the same time removing the symptoms of fatigue, both subjective and objective.

We have now a picture of general fatigue as in the main a state of raised synaptic resistance throughout the nervous sys-

[1] "Physiological Factors of the Attention Process," *Mind*, N. S., vol. X.

tem, complicated by exhaustion in various degrees. But we have still to complete our picture by adding a most important condition of its symptoms, objective and subjective. The fatigued man or animal, on the point of sinking into sleep, may be roused to new exertion by some sudden appeal to his interests. In the case of the animal, it is always an appeal to his instincts. In the case of man, the appeal may be one that provokes directly an instinctive response (as when the man is roused by an earthquake or a cry of fire); but more commonly it is an appeal to some one of his many sentiments built upon his instinctive basis, the thought, say, of a neglected duty or precaution, a forgotten obligation, an unfinished task, a plan for future action towards a much-desired goal.

The outburst of energy, energy newly liberated from the instinctive dispositions, suffuses the nervous system, animates the features, stimulates the thinking processes, and wipes out all signs of fatigue, objective and subjective. Fatigue, the syndrome of objective and subjective symptoms, is thus relative; it is the sum of the expressions determined, not by any one condition, but by the quantitative relation between conditions of two kinds: namely, it expresses the ratio of all the fatigue conditions (especially the raised synaptic resistances) to the quantity of energy liberated and active within the whole psychophysical system at any given moment. If the quantity of such active energy is small, relatively slight fatigue conditions will produce marked symptoms of fatigue; if the quantity of such energy is great, fatigue conditions may be present in high degree without producing any symptoms of fatigue.

The same is true of alcohol. A man may be far advanced in alcoholic intoxication, and yet an appeal to a strong interest may sober him immediately; he pulls himself together, acts and thinks with new energy, and all signs of intoxication disappear.

The degree of fatigue or of alcoholic intoxication, as indicated by the objective and subjective symptoms, is, then, the expression of the relation between, on the one hand, the amount of free active energy at work in the nervous system and, on the other hand, the inhibiting and blocking factors which have to

be overcome in order that the free energy may express itself in bodily or mental work. We may express the facts in the formula:

$$\text{Degree of Fatigue} = \frac{\text{Degree of Resistances}}{\text{Quantity of Freed Energy}}$$

Or we may state the facts alternatively thus:

$$\text{Degree of Efficiency} = \frac{\text{Quantity of Freed Energy}}{\text{Degree of Resistances}}$$

When we have no strong incentive to action, when no strong motive is at work in us, when we are in the condition known as boredom or *ennui*, the quantity of freed energy is small, and therefore small resistances produce marked signs of fatigue. When we have a strong incentive, when we are keenly interested, when some strong motive is at work in us, the quantity of freed energy is large, and therefore even resistances of high degree produce only slight signs of fatigue or none.

Sleep

We are now ready to consider sleep more nearly. What is sleep? It may best be defined as a condition of rest in which impressions on the sense-organs no longer are interpreted in normal fashion.

There is no sharp line between sleep and waking. Though in sleep we commonly lie relaxed in body, and sometimes, it would seem, entirely inactive in mind, at other times we move and even walk about in sleep; and frequently we think, or are mentally active, in the peculiar way we call dreaming. There is no physiological condition known to be invariably present in, or necessary to, sleep. We can mention various conditions that conduce to sleep without being essential to it. Such are: (1) a diminished flow of blood to the brain (as by hot bottles to the feet or by food to the stomach, attracting blood to the digestive organs); (2) the absence of strong sensory stimuli: a healthy man may sleep in a brightly lit railway-car full of rattle and roar and uproarious card-parties; yet strong sense-stimuli are generally adverse, though rhythmic stimuli may conduce. (3) General relaxation

of muscles conduces to sleep; yet a man may sleep in the saddle. (4) General fatigue conduces to sleep; yet sometimes when we are very tired we cannot sleep, and some men can sleep at will when not fatigued. The general-fatigue factor is, in the main, the general chemical factor which may be increased by alcohol. (5) Sensations of fatigue favour sleep; and among such fatigue-sensations those of the eyelids, and perhaps of the eyeballs, have the greatest influence. (6) The most important single condition of sleep is, perhaps, peace of mind. Without this we may, if tired, fall asleep; but we are then apt to waken when but partially refreshed. If we go to bed with a guilty conscience, or with some project "seething in the brain," or thinking of some object we strongly desire but cannot attain, or reflecting upon recent triumphs or humiliations, or on any other emotionally exciting topic, we do not easily fall asleep, and we readily waken again. Under such conditions, even though we be tired, the ratio of resistances to free energy remains low, because the free energy is so abundantly maintained by the endogenous activities of the brain. In such cases we may lie long hours thinking mainly of the exciting topic; until at last a deeper-lying form of fatigue sets in; the instinctive source of energy that sustains our involuntary thinking seems to dry up from exhaustion, and we sink into profound sleep. (7) The most obscure factor conducing to sleep is the desire or the will to sleep. We have a certain power both to sleep and to waken by volition; some can exercise it much more effectively than others. Further, "suggestion" may aid or hinder sleep; and confident expectation of sleep, aided by the familiar surroundings of the bedroom, is of no small influence. All this goes to show that the onset of sleep is not, or is not always, a passive lapsing of mental activity when conditions favour sleep; it suggests rather that in falling asleep there is, or may be on some occasions, a conative factor at work. If falling asleep is subject to the will and is to some extent a purposive activity or process, one which tends to occur under certain external and bodily conditions, and yet is subject in some degree to the will, we may rightly suspect that it is an instinctive process. Prof. Claparède[1] proposed, twenty years

[1] "Esquisse d'une Théorie Biologique du Sommeil," Geneva, 1905.

ago, to regard falling asleep as an instinctive process. He shows the inadequacy of all other theories of the process, and finds confirmation of his theory in analogies with hypnosis and various animal phenomena, more especially the undoubtedly instinctive process of hibernation.

"All these facts," he writes, "at least so far as it is possible to interpret them, show that sleep is the consequence of a functional activity of continuing nature, and demanding in order to be initiated, to be put in train, a more considerable energy than to be continued, once the impulsion has been given. But that is the case with all our activities: voluntary actions are most commonly voluntary only at their inception; the effort consists in deciding upon them, in beginning them, and thereafter the movements continue of themselves in a quasi-automatic fashion."

"As, in normal circumstances, sleep precedes exhaustion, and as in many cases exhaustion produces insomnia, we infer that sleep is a function of defense, an instinct which has for its goal, in striking the animal with inertia, to forbid it to arrive at the stage of exhaustion; it is not because we are intoxicated or exhausted that we sleep, but we sleep in order to avoid becoming intoxicated or exhausted."

We cannot, I think, put aside this view as merely an interesting speculation. It is well founded. We may suppose that this obscure instinctive process has, like others, its sensory cues; and these cues seem to be fatigue-sensations in general, and more especially those localised in the muscles of eyelids and eyeballs. The primary effect of bringing the instinct into play is an impulse to close the eyes, with correlated inhibition of the muscles that keep them open, and perhaps of all other muscles of the skeletal system; and perhaps there are corresponding nervous currents sent to various visceral organs, currents that bring the circulation of the blood and other organic processes into a state favourable to sleep. Perhaps also there is actual inhibition of all higher brain-processes.

Condition of the Brain in Sleep

Whether or no we accept this theory of the instinctive factor in the process of falling asleep, we may with some confidence

describe the state of the brain of the quiet sleeper as one of relative general dissociation. There are fatigue products in the blood which maintain the synaptic resistances at a comparatively high level; at any rate during the early stage of normal sleep, when the curve of sleep (as measured by the intensity of stimuli required to waken the sleeper) is commonly deepest. This curve of sleep normally rises gradually in the morning hours; that is to say, sleep becomes less profound, more easily interrupted; a fact we may attribute in the main to the passing away of the poisonous waste-products of activity.

But the high resistances of the synapses, the relative dissociation of neurones and neurone systems, is due to a second factor also. When sleep has been attained, the mind is relatively at rest; in sound sleep our instinctive emotional activities are normally in abeyance, or at a very low ebb; that is to say, little if any energy is liberated from the instinctive dispositions. During waking hours energy is constantly liberated from the various instinctive dispositions and floods the brain, discharging itself in various efferent channels. There is good reason to believe that the presence of free energy in any neurone system keeps down the resistances of the synapses within that system. When, then, in sleep the instinctive activities cease, or almost cease, the upper brain, the cerebrum, is no longer supplied and animated with streams of energy from the instinctive dispositions located mainly in the thalamus of the lower brain. The flood of free energy subsides from the cerebrum like an ebbing tide, leaving its channels comparatively empty of free energy and its resistances relatively high; that is to say, it leaves the cerebrum in a state of relative dissociation, in which its various functional units cannot easily play upon one another. After a long sleep, when all waste products are removed and the partially exhausted stores of latent energy are renewed, the afferent energies liberated by sense-stimuli begin again to penetrate to the cerebrum and thus to bring the state of sleep to an end.

One problem of sleep remains very obscure: Why do we move so little in our sleep, even when we dream and dream of bodily movement? It is true that the movements we dream of making are sometimes realised, incipiently and partially, or completely

as in the somnambulists; just as the sense-impressions we receive do sometimes penetrate to the cerebrum and affect the course of our dreaming. At present no satisfactory answer can be given. I would suggest that perhaps the answer is to be found along the following lines. In dreaming the instinctive dispositions are at work and energy circulates in the cerebrum; but the quantity of energy so liberated during sleep is less than in waking life; all activity proceeds on a lower plane of activity, and the dream-activity involves only relatively restricted tracts of the brain; hence the efferent outflow also is relatively feeble, insufficient to overcome the raised resistances of the synapses leading to the pyramidal tract and other efferent channels.

CHAPTER IV

HYPNOSIS

Hypnosis is a state allied to sleep; it may be called an artificial sleep induced by the personal influence of the hypnotist or hypnotiser. The interesting history of the struggle to obtain scientific recognition of hypnosis and of the striking phenomena presented by the hypnotised person, is well known and need not be repeated here.[1] It may suffice to say that the controversy was initiated by the work of Mesmer in Vienna in the third quarter of the eighteenth century, and was continued until, towards the end of the nineteenth century, the reality of the hypnotic state and its claims to scientific attention were generally admitted. Mesmer had professed to produce his effects by imparting a mysterious effluence or fluid to his patient, a fluid which came to be known as "animal magnetism." Bertrand, and later Braid, who introduced the term "hypnotism," about 1845, showed clearly that the effects produced are to be explained in the main psychologically rather than by postulating any mysterious physical or physiological fluids.

The leaders of the Nancy school, Liébault and Bernheim, carried Braid's tendency to excess; they declared that hypnotism is the use of suggestion, nothing else and nothing more. The Salpêtrière school, on the other hand, led by Charcot, declared that hypnosis was a peculiar disease, or a symptom of a disease, that it could only be induced in neurotic patients, that, in fact, susceptibility to hypnosis is a symptom of hysteria. Prof. Pierre Janet and a few others still maintain this view, in spite of the fact that scores of experienced physicians have declared against it, and have reported that they find it possible to hypnotise a very large proportion of perfectly normal healthy persons (many have claimed ninety per cent or higher). I have no hesitation

[1] The history is briefly sketched in my article, "Hypnotism," in the Encyclopædia Britannica.

in accepting the latter view. I have found that strong, well-balanced, healthy men are, in many cases, easy subjects, provided they are perfectly willing to be hypnotised.

Hypnosis Allied to Sleep

Some authors refuse to regard hypnosis as allied to sleep, on the ground that some subjects in hypnosis are lively, walk and talk, and observe the world about them with all their senses. Yet the affinity between sleep and hypnosis, as it most commonly appears, is very close, and the more active phases are to be regarded as anomalies induced by training of the subject. In this connection we must remember that in sleep also complete quiescence is by no means a rule without exceptions; most of us dream more than we suppose, and some of us walk and talk in our sleep occasionally. If one merely induces deep hypnosis and leaves the patient alone, the resemblance of hypnosis to normal sleep is very close. He then lies inert in a condition distinguishable from sleep only in one way, namely, in that he continues for some time to be responsive to the operator in a quite peculiar manner indicated by the word *rapport*. But, if the patient is left to himself, this peculiarity passes away gradually, and the condition becomes indistinguishable from normal sleep; the patient will then continue to sleep for some little time and waken spontaneously as from normal sleep. While the *rapport* continues, the patient, though responsive (and even extremely sensitive in some, though not in all, cases) to every word or touch or other impression from the operator, seems to remain as little receptive of other sense-impressions as the normal sleeper. We may say, then, that a typical deep hypnosis is sleep modified by the *rapport* between patient and operator.

One essential problem of hypnosis is, then, the nature of this *rapport;* and this problem is one of extreme interest. Hypnotism is undoubtedly the most important, the most fruitful and far-reaching, method of experimental psychology. It provides the possibility of inducing in a normal subject, in a temporary and entirely controllable way, almost all the phenomena of functional disorder; and thus enables us to study them experimentally.

Before taking up the problem of *rapport* the more striking phenomena must be concisely reviewed.

Induction of Hypnosis

There is no one method or rule of procedure for the induction of hypnosis. The various methods fall, however, under two heads, the method of domination and the method of co-operation. The former consists essentially in adopting a domineering, commanding tone, and in assuming the possession of a mysterious and tremendous power which one is about to exercise on the patient; in short, the essence of this method is to throw the patient into an attitude of submissive awe towards the operator. The other method consists in explaining as clearly as possible to the patient the nature of the operation, and of the results to be expected, taking him into one's confidence and eliciting his voluntary co-operation. Both methods have their proper occasions. For the purposes of the showman, and for dealing with patients of certain types, the domineering method is, no doubt, the more effective. It is possible that with the majority of patients it may be more effective in producing immediate results; but it has its drawbacks. By the use of it we run a risk of undermining the patient's morale, of creating in him an enduring attitude of dependence; whereas, if we use the method of co-operation, making him feel that he must take an intelligent and voluntary part in the process, rather than merely resign himself into our hands like a mass of soft clay, we avoid that risk.

The habitual use by physicians of one or other of the two methods accounts, I think, for some of the discrepancies of results obtained, especially for the wide discrepancies of statements as to the susceptibility to hypnosis. Janet, following Charcot, and followed in turn by Dr. William Brown and others, asserts that only neurotic subjects are susceptible to hypnotism; and these observers report that, in proportion as they succeed in curing the neurosis, the patient ceases to be susceptible. The majority of physicians who have used hypnosis extensively do not accept these generalisations. They find that a large proportion of perfectly normal persons are susceptible in various degrees, and that their patients are no less susceptible after the

cure of their functional troubles than while still subject to them.

The explanation of the discrepancy is, I suggest, to be found in the different effects produced by the two methods. The normal man does not like to be dominated; he resents a domineering manner and every attempt "to put anything over on him" by moral domination. And if a normal man does not desire and voluntarily consent to be hypnotised, any attempt to induce hypnosis has very small prospect of success. I have sometimes made the following experiment with subjects whom I have repeatedly, easily, and deeply hypnotised. I say to the subject: "On this occasion do exactly as usual, with this difference only —make up your mind that you will remain wide-awake in spite of all that I say to you." I then find it impossible to induce hypnosis. I will not assert that hypnosis can in no case be induced against the will of the patient. I think that with some normal persons, under peculiarly favourable conditions, such as the public stage and a group of other subjects already hypnotised, and a fear in the subject that he cannot resist and is going to be made a fool of against his will—I believe that under such conditions success may sometimes be obtained. But I have never made the attempt.

This natural resentment of the normal man towards any attempt to overwhelm him against his desire and will, sufficiently accounts for the lack of susceptibility of normal persons towards those hypnotists who use the domineering method. It also accounts for the loss of susceptibility of patients when they have been cured of their neuroses. The patient, broken down in health, perhaps after long suffering from a mysterious and obstinate and distressing disorder, is apt to welcome any procedure that promises relief, and to yield himself passively to his physician, as he would yield his body to the surgeon if he suffered from some acute surgical disorder. But, when he has recovered his health, his self-confidence, and his self-respect, he will no longer consent to yield himself up in this passive fashion; just as he would not consent to be laid on the operating-table. He now resents the hypnotic procedure, and asserts himself successfully against every attempt to repeat it.

On the other hand, the method that invites the intelligent co-

operation of the subject, whether for therapeutic or for purely experimental purposes, runs much less risk of inducing any such resentment. A further ground of the discrepancy between Janet's view and the more widely accepted one is that Janet and those who think with him refuse to recognise as hypnosis the lighter stages, and deny the name to every stage short of a deep hypnosis with post-hypnotic amnesia. This refusal is entirely without justification.[1]

The usual procedure, which may vary much in detail, is to ask the patient, B,[2] to recline in an armchair or couch, to make himself as comfortable as possible, and to relax all his muscles. He is told that he will feel restful and sleepy, perhaps pass into sleep, and that he should think of some distant pleasant scene. For a short time, not exceeding one or two minutes at most, he is asked to gaze steadily at some small object held about a foot from his forehead, a little above the level of the normal line of vision. This fixation serves to induce fatigue in the muscles about the eyes. We have seen reason to believe that fatigue-sensations from these muscles are normal stimuli of the impulse to sleep. B is told that his muscles are relaxing more completely, that his limbs feel heavy, that his eyes are growing tired. Presently he is told that his eyes are now closing; and, as by this time he is glad to be relieved of the slightly fatiguing strain, his eyes usually close. The operator continues to talk to him, quietly but firmly suggesting complete rest and relaxation, sense of weight in limbs and eyelids, an increasing numbness, a warm glow, and whatever of the usual experiences that attend the process of falling asleep he may like to mention. At the same time it is well to stroke the patient's limbs lightly from time to time, handle them gently to display and encourage complete relaxation, and to stroke lightly the face, either with or without contact. These contacts and these strokings, the so-called "passes," were formerly supposed to be the essential process of

[1] It must at the same time be recognised that some physicians regard as evidence of hypnosis the slighter degrees of influence by suggestion. In popular speech and writing the confusion between waking suggestion and hypnotism is carried farther.

[2] It will be convenient to refer to the hypnotic subject as B.

imparting the physician's "animal magnetism" to the patient. There are at the present day a few serious believers in this theory, and it is perhaps impossible to rule out some such influence with complete confidence, in the light of the work of Prof. S. Alrutz. But we realise now that the principal function of the "passes," as of the operator's flow of words, is twofold: first, to supply a monotonous flow of rhythmic sensory stimulations; secondly, to keep the patient in touch with the operator, to keep him aware of the presence of the operator, and thus to contribute to the establishment of *rapport.* In the absence of such reminders, a susceptible subject may quickly pass into sleep, but a sleep without *rapport;* he is then no more responsive to the operator than the normal sleeper, and, in fact, is in normal sleep.

The first definite sign of hypnosis, beyond the successful relaxation of all muscles, is a disinclination to move. This quickly passes into an incapacity to move any part of which the operator suggests that it is now too heavy, too sleepy, to be moved. In this early stage many patients feel and assert (truly enough) that they could move the part if they really wished to, that is to say, if they had a sufficiently strong motive for so doing; but they do not wish to move—to do so would require an effort which they are not disposed to make. This is the critical point of the procedure. If the operator now challenges the patient to make a certain movement, insinuating or boldly asserting (according to his taste and judgment) that the movement is impossible, and if then the patient tries and fails to achieve the movement, the success of this suggestion strongly disposes the patient to the acceptance of further and more difficult suggestions. In many cases the patient is surprised to find that he cannot make the movement, or, if he succeeds, that it required much more effort than he had anticipated. But challenges to movement in this early stage are doubtful policy. If the suggestion fails, the failure is prejudicial, though not necessarily fatal, to the success of further suggestions. For this reason it is, in many cases, good policy to leave the degree of suggestibility undetermined by such challenges until other signs of the hypnotic condition appear. But if a suggestion of incapacity to make a movement succeeds, it may with advantage be followed up with similar

suggestions, proceeding from the easier to the more difficult. The easier are suggestions of incapacity to open the eyes, to raise the hand as it lies on the palm of the operator, or to relax and separate the clasped hands. The success of any such suggestions may be accepted as evidence that the hypnotic state has set in. But here we cannot be dogmatic; for it is often possible to succeed with such suggestions to a person who seems to be in a fully waking state. We can only assert that such success shows the patient to be suggestible to the operator, and indicates the probability of successful induction of a distinctly hypnotic condition. In some subjects with whom simple suggestions of incapacity to move succeed, no deeper state can be induced; and it may be a fair question whether they can then be said to have been hypnotised. There is no sharp line between hypnosis and the waking state, or between hypnosis and normal sleep.

Most of the subjects with whom these first suggestions succeed will soon pass, either spontaneously or with the aid of further suggestions, into a more marked stage of hypnosis. In this slightly more marked stage, contracture of muscles may be induced; *e. g.*, the extended arm may be rendered rigid by verbal suggestion aided by a few passes. And now the patient will fail to achieve a forbidden movement, not merely because he cannot or will not, or has not sufficient motive to, make the necessary effort; but because, when he tries to make the movement and succeeds in innervating the proper muscles, the antagonistic muscles come into play and prevent the movement. At this stage, then, there is manifested a certain splitting of the personality, a conflict of one part against another: the muscles of one set obey the one part, the conscious willing subject; the antagonistic muscles obey some other part of the personality, which understands and is subservient to the commands and suggestions of the operator.

This simple experimental evidence of division of the personality is of the first importance; for just such division is the very essence of many functional disorders. All such evidence deserves our closest attention; hypnotic experiment furnishes it in abundance.

Waxy Plasticity

A rather more advanced stage which may come on with or without suggestion of it (as I have carefully ascertained in many cases) is a plastic condition of the limbs. This occurs more readily with the arms than with the lower limbs. It is the symptom characteristic of catalepsy. When this condition, generally called "waxy rigidity," has set in, the arm and hand and fingers may be placed by the operator in any position, no matter how grotesque, and the position is maintained without the slightest indication of inclination to change it. A complacent subject who has not reached this stage may retain such positions, but only in an imperfect manner. And there is no better indication of a true and fairly deep hypnosis than a genuine waxy plasticity. When the condition is fully attained, the limb resembles a piece of soft lead piping; it may be bent and twisted into any anatomical position and displays as complete inertia as the leaden pipe similarly bent. And an arm may be maintained in such a position, requiring considerable muscular work for its maintenance, for an indefinite period. I have often observed its maintenance for as many as thirty minutes, but have not cared to push the experiment farther. If the maintenance of the position is due merely to the complacence of the conscious subject, the phenomenon is imperfect in various subtle ways; the limb is less perfectly plastic, and it soon reveals, by tremors and a tendency to drop, that the patient is feeling fatigue. The truly plastic limb, on the other hand, reveals no sign of preference for one position rather than another; *e. g.*, if an arm that has been extended in air for five minutes be given a downward push, in the truly plastic subject it moves exactly as far as it is pushed and no farther (like a leaden pipe); but, in the merely complacent subject, the downward movement is prolonged, and generally is continued until the arm reaches a position of rest.

Sometimes, but not always, the onset of plasticity of a limb is accompanied by complete anæsthesia of it; or the anæsthesia sets in later and gradually becomes complete, with or without the aid of suggestion. The subject may report (either at the time or post-hypnotically) that the limb becomes more and more

numb, until he loses all sense of it; he is no longer directly aware of it or of its position; it seems to have passed completely out of his field of consciousness, to have been subtracted from his total consciousness of his bodily self.

Deeper Stages of Hypnosis

Plasticity does not of itself indicate the attainment of a very deep hypnosis. B may continue to be aware of his surroundings and to be able to give post-hypnotically a fairly complete account of his experience at this time. The deeper stages are followed by post-hypnotic amnesia. Whether this is in part due to the suggestion of sleep and the knowledge that normal sleep is followed by amnesia, is not clear. But it seems to result spontaneously in susceptible subjects; and it may be induced in others by suggestion. The deeper stages are revealed also by a more complete subjection to the operator's suggestions than obtains in the lighter stages. For this reason the deeper stages are, on the whole, more favourable to the success of therapeutic suggestion. But many physicians are content to aim at only the lighter stages, finding them sufficient for most therapeutic purposes.

In the deeper stages the motor and sensory functions are completely controlled by the suggestions of the operator. He can at once induce or remove any form of paralysis or contracture and complete anæsthesia of any part or organ. The sceptical observer sometimes is inclined to doubt the genuineness of the anæsthesia, even if the patient shows no flinching when pricked or pinched. I am therefore accustomed to make the following demonstration to my students. Even an educated layman, still more a labouring man, is commonly quite ignorant of the relations between the fields of the two eyes, does not know that in the normal binocular field only the central part is binocular, and that the share of the right eye in it is bounded on the left side by the outline of his nose. I therefore suggest to the subject complete blindness of the left eye, and proceed to demonstrate its blindness as follows: I show the subject, B, a small piece of white paper, and, as he sits with both eyes open, I stand behind him and instruct him to say "now" directly he catches

sight of this bit of paper. Holding the paper between finger and thumb, I bring it forward from behind B and on his right side, gently waving it to attract his attention the more readily. As soon as it enters the field of vision of B's right eye, *i. e.*, as soon as it comes beyond the coronal plane on his right side, he answers "now." I then repeat the procedure on the left side. If the suggestion of anæsthesia of the left eye has been successful, B ignores the advancing bit of paper, until the moment at which it crosses the boundary of the field of vision of the right eye (formed by the profile of the nose) when he cries "now." This reaction could be shammed only by a person well aquainted with the functional relations of the two eyes; and, since it succeeds with any good subject, it demonstrates a real anæsthesia, or blindness of some kind, of the left eye.

These motor and sensory phenomena imply clearly some functional dissociation in the nervous system, some rupture of functional continuity within the nervous system. For example, when the left arm is completely anæsthetic, and completely beyond the voluntary control of the patient, whether in a flaccid paralysis or a state of contracture or plasticity, we are justified, as it seems to me, in inferring that the neurones, both sensory and motor, directly connected with the limb and serving to connect it with the brain and the rest of the personality, are somehow shut off or isolated; that their functional continuity with other neurone systems is interrupted. Where, at what level, this rupture of continuity occurs is a difficult question. We may, I think, feel sure that the rupture occurs at synaptic junctions; but whether at those of the spinal, the subcortical, or the cortical level, it is difficult to say. Perhaps it is sometimes at one level, sometimes at another. But there are facts indicating that in some cases the dissociating rupture occurs in the cerebrum and involves a considerable system of neurones. These are the facts of negative hallucination presently to be discussed.

In the deeper stages of hypnosis not only are B's motor and perceptual powers completely controllable by suggestion; but also he can be made to entertain various delusions and hallucinations. He can be made to see and hear things that are not there, and to believe, or to act as though he believed, all sorts

of absurdities. If told that he is Julius Cæsar, he will play the part, and in general will play it far better than he would or could in the waking state. These are the phenomena of which the stage-hypnotist makes use in order to amuse his audience. And these also have been made the centre of a prolonged controversy as to the degree to which hypnotic influence can be used to induce improper or criminal acts.

Hypnotism and Crime

Since it is possible to put a paper dagger in the hand of a hypnotic subject and induce him to strike it vigorously against the bosom of a bystander, or to induce him to put what is alleged to be poison into his neighbour's cup, it was natural that the question should arise—Can a man be induced by hypnotic suggestion to commit a crime? Some distinguished authorities, notably Delbœuf and Liégeois, were inclined to support a general affirmative answer. But it has been made clear that, though it is not possible to assert that hypnotism may not be used to bring a criminally disposed person to the point of action, it is not possible to induce criminal actions on the part of a normal person by simple direct suggestion. Prof. Janet illustrates the point with an amusing story. A great authority had demonstrated to a group of professors and students how easily he could induce his patient, a respectable young woman, to commit enormities with paper daggers and harmless poisons. Then the professors left the patient to the tender mercies of the students, who suggested to her that she strip off all her clothes. At once the young woman came out of her hypnosis and went home in a state of moral indignation. The story represents the truth; namely, that the patient cannot easily be induced to perform any action to which his moral character is decidedly opposed.

Again we have evidence, in these phenomena, of a temporary disintegration or splitting of the personality. While one part accepts absurd suggestions and acts them out in systematic fashion, another part silently watches, aware that the whole thing is as it were a game; and, if the game threatens to go too far, to overstep the limits prescribed by the moral nature of the subject, this part becomes active, steps in, and puts an end to

the game by terminating the hypnosis and effecting the reintegration of personality; that is to say, a sufficiently strong motive succeeds in effecting reintegration.

Negative Hallucinations

"Negative hallucinations" provide interesting evidence of the splitting of the personality. The phenomenon may be illustrated in the following way. B is told that one of the persons present is no longer present. He then behaves as though A were imperceptible by him. If told to go over and sit on the chair occupied by A, B will go and sit down on A's lap, and then perhaps appear puzzled by the strangeness of the chair. If asked whether he can see or hear or touch A, he stoutly denies that he can perceive him. But if you watch B carefully, it is obvious that in some sense he does perceive A; for in going about the room he avoids him, and he also avoids looking directly at A.

A more elaborate demonstration is the following, which I once made with a Hindu subject. I place five new postage-stamps upon a white card and ask B to count them, which he does correctly, pointing his finger to each in turn. I then point to two of the stamps and tell him they will be no longer there when he again looks at the card. I then ask him to count the stamps again, and he points to and counts the three stamps and denies that the others are there. I then shuffle the stamps, while hidden from his vision, and ask him to count again. In spite of the changes of position of the stamps, B still neglects and denies the two tabooed stamps. This illustrates two points: first, that the two stamps are really in some sense perceived; secondly, that they are perceived and finely discriminated from the other three; for, if they were not thus perceived and discriminated, they could not be singled out for neglect. But, nevertheless, the two stamps are in some sense really invisible to the subject. For, after rousing him from his hypnosis, and when he is apparently fully awake and normal, I again ask him to count the stamps, and again he neglects and stoutly denies the forbidden two. I then assure him that five stamps are there, and I point to each in turn; but still he denies the visibility of the two and asserts he sees only three stamps. I then take B's finger, and

while he intently looks at the card, I approach his finger to the edge of one of the forbidden stamps. At the moment his finger touches the edge of the stamp, he reports that it becomes visible, at first dimly, then in full colour and form. The same procedure restores the second stamp to visibility.

The paradox that the stamps are seen and yet not seen by the patient can only be resolved by the hypothesis that he at the time is a divided personality, one part of which sees the two stamps and prevents the other part from seeing them. In order to describe the facts intelligibly, we must speak no longer of B, the integrated personality, but rather of B1 and B2, B's two separately functioning parts.

The reader must not suppose that the discrimination of the stamps in the foregoing experiment implies some extraordinarily increased perceptual acuity; for any normal person can, by close inspection, discriminate and recognise one or two postage-stamps among others. The books contain many statements about marvellously increased powers of perception on the part of subjects in hypnosis. To the best of my belief these are in the main errors, founded largely on the reporters' ignorance of the fineness of our discrimination. The limits of such powers seem to be set by such unchangeable anatomical conditions as the size and pattern of the rods and cones of the retina; and most normal men can and do achieve perceptions approaching these natural limitations. The work of the Cambridge Expedition to Torres Straits, in which I took part at the end of last century, showed that even the much-vaunted perceptual acuity of savage men in the main exceeds our own only in respect of those things in which they are particularly interested and practised, and that primitive men's perceptions have the same anatomical limits as our own. Where they excel us, it is due to a mental fineness of discrimination rather than to any considerable superiority of sense-organs. I have, therefore, always been sceptical of the tall stories of hypnotic perceptions, or hyperæsthesia, and I have never found evidence of any considerable extension of power along this line.[1]

[1] One of my pupils, Dr. Paul Young, has made a systematic inquiry into this question and reached the same conclusion.

The same may be said of the memory functions. It is true that in hypnosis, especially in its deeper stages, the power of recall of seemingly forgotten incidents, especially those of early childhood, is greatly increased; and this is one of the chief uses to which hypnosis may be put in therapeutic work. The increased power of recall renders hypnotism most valuable as a method of mental exploration. But, in the few experiments I have made along this line, I have failed to find evidence of increased retentiveness.

Post-hypnotic Phenomena

We may now consider some very interesting post-hypnotic phenomena, which reveal even more unmistakably the fact of dissociation resulting in division of the conscious personality.

If, during deep hypnosis, a subject be told that at a given signal after wakening he will perform some simple action, the action is usually performed in a natural manner. For example, I tell B, during hypnosis, that when I put my hand in my pocket he will open the window. After he has been wakened and has opened the window, I ask him why he did so. If B is not amnesic for the hypnotic period, he will probably say: "Because you told me to do so." But if he is amnesic he will give some plausible reason, *e. g.*, although the air may be cool and fresh, he may say that the room seemed to him stuffy and hot. That is to say, he rationalises; he does not know the motive of his action, and so he discovers a plausible reason for it. Such instances are of immense importance for the theory of motivation, and reveal most clearly the difference between "motives" and "reasons."

In many such cases, if one allows the post-hypnotic action to pass without remark, and a little later inquires about it, B will deny all memory of the action; a fact which shows that the action was performed in an automatic or quasi-automatic fashion. Now suppose we complicate the suggestion and tell B that he will open the window when I put my hand in my pocket for the ninth time. I waken B and engage him in conversation, putting my hand in and out of my pocket occasionally, and he carries out the suggestion. If B is closely observed, it may be noticed that he seems to keep a furtive watch on my hands. Yet if,

either before or after carrying out the suggestion, I ask him whether he is aware of any suggestion I have given for post-hypnotic action, he will stoutly deny all knowledge of the instruction. Yet he cannot properly be accused of lying. The part of him, B1, that answers my question speaks the truth in saying that he knows nothing of the instruction. The signals have been observed and counted, and the action carried out by a different part of him, B2.

The same fact, the division of the personality, is revealed also in the following simple experiments. B's hands are clasped together during hypnosis, and he is told that he cannot unclasp and separate them until I blow my nose. He is then wakened. He looks at his hands in astonishment and finds he cannot relax his fingers. He is then challenged to do his best, and putting forth a great effort, he pulls and tugs at his hands. In some cases he succeeds in freeing his hands; in others he gives up in despair. In the latter case, I ask him what signal is to free his hands, and he asserts he has no idea of it. I make various signals; I clap my hands and stamp on the floor. At each signal B makes a hopeful effort, but in vain. Then I take out my handkerchief and blow my nose; and at once he separates his hands with an air of relief. But still, in many cases, B, or rather B1, remains ignorant of the releasing signal, and may even deny that I have blown my nose. The suggestion has been received, remembered, and acted upon by B2.

In another case (I am describing actual experiments) B, a psychologist who is interested in hypnotic theory, is told that at a given signal he will rise from his chair and sit down in another. On being wakened he denies all knowledge of the instruction; and at the signal he sits tight; but he looks at the other chair and shows a certain uneasiness. Presently B says: "I guess you told me that I must go and sit in that chair, but I'm not going to do it." He continues to sit, but he grows more and more uneasy; and presently begins to assert his determination to remain where he is. In the end he says, "Oh, dash it! I suppose I had better do it!" and forthwith gets up and takes the other chair.

In another case B is instructed to perform some absurd action,

such as standing on his head, or putting a chair on the table. When the signal is given it becomes obvious that he is the seat of a conflict. His behaviour and his subsequent statements alike show that he wants to perform the action; that he feels an impulse to perform it, but restrains himself because of the absurd nature of the act. In some such instances B succeeds in suppressing the impulse and goes away in triumph. But I have known him to come back after an hour or so and say: "I suppose you told me to put a chair on the table. I shan't be easy till I've done it, so here goes." And he puts the chair on the table and goes off with an easy mind, a "good conscience." [1]

In another case B is told that, when the evening's work is over, he will not go out of the room before the other two persons present. When the time comes to go, B makes no move. Presently we open the door and invite him, as a visitor, to go first. He politely refuses; we argue; he resists. We take him by the shoulders and push him; he struggles against us with all his strength. We give in and let him have his way, and he is satisfied. Being an old subject he suspects it is all due to suggestion, but that does not remove his aversion from going out of the room before us.

In all such instances we have to do with a divided personality; not merely a division of a stream of sensations or atoms of consciousness, but a division involving the conative functions, each of the conflicting conative functions being intelligently directed by memory and sense-perception. They are but accentuated illustrations of a principle which is constantly at work in normal life, a principle defined and insisted upon in Part I as "the subconscious persistence of conation."

How long such suggestions might continue to work effectively I do not know. Presumably they would gradually lose their potency with the lapse of time. But it is obvious that the therapeutic efficiency of direct suggestion depends upon the persistence of such effects; and such efficiency, though often dis-

[1] Such experiments should be made with great caution and only on sound subjects. I make it a rule not to leave the subject with any unfulfilled suggestion of this kind. For to do so leaves him with a conflict, which, though a mild one, is uncomfortable and may be harmful.

appointing, is sometimes surprisingly great.[1] There is, however, no room for doubt that the effect may persist over days and weeks.[2] It is sometimes justifiable to make such experiments by way of demonstrating to the patient one's power over him, thus increasing that power. For example, in a very severe case of drug-habit, such means seemed justifiable. In this case B was a soldier in hospital. I tell him in hypnosis that at noon two days hence he will come into my office. As the clock strikes twelve on the appointed day, I see him through the ground-glass door, hesitating outside. He has no business to be there or to come to my office without orders. He paces up and down uneasily for a time; then opens the door and comes in apologetically, explaining that he just wants to see me, he doesn't know why.

Post-hypnotic Appreciation of Time

Several trustworthy observers, notably Edmund Gurney, Delbœuf, Milne Branwell, and Dr. T. W. Mitchell, have conducted many successful experiments of the following nature. B is told in hypnosis that, after a specified number of minutes, he will write down his name and the time of day on a piece of paper and send it to his physician. The number of minutes mentioned has ranged up to many thousands. Yet, in a large proportion of such experiments with several subjects, the instruction has been carried out, generally with very slight error, the error amounting to less than a minute in some cases, and to a few minutes only in many others. Yet in each case the experienced observer was satisfied that B spoke the truth in asserting that in the waking state he did not know (could not recollect) the instruction given him, was not aware of making any calculation, of counting the passage of hours, minutes, or days, and did not anticipate consciously the moment at which the act fell due until he felt an impulse to execute it.[3]

There is evidence that various methods of calculation, and of

[1] *E. g.*, I have relieved entirely in a few sittings a neuralgic pain so severe and so obstinate that the patient was on the point of being subjected to the very severe operation of removal of the Gasserian ganglion.

[2] Post-hypnotic suggestions have been carried out after an interval of a year.

[3] Success in such experiments seems to imply a higher degree of that power of waking at any desired time which many persons seem to have.

counting the lapse of time, were adopted by the several subjects. What I wish to insist on here is the fact that in all cases, whatever the method of calculation or counting or recording, the intellectual operation was carried on subconsciously so far as these experienced and cautious experimenters could ascertain. And in the light of a great mass of other evidence, of which the production of automatic writing is only one, though perhaps the most striking kind, there is no justification for doubting that in these cases the complicated mental process of determining the designated moment was actually performed subconsciously.

Dr. T. W. Mitchell, a most careful and critical worker, has given a report of his own experiments in this line, and a critical survey of those of other workers.[1] He writes: "I have repeated Gurney's experiments on several somnambules, and I find that there is considerable variation in the methods used by them for insuring the fulfilment of the act on the proper day. The method used by any particular subject seems to depend on various circumstances. In the first place it will depend on his standard of education. If, in the waking state, he is not good at mental arithmetic, or if mental arithmetic is distasteful to him, he will probably use the most elementary method of arriving at the correct day, namely, simply counting the days as they pass. But if he can do sums mentally without difficulty, he will generally make some calculation, either in hypnosis or subconsciously in post-hypnosis, so as to arrive at the terminal day, and then fix it in his mind." This passage refers to experiments in which a given day only was designated. But similar varieties were found in dealing with time-intervals specified in minutes; in these cases calculation, rather than mere counting, was the rule. Some of the subjects performed the operations subconsciously more accurately and more rapidly than they could achieve similar operations by conscious waking calculation.

As regards the subconscious calculations, Dr. Mitchell finds the following interesting facts well substantiated: some subjects will reveal in hypnosis, intervening between the giving of the suggestion and the designated moment, memory of the suggestion and of the time the act will fall due, although in the waking

[1] "Medical Psychology and Psychical Research," 1923.

state they cannot command this knowledge; yet others, even in hypnosis, may have no recollection of making the calculation; in which cases such recollection may sometimes be obtained by plunging the subject into a deeper stage of hypnosis. "If the calculations are made during hypnosis there is, as a rule, no difficulty in remembering in subsequent hypnosis the various steps by which the answer is arrived at." But, if the calculation is made subconsciously in the waking state, then "only under exceptional circumstances and by inducing a very deep stage of hypnosis have I succeeded in reviving in the mind of the subject the slightest recollection of the various stages of the mental process employed in the solution of the problems."

This observation is only one among many evidences that in hypnosis we do not always or necessarily bring to light all that goes on, or has gone on, subconsciously; that the subconscious activities may be of various degrees of remoteness from waking consciousness or, as it is generally said, that there are, in some subjects at least, many strata of submerged or subconscious mental life. These evidences show the inadequacy of that too simplified and schematic interpretation of the subconscious activities which consists in regarding every personality as two-fold, as comprising a conscious and a subconscious personality, or a conscious and an unconscious mind. In other words, though in many cases the phenomena of hypnosis may be intelligibly described by postulating the disintegration of the personality into two parts, B1 and B2; yet in other cases it is necessary to recognise that the disintegration goes farther and results in the independent operation of an undefined number of partial personalities, B1, B2, B3, . . . Bn.

Among all the many instructive post-hypnotic facts perhaps the most deserving of attention (beyond those pointing to the dissociation, splitting, or division of the personality into independently operating parts) are those revealed by the introspective statements of the subject. Upon the arrival of the moment or the signal prescribed for the execution of some post-hypnotic action, the subject commonly becomes aware of an impulse to act. Sometimes this awareness is nothing more than an obscure uneasiness, a sense that something is to be done (comparable to

the similar uneasiness which we sometimes feel when we have forgotten some task or errand which we have resolved to execute at some moment in the future); sometimes it is experienced as an impulse vaguely directed towards some goal not fully defined; sometimes it is an impulse towards a goal clearly defined in consciousness. Such an impulse is most vividly experienced when the subject for any reason resists its execution and, perhaps, strives consciously, and with varying success, to resist and suppress it.

Organic Effects of Hypnotic Suggestion

The therapeutic value of direct suggestion in hypnosis (and however uncertain these effects, they are sometimes striking) depends largely on the fact that by hypnotic suggestion we can sometimes produce upon the organic processes (processes of metabolism, circulation, and other processes which normally go on independently of our conscious control) effects far exceeding any that can be produced by the direct volition of the subject.

These organic processes are normally regulated, in a manner and degree of which we have but little understanding, by the so-called autonomic or sympathetic nervous system. This system is not separate from or independent of the rest of the nervous system; it has, however, a relative independence and is little subject to voluntary control. The degree of such control varies from subject to subject. In rare cases a subject can by direct volition modify the rate of the heart-beat; and others seem to be able to affect directly the circulation of the blood in various parts of the body. For example, I have carefully observed a man who could at will throw himself into a trance-like state, in which his left arm became relatively bloodless, so that no bleeding occurred when a coarse needle was thrust through a fold of the skin.

In all of us these organic, and especially the visceral, functions are modified through nervous action during emotional excitements; and some of us can obtain some indirect control of them, both in the way of inhibition and of increase of function, by provoking in ourselves emotional excitements, a task we can accomplish with various degrees of success by voluntarily think-

ing of suitable objects and situations. Of the functions of such viscera as the bladder, the bowel, the sex-organs, and the salivary glands, we normally enjoy a partial voluntary control. It is these partial and imperfect routes of control which seem to be more efficiently brought into play by hypnotic suggestion than by any direct effort of the waking personality. The nature and limits of such control are undefined and very little understood at present. But the experimental study of them in hypnosis is of some little interest, if only because in the neuroses similar modifications of organic and visceral functions often constitute a prominent and sometimes a distressing feature of the condition.

I will merely indicate some of the best-established instances of such control by hypnotic suggestion. In many subjects the bowels and bladder may be regulated or disturbed by suggestion. In others the flow of blood to a limb or other part may be increased or diminished; a result which is revealed not only to the eye but also by applying a surface thermometer to the part. In this way I have observed in several subjects changes of surface temperature of 10° Fahrenheit or more, produced after a few minutes of repeated suggestion of heat or coldness in the part.

More difficult to produce, and probably only to be obtained in rare subjects, are blisters, or extravasations of blood and lymph in areas on the skin. I have observed these in one case; and Dr. J. A. Hadfield, at my instigation, has succeeded in obtaining the formation of blisters on one exceptionally good subject. Others have reported similar results. More interesting, perhaps, are the careful observations of the late Prof. Delbœuf, who made the converse experiment of attempting to promote healing by direct suggestion. In two subjects he produced burns on the skin of both forearms, taking care to make them symmetrical and equally severe on both limbs. Taking all due precautions, he found that, when the lesion on one arm was left to nature and that on the other arm was treated by suggestion (suggestion directed against pain and inflammation, and in favor of rapid healing), the latter developed distinctly less inflammation and healed much more rapidly.

We have no positive knowledge of the extent of such mental

influences upon bodily processes; but that mental conditions can affect favourably or unfavourably the healing of wounds and the lesions of tuberculosis has long been recognised, even in orthodox medical circles. And the successes of those forms of therapy which invoke the aid of strong religious sentiments (as among Christian Scientists and at such centres of great popular repute as Lourdes) should render us open-minded in this obscure and controversial region.

CHAPTER V

THEORY OF HYPNOSIS AND SUGGESTION

We are now in a position to attempt a theory of the hypnotic state and its peculiar phenomena. Any such theory must consist of two parts. First, it must describe the peculiar condition of the brain which obtains during hypnosis. Secondly, it must give some account of the *rapport*, the peculiar relation between the hypnotiser and his subject.

In discussing sleep and in pointing out that hypnosis is closely allied to sleep, I have already suggested the former part of the theory. At the risk of repetition, I cite here part of an article published in *Brain*,[1] entitled "The State of the Brain during Hypnosis," in which the analogy between sleep and hypnosis was developed at some length. After pointing to the resemblance between sleep and hypnosis and the fact that both are favoured by the absence of strong sensory stimulations, I went on as follows:

"Unfortunately, our knowledge of the immediate effect of stimulation of a sensory nerve is still very imperfect; but there is much to be said for the view that the immediate and essential effect is a katabolic process which liberates chemically stored energy in the substance of the neurone, and that the spread of excitation consists in the discharge of this freed nervous energy from neurone to neurone across the synapses or places of junction of the neurones. This distinction between chemically stored or potential nervous energy and the liberated active nervous energy is, I feel sure, one of the first importance for neurological speculation, although but little attention is commonly paid to it. Oscar Vogt has recognised its importance and has proposed to mark it by calling the freed nervous energy 'neurokyme.' Some years ago I, in ignorance of Vogt's work, proposed to call it 'neurin.' What name we use does not much matter, so long as we hold fast to this distinction and to this conception of liber-

[1] Vol. XXXI, 1908.

ated active nervous energy; but for this purpose some name is essential; since Vogt's proposal was prior to my own, and since my proposed name is so similar to neurine, the name of one of the chemical compounds found by the chemists in nervous tissue, I adopt Vogt's term 'neurokyme' in place of 'neurin.'

"During waking life, then, stimuli rain unceasingly on all the sense-organs and liberate in all the sensory nerves streams of neurokyme, which ascend by the sensory tracts of the cord and lower brain to the cerebellum and cerebrum. The brain is thus fed and its activity is sustained by these streams of energy, which keep it charged with neurokyme at a varying tension or potential; and this charge of free energy is constantly being worked off by thought or mental activity of any kind; for all mental activity involves the discharge of neurokyme from the sensory to the motor side of the brain, in accordance with James's law of forward conduction.

"Now consider a second condition that obscures the importance of sense-stimuli for the maintenance of the waking state —what was called above the capacity for endogenous or automatic maintenance of the state of excitation.

"The organism comprises certain hereditary psychophysical dispositions, which, in the evolutionary sense, are essentially continuous with, or to be identified with, the instincts of the animals. In what each such disposition exactly consists we do not yet know, though no doubt an essential feature of it is a complex system of sensori-motor arcs. In the present connection the important fact is that each such disposition is a great spring of nervous energy; when any one of them is excited in any way, it liberates a great quantity of neurokyme that raises the activity of the brain to a higher level, a fact which manifests itself in symptoms of general excitement, in very energetic thought and action and, subjectively, in the form of impulse, desire, and emotion.

"These dispositions can be excited by way of sense-presentation; hence sense-impressions contribute to the maintenance of the state of general excitation of the brain, not only in proportion to the intensity of the stimuli and the extent of sensory surface affected, but also in proportion as they lead to the excite-

ment of any of these special springs of energy. In most of the animals these dispositions can be excited only by sense-impressions, but in the human being they can be excited also by way of representative or ideational processes. Hence the human mind and brain do not necessarily come to rest as soon as all sensory stimuli are withdrawn; the activity of an excitable brain may continue to be sustained by this process of endogenous liberation of energy, by the power of the impulses awakened through ideas and recollections. When this is the case, sleep can only be secured by the avoidance of emotionally exciting ideas, *i. e.*, by turning the attention to indifferent things—to sheep jumping through a gap in a hedge, to counting, or to some faint bodily impression.

"The presence in the brain-neurones of a store of free energy or neurokyme derived from these two sources is, then, a prime condition of the waking state; but there is a second important condition, dependent in large measure upon this one, which underlies the freedom of transmission of excitation from point to point of the brain, the free interplay of all parts of the brain, that is characteristic of the waking state; this is the state of the synapses.

"We can confidently infer that the neurones that make up the nervous tissue of the cerebrum are connected together to form functional groups, the members of each group being so intimately connected that excitement of any one member of the group tends to spread at once throughout the group to every member of it.

"Such a group of neurones is a functional unit, and we may call it a psychophysical disposition; of such groups the hereditary dispositions mentioned above constitute a very important and peculiar class. We may infer also that these dispositions are connected with one another with various degrees of intimacy to form systems; these, again, with less degrees of intimacy to form larger systems; and these yet again with still less intimacy to form still larger systems; and so on, until we reach the most comprehensive system, which is the whole of the central nervous system.

"Each disposition is an intricately woven chain of neurones

making up a complex sensori-motor arc or system of arcs. All thought, all perceptual or ideational mental process, involves the perpetual shifting of the main nervous current from one disposition to another; at any one moment some one disposition being the main path of discharge of neurokyme from the sensory side of the brain, where it is constantly accumulating, to the motor side; and, while any one disposition thus predominantly active is the principal focus of excitation, those most intimately connected with it are in a state of subexcitement. When any one disposition thus becomes the main path of discharge, it is because, owing to a favourable conjunction of circumstances, it has become for the moment the path of least resistance from sensory to motor side of the brain. The discharge through any one disposition is the neural concomitant of the rise to consciousness of a corresponding presentation or idea; and the shifting of the main stream from one disposition to another is the neural concomitant of the play of ideas, of the succession of presentations at the focus of consciousness, which continues so long as we are awake.

"An essential feature of the view I am expounding is that the various degrees of intimacy of connection between neurones and between groups and systems of neurones are held to be functions of the synapses or junctions of neurones. If excitement spreads readily from one group to another, it is because the synapses on the path connecting those two groups present at that moment a low degree of resistance; if it spreads less readily to another group, it is because the synapses on this connecting path present a greater resistance. Now there are many good reasons for believing that the resistance presented by any synapse is not a fixed quantity, and that it is not only permanently diminished in some degree by repeated transmission of the excitation process, but that it is a quantity which varies from moment to moment under a number of influences, of which the most important are fatigue of its own substance, chemical influences from the blood, and the charge or potential of charge of neurokyme in the neurones between which the synapse forms a junction. That is to say, it is maintained that each synapse (in the resting condition of the part) presents a certain normal

degree of resistance which varies from synapse to synapse, and is in each case a fixed quantity (or one only slightly or slowly changeable) determined by heredity and the course of individual experience; but that this normal degree, to which the resistance of each synapse returns when the brain is at rest, is constantly liable to be modified by the influences named above, being raised by fatigue and anæsthetic drugs such as alcohol and chloroform, diminished by strychnine and tetanus-toxin and by the excitement of the neurones between which the synapse lies.

"This last condition is the most important one in view of the problem in hand. I assume, and the assumption is not without positive evidence in its favour, that the resistance of the synapse falls as the potential of charge of neurokyme rises in both, or in either one, of the neurones between which it lies, and that it rises as this potential falls.

"In the waking state, then, the hemispheres being constantly supplied with large quantities of neurokyme from the two sources indicated above, the main mass of cortical neurones is kept moderately charged with this free energy, the result of which is that all synapses, and therefore all connecting paths, are kept in a state of partially lowered resistance; and there is, therefore, a constant free interplay between all parts of the brain, the main current of energy shifting freely from one disposition to another and from one system to another, each disposition tending to draw to itself a maximal stream of energy, each competing with all the rest for the fullest share of energy according to the principle of drainage.

"Now, when we lie down to sleep in a quiet dark place, we shut off as nearly as possible all stimuli from the sense-organs, and we divert our thoughts from all emotionally exciting topics. The supply of neurokyme to the brain is thus diminished, the charge present in, or banked up in, the neurones of the afferent side of the brain falls to a lower potential, and, consequently, the resistance of the synapses in general rises. When sleep ensues from great general fatigue, another factor probably plays the principal part—namely, the waste products of metabolism, which, accumulated in the blood and lymph that bathe the synapses, act upon them, like chloroform or alcohol, as poisons which

diminish their metabolism and so raise their resistance. Also, in the production of the sleep that ensues from deficient energy of the heart's action or from diminished circulation of blood in the brain, however produced, this second factor probably plays a large part, the waste products being allowed to accumulate locally. In normal falling asleep these two conditions—the general accumulation of waste products in the blood and the general slowing of the circulation—co-operate with the diminution of supply of neurokyme to raise the resistances of the synapses of all parts of the brain.

"This general raising of the synaptic resistances throws the whole brain into a condition of *relative dissociation* or functional dissociation; that is to say, the dispositions and systems of dispositions, as well as the neurones comprised within any one disposition, become in some degree functionally isolated or separated from one another. And this functional discontinuity will be most complete in the case of the least intimately connected systems, less complete between the more intimately connected dispositions of any one system, and least between the neurones that are united in one disposition; for the resistance of each synapse will be reduced to, or near to, its normal resting-degree.

"Normal sleep implies, then, a state of relative dissociation of the brain, and the many points of similarity noted above between sleep and hypnosis indicate that hypnosis also involves relative dissociation of the brain; on the other hand, some of the phenomena of hypnosis, to be noticed below, afford positive evidence that such dissociation obtains, and so confirm the indications afforded by the foregoing consideration of the general physiology of the brain and of sleep.

"We have to inquire: How does the state of the brain during hypnosis differ from this state of general relative dissociation of normal sleep? The answer to this question suggests itself when we consider the way in which hypnosis is commonly induced. The onset of hypnosis is favoured by the influences which favour sleep (with the exception, possibly, of fatigue), namely rest and quiet (*i. e.*, the withdrawal of sensory stimuli), the slowing of the circulation, the banishment of emotionally exciting thoughts, and by the expectation of sleep. How expectation operates re-

mains a very obscure problem, but it is clear, I think, that in neither case is it an essential factor. The important influences brought to bear in the induction of hypnosis, in addition to those which normally produce sleep, are: (1) monotonous stimulation of sense-organs, either continued (as by visual fixation of a bright point) or intermittent (as by passes); such monotonous stimulation is favourable also to the onset of normal sleep; (2) the personal contact of the hypnotiser, who, by speech, by verbal suggestions, and by manipulations, keeps the subject constantly aware of his presence.

"The monotonous stimulation seems to aid in bringing the whole brain to a quiescent condition, by facilitating the continued direction of attention to an object or impression of an unexciting uninteresting character, and thereby preventing the free play of ideas which otherwise may maintain itself for a considerable period in the way noted above. In terms of neural process we may say that the monotonous stimulation tends to keep some one minor disposition or small system of dispositions in dominant activity, keeps open this one path of discharge, so that this one channel, constantly draining off from the sensory side of the brain the supply of neurokyme, depresses, or tends to prevent, the activity of all others.[1]

"The personal contact of the operator contributes to produce the same result. His passes, his manipulations, his verbal suggestions, all serve to keep the idea of the operator present to the mind of the subject, to keep the subject's attention (no doubt an attention of low grade or potential) directed to the operator; *i. e.*, in terms of neural process, they serve to keep in a state of excitation one system of psychophysical dispositions, the system whose activity underlies the presence to consciousness of all thought of the operator; or, again, they tend to keep the main current of nervous energy shifting from one disposition to another within this one system. In this way, while all

[1] That inhibition within the nervous system is always and at all levels a process of drainage of energy from one path or system to another in virtue of the lower resistance presented by the inhibiting path is a view that, as I have tried to show in a previous paper (*Brain*, vol. XXVI), is compatible with all the facts and seems to be the only tenable working hypothesis.

the rest of the brain is allowed to sink into a state of quiescence and of relative dissociation similar to that which obtains in normal sleep, this one system is kept active and waking, so to speak. It thus serves as an open channel through which ideas can be introduced to, or evoked in, the mind of the subject; as a single focus of nervous activity in a quiescent brain, from which focus other parts of the brain may be brought into play. Any proposition made by the operator to the subject is then accepted uncritically and acted upon because accepted with belief—that is the essence of suggestion—whereas the subject is blind and deaf to impressions from all other persons and objects, except in so far as they are connected in his mind with the operator, *i. e.*, except in so far as they belong to the same system of ideas.

"Now a leading feature of hypnosis is that ideas or propositions suggested by the hypnotiser not only are accepted, but, being accepted, operate with a quite unusual force or effectiveness in the mind and on the body of the subject. The state of the brain described above, the state of relative dissociation of all systems except the one, enables us to suggest an explanation of this feature also. In the normal waking state any proposition about any topic or object is received more or less critically, and is only accepted with conviction if it is not incompatible with the organised body of knowledge or belief about that topic or kind of object already established in the mind. Every idea, we may say, has to withstand or overcome the inhibiting tendencies of these other ideas connected with the same topic, before it is fully accepted, before it can prevail stably and determine action in the way characteristic of belief. But in the state of relative dissociation, any idea introduced to the mind by the operator prevails stably and determines action—is, in fact, accepted with belief—just because the ideas which could check or weaken its operation are not aroused, are not brought to bear upon it in criticism, owing to the state of relative dissociation which renders all interplay of ideas more difficult, more sluggish, than in the waking state. Further, in the waking state, not only contradictory ideas, but all ideas whatsoever that have any tendency to rise to consciousness at the moment, play a similar

part, weakening to some extent the force with which the dominant idea at the focus of consciousness operates in the mind and on the body.[1] The refined experimental researches of G. E. Müller upon reproduction and association seem to have established this fact.

"We may try to express these relations in physiological terms. We must remember that in the waking state of the brain all dispositions and systems of dispositions are in relation of reciprocal inhibition with one another, such that the activity of any one tends to inhibit the activity of every other; and we may fairly suppose that between dispositions whose activities underlie incompatible or contradictory ideas about any object, this relation of reciprocal inhibition is peculiarly intimate and direct.[2] All dispositions, then, compete with another, except those that form a harmonious system and tend to express themselves in some particular mode of co-ordinated bodily activity. In the waking state, then, the energy with which any idea tends to express itself, or realise itself through bodily action, is thus diminished by the competition of all other ideas that have any tendency to rise to consciousness; or, in neural terms, the energy with which any disposition functions is normally to some extent depressed by the competition of all other dispositions that are in any state of subexcitation, and especially of those of contradictory ideas. In hypnosis, on the other hand, this depressing, weakening influence, this partial inhibition, is abolished or diminished in virtue of, and in proportion to the degree of, relative dissociation or functional isolation of dispositions from one another. Hence, any idea suggested by the hypnotiser is not

[1] I am, of course, using the word "idea" to denote the whole psychophysical system of activity which reveals itself in consciousness as a presentation.

[2] The hypothesis of inhibition by drainage seems to lend itself well to the explanation of this kind of inhibition, although, of course, it is not possible to apply it in detailed fashion. We may liken the relation between the dispositions of contradictory ideas to the relation (so brilliantly studied by Sherrington—see "Integrative Action of the Nervous System") obtaining between the reflex arcs innervating antagonistic muscle groups; and this case is not only truly analogous, but is probably more than analogous; it is probably the simplest example of the same type of functional relation. Contradictory ideas about an object tend to issue in opposed systems of muscular activity.

only accepted uncritically, but operates with greater force than any idea accepted with conviction in the waking state.

"The absence or diminution of all such inhibitory weakening and restraint, and the correlative concentration of all available neurokyme along the channels of one disposition, seem to be the principal factors to be taken into account when we seek to explain all the commonest and most easily produced results of hypnotic suggestion, namely, the illusions, positive hallucinations, delusions, the control of the voluntary muscles and (to some extent) of the involuntary muscles and of the visceral processes, secretion, nutrition, and so forth; while, as Pierre Janet has suggested, cataleptic plasticity of the limbs may be equally well regarded as due to the functional isolation of the cerebral tracts by which the afferent impulses ascending from the organs of the 'muscular sense' return to those motor elements of the cortex from which the same movements and positions of the same parts are voluntarily effected (in accordance with the principle of the upper motor circuits). The weakening or abolition of reflexes, which, I believe, occurs only in very deep stages of hypnosis, may be regarded as due to the dissociation having attained so great a degree as to affect the functional continuity of the neurones composing the lower reflex arcs.

"To negative hallucinations, and to the execution of post-hypnotic suggestions by a subject who remains unaware of the nature of the suggestions given, these principles of explanation are not so easily applicable; that is to say, while cerebral dissociation is implied by them, the principle is not in itself adequate to shadow forth an explanation of them; some further principle is implied. But these processes are especially interesting from the present point of view; because they prove, more clearly than any other of the phenomena, that some functional dissociation of the brain is really present. In both cases we have unmistakable evidence that some process goes on in the brain independently of, and without affecting or being involved in, the main stream of psychophysical process. Such, for example, is the deliberate ignoring by the subject of an object of which he has been told that it is no longer present; for, although he certainly does not perceive the object in normal fashion, and is

apparently not conscious of it, his neglect and active avoidance of it show that the object is in some sense recognised; and when a post-hypnotic suggestion is executed after a given number of repetitions of some signal, the signals clearly have been in some sense counted; and yet the subject remains unconscious of them. It is the facts of this order that have led so many authors to postulate a co-consciousness, a secondary stream of consciousness split off from the primary consciousness and flowing independently of it; for the processes involved seem to be distinctly mental processes, such as normally involve consciousness. There is much to be said for that view, and also there are difficulties in the way of its acceptance. But, though we may leave the reality of such co-consciousness an open question, we are compelled by the facts of this order to believe that a complex and orderly sequence of nervous processes, dissociated from the main stream of brain activity, is involved in the execution of such tasks; the dissociation seems to circumscribe the independently operating systems.

"Anæsthesia also affords good evidence of dissociation; the sensory areas concerned with the reception of afferent impulses from the anæsthetic part seem to be profoundly dissociated from the rest of the brain; though whether this neural dissociation suffices in itself to account for the anæsthesia, and whether we are justified in assuming, as Janet does, that the sensations of the anæsthetic limb exist, or occur, as isolated sensations or sensations of a slender stream of secondary consciousness—these are very obscure questions which also we may leave open, while we accept the anæsthesia as positive evidence that at some point in the sensory path from the anæsthetic organ, probably a point within the cortex of the brain, resistance is abnormally increased in the way which constitutes dissociation.

"The discontinuity between the memory-trains of the hypnotic and those of the waking state, which so commonly obtains, is another piece of direct evidence of the reality of dissociation; although here, as in the preceding cases, it remains a very obscure problem: How can verbal suggestion determine the position of the line of cleavage or dissociation that separates the two systems?

"A few words may be ventured as to the bearing of the views set forth above on the therapeutic applications of hypnotic suggestion. If these views represent an approximation towards the truth, it follows that the therapeutic value of hypnotic suggestion consists principally in the fact that it is a means of concentrating powerful currents of nervous energy in any required direction and of withdrawing them from other parts. By thus withdrawing the nervous currents from an overworked or unduly irritable nervous centre or bodily organ, and by isolating it through induction of a relative dissociation of the centre, rest may be secured and a bad habit of over-action may be suspended, as, *e. g.*, in neuralgia; while, by repeatedly directing a powerful stream of innervation through some other channel, a too sluggish organ (*e. g.*, the bowel) may be brought back to a more active and healthy functioning, a habit that has become disordered or unduly weakened may be restored, or a new habit may be set up to supplant, counteract, or suppress some undesirable habit. Under these two heads, the increase or the diminution of the metabolism and functioning of organs, most of the therapeutic effects of hypnotic suggestion may, I think, be classified.

"There are a number of phenomena that remain very obscure, and it is not claimed that the theory of cerebral dissociation as here presented provides a complete explanation of any of the facts. But that cerebral dissociation of some degree is at least one of the essential features of the hypnotic state can, I think, hardly be doubted; and though it may be questioned by some whether even a complete account of the cerebral changes would afford anything like a complete explanation of the facts, it can hardly be disputed that any complete theory of hypnosis must take the cerebral changes into account. I venture to think that the foregoing hypothetical description of the state of the brain during hypnosis may render the conceptions of cerebral dissociation, of the peculiarity of the hypnotic dissociation, and of the process of its induction, a little clearer and more definite than they have hitherto been. It is but just to point out that the hypothesis of cerebral dissociation which I have endeavoured to develop seems to have been first suggested by Hughes Bennett, and that therefore, if it should ever attain to the rank of

a generally accepted theory, the credit of having first enunciated it must be assigned to him." [1]

At the time of writing the article from which the foregoing passage is here cited, I was aware that it dealt only with one of the two great problems of hypnosis. I had not developed a theory of suggestion and of the *rapport* which is so striking a feature of the hypnotic state. The solution of this second problem was indicated in my "Social Psychology" at the same date.

Theory of Suggestion

We have had many theories of suggestion ranging from the commonplace to the mystical. The intellectualist psychologists have struggled in vain with the problem. They tell us that suggestion is the implantation of an idea. And if, like Janet, they seek to explain why "an idea" implanted during hypnosis seems to have a potency quite foreign to ideas imparted or implanted during waking life, they can only say that during waking life an imparted "idea" has to work against the criticism and control of other "ideas"; whereas in hypnosis the general sluggishness of the mental stream, or the state of relative dissociation, permits any one "idea" impressed upon the subject to work with full force, without the inhibition of rival and perhaps contrary ideas. This is as far as any intellectualist or "idea" psychology can go. There is a certain truth in it as regards hypnotic suggestion. But it does not cover the ground; it is hopelessly inadequate. In the first place, it makes the erroneous assumption of the ideo-motor theory, the assumption that "ideas" are forces which in some sense tend to realise themselves. I have sufficiently combated this error in Part I. Secondly, it leaves suggestion in the waking state entirely unexplained. Yet any theory of suggestion must take into account waking suggestion equally with hypnotic suggestion; there is no line to be drawn between them. Thirdly, it leaves the facts of *rapport*

[1] I am indebted to Dr. Milne Bramwell for having drawn my attention to this fact on the occasion when the substance of this paper was read to the Medical Society for the Study of Suggestive Therapeutics over which he presided. It would seem that the theory was first implied by Bennett in a lecture entitled "The Mesmeric Mania of 1851," delivered and published at Edinburgh in the year 1851. I have not been able to refer to a copy of this lecture.

entirely unexplained; yet *rapport* is of the essence of suggestion in hypnosis.

Similar objections lie against the more mystical view of F. W. H. Myers, that "suggestion is a successful appeal to the Subliminal Self"; or of W. J. Hudson and of Sidis, that suggestion is the appeal to "the subconscious self." We are given no light on the essential problem, namely: Why does one appeal to "the subliminal self" succeed and so constitute suggestion, while other appeals, the appeals of other persons, fail? For that is the essential problem of suggestion and of *rapport.*

It is the great merit of Prof. Freud's teaching, here as elsewhere, that he has realised fully the inadequacy of the intellectualist views; and that he seeks the explanation of the potency of suggestion where alone it can be found, namely, among the instinctive bases of the mind, the conative tendencies that sustain and energise all our strivings and operations, no matter how purely intellectual they may appear to be. But here as elsewhere he makes the error (as I see the matter) of representing the one form of instinctive energy, the sexual, as responsible for much that springs from other roots. I shall return to consider the Freudian sexual theory of suggestion after stating my own theory, as developed in my "Social Psychology" and later writings.[1]

I have concisely restated my theory in a recent article[2] as follows:

"My theory sets out from the fact of observation that among animals of gregarious species we commonly find relations of dominance and submission; we see some members of a herd or flock submitting tamely and quietly to the dominance, the leadership, the self-assertion of other members. This submission does not always or commonly seem to imply fear. Yet it is unquestionably instinctive. I have argued, therefore, that such behaviour is the expression of a distinct and specific instinct of submission: an instinct which is apt to be evoked by the aggres-

[1] Especially, "A Note on Suggestion," *Journal of Neurology and Psychopathology*, vol. I.

[2] "Freud's Group Psychology and His Theory of Suggestion," in *Studies of Personality*. In this article a fuller exposition of Freud's theory may be found.

sive or self-assertive behaviour of other, especially larger and older, members of the group, and whose goal or function it is to secure harmony within the group by prompting the junior and weaker members of it to submit to the leadership of others, to follow them, to 'knuckle under to them' without protest, to accept their slightest word as law, to feel humble or lowly in their presence, and to adopt lowly or 'crestfallen' attitudes before them. My theory maintains that the human species also is endowed with this instinct of submission; and that, with the development of language and intellect, verbal indications of the attitudes of the strong become very important means of evoking and directing this submissive impulse; that the impulse, the emotional conative tendency of this instinct, is the main conative factor at work in all instances of true suggestion, whether waking or hypnotic. Further, that, in human societies, reputation for power of any sort becomes a very important factor in evoking this impulse, supplementing and, in fact, largely supplanting the bodily evidences of superior powers which, on the animal plane, are the principal excitants of this impulse; such reputation constitutes the essence of all that we call prestige, the power of using suggestion, of compelling bodily and mental obedience or docility, without evoking fear. The theory maintains that, if the human species were not gregarious, and if its native constitution did not comprise also this special submissive instinct, human beings would not be suggestible; and, therefore, the social life of man would be profoundly other than it is." [1]

In another place I have defined suggestion as the imparting of a proposition in such a manner that it is accepted with conviction, independently of any logical grounds for such convic-

[1] I say that this instinct of submission is evidenced by the animals of many gregarious species. But I maintain that it is distinct from the gregarious instinct itself; that there are species of animals which have the gregarious instinct, but lack the submissive instinct; just as there are men who are strongly gregarious, but in whom the submissive instinct operates very little, if at all; that is to say, I maintain that the gregarious and the submissive tendencies are independent variables and, therefore, cannot be properly ascribed to the same instinct. In this I dissent strongly from the teaching of Mr. Wilfred Trotter, who, throughout his famous little book on "Instincts of the Herd in Peace and War," assumes without question that all the phenomena commonly classed under the head of suggestion are sufficiently explained by invoking the "herd instinct."

tion. And in Part I I have pointed out that we do not arrive at conviction or belief without the operation of some conative energy. The theory proposed is, then, that, in the case of belief established by suggestion, the conative energy at work is that of the submissive instinct; and it is evoked by the person (or persons) from whom the suggestion comes in virtue of some quality, or supposed quality, that renders him imposing to the person whom he influences, gives him prestige, authority, or power to throw the other into the submissive attitude, power to evoke in him obedience, respect, admiration, gratitude, in all of which affective attitudes the submissive impulse is an essential factor.

This view meets adequately all the facts of suggestion during the waking state, whether the suggestion comes from an individual, or from a mass, a crowd, a community.

Theory of "Rapport"

It remains to explain the *rapport* of hypnosis, the essence of which is that this power of suggestion, of inducing submission and complete docility, is much exaggerated as between the operator and the subject, while in respect of other persons it seems to be diminished to the point of extinction. Let us look a little more closely at the facts of *rapport.* In the majority of cases the hypnotised subject displays extreme sensitiveness to every suggestion of the hypnotiser, obeying every indication, however slight, of his will; while, at the same time, the suggestions of other persons seem to leave him unaffected. Commonly, he seems absolutely indifferent or impervious to the suggestions of others. It is easy to make the error of assuming that he does not hear or understand their verbal suggestions; but commonly he does hear and understand, as may be ascertained by questioning him. Consider the following simple experiment.

I tell B to clasp his hands, and that they are now inseparably locked; and I challenge him to do his best to separate them. B tries and struggles in vain to separate his hands; the antagonistic muscles continue to contract so strongly that he cannot free them. A bystander, C, then intervenes and assures B that he can separate his hands, that he can do it quite easily, etc., etc.,

and urges him to try again. B tries again, but in vain. And no matter how often, how firmly, how loudly the third person repeats his suggestions, the result is the same; and the same also if a whole roomful of people join in implanting this "idea" in B's mind with the utmost energy. The *rapport* seems to be exclusive and complete. Now I tell B that C has just as much control over his muscles as I have. C then intervenes again, and at his suggestion B's hands at once relax and are separated without difficulty. In this way, by a few words, the *rapport* between A and B can be extended by A to C, so that B becomes suggestible to C. It is probable that C cannot immediately be given the influence wielded by A in its full extent; but he can be endowed by A with sufficient prestige for B to enable him to control B's movements effectively. This phenomenon of "the transference of *rapport*," as it has been called, seems to dispose of any such view as that the *rapport* between A and B is due to any "magnetic" influence in a physical sense exerted by A on B; and to me it seems to refute equally completely the Freudian theory, namely, that A's influence on B is due to the fact that B is in love with A, or that, as Ferenczi puts it, B is submissive to A because he intensely desires to be loved by A.

It is not true that *rapport* is absolutely exclusive; that the hypnotic subject is capable of being influenced only by A, the hypnotiser. This fact was illustrated by the following instructive experiment, made by one of my colleagues and myself. The patient, a regular soldier of excellent type, had been cured by my colleague with the aid of hypnosis, and remained highly suggestible to my colleague, A. A induced hypnosis and, placing a cigarette on the table before B, told him that he could not take it from the table, and challenged him to try. B advanced towards the table, and, though he seemed to make an effort, found himself unable to reach the cigarette. I, playing the part of C, then intervened. I had not hypnotised B on any occasion, and the *rapport* was not extended to me by A. But I had the advantage that, while B was a regular soldier of long service, I was a senior officer of rank superior to A's. I told B that he could now reach and take the cigarette without difficulty, and instructed him to do so. Still he remained suspended; but

it was obvious that he understood my words, and that they were influencing him, but that A's influence was still the stronger. I renewed my suggestions, and presently B made a new effort, and slowly, seemingly with great difficulty, accomplished the act forbidden by A.

This experiment illustrates the fact that the *rapport* between A and B is not absolutely exclusive, does not preclude all possibility of suggestion from other sources, but merely consists in greater susceptibility to suggestion from A than to suggestions from other sources. Just as the suggestions of A may fail, if they conflict with B's moral nature, or with other strong conative tendencies (I shall later illustrate such failure of suggestion when opposed to the conative forces that maintain a repression) so they may be overcome by suggestion from another source, under conditions exceptionally favourable to that other source. It is a question of the relative strengths of the conative tendencies brought into action. There is no warrant for assuming that the old soldier was in love either with A or with C. He merely knew me by sight as a senior officer, and a lifetime of obedience and respect towards such officers had rendered him peculiarly docile to suggestions from such a quarter. I think it is safe to assume that, if C had been of the same or of lower rank than A, C's suggestions would have failed to make any appreciable effect upon B.

Rapport, then, is not an utterly mysterious phenomenon inexplicable by psychological principles. It is utterly inexplicable by mechanical, sensationist, and intellectualist psychologies, by any psychology that ignores the conative nature of man and the instinctive bases of all our mental life. But in that respect it is in line with all other manifestations of our purposive, our conative, nature. The *rapport* between the operator and the hypnotic subject is essentially the relation of prestige and submission which renders possible all waking suggestion; but for the hypnotic subject the prestige of the operator is indefinitely increased by the success of the latter's suggestions, and the docility of the former is correspondingly augmented.

It remains to consider briefly why the suggestions of A work upon B with so great power. The *rapport* established between

A and B, when A has hypnotised B, the moral relation of ascendancy, of prestige, does not cease when B is restored to the waking condition. It grows stronger with every repetition of the hypnosis, so long as A uses his ascendancy tactfully; so that by a mere word or a mere snap of the fingers, A can plunge B into profound hypnosis. There is, then, something in the hypnotic condition very favourable to the working of A's suggestions over and above the *rapport* between A and B.

The great influence of A's suggestions upon B while in hypnosis may, I think, be sufficiently explained by two considerations. First, the state of relative dissociation obtaining during hypnosis hampers or clogs or depresses all the intellectual operations by means of which the suggestions received might be criticised, and tendencies other than the submissive tendency brought into play.

Secondly, A, keeping in mental touch with B as B sinks into hypnosis, increases his prestige with every successful suggestion; that is to say, A is all the time playing upon and keeping in action the submissive instinct; whereas all the other conative tendencies of B are allowed to sink into quiescence, as when he falls into normal sleep. There is thus formed in B, with various degrees of success, according to the depth of the hypnosis, a secondary split-off personality on the very restricted conative basis, consisting of the one instinctive tendency to submission; and the impulse of this instinct is wholly directed to A. The tendency works, therefore, in a free field, without rivalry or modification or restraint from other conative tendencies. It is perhaps true to say that during hypnosis the whole of the vital or hormic energy of B's organism is concentrated along this one of the great conative channels; hence it is capable of producing exceptionally great effects. This system, with its single conative root, forms the split-off personality B1; while the rest of the normal personality remains relatively latent, quiescent, unless roused into activity by some challenge to its fixed and strong moral sentiments. When post-hypnotic suggestions are carried out subconsciously or automatically, it is this split-off secondary personality, B1, which executes the task, or enters into conflict with the waking personality. And in those cases in which the

waking personality becomes aware of an impulse to perform the prescribed action, it is the subconsciously operating personality B1 which communicates or imparts or forces this impulse upon the conscious personality. We shall find in later chapters abundant evidence that, in pathological splitting of the personality, the splitting is determined by conflict between the conative tendencies and involves a division of them between the partial personalities; and, further, we shall see that the subordinate, hidden, or subconscious personality manifests in many cases power to communicate an impulse to action to the conscious personality, and thus to force the latter to involuntary or automatic action, just such power as we see exercised in the post-hypnotic state by the secondary personality B1.

We have now a fairly complete theory of the phenomena of hypnosis. It must, however, be admitted that some facts remain obscure. It is possible to understand in general terms, in the light of the theory sketched above, how simple dissociations, both motor and sensory, may be brought about; how, for example, all the motor and sensory functions of one limb may be dissociated from the main personality and left under the control and in the exclusive service of the secondary personality, B1. But, when we have to do with elaborately systematised anæsthesia, there remains much that is obscure. For example, B may receive the suggestion that he cannot see any word containing the letter T. When such a suggestion succeeds, as it does with some subjects, its success involves an elaborated interplay of give and take between the two personalities which beggars description. Nevertheless, I venture to think that, even in face of such most complicated and baffling hypnotic phenomena, explanation may be looked for along the lines of our theory.

Autosuggestion

According to the view expounded in the foregoing sections, suggestion is essentially a process of communication from one personality, A, to another, B; A exerting upon B a moral influence that inclines B to accept with conviction whatever proposition comes from A.

It is customary to recognise "autosuggestion" as a process by

means of which the individual (or some individuals) can induce in themselves effects similar to those producible by suggestion. Some authors, notably Dr. S. Ferenczi, rightly recognising that the essential energy which works to produce the effects of suggestion comes from within the subject, and is not in any way imparted to him by the operator, but rather only released and set in action by him, propose to regard all suggestion as essentially autosuggestion. This is a quite unwarranted deduction from the facts, as may be illustrated by the analogous case of fear. If I meet an angry bear in the woods and take to my heels in fear, it would be true to say that the energy which sustains my efforts comes from within my organism, and is not in any sense supplied by the bear; the bear merely releases this energy within me. But it would not be true or useful to say that my fear was self-inspired and that the bear had nothing to do with the case, or played but a secondary rôle in the drama.

M. Coué has recently carried this view to its logical extreme in his popular campaign of instruction in "autosuggestion." He asserts that all he does is to instruct his patients in the art of "autosuggestion." His famous phrase, "Every day in every way I am better and better," is supposed to work miracles of healing by way of pure autosuggestion. And M. Coué may, no doubt, truthfully claim to have aided, and perhaps to have cured, a number of his patients. Coué is no theorist, and is content to practise his methods with simple and infectious faith in their efficacy. M. Badouin has made himself the exponent of the theories underlying Coué's practice. But I fail to discover in his expositions any intelligible theory of the alleged process of autosuggestion. Without taking up an attitude of dogmatic negation, I am strongly inclined to invert the formula of this school and to assert that all so-called autosuggestion is, in reality, heterosuggestion; and for the following reasons. In the first place, the term "suggestion" essentially implies the influence of one person upon another; and it is a misuse of the term to apply it to any process in which no such influence is exercised. Secondly, it is clear, from the published accounts of Coué's procedure, that he begins by exercising suggestion; by means of such demonstrations before a group of patients he increases his

prestige, already great by reason of his fame. It is probable that he even induces a light stage of hypnosis in many of them. Further, according to his own account, he instructs his patient to think of him (Coué) when he repeats, night and morning, the prescribed formulæ. This is a method that I have myself used with success, more especially in cases of insomnia. But it seems obvious that in such cases the so-called autosuggestion is, in reality, suggestion from the operator, renewed in his absence by the repetition of his words accompanied by the imagination of his personality.

It is, I think, probable that, apart from all suggestion, some individuals may secure beneficial results by repeating suitable verbal formulæ during moments of relaxation of mind and body. But, if so, the process would seem to be more properly regarded as a subtle form of volition rather than of suggestion. There remains, however, the possibility of a purely endogenous process which might perhaps be validly called autosuggestion. Namely, where division of the personality obtains, it would seem that one of two partial personalities may exercise suggestion upon the other. We shall see, in a later chapter, that something of this sort seems to have occurred in one at least of Dr. Morton Prince's cases of profound division of the personality, and in other cases of this class. If we adopt provisionally the theory of personality expounded in the final chapters of this volume—the theory, namely, that normal personality is a synthesis, an integration, of minor selves in a hierarchy ruled by a dominant member—it may perhaps be held that processes analogous to suggestion, and therefore properly to be called autosuggestive, may go on in the normal personality.

Suggestibility

A few words may be added on the meaning of the words "suggestible" and "suggestibility." We are apt to assume that individuals may be ranged in a serial order of degrees of suggestibility or proneness to the influence of suggestion. But this assumption is ill-founded. The suggestibility of any subject is a function of several factors, and varies with these factors; some of these are resident in the subject; others lie in the en-

vironment. Of the non-resident factors the chief is the prestige of the source from which suggestion comes. This prestige may attach to an individual or a group of individuals by reason of reputation for power or knowledge or achievement. It may be due to an outward aspect of power or dignity, to that subtle combination of physical and mental qualities that we call "personal magnetism"; or to the external trappings of dignity and power—wealth, titles, fine clothes, robes of office, crowns and sceptres.

Of the resident factors of suggestibility three are of chief importance. First, ignorance of the topic concerning which suggestions are made. This is of the first importance in all medical suggestion. The profound ignorance of the layman concerning his bodily constitution and functions renders him suggestible in all that concerns health and disease, not only towards members of the medical profession, but also towards the advertiser of remedies and the exponent of esoteric systems of treatment. The suggestibility of children, savages, and the uneducated in general is largely due to this factor; they lack any body of established knowledge or belief that may conflict with and counteract suggestions concerning a vast range of topics.

The second and third great resident factors of suggestibility are constitutional. One is the native strength in the individual of the submissive tendency. Those in whom it is strong are apt to remain suggestible even in respect of those topics about which they are well-informed. Those in whom it is weak, and especially if they possess a strong self-assertive tendency, are apt to remain self-confident and unsuggestible even though ignorant.

The third great factor is susceptibility to dissociation. This undoubtedly is a constitutional peculiarity; the extrovert being more liable than the introvert to dissociation, and therefore more susceptible to hypnosis.[1] When medical authors write of degrees of suggestibility, they commonly have in view degrees of susceptibility to hypnosis. But this is a misleading usage; we have seen that the suggestibility of the hypnotic subject is not altogether a function of the degree of dissociation attained, but is

[1] Cf. Chapter XXVIII.

rather chiefly a function of the *rapport* between him and the hypnotiser; and we have seen that the subject in hypnosis is commonly suggestible only towards the hypnotiser and any other person to whom the *rapport* may be extended by his suggestion; and that in some cases he remains unsuggestible towards the hypnotiser also.

Nevertheless, in the main, suggestibility increases with increasing general dissociation; hence all things that conduce to dissociation, such influences as fatigue, drowsiness, and alcohol, enhance the suggestibility of the subject.

Lastly, it may be noted that emotional excitement conduces to suggestibility, not because, as Janet would have it, emotion depletes the energies of the subject, but because every state of emotional excitement involves a tendency, or tendencies, towards accepting whatever propositions are congruous with that tendency or tendencies.

CHAPTER VI

THEORIES OF SUGGESTION OF JANET AND FREUD

In spite of all the efforts of the psychoanalytic schools to belittle the importance of suggestion as a therapeutic procedure, suggestion remains a topic of very great theoretical interest. And authorities are by no means agreed as to the essential nature of the process. The inability of all intellectualistic and mechanistic psychologies to deal with the facts of suggestion is one of their more obvious defects; and this fact has tended to the neglect of the topic by academic psychology and the relegation of it to the sphere of the uncanny and the magical. The popular mind has seized upon the more extreme and bizarre effects of suggestion, and regarded them as mysteries that demand for their explanation the invocation of some mysterious agency. Something of this attitude is implied in F. W. H. Myer's definition of suggestion, a definition which implies a theory, namely, "Suggestion is a successful appeal to the subliminal self."

Prof. Janet also, occupying himself largely with the more extreme manifestations of suggestion, and neglecting the fact that suggestion is constantly operative in normal life, in all personal contacts, in all influence exerted by one person upon another, has adopted a somewhat similar view. He sets the extremer instances of hypnotic suggestion apart as the sole instances of true suggestion, and leaves waking suggestion aside as a phenomenon of another order in which he is not interested; for it is one which is perhaps more, rather than less, difficult to explain in terms of his inadequate dynamics. His later definition runs: "Suggestion consists in artificially causing, in the form of impulsion, the functioning of a tendency that the subject cannot obtain in the form of a personal will." But we have seen that a

tendency is for Janet merely a reflex, "a disposition of the organism to produce a series of particular movements in a definite order in consequence of a certain stimulation at a point in the periphery of the body." This is the stimulus-response formula now so much in vogue, and the root of so much current error. If we take the definition seriously, we must suppose that, in voluntary exercise of a tendency, the subject applies the required stimulus to the appropriate "point in the periphery of the body," and that in suggestion the physician applies the stimulus to that point. But of course Janet cannot abide by this behaviouristic definition of suggestion. We find elsewhere in the same volume[1] that "Suggestion is a particular reaction to certain perceptions; this reaction consists in the more or less complete activation of the tendency that has been evoked, without this activation being completed by collaboration with the whole personality." And on another page we find Janet reverting to his old psychology of "ideas" and the ideo-motor theory: "The idea left to itself develops independently in a form of immediate assent; it takes the shape of an impulse. Suggestion presents itself as the provocation of an impulse rather than as a deliberate resolution. How is such a transformation possible? . . . We are dealing with individuals who from the nature of their constitution, or from the fact of an accidental illness, have very feeble powers of reflection, in whom reflection is always slow, difficult, and brief. Under the influence of various circumstances that determine fatigue or emotions, they have a momentary depression that renders them for some time incapable of anything more than an immediate assent. . . . The idea that we put into the mind, at a favourable moment when the power of reflection is worn out, becomes the object of an immediate assent and is transformed into an impulsion. It is this experimental arousal of an impulsion that is the essential purpose of all the studies of hypnotists." That is to say, only the neuropath and the neurotic subject are suggestible, and that in virtue of their condition of exhaustion. We can only comment that, if there were any truth in the theory of ideo-motor action, there might be some truth in this account of suggestion; but, even then, this

[1] "Principles of Psychotherapy."

miraculous conversion of an idea into an impulsion, sometimes an overmastering compulsion, would remain mysterious.[1]

Again we find: "Hypnotism . . . is nothing more than the artificial production of somnambulism," and "somnambulism becomes for us a temporary and fleeting transformation of the mental state of an individual capable of causing in him the dissociation of personal memory." Suggestion thus becomes for Janet the setting in action of a dissociated system, or of an inferior tendency, or the evocation of automatisms. "If, in a general way, we call automatic the activation of an inferior tendency, and especially the provocation of an immediate assent, instead of a reflective assent, we may say that the essential part of the treatments we are considering (treatments by suggestion) is the provocation of automatic actions instead of superior and reflective actions." And elsewhere he writes of suggestion "in the exact sense of the development of a pre-existing automatism."

Having made suggestion a matter of automatic action in hypnosis, Janet has left on his hands the facts of personal influence or direction, as he calls it, during the waking state; the reality and importance of which he recognises, but for which he has no explanation, no adequate theory. He writes of such influence as follows: "It is not to be denied that this or that phenomenon of affinity presented by certain somnambulists may be related to the more or less involuntary and unfortunate suggestion of the physician, or to the ideas conceived by the subject and transformed into suggestions by reason of the special state during which they are developed. There is thus a close relationship between the two phenomena of direction and suggestion, but it must not be concluded from this that they are identical. The phenomena of influence that are observable in the course of direction are much more extensive than those of suggestion or even of suggestibility. They exist in patients, in particular in psychasthenics, who are not at all suggestible [*i. e.*, not at all hypnotisable]. In the influence of direction there are many characteristics that go beyond suggestion proper."

[1] The reader who has any hankering after the now discredited theory of ideomotor action is recommended to read the destructive criticism of it in Dr. T. V. Moore's "Dynamic Psychology."

Yet the facts which indicate the existence in human beings of the submissive tendency or instinct, the recognition of which alone enables us to understand the phenomena of suggestion, both waking and hypnotic, have not escaped Prof. Janet's observation. He writes of persons who feel the need of direction, of being dominated and guided by others. "In this need of direction, we see rather a natural desire and a foreshadowing of those treatments through repose and by the simplification of life whose importance we have already noted." Janet here recognises, in a very inadequate manner, that natural desire or tendency to submit to direction, to personal influence, which, as I have maintained, is the essential factor in all suggestion, both waking and hypnotic, and represents a fundamental or primary tendency of human nature.

The Freudian Theory of Suggestion

It is the great merit of the Freudian psychology that it is never content with merely intellectualist explanations of mental processes; that it recognises all mental process as mental activity or conation, an activity which is, in the wider sense of the word, purposive, is a striving towards a goal; and that it seeks in all cases to define the nature of the goal, and to discover the source of the conative energy in the inborn or instinctive dispositions of the organism. In other words, it is the great merit of the Freudian psychology that it is thoroughly hormic. The introduction by Freud of this fruitful hormic point of view to the provinces of neurology and psychiatry, his insistence upon the importance of discovering and understanding the motivation of functional disorders, is his principal, his most fundamental, contribution to psychopathology. To this feature of his teaching its great success and rapid rise to influence are mainly due. When Freud began his work, the field of psychopathology was and had long been cultivated by those who accepted purely intellectualist, sensationist, associationist, or mechanical psychologies. These methods of cultivation had proved relatively sterile; in spite of immense industry devoted to investigation of the brain, the cutting of sections, and the staining methods of Golgi and Weigert and a host of others, it had begun to be

realised that psychiatry and neurology were making no progress proportionate to the efforts directed along these lines. The secrets of mental disorder continued to elude both the intellectualistic and the materialistic methods of attack upon them.

The history of the controversy on hypnotism and suggestion is an epitome of this whole field of effort. In the great controversy between the schools of Nancy and of Paris, both parties stood upon an intellectualist psychology that was incapable of dealing with the essential facts, the facts of motivation and of personal influence.

Freud, returning from his studies in the school of Charcot and Janet, became associated with Dr. Breuer, of Vienna, in the study of a case of hysteria. They used hypnotism and the cathartic method;[1] by the aid of suggestion in hypnosis, they laid bare a long-buried complex and secured for it free emotional expression. Later Freud substituted for exploration in hypnosis the method of exploration by free association in a state of relaxation of the patient. He found this method more satisfactory than the former, in spite of its greater demands on the time and patience of both physician and patient; for it was better adapted to disclose the hidden motives underlying the disorder. But Freud, though he ceased to use hypnotism, did not lose interest in the unsolved problems presented by it, especially the problem of *rapport*.

In his "Three Contributions to the Sexual Theory" (published in 1905) Freud, in accordance with his pan-sexualist tendency, expressed the opinion that "the nature of hypnosis is attributable to the unconscious fixation of the *libido* on the person of the hypnotiser (by means of the masochistic component of sexual desire)." If Freud had recognised that the tendency to subservience, obedience, docility, submission, is rooted in an instinct distinct from and independent of the sex instinct (instead of claiming it as a component of the sexual instinct), he would at once have reached the theory of suggestion propounded in my "Social Psychology," and developed in the foregoing chapter. But, observing instances in which the submissive tendency co-operates with and modifies the working of the sex

[1] Cf. Chapter XXVIII.

impulse (more especially in women), Freud at once leaped to the conclusion that that tendency is in some sense a component of the sex instinct. In a similar way, observing instances in which the self-assertive tendency co-operates with and modifies the working of the sex impulse (more especially in men) Freud assumed that it also is a component of the sex instinct, and called it the Sadistic component.

Freud had thus given the cue to his followers, and in 1909 (the year following the publication of my theory of suggestion and of my paper on "The State of the Brain during Hypnosis") Dr. S. Ferenczi published an article[1] in which he claimed "thoroughly to confirm this supposition of Freud's and to complete it in many points."

Ferenczi reaffirmed that "hypnotic credulity and pliancy take their root in the masochistic component of the sexual instinct." But he went farther. He pointed, correctly enough, to the two methods of hypnosis which I have described in the foregoing chapter as the method of domination and the method of co-operation. And he proposed to call these the "paternal" and the "maternal" methods, respectively. "In general, therefore, it may be said that there are two ways and means at our disposal in hypnotising or giving suggestions to others, *i. e.*, in compelling them to helpless obedience and blind belief—dread and love. . . . The hypnotist with the imposing exterior, who works by frightening and startling, has certainly a great similarity to the picture impressed on the child of the stern, all-powerful father, to believe, to obey, to imitate whom is the highest ambition of every child.[2] And the gently stroking hands, the pleasant monotonous words that talk one to sleep, are they not a reimpression of scenes that may have been enacted many hundred times at the child's bed by the tender mother?"

Ferenczi, then, seeks the explanation of suggestion in the theory of the Œdipus complex;[3] according to this theory the *libido* (the sexual impulse) of every infant normally becomes

[1] "The Rôle of Transference in Hypnosis and Suggestion." Republished in the volume of translated essays, "Contributions to Psychoanalysis."

[2] A neat example of the wild and untrue generalisations which we meet on nearly every page of Freudian literature.

[3] Cf. Chapter XXV.

fixated upon the parent of the opposite sex, which infantile fixation or sentiment later becomes repressed and thereafter endures as the Œdipus complex, the essential nucleus of "the Unconscious." According to Ferenczi's theory, then, in every instance of successful suggestion (whether waking or hypnotic) the subject regresses[1] to his infantile attitude towards the parent of the opposite sex. The patient is thus regarded as susceptible to suggestion because, and only because, the hypnotiser for the time being is the substitute for that parent, and because the patient's *libido* regresses into the infantile channels and becomes directed upon the physician, as formerly it was directed upon the parent. In this sense, then, the patient is regarded as "in love" with the physician, and all suggestion is the work of the *libido*.[2]

Ingenious as is this theory, the critical reader cannot fail to notice a certain obscurity and confusion in Ferenczi's application of it. If we take the theory seriously, we should expect to find that the normal man[3] is susceptible only to the co-operative or "maternal" form of suggestion; and the normal woman only to the domineering or "paternal" form. But there are no indications, and no claim is made, that any such rule holds good.

Ferenczi, obscurely aware of this difficulty, seeks to cloak it by the following passage: "There is a stage in the normal psychical development of a child, which is not characterised by naughtiness, disobedience, obstinacy, and independence, but by an overwhelming desire to believe blindly, obey without criticism, and to be in subjection to a higher power. The power to which the child first submits with such ardour is always that of his parents (or of persons who have authority over him),[4] the motive of this devotion being his intense desire to gain their affection." Ferenczi here falsely equates sexual fixation upon an

[1] Cf. Chapter XVI.

[2] To the Freudian the immense difference between lust and love is (in theory) unknown, and he uses the word "love" indiscriminatingly to denote all attitudes in which he supposes the sex instinct to play some part, from lust to the most refined forms of parental affection and the most dispassionate forms of friendship.

[3] Inverts would of course be exceptions; for they are supposed to have undergone an inverted fixation in infancy.

[4] The critical reader will note here two untrue generalisations stated without reserve or qualification of any kind.

object with an intense desire to gain the affection of that object; and he represents the ruling motive of the hypnotic subject to be the intense desire to gain the affection of the physician. But Ferenczi himself is not satisfied with this explanation; for he goes on to say: "A child obeys his mother willingly and blindly,[1] because he knows that he will be rewarded; but it is also a pleasure to him to obey his imposing father, and thus escape punishment. He rejoices in his subjection to such an imposing and strict father, hoping also one day to inherit his power."

In spite of this obscurity and confusion in the psychoanalytic theory of suggestion, not relieved but rather increased by the free use of untrue supplementary hypotheses or generalisations, it continued to be the orthodox Freudian theory until Freud published his "Group Psychology and Analysis of the Ego," in 1921. In this work, which is essentially a transformation and elaboration of the *libido* theory of suggestion, Freud shows that the unsatisfactory features of the theory as propounded by Ferenczi have not escaped his attention; he sets out in quest of an improved form of the theory, taking the mass-suggestion of the group as his point of departure. By a long and involved course of reasoning Freud arrives at the conclusion that the suggestible attitude is one impressed upon the males of the human species and rendered innate in them by long ages of tyranny over their sons, exercised by the fathers of the primal horde (the form of primitive society supposed by Freud to have been universal to the human race through countless generations).[2]

In my article I have summarised both the exposition and my criticism of it in the following passage:

"The main factor in group life is suggestion. The fundamental problem of group psychology, therefore, is the nature of suggestion. Suggestion is always of the same nature as the suggestion of hypnosis; and the study of hypnosis shows that suggestion depends upon a peculiar emotional attitude of the patient to the hypnotiser. This attitude results from the reanimation (by regression) of an atavistic survival, an attitude ac-

[1] How many mothers (especially in America) must wish that this were true!

[2] A fuller exposition and criticism of this new theory may be found in my article in "Studies of Personality. Essays in Honor of Dr. Morton Prince." 1925.

quired by the race during the long period in which men lived in the primal horde, a horde dominated by a brutal horde-leader fiercely jealous of his sexual rights over all the women. This horde-leader forced all his fellow males to repress their sexual urgings; their repressed *libido* then became fixated on him, so that they loved him, and falsely believed that he loved them, at the same time that they feared him for his brutal domination and plotted to slay him. When any man lives as a member of a group and is subject to group influences, when he accepts the traditional morality and develops the virtues of the good and patriotic citizen, it is because some leader throws him back from his hard-won individuality, forces upon him an atavistic regression to the complex attitude proper towards the leader of the primitive horde, so that he becomes suggestible towards him; but the part of the leader may be played by an abstract idea, or even by a wish or aspiration held in common by a number of individuals.

"What verdict shall be given upon this theory? First, it may be said, if there were no other explanations of the facts of group life, we should have to entertain it seriously. But, as I have endeavoured to show, other simpler, less extravagant explanations are possible and are at least as adequate.

"Secondly, the theory, if accepted with all the peculiar Freudian assumptions upon which it is based, leaves or rather raises many obscure problems. For example, it leaves the leaderless group unexplained; for we can hardly take seriously the assertion that an abstract idea or a wish may play the rôle assigned to the leader in forcing regression to the atavistic attitude. It leaves untouched the fact that women are at least as suggestible as men, and probably on the whole more so; we shall have to invent some other story to account for their suggestibility. It leaves very obscure the suggestibility of the members of a group towards one another. Here I would especially cite such instances as the famous spread of the rumour of Russian troops passing through England in the autumn of 1914. It is impossible to point in such instances to a leader. We must be content to suppose this to be an instance where a wish played the rôle of leader. But is not this equivalent to rejecting the theory *in toto?* Further, it does not explain the primary fact of contagion

of emotion, so fundamental to all group-life. And it does not explain how a leader attains leadership; how he manages to force regression upon his followers and to constitute himself a leader.

"Finally, it reduces all the social life of men, including all team-work, all patriotism, all moral self-control and discipline, all self-sacrifice for the good of the community, to the working of an atavistic regression, to a return to the behaviour proper to the (very hypothetical) remote age in which the violence of a bully, armed with a club and prompted by sexual jealousy, was the only controlling force in human society. It makes sexual jealousy and envy the roots of all the nobler manifestations of human life. Yet it leaves these roots themselves unexplained. Why jealousy? Why envy? If the sexual impulse, the fear of death, and the urge for food, were the whole of the instinctive endowment of primitive man, why should not the primal horde have enjoyed a delightful promiscuity? On that plane one woman can serve many men. We should expect sexual jealousy, if anywhere, only among the women.

"My verdict is 'not proven and wildly improbable.' If we positively knew, if by any supernatural unchallengeable authority we were assured, that all the phenomena of human life, all the modes of human activity, had been derived from sexuality, and must be explained as manifestations of the sexual *libido*, we might be induced to say that Professor Freud's theory of suggestion and his theory of social phenomena in general was a most ingenious and praiseworthy effort to solve an insoluble problem.

"But we have no such guarantee. The only authority we have for accepting this as the necessary and sole permissible line of speculation, for regarding our explanations of social phenomena as necessarily confined within the limits of the sexual *libido*, is the authority of Professor Freud and of his devoted disciples. I, for one, shall continue to try to avoid the spell of the primal horde father and to use what intellect I have, untrammelled by arbitrary limitations."

CHAPTER VII

DREAMING

To Prof. Freud belongs the honour of having thrown a flood of light upon dreaming. By the publication of his best-known work, "Die Traumdeutung," in the year 1900, he showed that dreaming is not merely a chaotic rumbling of the brain-cells, of no interest to science, but rather that dreaming is a peculiar and complex form of mental activity well worthy of the most careful study from the points of view both of pure science and of psychological medicine. Nevertheless, although I wish to give full credit to Freud for this great achievement, and although I accept much of what he has taught about dreaming, the theory here adopted differs so much from Freud's that I shall first expound it and afterwards state and criticise the Freudian theory in a separate chapter. But it is to be wished that while reading this chapter the student should have in mind the outline of Freud's theory, in order that he may compare the theories in relation to particular dreams.

Freud's theory maintains that all adult dreams, with the exception of a few which directly express urgent bodily needs, such as hunger and thirst, are disguised expressions of repressed wishes, and that the repressed wishes so expressed in all cases are, or have their main conative root in, sexual tendencies or fixations, formed in infancy and later repressed under the influence of social and moral pressure coming from the environment.

Reproduction Dreams

The simplest type of dream, as regards motivation and interpretation, is the dream which reproduces faithfully, or nearly so, some incident of the past. The battle-dreams that were so frequent and troublesome among the soldiers of the Great War seem to have been mainly of this type. In very many cases the

same dream recurred again and again, and was said by the patient to reproduce exactly some incident of the battle-field; and there is no good reason to doubt that such assertions were in many cases true or nearly so.[1]

The main points of interest presented by such dreams are the following. The battle-dream was the expression of repressed fear, fear aroused by the incident reproduced in the dream. The occurrence of such dreams was often the first sign of approaching nervous breakdown. For a time, in many cases for a long time, for months or years, the soldier at the front suffered fearful moral and physical strains without developing any symptoms. During this period he successfully controlled and repressed his fear, fear such as is excited in every normal man when a terrible death-dealing explosion occurs in his immediate neighbourhood. After a longer or shorter period of such exposure his reserves of energy began to be worn down; and the repeated shocks, producing a cumulative effect, rendered the fear-instinct more excitable. Then, though he continued to be able to control and repress his fear-impulse in waking hours, he could no longer repress it entirely during sleep, and he began to be troubled with battle-dreams. And, if his symptoms increased to such an extent that he was sent to hospital, the battle-dreams usually continued to recur, especially if he was advised to continue to repress the fearful memories that came up in his dreams, was told to try to forget all about it. On the other hand, if the patient was encouraged to revive fully in memory the fearful incidents, to describe and discuss them freely, to cease to repress them, the dreams usually ceased very soon. In many cases the good effect of such advice and such wiser policy was shown in the immediate cessation of the dreams, even in cases in which they had persisted during many months. And this was especially marked in those cases in which some one particularly horrible incident was the substance of the dream, an incident which, though per-

[1] The late Dr. W. H. R. Rivers wrote: "The nightmare of the war-neurosis generally occurred at first as a faithful reproduction of some scene of warfare, usually some experience of a particularly horrible kind, or some dangerous event, such as a crash of an aeroplane. . . . Often the dream recurs in exactly the same form night after night . . . the dream is often the repetition of an actual experience, without transformation of any kind."—*Brit. J. Psych.*, vol. XII.

haps not so far repressed as to be beyond the reach of the patient's voluntary recall, was yet so far repressed that he could not or would not recall it in waking hours, until urged to do so as a means to cure.

In other instances fearful incidents were repressed so completely that the patient had no power of recollecting them in waking life; and even in his dreams they made no appearance until the patient was partially recovered, when (in one of my cases, after an interval of almost a year) they began to figure in his dreams, and were thus signs of a diminishing repression and of recovery.

There is nothing anomalous in the power of fear to determine such dreams. Other impulses strongly excited and incompletely expressed (*i. e.*, partially repressed), especially anger and disgust, are capable of similar effects. But the motivating power of reproduction dreams is more often fear than any other of our conative forces, for two reasons: first, the great strength of the fear-impulse; secondly, fear is an affect which we commonly repress as completely as we can, under the influence of the tradition that to feel or to show fear is a mark of inferiority.

In this connection it is worth remarking that, in the early stages of the war, neurotic troubles arising from repressed fear seemed to be more frequent among the British troops than among the French. This did not mean that they were by nature more liable to fear; but rather must be attributed to a difference of the moral traditions of the two peoples. The British tradition had taught all boys to believe that to feel or to express fear is cowardice, and had encouraged the habit of ruthless repression and denial of all fear. The French tradition, more intelligent and realistic, permitted the French soldier to be more frank about his emotions, and to realise that courage consists, not in the absence of fear or of the liability to it, but rather in the power of carrying on, of doing one's duty, in spite of fear; that the emotion of fear is one to which all human beings, even the bravest and strongest of us, are liable, but one whose impulse and promptings we may control without denying them. Thus the French soldier was able to admit frankly his fear, to joke about it, treating it as a natural weakness of the flesh (as

he learns also to regard his erotic affects); while the less fortunate British soldier strove to repress all fear, was ashamed of every sign of fear that escaped his control, and in many cases carried this so far that the fear of expressing fear, and shame of any fear expressed, became a great additional strain upon his morale. It was not until the later stages of the war that the British learned to adopt something of the franker French attitude, and thus to diminish the strain.

The tendency of fear to express itself in dreams is, then, but a special case of a general law of our affective nature. Any instinct strongly excited tends to persist in a state of abnormal excitability, or subexcitement, after the exciting situation has passed away. No matter what the nature of the excitement (whether it be the emotion aroused by an insult, an injury, a disgusting or strange and wonderful object, a beautiful woman, a heroic deed, a shameful act), it leaves a subexcitation of the whole emotional system that constitutes what we call a mood. If you are startled by a sudden strange noise in a lonely house by night, you remain for some little time more liable to be startled by slighter sounds; if you are angered by one person, you remain for a time liable to be irritable towards other persons and things. How far this persistence of undue irritability of the particular affective system is a matter of internal secretions, endocrines or hormones, we do not know; they probably play some part in it. And fear is peculiarly liable to such subconscious persistence and reverberation just because, in the case of this emotion, we tend to repress it, both at the moment and afterwards, and to repress also the memory of the fear-exciting incident. Every one knows how emotionally exciting incidents tend to recur to the mind, as soon as we are no longer actively engaged and sit down with a book or lie down to sleep. The reproduction dream is merely one manifestation of this general tendency.

There are persons, and among them some neurotic patients, who stoutly assert that they never dream, and who, in spite of exhortations, fail to recover any dreams. Resort to hypnosis will often reveal the dreams of such persons. In one such case the patient, who was very positive that he never dreamt, pro-

duced forthwith in hypnosis a dream of the previous night. And it then appeared that this dream had recurred frequently, and was a simple reproduction of a terrifying incident of early childhood, a fall from an apple-tree. In waking life the patient was amnesic for this incident, had remained without recollection of it and of the immediately subsequent events, all of which were reproduced in the dream.

I have insisted at some length on the commonplace nature of these reproduction dreams, on the fact that they express a simple law of all our affective life, in view of the dogmatic assertions of so many of the psychoanalysts to the effect that all dreams require complicated explanations in terms of infantile sexual repressions.

The Influence of Sense-Impressions on Dreams

It has long been recognised that impressions made on the sense-organs of the sleeper are apt to influence the course of dreaming. I have pointed out in Chapter III that, in so far as any line can be drawn between sleep and waking, that line must be drawn at the moment when the subject who is passing into sleep ceases to interpret in normal fashion the impressions received by his sense-organs. At such a moment the buzzing of a fly, or some other familiar sound, may become incorporated in the stream of thinking under some distorted interpretation; *e. g.*, one may think of a roaring cataract, an avalanche, or a storm at sea; and then, returning to a waking state, one may recognise the sound for what it is.

It has become a tradition of the books, accepted without question by almost all writers on dreams, that dreams are hallucinatory, that the visual and other imagery of dreaming has sensory vividness. I can find no justification for this tradition in my own dream experience; and I find that many persons, when the question is directly put to them, agree with me. Frequently, I have continued the same train of thinking, as I pass from waking to sleeping and back again to waking, and I can find no essential difference in the vividness of the imagery. It is possible that there are large individual differences in this respect. But, when some sense-impression becomes incorporated

in my thinking as I fall asleep, I find it truer to say that the sense-impression loses sensory vividness, rather than to say that my other imagery gains sensory vividness. In a series of papers, Dr. L. H. Horton[1] has developed a theory of dreaming in which intercurrent sense-impressions and the elaboration of them is made the chief feature of dreaming. Horton is not content to assign this rôle to impressions on special senses; as when exposure of the sleeper's leg leads him to dream that he wades in water, or when loud sounds give rise to dreaming of a battle; he attributes much influence also to obscure bodily sensations, kinesthetic and visceral. For example, he regards levitation-dreams as occasioned by vasomotor and kinesthetic conditions that suggest lightness and absence of pressure on the skin, and are interpreted by the dreamer as due to absence of all solid contacts, *i. e.*, to suspension in air. And he goes farther, regarding various dream-pictures as symbolic interpretations of the state of various organs. Thus, inflammation of a part or organ is apt to be symbolically represented in dreams by objects of red color; a "goose-flesh" state of the skin may be represented by a sandy desert; accentuated pulse-beats by a plunging horse; and chilliness by image of a lady of haughty demeanour. Such images are regarded by him as "trial percepts" produced by fumblings of the mind after some interpretation of the bodily sense-impressions. In some cases the bodily state obscurely perceived in the dream is projected into some person other than the dreamer; as when I dreamed that I saw a child fixed, head downward, in the baggage-rack of a railroad-car, all its body, and especially its neck, rigidly extended, and woke to find my own neck stiff from sleeping on too high a pillow.

That there is some truth in this view, and some value in Dr. Horton's reconstitutive method, can hardly be denied; but I am inclined to think that he forces his interpretations on many more details than can properly be accounted for in this fashion. And, even if we regarded each detail of the dream as in some sense reflecting or symbolising some physiological state of some part of the organism, we should still have to maintain that a principal part of the dream's total significance remained to be

[1] *J. Abn. Psych.*

discovered. For there is, I think, no room for doubt that many, if not most or all, dreams express some more or less repressed tendency, not necessarily a wish, still less a sexual or an infantile wish, but a conative tendency of some kind.

Two points of interest are revealed by sense-impression dreams of the following kind. I was lying awake one morning when a roller-blind suddenly rolled up with a loud snap. About three seconds later my companion, in an adjoining bed, opened his eyes and began to recite a dream from which, he said, he had just then awakened. The dream was one of some length and complexity, but of considerable coherence; and it led up to and culminated in an accident accompanied by a loud crash. It seems necessary to suppose (and this view is borne out by other similar dreams) that the dream was constructed in the few seconds intervening between the objective noise and the wakening of the sleeper. It thus illustrates the rapidity with which a dream may be constructed and experienced; and also the fact that the dream is thrust ready-made, as it were, into the consciousness of the sleeper.

Illustrative Dreams

I propose to recite a few of my own dreams, choosing from a large collection examples which seem to be relatively transparent, and to add a few instructive and relatively simple dreams related to me by patients. In this chapter I shall relate only dreams chosen to illustrate principles of dream formation and interpretation that seem to be beyond dispute.[1]

It is asserted by some psychologists that all of us dream continually during sleep. This is merely one example of the tendency to gratuituous over-generalisation which mars so much of the psychoanalytic literature. I prefer to make only such state-

[1] There are, I think, good reasons for reciting and discussing my own dreams rather than a miscellaneous collection of dreams from many subjects. First, my own dreams are the only large collection of dreams of one subject available to me, and a group of dreams of one subject is more instructive than an assortment from the dreams of many subjects. Secondly, one may interpret one's own dreams more confidently than those of any other subject, because one has a fuller knowledge of the circumstances and background of the dreams.

ments as can be reasonably well substantiated. It is obviously impossible to show that any one of us dreams continually during sleep. There seems, however, to be good warrant for the statement that most of us dream far more than we suppose. For, when we become interested in our dreams and make some effort to record them, we remember many more dreams than at other times. Such, at least, is my own experience. At ordinary times I remember only occasional dreams, perhaps one or two in the course of a week, and these very imperfectly, for the most part. But, when I have set myself to remember and record as many dreams as possible over a period of some weeks, as I have done several times, I have found that almost every night yields several well-remembered dreams, as well as fragments of others. At these times I keep pencil and note-book and lamp by my pillow, and, as soon as I am aware of having dreamt, I rouse myself to write down the dream, a feat which often requires a great effort of will. Sometimes I fail to overcome the inertia natural to the half-waking state; then, even though I may clearly remember the dream in this state, it frequently happens that in the morning I cannot recover it, or can recover only a fragment of it.

It occasionally happens that I waken from a dream which I partially remember, and which seems to me of great interest and importance; but, even while I lie trying to recover the dream completely, it seems to be forcibly withdrawn from my reach and I lose it altogether. In such cases I have never succeeded in obtaining any subsequent recollection of the dream. It is as though the forces which in waking life have repressed the tendency expressed in the dream were again at work, and too strong to be overcome by any voluntary effort at recollection. And there is good ground for holding that the elusiveness of dreams, the difficulty most of us find in recollecting them, is in general due to such repressing forces. Nevertheless, I feel confident that many of my dreams, including those here recorded, were recollected faithfully and almost completely.

I cite first a long and very coherent but simple dream, prefacing the recital with a statement of the conditions under which it occurred.

The following dream occurred at a time when I had some slight reason to suppose that a certain man, who appears in the dream as X, bore me a grudge and might even attempt to do me some injury. I had made light of the possibility and had repressed the slight anxiety, although on one occasion I had, yielding to the urging of a friend, carried a weapon in my pocket.

Pistol Dream

I dreamt that I drove into the country with several men friends. We stopped at a country inn, and I began to explore some outbuildings across the road from the inn. Presently I became aware that some men were prowling furtively among these buildings. I heard some pistol-shots and I saw four men in two pairs, partially concealed. I inferred that the two parties were engaged in a feud, and I ran across the road to the inn in order to get out of the danger-zone. As I ran I noticed that several bullets struck the ground uncomfortably near me. I reported the incident to my friends, one of whom, pointing to a tall young stranger, said: "You shall have this man as your private secretary for a few days." I understood that they thought I was in danger of being attacked, and that the tall young man was a secret-service agent. Presently I found myself in an upper room with two of my friends. They were sitting conversing in one corner, while I examined a picture on the wall, standing near the door of the room. As I stood there, some one slipped quietly into the room and brushed against me and, as he did so, I felt him pass his hand lightly over my hips. I realised that his purpose was to ascertain whether I carried a pistol in my hip-pocket; and, as he slipped out of the room into the dark passage, I sprang after him and, seizing him by the shoulders, dragged him back into the lighted room. To my amazement and indignation I recognised X. I let him go and said to my friends: "Look here, do you know what X was doing? He was trying to find out whether I carry a pistol." They replied: "For God's sake keep cool and be quiet. We are in a regular death-trap. He has a gang down-stairs all armed, and we have only one pistol among us." I was seized with fear and woke, the fear slowly subsiding as I thought over the dream.

The foregoing dream presents several features of special interest. First, it expresses, in the form of an adventure, a repressed fear, a fear which came to full expression at the culminating point of the dream, and wakened me. Secondly, the dream-story was imagined and elaborated subconsciously; I, the conscious dreamer, was not aware of the plot of the drama until it reached its climax. In the dream I was astonished to find that the principal actor was X. Yet the whole story was planned to lead up to this culmination, just as I might have deliberately and purposefully concocted a cock-and-bull story in order to impress my friends with a sense of the risks that I was running, or to blacken the character of X; or, as in the play of fantasy motivated by fear, my waking imagination might have constructed the story as a fanciful possibility on which my fear would feed itself. That is to say, the drama was worked out by a mental activity other than my conscious activity; I the conscious dreamer knew nothing of the plot until the climax was reached. Other noteworthy points are that the series of incidents were all strictly natural; there was no symbolism, no allegorical depiction or distortion or disguise; nor was the dream purely pictorial or in terms of visual imagery alone; there was much fairly rational conversation. Lastly, it would, I think, be entirely untrue and fantastic to give any sexual interpretation to the dream. The meaning of the dream to any one who was acquainted with my circumstances at the time was obvious and on the surface.[1]

[1] There are obvious possibilities of a Freudian interpretation of this dream. A pistol is generally recognised by Freudians as a sex symbol. The fact that X approached me from behind would be held by most Freudians to have a similar implication. Hence the dream may be held by them to be the disguised expression of a passive sex tendency, presumably dating from childhood, but subconsciously revived in relation to X. And the fear of my own repressed tendency would be the fear experienced in the dream.

I reject this interpretation, and not from any unwillingness to admit the possibility of any homosexual tendency. I have no hesitation in alleging that I have experienced the more or less sublimated working of such a tendency. That was in the days of my youth when I did not understand what was happening within me. In retrospect the whole thing is perfectly intelligible. In Chapter XIX I have to insist on the view that all normal men are liable to such experiences, not in virtue of a special component of the instinct, but because the physical differentiation of the sexes in the human species is relatively slight.

Epilepsy Dream

At a time when I was seeing much of severe cases of epilepsy, and when they had in some degree "got on my nerves," I had the following dream: After some confused dreaming about interviews with my patients in my office, I suddenly experienced a great blaze of light, which I knew to be subjective. I woke in fear, saying, "This is epilepsy."

This dream was the simple, direct expression of a repressed fear, a dramatic and realistic expression.

Dream of Lord Trafford de Redcliffe

I was seated in a fine hall near the head of a staircase, beside a man who was Lord Trafford de Redcliffe and who at the same time was, or was like, my friend P. I was to act as the spokesman of my companion and to give a public address. Presently a crowd of guests came up the staircase; but, instead of stopping to hear my address, they streamed away through a door on their left. I turned to Lord T. to make sure of his titles. Then he and I looked down into the hall below, expecting to see the crowd waiting for us. But it was empty. We went down the staircase to the ground floor. One of my children, L, came pirouetting through the hall in dancing costume, and a crowd of people entered through a wide door. On meeting L, the crowd turned and fled away down the hall; and L, followed by a man whom I recognised as B, ran at top speed down a corridor parallel to the hall, as though to head off the crowd at the far end.

At first this dream was quite obscure to me. I was able to interpret it only by the aid of the following associations, which I need not explain in detail. Lord T. suggests aristocracy and capitalism (I did not know until later that Lord T. de R. was the name and title of a former British ambassador)[1]. P suggests socialism and the single tax (of which P is an ardent advocate) and democracy. My futile attempt to address the public suggests my recently published "Group Mind," and the fact that, having completed the book somewhat hurriedly after the five years' interruption of my work on it by the war, I was anxious lest I might have failed to polish it sufficiently, and lest,

[1] The correct name of the ambassador was Lord Stratford de Redcliffe. I had associations of aristocracy with both the names, Trafford and Redcliffe.

owing to defect of its æsthetic qualities, it might fail to reach the public—a repressed anxiety. L resembles me, but has the æsthetic capacities (which in me are relatively undeveloped) naturally strong and highly cultivated, especially in respect of dancing. B, like myself, is a medical psychologist, and, like L, has strong and highly cultivated æsthetic capacities, which I have envied him.

The figure of Lord T. is a composite figure, an illustration of the principle of condensation pointed out by Freud as frequently operative in dreams. It stands for or symbolises both aristocracy and democracy. I had recently written in the preface to my "Group Mind" that my political theory required a synthesis of the aristocratic with the democratic principle. In the dream I was to be the spokesman of a figure which represented in one person both these principles. But I failed to reach my public; my defence of aristocracy will not go down with the public, which, in the dream, passes away to the left—the side of radicalism and ultra-democracy. The failure is also due to defect on the æsthetic side of my work, a defect which I regret and desire to remove. The æsthetic side of myself appears in the dream as my child L and my colleague B, who, by putting forth their best powers, attempt to secure the attention of the public, to head off its stampede away from me; and the dream leaves the issue undecided.

The dream is thus the allegorical expression of a repressed anxiety (one which I was obscurely conscious of having repressed) rooted in my ambition to secure a wide public for my scientific work.

Like many other dreams, this one is closely analogous to a political cartoon, an analogy pointed out by Dr. Maurice Nicol.[1] The political cartoon depicts and comments upon some situation without the aid of words and by means of pictorial allegorical representation only. The cartoon, like the dream, is intelligible only to those who are familiar with the situation depicted, and who understand something of the devices used by the cartoonist, such as the use of flags or human figures to represent countries or parties, the use of animals or conventional figures,

[1] In his "Dream Psychology."

such as a clown or a king, to represent qualities of character and conduct. Again, both the cartoon and the dream are apt to represent, in a more or less confused way, a number of converging lines of interest.

The principal difference between the cartoon and the dream consists in the fact that the cartoon is static in two dimensions, while the dream moves in four dimensions, time and the three dimensions of space. A political cartoon worked out on the cinema-screen would present a more complete analogy.

Dream of the Sloping Billiard-Table

While staying at Zurich and subjecting myself and my dreams to analysis by Dr. C. G. Jung and a medical colleague B, I had the following dream:

Strolling about, I come to a place where a crowd of people are amusing themselves as at a fair. I go up to two men who are playing billiards, and with whom I seem to be acquainted. The table is small and tilted at an angle of some thirty degrees. I notice that the surface of the table is of rough sand, standing in ridges about the centre. The men confine their play to one relatively smooth part of the surface. I thrust the point of my cane through one of the ridges, saying: "Well! playing with elliptical billiard-balls would be nothing to this." I feel that this is a smart remark; but no one takes notice of it. I add: "I want you to notice that I am not at all critical, I simply look on and observe."

Associations.—The fair suggests Switzerland, where, as I have reflected, people amuse themselves well, enjoy life, and are (as compared with the English) remarkably free from heavy burdens and responsibilities. The two men, vague in the dream, suggest Dr. Jung and his colleague. The game of billiards they are playing suggests psychoanalysis; the slope and the ridges of the table, which make accurate playing impossible, suggest the many difficulties in the way of reaching valid conclusions in psychoanalysis. Elliptical billiard-balls suggest Gilbert's well-known song from the "Mikado," "To make the punishment fit the crime." My final remark expresses accurately the attitude

that I was endeavouring to maintain towards psychoanalysis; and the former remark expresses, somewhat maliciously, the involuntary criticism which I was endeavouring to repress in the interests of the progress of the analysis.[1]

The analogy between the foregoing dream and a comic cartoon is very close. I cite next another dream on the same theme which occurred three days later.

Befogged in the Lake

I was with two men (vague). We were testing some sort of new plan, contrivance, or theory on a lake. I swam ahead of a small boat in which the two men followed me. After swimming a while I noticed that I could not see either shore. The water was still glassy and a fog had formed on the lake. It occurred to me that a steamer might suddenly loom up and run me down. The fog grew denser. I turned round to look for the boat, but could not see it. I felt alarmed and shouted. I got no answer. I shouted more loudly, despairingly. The water began to run into my mouth and I was sinking. I struggled and woke.

That this dream also refers to my psychoanalysis can hardly be doubted. It expresses towards it a graver attitude than that of the foregoing dream. On the preceding day I had sailed on the lake with Dr. Jung and his colleague. The two men in the dream at once suggest them. In the dream I go ahead of them and lose touch; I lose my bearings and am in danger of being overwhelmed with disaster arising out of the testing of the theory. The dream expresses a repressed fear lest I should get into "deep waters" and, losing touch with my guides, as I was about to do, should be unable to extricate myself. Dr. Jung would interpret it as a warning from "the Unconscious" against taking my own way too confidently. I add another dream of the same period and cycle.

[1] I offer my humble apologies to Dr. Jung for the impertinence of this and some other dreams. No one knows better than he that we cannot be held fully responsible for our dream thinking. I need not assure Dr. Jung, but I wish to assure my reader, that, in spite of my dreams, I had and have the greatest respect and admiration for Dr. Jung's work and person.

Dream of Flagan or O'Hara

I am sitting at the head of a long table with several men. The table is covered with the remains of dinner; we are smoking and Dr. Jung has left the room. We discuss what hour he has named for breakfast; it seems that he is the master of the house. We agree that it was 9 o'clock, and then are uncertain. I say: "Let's call back that man who has just gone out; he's his secretary and should know." The man on my left says: "What is his name?" I reply: "Flagan or O'Hara, yes Flagan; that's it." He calls the name aloud, and Flagan comes back and tells us that Dr. Jung has said breakfast is to be at 8.30 for himself and one other, and at 10 o'clock for the rest of us. Flagan is a slim dark youth who looks like a student in training for the priesthood. He goes out and we talk about him. One says: "I knew his brother, who is a doctor and a Catholic also. They are very poor." I say: "He should learn psychoanalysis and he could then pick up a few guineas and keep the whole family in comfort." A waiter who looks like a man of education and a member of a religious order is hovering about the disordered table. I say to him: "You don't want to clear away all this to-night, do you?" I reflect that to clear the table in the morning will be a heavy task.

This dream explicitly refers to psychoanalysis and, like the two foregoing dreams, expresses indirectly and allegorically some repressed criticism of it, the nature of which is obvious in the light of the following facts. Flagan suggests a young Jesuit of my acquaintance who was among a group with whom I had recently dined. On the day preceding the dream Dr. Jung had dined with me and others in a room resembling that in the dream. We had discussed Jesuits and the sincerity of their teaching, the power of the church, Irishmen, poverty, and the large fees sometimes paid by American patients. The breakfast seems to stand for the hour of analysis; the disordered table for the disorder of my psychology produced by the analytic process. The most interesting point, perhaps, concerns Flagan. He was Dr. Jung's secretary; *i. e.*, he represented the business aspect of Dr. Jung's personality, which aspect is covertly criticised by the

dream. But why should this aspect, symbolised by an independent figure, be called "Flagan or O'Hara"? For some time I could see no answer to this question beyond the fact that these seemed to be Irish names, suitable to a Jesuit student; though I was not aware that I had ever heard either name. The solution came later. I remembered that when I had written to Dr. Jung to arrange for a course of analysis (of treatment), he (his business self) had replied that he would find difficulty in arranging for the date suggested, as he expected to go to the Sahara about that time. The question had thus arisen—To treat (equals in German *pflegen*) or to go to the Sahara? The alternative names are thus a punning reference to the business aspect of my relation to Dr. Jung, the aspect on which the dream comments. Such a far-fetched pun may seem an astonishing dream-product to those who have never been guilty of dream-punning. But puns are by no means rare in dreams. They are in line with the somewhat primitive yet subtle mode of thinking commonly displayed in dreaming. The punning tendency, from which I am not immune in waking hours, frequently manifests itself in my dreams. Thus in several dreams occurring during analysis, I was engaged in vain searching for shoes. Interpretation showed clearly that in each case the shoes, by a punning symbolism, represented the "understandings" that I was seeking in real life.

Another symbol that has frequently figured in my dreams (and which owes its position to the metaphorical, rather than the punning, tendency) is a motor-car representing the vehicle of my family's fortune. In such dreams I commonly am the driver of the car, and all the members of my family are seated in it.

Tea at Buckingham Palace

An officer, after long service at the front, had been sent to hospital with vague neurasthenic symptoms. He was very reserved; but, on request, he reported the following dream, which threw much light on his condition.

I was invited to a tea-party at Buckingham Palace. There were tables loaded with good things, and other guests were given

these good things to eat and drink; but no one took any notice of me, and I had none of the good things.

Discussion of the dream brought out the following facts. The patient had been made a lieutenant after service in the ranks; but, after a long period of further service at the front, had obtained no further promotion or recognition. He had felt for some time that his services had earned these, and were much greater than those of many of his fellows who had received promotion and rewards. The dream was an allegorical expression of his repressed resentment at this lack of recognition.

An Ambition Dream

The following dream of an ambitious young Jew is of the same general type. He was striving to realise his intellectual ambitions by following college courses, in spite of keen interest in economic activities and desire to make money; he suffered some neurotic symptoms in consequence of this conflict; a conflict between the two tendencies, so difficult to harmonise, which are so strongly present in the Jewish race.

He dreamt that he was driving an automobile in his native State (a Southern State in which cold weather hardly occurs) and making for the home of his wealthy brother-in-law. The road was covered with ice and snow, making the going very difficult. He turned off the main road and pulled up in a side street before a small general store in a dilapidated building.

The dream expresses, allegorically, his repressed desire to make himself wealthy, like his brother-in-law, and his anxiety lest he should get off the straight road and fall into a position very unsatisfactory from the economic point of view.

I submit another dream of my own which illustrates vividly the dramatic tendency often revealed in dreaming, a tendency which in my waking life finds little expression. The dream occurred at a time when I had become responsible for the health and welfare of a young girl, about whose mental stability there was some ground for concern. It expresses my repressed anxiety in dramatic form.

Dream of Marie

Marie is a young girl in a picnic party of which I also am a member. Marie suddenly goes mad and produces a slender glass dagger, plunges it into one of the party above the clavicle, and so kills him. Marie is taken away; and then her sister, of about the same age, comes along. I am separated from the rest of the party by the open mouth of a deep pit. As the girl comes near me, some one shouts: "Marie has gone mad!" The girl, startled, looks at me questioningly. I feel embarrassed and alarmed on her account, and say: "Yes, I'm afraid she is just a little bit touched in the head." Then the sister also seems to go mad, and rushes to spring into the deep chasm. I throw my arms round her and restrain her with difficulty; and, as I do this, I become aware that I am supposed to be in love with her, and that this makes the situation the more tragic. The girl is crying aloud "Marie! Marie!" and I waken at the height of the dramatic excitement. My emotion is that of an onlooker throughout and, especially towards the end of the dream, I am tasting the tragic quality of the scene as the spectator of a play would do, rather than as an actor; and I seem to be aware that being in love with the girl was added to the plot as an afterthought, in order to enhance the dramatic quality of the whole dream.

Some Further Peculiarities of Dream-Thinking

Dream-thinking shows some further peculiarities deserving of notice. In waking life we distinguish between remembering events in the full sense, remembering dated events in which we have taken part as actors or spectators, and those lower forms of the memory function in which the past influences our thinking, supplying material for it without our remembering the experiences through which we acquired such materials. In dreaming the higher form of remembering hardly occurs; all that is thought of is thought of as occurring now, as present experience.

Related with the peculiarity mentioned in the preceding paragraph is the fact that in dreaming we seem to be devoid of all that knowledge of the natural order of the world which is the

ground of our amazement when strange things happen. The most violent transitions, the most impossible sequences of events occur, without provoking the dreamer's amazement or incredulity. It is as though the dreamer were utterly suggestible, accepting as reality all that the imagination depicts, as the young child accepts without criticism or doubt the utmost extravagances of the fairy-story. In other words, in dreaming we live on the plane of primitive credulity.

Another feature, which is perhaps to be related with the last-mentioned, is that the dream often seems to be thrust upon us ready-made; it has been elaborated by a process of thinking of which the dreamer knows nothing; is thrust upon him as a completed story, much in the way in which a fairy-story recited to a child is thrust upon his consciousness. This feature of dreaming is of especial importance for the theory of the dream-origin, a theory to be suggested in the course of the discussion of theories of subconscious activities, in the final chapters of this volume.

Partial Theory of Dreaming

The dreams related above are fairly representative of my dreams. I have not related any of obviously sexual import; though such have occurred, some obviously of that nature, others obscurely so. Some of my dreams show gross lack of restraint; others considerable delicacy of feeling and consideration for others. Many remain, in whole or in part, entirely obscure to me. In all cases where interpretation was possible, some more or less repressed affective attitude was revealed as the motivating force. Many of them concerned my career and my future. A principal problem that remains to be answered is: Why does the dream so frequently take the form of a pictorial allegory? I do not accept the Freudian answer, to the effect that a repressed tendency, seeking to gain pleasure or satisfaction by expressing itself in consciousness in however distorted and disguised a form, distorts its expression in order to elude the vigilance of a censor. All that seems to me a misleading mythology.[1] I accept Dr. Jung's answer to this question:

[1] Cf. Chapter VIII.

namely, in dreaming we regress to a lower, more primitive form of thinking which tends to be conducted mainly in the form of, and by the aid of, visual images rather than by the aid of words, especially words of highly abstract and general meaning.

There is good reason to believe that such pictorial thinking, largely in terms of visual imagery, is a primitive mode of thinking, prior, both ontogenetically and phylogenetically, to abstract thinking by the use of language. Children seem to think predominantly in this way; and Galton showed how men of science, as they grow older, tend more and more to substitute abstract verbal thinking for earlier pictorial thinking. Many existing savage peoples still seem to think chiefly in such terms. Their language is inadequate to express their thinking, and they show by their vivid gestures that, as they describe an incident, they depict it in rich detail.

We may suppose that in sleep the parts of the brain concerned in the more developed, later acquired, modes of verbal and abstract thinking are at rest, recuperating from the day's fatigue, leaving the field to the lower, more primitive, less exhausting modes of thinking.

At the same time, those highest functions of the mind which consist in self-conscious reflection and control are also relatively at rest; so that, as in alcoholic intoxication, when the most delicate brain-functions are put out of action, one's affective tendencies find freer and grosser expression, being in large measure set free from the inhibiting critical control of these highest functions.

Further, if we seek to think some complex situation or train of incidents without the use of words, or without the use of the more abstract and later-developed parts of our vocabulary, we necessarily resort to allegorical and symbolical imagery.

CHAPTER VIII

FREUD'S THEORY OF DREAMING

Freud's dream-theory can be understood only in the light of some knowledge of his psychological system. The same is true of his theory of the neuroses, which we shall consider in a later chapter. I attempt, therefore, to make here an outline sketch of Freud's psychology; in doing so I shall point out in what ways it agrees with and differs from my own psychology.

Outline of Freud's Psychology

There is much in common between Freud's system and that which has been sketched in Part I of this work, and which is further developed in the present volume. It is, I think, true to say that no other two systems of psychology, developed independently, are so nearly alike in respect of fundamentals. In saying this I must at the same time acknowledge freely that the developments presented in this volume owe much to Freud's teaching. Nevertheless, the fundamentals of my system were laid down in my "Social Psychology" and further developed in my "Psychology, the Study of Behaviour," books written in 1907 and 1911, when I had but very slight acquaintance with Freud's writings.

Freud has approached psychology purely from the medical point of view, ignoring almost completely the works of other psychologists. And, except in some of his writings of recent years, in which he has taken into consideration some of the wider anthropological problems, he has built solely upon such knowledge of human nature as he has derived from the intensive study of his patients. My psychology, on the other hand, has been arrived at by prolonged study of the traditional academic psychologies, combined with the endeavour to develop academic psychology by a free use of the comparative method, bringing to bear upon the problems of human nature the data and theories of biology, physiology, and anthropology, especially the theory of biological evolution.

That two lines of approach so very different in respect of starting-points and methods should have led to psychologies so closely agreeing in fundamentals is, I think, good reason for regarding their points of agreement as approximations to the truth. Both psychologies are of the hormic type; that is to say, for both of them purposive striving is the fundamental fact and function of human nature. The striving function is directed towards certain goals common to all members of the species. In order to explain this fact we make the hypothesis that, in all members of the species, there are certain innate or hereditary dispositions which we agree to call "instincts." Each such instinct is conceived as a spring or source of energy, and at the same time a system of channels by or through which the energy liberated within it is directed towards such bodily organs as are most serviceable for the attainment of the natural goal of the instinct. These innate dispositions are the foundations of the structure of the mind. Upon them it is built up, largely through experience, but also in virtue of innate tendencies to development (the nature and range of influence of which remain very obscure and disputable),[1] the vastly complicated structure of the adult mind, consisting of a multitude of mental dispositions which determine more precisely the modes of our striving, our mental

[1] It is noteworthy that Freud assumes the truth of the theory of Lamarck, and that in his later writings he has inclined to make increasing use of assumptions of inborn tendencies thus implanted in the race. He writes in the "Lectures": "Constitutional predispositions are undoubtedly the after-effects of the experiences of an earlier ancestry; they also have been at one time acquired; without such acquired characters there would be no heredity." His most explicit statement of this view is made in his discussion of fantasies. "Whence comes the necessity for these fantasies, and the material for them? There can be no doubt about the instinctive sources; but how is it to be explained that the same fantasies are always formed with the same content? I have an answer to this which I know will seem to you very daring. I believe that these primal fantasies (as I should like to name these, and certainly some others, also) are a phylogenetic possession. In them the individual, wherever his own experience has become insufficient, stretches out beyond it to the experience of past ages. It seems to me quite possible that all that to-day is narrated in analysis in the form of fantasy, seductions in childhood, stimulation of sexual excitement upon observation of parental coitus, the threat of castration—or rather castration itself—was in prehistoric periods of the human family a reality: and that the child in its fantasy simply fills out the gaps in its individual experiences with true prehistoric experiences."

functioning. These are distinct structures, yet are intimately interconnected; and it is especially to be noted that those immediately concerned with our cognitive activities are outgrowths from the primary instinctive dispositions, which continue to be the great sources of the energy that activates all these derived or secondarily formed dispositions.[1] (A single primary or instinctive disposition may give rise to a number of systems of secondary dispositions which remain connected with it, and actuated by it) and any one such system of dispositions concerned with a particular object or class of objects, together with its co-operating and actuating primary disposition (or dispositions, for two or more may take part in the formation of a system), constitutes a sentiment or complex.

(Such a sentiment or complex is a structural and functional unity; and, though it may have a multitude of functional relations with other systems, tends (when it comes into activity) to dominate for the time being the flow of mental life, and to exclude from activity all other systems. Such a system may become relatively isolated from the rest of the structure of the mind; it thus becomes a "complex" in the pathological sense of the word.

In Freud's earlier writings he has retained, alongside the hormic principle, the hedonist principle or, as he has called it, the "pleasure principle." In some passages of those earlier writings he has seemed to make the pleasure principle more fundamental than the hormic. But in a recent work he has recognised the error of this view and the fundamental primacy of the hormic principle.[2]

[1] On this fundamental point, Freud's teaching is in entire agreement with my own, and I emphasise this agreement because it is a feature of my psychology which has been more frequently attacked than any other, one in which I stand apart from many academic psychologists (such as Prof. Woodworth) with whom I have many points of agreement. The view has been concisely expressed by an orthodox Freudian in a recent publication. Dr. J. Glover writes (in "Social Aspects of Psychoanalysis") of "What might be called the raw materials of the individual, namely, those inherited instincts which, in spite of subsequent complex changes, remain throughout life the hidden sources of all his manifold activities."

[2] "Beyond the Pleasure Principle." Cf. my article, "A Great Advance of the Freudian Psychology," in *Journ. Abn. Psych.*, 1925.

An entirely gratuitous and, to my mind, wholly indefensible complication is

In my view the impulses of the various instincts may co-operate, combining their energies in the support of one train of mental and bodily activity, in so far as their goals are not incompatible with one another.[1] And normal mental development largely consists in the development of such mental structure as facilitates the harmonious co-operation of the instinctive tendencies, the growth of the sentiments being a main feature of this development. But primitively the impulses or conative

introduced by Freud in his endeavour to combine these two incompatible principles, the hedonic and the hormic. He teaches, or did teach, that the infant is governed wholly by the hedonic principle, and that at this stage is formed what he calls "the primary system." A little later the "reality principle" comes into play, and gives rise to the formation of "the secondary system." I cannot make head or tail of all this confused story, and therefore present it in the words of Dr. T. W. Mitchell, a sympathetic and highly skilful exponent. "The chief characteristic of such a mental system [that of the infant] is the freedom with which it permits the psychical impulse to spread throughout all its parts in search, as it were, for some outlet for the discharge which would bring the whole system to rest again. When this is achieved pleasure is experienced, so that the purpose of the movement may be said to be the pursuit of pleasure; the system is actuated by what Freud calls the 'pleasure principle.' The tendency of the movement set up within the system to regress to the sensory end of the mental arc, thereby affording hallucinatory gratification, is very soon found to be unsuitable to the demands of the 'real' world into which the child has come. Therefore a secondary mental system arises, or comes into action, which secures the inhibition of the tendency to regression and directs the impulses towards the motor end of the mental arc so as to bring about, by action upon the external world, the changes necessary for the production of a real perception, a real gratification instead of an imaginary one. The activity of this secondary system is guided by what Freud calls the 'reality principle,' in contradistinction to the pleasure principle underlying the activity of the primary system. . . . Although at first the effect of acting according to the 'reality principle' appears as an abandonment of the hedonic aims of the primary system in favour of a more utilitarian goal, it may be held, and has been held, that the activities guided by the reality principle are but a longer way round of securing the same end. . . . The secondary system does but control and guide the energies of the primary system so as to secure more adequately the gratification which the primary system strives for but achieves only imperfectly because of its want of conformity to reality. So long as they are in agreement as to what is pleasant and what is painful they work harmoniously together. But a time comes when disagreement sets in. . . . Thus arises a divorce between the two systems, which results in the establishment of the mechanism of repression and the formation of the two mental systems which we call the Unconscious and the preconscious. The primary and secondary systems are thus the forerunners of the Unconscious and the preconscious. The Unconscious retains all the characteristics of the primary system: it is guided solely by the pleasure principle."—*The Psychology of Medicine*, p. 65, *et seq.*

energies of the several instincts tend to conflict one with another, the stronger inhibiting the weaker. And, when sentiments have been strongly organised, there is always the possibility that the impulses of one sentiment may conflict with those of another. The work of character-formation is the organisation of the sentiments, under the dominance of the sentiment of self-regard; it is guided by reason and the moral tradition, in such a way as tends to render the sentiments a harmonious system in which the possibilities of conflict are reduced to a minimum.

In this respect Freud's view differs importantly from mine. He ignores the possibilities of conflict between the several instincts, and regards all internal conflict as arising between two groups of instincts, two groups which he calls "the sex instincts"[1] and "the Ego instincts." The former are concerned with the perpetuation of the species, the latter with the preservation of the individual; and it is between these two groups that all conflict occurs. I have pointed out in Part I that such classifications of instincts are apt to be misleading and, in any case, have no justification beyond a misleading convenience of presentation. In Freud's case the classification has, as it seems to me, misled him into that over estimation of the range and influence of the sex instinct which is (for me as for many others) a leading error of his teaching. For he regards, as belonging to the group of sex instincts, every impulse and activity concerned, however remotely, with the goal of race-perpetuation. Thus he is led to postulate in the infant a large number of innate impulses or rudimentary instinctive dispositions which at first have no direct relation to procreation; but which, according to his view, become in the course of development consolidated (under the dominance of the genital organs) into one highly complex system which he then designates as "the sexual instinct." Observing the intimate co-operation in normal sexual love of what I have regarded as two distinct instincts, the sexual and the parental, he has been led (or, as I should say, misled) into regarding the protective tender impulse of the parental instinct

[1] Freud speaks sometimes of "the sex instinct," sometimes of "the sex instincts."

as one of the modes of expression of his complex sexual instinct. Accepting the word "love" as denoting a fundamental unity of all the many different manifestations that common speech refers to as love, he is led to attribute them all alike to his sexual instinct, to regard every tender feeling and every manifestation of love, liking, or affection as expressions of the *libido*[1]; whereas, in my view, the sentiment of sex love is normally a highly complex one that has two main roots or foundations, namely, the sex instinct and the parental instinct. And, though the impulses of these two instincts normally co-operate intimately in the sentiment of sex love, this fact does not constitute any justification for the failure to distinguish the two instincts as distinct features of the innate constitution of the species.[2]

Under the guidance of the implicit assumption that all love has its sole source in this one complex instinct of sex, Freud accepts every expression and every experience of tender emotion as evidence of the working of the sexual instinct.[3]

The second main source of this error is the failure to grasp the distinction between an instinct and a sentiment. What Freud calls the sexual instinct is more properly to be called a sentiment of

[1] *Libido* is the name he gives to the energy of the sexual instinct.

[2] The confusion of the two instincts is rendered easy by the fact that their impulses are but little apt to conflict, and that they both impel to make bodily contact with the object, to desire its presence when absent, and to value it highly. In this respect I venture to think that Freud has been led into error through neglect to use the comparative method. The study of animal behaviour shows very clearly that in the Mammalia in general the two instincts are entirely distinct, and are manifested at different times, in different situations, towards different objects, and in different kinds of overt action.

[3] This is concisely expressed by Dr. Glover, an orthodox Freudian, in the following passage: "Psychoanalysis has demonstrated a firm genetic continuity between the earliest nascent manifestations of the instincts and their most complicated and remote end-products. This range of indirect expression is especially marked in the case of the energy derived from the sexual instinct, and psychoanalysts have felt the need of a term of rough quantitative significance wherewith to designate the energy, wherever or in whatever way it manifests itself . . . the term used to designate this energy, ascribed to the activity of the sexual instinct, is *Libido*. It corresponds roughly with the popular use of the word 'love,' and includes in its scope not only love between the sexes, but every relationship in which the word 'love' is appropriate, *e. g.*, self-love, love of parents and of children, friendship, and even love of inanimate objects and abstract ideas. Psychoanalysis has shown that all these forms of 'loving' are fundamentally manifestations of the sexual instinct."—"Social Aspects of Psychoanalysis."

sex love.[1] Freud recognises also as components of his sexual instinct, components originally separate but gradually combining in the course of individual development, a large variety of impulses to various modes of infantile activity which I should attribute to distinct instincts (*e. g.*, the impulses to suckling, to exploration, to self-assertion, to submission), and thus still further extends the range of activities which he regards as sexual.[2]

The instincts of the Ego group are nowhere defined by Freud. They remain of utmost vagueness in all his expositions. The two groups of instincts thus postulated are regarded as working throughout the course of development almost invariably in opposition to one another. The Ego instincts, so vaguely indicated, are regarded as giving rise under the guidance of social ideals, example, precept, prescription, rewards, and punishments, to an Ego ideal. This process is not described, but rather merely indicated, by such statements as that the child identifies himself with his father, or that the Ego absorbs the father ideal into

[1] Freud's account of the tender impulse and feeling which are the essential marks of whatever can properly be called "love" is very peculiar. He does not regard the tender impulse as one of those originally independent impulses of which he alleges that, in the course of individual development, they become fused together to form the sex instinct. If that were his account of the matter, it would bring his sex instinct of the adult more nearly into line with my account of the sentiment of sex love. Rather the tender element of all love is regarded by Freud as created by a process of transformation of a part of the *libido* of the sex instinct; when the *libido* is prevented from finding free outlet in the more primitive and directly sexual expressions, a part of it undergoes this miraculous transformation, and finds expression in the tender impulse and feeling, while the rest of it is repressed; thus the tender affection that a child may show a parent is the result of such a transformation of a part of the energy of its originally wholly sexual desire for the parent, a transformation effected when the parent prohibits the directly sexual expression.

[2] The impulse of curiosity is regarded as a "component" of the sexual instinct, because many children display curiosity concerning sex and the mysteries of birth. They also display curiosity about many other things, about whatever is only partially perceived or apprehended. And by the animals curiosity is displayed in entire independence of the sex impulse. But the wide range of the child's curiosity is accepted by the Freudian as evidence of the wide range of the sex instinct. In similar fashion, disgust, which is so obviously connected primarily with the taking of food, and whose biological function is so obviously the prevention of the ingestion of poisonous substances, is made by the Freudians one of the multitudinous components of the sex instinct. Ferenczi achieves the feat in the follow-

itself. But it would seem to be essentially the process which I have endeavoured to trace and explain in some detail under the head of the growth of the sentiment of self-regard.[1] I have shown how this sentiment of self-respect or self-regard becomes, in the course of normal development, a decisive factor, dominating the course of conduct and of character-formation. The very difficult expositions of Freud on this topic (but here I speak with much uncertainty) lead me to suppose that this highly complex and important sentiment appears in his system under at least two different names; when he discusses dreams, we hear much of a "Censor," a guardian of the morals and proprieties of the subject; when he discusses neuroses, we hear much of an "Ego" and an "Ego-ideal." My best efforts have not enabled me to ascertain how he conceives the relation between these three. Especially am I at a loss to understand what the "Ego" may be as distinguished from the "Ego-ideal." In my view, we may by abstraction distinguish the intellectual conception of the self from the instinctive or conative dispositions involved in the sentiment of self-regard. But as a concrete reality, this sentiment of self-regard is one functional whole, a mental system that functions as such. We may validly distinguish between, on the one hand, the total personality as it actually exists, inclusive of the sentiment of self-regard, and, on the other hand, the subject's conception of himself, and further perhaps his conception of a personality such as he would like to be. The two latter conceptions, however, are de-

ing way. He assumes that coprophilia and necrophilia are normal components of the sex instinct; thus "the impulse to spit or vomit at the sight of disgusting things is only the reaction to the unconscious desire to take these things into the mouth"; this unconscious desire being of a repressed libidinous nature, coprophilic or necrophilic.

The annexation of the acquisitive impulse to the sex instinct involves a still more remarkable display of perverted ingenuity. One of the many strange and insubstantial Freudian assumptions is that every child likes to play with his fæces and urine, and that he derives sexual pleasure from retaining his fæces when he should extrude them; he is supposed to treasure his fæces as a most valued possession. This alleged sexual pleasure in the retaining, hoarding, and collection of fæces is described as anal-eroticism, and regarded as a component of the sexual instinct, one which gives rise to all that can be ascribed to a hoarding or acquisitive tendency, all interest in money, in collecting objects of any kind, in economic activities of all kinds, and also to all forms of obstinacy, thrift, and miserliness.

[1] In my "Social Psychology," and in Part I.

veloped from the one conative basis, and are two intimately connected parts of the self-sentiment. I take it, then, that "the Censor" on the one hand, and "the Ego" (together with "the Ego-ideal") on the other, are two alternative designations for that part of the developed personality which I have called the sentiment of self-regard.

It is a peculiar and essential feature of Freud's teaching that the many sex impulses, or rather the many simple innate dispositions which he regards as destined to fuse together in the course of development to make the sexual instinct, are active in early infancy. They become directed to various objects and more or less fixed in habitual modes of action, from which the infant derives sexual pleasure; he thus becomes, at an early age, "polymorphous perverse." A little later the Censor (or ego-sentiment) begins to take shape under guidance from the social environment. The tendencies of this sentiment frequently conflict with the sexual impulses; and in general their influence prevails and succeeds in suppressing or repressing the various infantile sex tendencies; so that, at about the sixth year, the latter appear to be eradicated, with the exception of that fraction of the *libido* which continues to manifest itself as tenderness. But they are not eradicated; they are merely latent and relatively inactive. And, when puberty sets in, with the increase of energy of the whole sexual system that comes from the maturation of the sex organs proper, the various repressed sex impulses become active once more. But by this time the Censor or Ego has grown so powerful that it prevents these various sex tendencies from obtaining expression in consciousness or in overt motor activities. They are therefore active but suppressed; and they thus constitute a group of complexes, the main nucleus of all that Freud calls "the Unconscious," *i. e.*, a part of the mental structure which, though apt to become active in various ways, is prevented by "the Censor" from directly expressing itself. This nucleus of "the Unconscious," formed by the childhood repressions of infantile sex tendencies, is added to from time to time throughout development by the suppression or repression of various tendencies or desires that conflict with the tendencies of the Censor.

Of that part of "the Unconscious" which derives from infancy, a mental system, a repressed sentiment, of the first importance is the Œdipus complex.[1] This is formed by the infant's early contacts with his mother, especially through suckling; at puberty it becomes increasingly active, generating definite sexual desire for the mother, a desire or wish which, nevertheless, commonly is confined to "the Unconscious," that is to say, it is active without succeeding in expressing itself in conscious thinking or overt action.

Yet another complication of Freud's teaching is "the preconscious." The nature of this and of its relation to the repressed complexes (which form "the Unconscious") and to conscious thinking may be best stated in Freud's own words.[2] "The unconscious system may therefore be compared to a large anteroom, in which the various mental excitations are crowding upon one another, like individual beings. Adjoining this is a second smaller apartment, a sort of reception-room, in which, too, consciousness resides. But on the threshold between the two there stands a personage with the office of doorkeeper, who examines the various mental excitations, censors them, and denies them admittance to the reception-room when he disapproves of them. You will see at once that it does not make much difference whether the doorkeeper turns any one impulse back at the threshold, or drives it out again once it has entered the reception-room; that is merely a matter of the degree of his vigilance and promptness in recognition. . . . The excitations in the unconscious, in the ante-chamber, are not visible to consciousness, which is of course in the other room, so to begin with they remain unconscious. When they have pressed forward to the threshold and been turned back by the doorkeeper (the Censor), they are *incapable of becoming conscious;* we call them then *repressed.* But even those excitations which are allowed over the threshold do not necessarily become conscious; they can only become so if they succeed in attracting the eye of consciousness. This second chamber, therefore, may

[1] Cf. Chapter XXV.

[2] I cite from "The Lectures." Other citations of Freud's words where no reference is given are from the same volume.

be suitably called the preconscious system. In this way the process of becoming conscious retains its purely descriptive sense. Being repressed, when applied to any single impulse, means being unable to pass out of the unconscious system because of the doorkeeper's refusal of admittance into the preconscious. The doorkeeper is what we have learned to know as resistance in our attempts in analytic treatment to loosen the repressions."

Freud is here trying to describe matters that are very difficult to describe or conceive; and he explicitly admits that the description given is crude and metaphorical. Let us note at once that the doorkeeper who is named "the Censor" is identified with the "resistance." Further, we are told that the non-sexual instincts are the Ego-instincts, and that "the pathogenic conflict is . . . one between the Ego-instincts and the sexual instincts," and that "the neuroses owe their origin to a conflict between Ego and sexuality." And in discussing fantasies (all of which are regarded as sexual manifestations) Freud tells us that fantasies "are subject to repression from the side of the Ego." From all of which it appears that the agency which represses sexual tendencies, and offers resistance to their expression in consciousness, is the group of the non-sexual instincts, variously called by Freud "the Censor," the "dream censor," the "Ego," the "Ego-instincts," and the "doorkeeper" stationed at the threshold between "the Unconscious" and "the preconscious." Under these various names he refers to and, as it seems to me, very confusingly, inadequately, and somewhat inaccurately, describes that nucleus of the character which I have described as the sentiment of self-regard.

The Unconscious, the preconscious, the *libido*,[1] the Censor

[1] The *libido* is a term frequently used by both Freud and Jung. For Freud it is the force exerted by, or the energy liberated from, the sex instinct, and manifesting itself as impulses striving for expression in consciousness and in action. "In every way analogous to hunger, *libido* is the force by means of which the instinct, in this case the sexual instinct, as, with hunger, the nutritional instinct, achieves expression." It is spoken of as a quantity of energy which flows hither and thither within the mental structure, animating now this part now that; and also as capable of remaining dammed up, bottled up as it were, under the influence of repressive forces, and then exerting or generating a pressure that tends

or Ego, and the conscious, are the principal conceptions used by Freud as the foundation-stones of his theory of dreams and of the neuroses. Readers who are acquainted with the psychology of Herbart will notice that Freud's psychology resembles it in several respects. Herbart's psychology was purely intellectualistic. For him the mind consisted of a mass of "ideas," each of which was capable of existing and operating in either of two states, as a conscious or as an unconscious "idea." As in Freud's system, the passage from the one state to the other was described by Herbart by aid of a spatial metaphor, as a passage across a threshold from one chamber to another. The main mass of "ideas" is always contained in the chamber of unconsciousness; there they struggle together, each striving to rise above, or pass across, the narrow threshold into the chamber of consciousness. The main advance of Freud's doctrine upon Herbart's consists in Freud's recognition of the dominant importance and relative independence of the conative structure of the mind. Instead of saying that "ideas" exist in "the Unconscious" and strive to rise into consciousness, he says that excitations or impulses reside in "the Unconscious" and strive to become conscious, or to express themselves in consciousness, by passing across the threshold; and the essential struggle is not described as a struggle of rival "ideas" with one another, but rather as a struggle between the impulses of the Unconscious and another group of impulses, those which are non-sexual and which, banded together to form the Censor or Ego, guard the threshold of consciousness.

to overcome the resistance of the Censor, and to escape the vigilance of that guardian of the threshold of consciousness by assuming a multitude of disguises, of which the chief are the imagery of dreams and the symptoms of neurotic disorders. Although in the passage cited above Freud seems to countenance the use of the word *libido* to denote the energy of any instinct (in the way in which Jung uses the word), he nevertheless commonly uses it to denote the energy of the sex instinct only; and his followers commonly use it in that sense only.

In Jung's usage of the word, *libido* denotes all forms of mental, psychophysical, or conative energy, and is equivalent to what I, following Vogt, have called "neurokyme," that is to say, it denotes free, active, or liberated energy. I suggest that one source of obscurity and confusion in Freudian expositions is their neglect of the important distinction between potential or latent energy, on the one hand, and free active energy on the other.

Outline of Freud's Dream Theory

The reader is, I hope, now prepared to understand in its main outlines Freud's theory of dreaming. All dreams are the expression of wishes, says Freud. The dreams of children and some few dreams of adults (such as dreams of food or drink when hungry or thirsty, and overtly sexual dreams) are the direct expressions of wishes arising from some organic need. But the great majority of dreams are disguised expressions of wishes or desires, repressed but operative and powerful in "the Unconscious." It is of such dreams that what follows is said.

Freud recognises truth in the view that incidental sense-stimuli play a part in determining the content of dreams, stimuli such as sounds and pressures. But he maintains that the particular interpretation given to the sense-impression by the dreamer is a matter that requires further explanation; and this is, no doubt, true in general; but Freud pushes the hormic theory of motivation so hard as to say: "We do literally deny that anything in the dream is a matter of chance or of indifference, and it is precisely by inquiring into such trivial and (apparently) unmotivated details that we expect to arrive at our conclusions."

The dream, as one remembers and perhaps relates or records it on waking, is called the manifest dream-content. It is held to be a distorted expression of the impulses arising from the repressed complexes of "the Unconscious," impulses which are in all cases libidinous or sexual, since all these complexes take their origin in infancy by the fixation of the *libido* upon various objects in the form of directed impulses which later become repressed. The manifest dream-content is thus a disguised expression of sexual impulses, impulses fixated and repressed in early life and strengthened in later life by further repression of the sexual tendencies. The disguise is effected in order that the dream may escape the vigilance of the Censor and so enter consciousness, a process which is regarded as yielding some satisfaction to the libidinous desire of "the Unconscious," no matter how complete the disguise or how disturbing to the conscious part of the personality if the disguise is insufficient.

"The Unconscious" is thus spoken of as a quasi-personal en-

tity; the Censor as a second such entity; and consciousness as a third. The third of these, consciousness or the conscious system, is regarded as mainly passive; it receives or suffers the issue of the conflict between the two powerful and active contestants, "the Unconscious" and the Censor, who constantly struggle together, the former to express itself in consciousness and in bodily action, the second to prevent all such expression. In the healthy man the Censor maintains the upper hand during waking life with almost complete success, a success only occasionally broken by slips of the tongue or hand, or in those moments of relaxation when he indulges in day-dreaming or fantasy, or obscene oaths. But during sleep the Censor is partially relaxed; he is less alert and active than during waking life: and then "the Unconscious" is able to outwit him by disguising the expressions of its libidinous impulses, converting its desires and latent dream-thoughts into manifest dream-contents of such a nature that they cannot easily be recognised for what they truly are by the drowsy Censor. The manifest dream is thus a compromise formation; and, since "the Unconscious" frequently adopts as part of the disguise things or incidents of recent occurrence in waking life, it may be said that the conscious system also plays an unwitting part in the formation of the dream.

The dream process is thus, in a sense, one which protects the sleeper from the disturbing influences of "the Unconscious"; for it is held that, if the libidinous impulses of "the Unconscious" should express themselves without disguise in the consciousness of the sleeper, he would be so shocked as to be unable to continue to sleep; for the latent dream-thoughts are largely expressions of the polymorphous perverse sexual tendencies of infancy and would, if we could in any way ascertain their nature, be found to be thoughts of incestuous relations, scatological manipulations, wishes for, or imaginings of, the death of near relatives, etc. But in reality it is the Censor, rather than the dream, which is the guardian of sleep.

The dream is thus, in Freud's view, closely allied to a neurotic symptom, which also is a manifestation, more or less disguised, of the repressed libidinous impulses of "the Unconscious," and

which, like the dream, is formed by a compromise between those impulses and the insufficiently strong Censor or Ego or repressing forces. Freud himself says: "A dream is itself a neurotic symptom and, moreover, one which possesses for us the incalculable advantage of occurring in all healthy people. Indeed, if all human beings were healthy and would only dream we would gather almost all the knowledge from their dreams which we have gained from studying the neuroses." The true nature of the latent dream-thoughts cannot be fully ascertained; but it is possible to discover something of their nature by the process of dream-analysis. The dream-analysis is conducted mainly by encouraging the dreamer to yield himself up to a process of uncritical free association; starting from some feature of the manifest dream, the associative process leads again and again, it is alleged, towards the same hidden roots, the fixated libidinous wishes of infancy; and thus the analyst is justified in regarding these as the ultimate source of the dream.

The disguise or distortion of the latent dream-thoughts into the manifest dream is effected in several ways, or by means of several processes,[1] which may be briefly indicated.

"Condensation, omission, modification, regrouping, of material—these are the modes of the dream-censorship's activity and the means employed in distortion. The censorship itself is the originator, or one of the originators, of distortion; . . . modification and alteration in arrangement are commonly included under the term 'displacement.'" This statement that "displacement of accent" is originated by the Censor, is ambiguous. In order to make it consistent with other statements, we must interpret it as meaning that the displacement is necessitated by

[1] Freudians habitually use the word "mechanism" when they might more properly speak of a process or activity. This use of the word "mechanism" seems to me unfortunate, because it gives to the Freudian psychology a mechanistic appearance which, I feel sure, was not intended by its author; and because it seems to imply that each of such processes is effected by one of a series of special machines, through which the dream is put in turn, much as a newspaper is manufactured by putting the paper through a series of machines. This usage of the term "mechanism" has been eagerly adopted by many writers who are not Freudians, who have no understanding of Freud's psychology, and who reject the hormic principle which is its foundation-stone, but who attempt to represent man as a complex machine constituted by the linking together of many smaller machines.

the Censor, but effected by the Unconscious; for it is the Unconscious that is striving to elude the vigilance of the Censor. Even in the waking state the Censor continues to offer resistance to the revelation of the true nature of the latent dream-thoughts.

We have seen that the Ego is identical with the Censor. Yet much of Freud's language hardly consists with this identification. For we are told that the Censor stands at the threshold of the preconscious chamber, and therefore, presumably, does not appear in the manifest dream; but we are also told that the Ego appears in every dream, though often much disguised, and that in the dream "the Ego, which has discarded all ethical bonds, feels itself at one with all the demands of the sexual impulse, those which have long been condemned by our æsthetic training, those which are contrary to all the restraints imposed by morality. The striving for pleasure—the *libido*, as we say—chooses its objects unchecked by any inhibition, preferring indeed those which are forbidden: not merely the wife of another man, but above all, the incestuous objects of choice which by common consent humanity holds sacred—the mother and the sisters of men, the father and the brothers of women. . . . Hate, too, rages unrestrainedly; wishes for revenge, and death wishes, against those who in life are nearest and dearest—parents, brothers, and sisters, husband or wife, the dreamer's own children—are by no means uncommon. These censored wishes seem to rise up from a veritable hell." Of course, all this is said, not of the manifest content, but of the latent dream-thoughts, which are purely a matter of inferential interpretation.

The foregoing passage illustrates the fact that it is impossible to give a consistent account of Freud's theory of dreams, because Freud's own account contains radical inconsistencies, which also render criticism of it extremely difficult. We see that the Ego is assigned a triple rôle in dreaming. It is active as the Censor; it is present in the dream-content stripped of all its moral attributes; it is present also with all its moral attributes, in virtue of which it is liable to suffer moral shock if, in its rôle as Censor, it fails to secure a sufficient distortion of itself in its rôle as Ego stripped of all ethical bonds. Surely it is a strange Protean

Ego that acts in these three distinct capacities in the one dream and at the same time!

The emotional fervour engendered in Freud's disciples by his glowing and dramatic descriptions of the villainy of "the Unconscious" seems to paralyse their critical faculty; for, when they smoothly recite the essentials of this dream theory, no one of them seems to be troubled for a moment by such inconsistencies.

Freud's Dream Symbols

The distortion of the latent dream-thoughts, necessitated by the vigilance of the Censor, is not the only ground of the obscurity of the manifest content. "If the censorship were eliminated we should, nevertheless, be unable to understand dreams." The other chief ground for this obscurity is the tendency of "the Unconscious" to express itself in consciousness in the form of symbols. "Symbolism is perhaps the most remarkable part of our theory of dreams." With this statement most of Freud's critics seem to agree.

"Symbols make it possible for us in certain circumstances to interpret a dream without questioning the dreamer." For there are symbols which are employed by "the Unconscious" of all men to represent the objects with which the dream-thoughts are mainly concerned, especially the parts of the body of sexual significance. Freud and his disciples claim to have discovered the significance of a large array of such symbols, through finding that only by so interpreting many of the images of the manifest content can the whole dream be interpreted in such a way as to fit the fundamental assumption of the theory, namely, that the manifest content represents, however distortedly, the libidinous wishes of "the Unconscious."

The reader will note that there is a circularity in the argument which justifies the utmost exercise of critical caution. Nevertheless, it remains possible that the "symbols" are what Freud asserts them to be, and that an accumulation of evidence of the kind offered by himself and his followers might suffice to establish all or some of them.

"The number of things which are represented symbolically in dreams is not great. The human body as a whole—parents,

children, brothers and sisters, birth, death, nakedness—and one thing more. The only typical, that is to say regularly occurring, representation of the human form as a whole is that of a house. . . . People have dreams of climbing down the front of a house with feelings sometimes of pleasure and sometimes of dread. When the walls are quite smooth the house means a man; when there are ledges and balconies which can be caught hold of, a woman. Parents appear in dreams as emperor and empress, king and queen, or other exalted personages . . . children and brothers and sisters are less tenderly treated, being symbolised by little animals and vermin. Birth is almost invariably represented by some reference to water; either we are falling into water or clambering out of it, saving some one from it or being saved by them, *i. e.*, the relation between mother and child is symbolised. For dying we have setting out upon a journey or travelling by train, while the state of death is indicated by various obscure and, as it were, timid allusions: clothes and uniforms stand for nakedness. . . . An overwhelming majority of symbols in dreams are sexual symbols . . . the male genital organ is symbolically represented in dreams in many different ways. . . . In the first place, the sacred number three is symbolic of the whole male genitalia. Its more conspicuous and, to both sexes, more interesting part, the penis, is symbolised primarily by objects which resemble it in form, being long and upstanding, such as sticks, umbrellas, poles, trees, and the like; also by objects which, like the thing symbolised, have the property of penetrating, and consequently of injuring, the body—that is to say, pointed weapons of all sorts—knives, daggers, lances, sabres; firearms are similarly used—guns, pistols, revolvers, these last being a very appropriate symbol on account of their shape. In the anxiety dreams of young girls pursuit by a man armed with a knife or rifle plays a great part. This is perhaps the most frequently occurring dream-symbol; you can now translate it for yourselves. The substitution of the male organ by objects from which water flows is again easily comprehensible—taps, watering-cans, or springs; and by other objects which are capable of elongation, such as pulley-lamps, pencils which slide in and out of a sheath, and so on. Pencils, penholders, nail-

files, hammers, and other implements are undoubtedly male sexual symbols. The peculiar property of this member of being able to raise itself upright in defiance of the law of gravity—leads to symbolic representation by means of balloons, aeroplanes, and especially Zeppelins. But dreams have another, much more impressive way of symbolising creation: they make the organ of sex into the essential part of the whole person, so that the dreamer himself flies." Not only is this truth, it is said, established for men, but it holds true for the flying dreams of women also; for "the wish to be a man is frequently met with in women, whether they are conscious of it or not."

"Male sexual symbols less easy to understand are certain reptiles and fishes: above all, the famous symbol of the serpent. Why hats and cloaks are used in the same way is certainly difficult to divine, but their symbolic meaning is quite unquestionable. Finally, it may be asked whether the representation of the male organ by some other member, such as the hand or the foot, may be termed symbolic."

The female organs are only less richly symbolised. The female genitalia are symbolically represented "by all such objects as share with them the property of enclosing a space or are capable of acting as receptacles, such as pits, hollows, and caves, also jars and bottles, and boxes of all sorts and sizes, chests, coffers, pockets, and so forth. Ships too come into this category. Many symbols refer rather to the uterus than to the other genital organs: thus cupboards, stoves, and above all, rooms. . . . Moreover, material of different kinds is a symbol of woman—wood, paper, and objects made of these, such as tables and books." Also snails, mussels, the mouth, churches and chapels, and jewel-cases. Apples, peaches, and fruits in general stand for the breasts. "The pubic hair in both sexes is indicated in dreams of woods and thickets." Lastly, "the complicated topography of the female sexual organs accounts for their often being represented by a landscape . . . , whilst the imposing mechanism of the male sexual apparatus lends itself to symbolisation by all kinds of complicated and indescribable machinery." Further, many kinds of movement and manual occupations symbolise the sexual act.

Add to all this that the male and female symbols are interchangeable and may be interpreted in either sense, and we see that, if we accept this teaching, it is not only easy to discover sexual meaning in dreams, but, as the Freudians so often tell us, impossible to avoid discovering it in all dreams. Hence the crucial nature of Freud's doctrine of symbols. If we accept all that Freud tells us of symbols, we are necessarily Freudians; for we shall see evidence of repressed sex wishes not only in all dreams, but also in a multitude of thoughts and actions of waking life. If we reject it, we cannot belong to the esoteric Freudian band.[1]

It behooves us, therefore, to weigh carefully the grounds for acceptance or rejection. First, let us be clear on this point: we may admit that in some instances a particular image has some such symbolic function as Freud ascribes to it; but that may be admitted without committing ourselves to the acceptance of the doctrine that a relation of this sort constantly obtains for all persons between all the objects of Freud's enormous list and the objects alleged to be symbolised.

The main evidence offered in support of this doctrine of symbols, beyond the fact that the acceptance of it enables Freudians to interpret dreams in terms of the Freudian theory, is the allegation that similar symbols occur in fairy-tales and myths, jokes, witticisms, and folk-lore, and in the poetic and colloquial usage of language of all peoples. "Everywhere in these various fields the same symbolism occurs, and in many of them we can understand it without being taught anything about it. If we consider these various sources individually, we shall find so many parallels to dream symbolism that we are bound to be convinced of the correctness of our interpretations."

Now it is certainly true that the poetic and colloquial speech of many peoples often refers to sexual facts by oblique usages. It may even be true that "amongst the symbols for the male sexual organ, there is scarcely one which does not appear in jests, or in vulgar or poetic phrases." But we are not thereby

[1] To reject the Freudian doctrine of dream symbols is not to deny that symbolism or symbolisation plays a great part in our lives and in the determination of neurotic symptoms. Cf. Chapter XV.

justified in asserting that, every time any one speaks of an umbrella or a Zeppelin, he is furtively referring to sex matters, or expressing sexual desires; and it is equally unjustifiable to interpret every dream image of an umbrella or of a pencil (or of any other object rather longer than broad) as a symbol of the penis. It may be that occasionally the umbrella, or the pistol, or the pencil, has this symbolic meaning both in daily speech and in dreams; but it would seem probable that, if this is true, such instances are but a very small proportion of the whole number of instances in which such objects are imaged, named, or otherwise thought of.

The length to which the principle of symbolisation is pushed by Freud may be well illustrated by one example. He suggests that the origin, the *raison d'être*, of all agricultural practices is to be found, not in the nutritive needs of man, but in the sexual impulse. For, in thrusting his spade into the earth and thus fertilising mother earth, man finds a peculiar pleasure or satisfaction; and this is the satisfaction of the incestuous Œdipus complex, from which springs an unconscious but nevertheless strong desire to "penetrate" and fertilise his mother.[1]

Criticism of Freud's Dream Theory

In respect of the ready acceptance by so many readers, both of the doctrine of dream symbolism and the rest of Freud's dream theory, I suggest that we have to do with a common weakness of the human intellect, manifested in many fields, scientific and other; namely, on finding any elements of truth in a complicated doctrine or theory, and especially if at the same time this theory is offered as a substitute for some obviously inadequate theory, we tend to accept the new theory and all its implications *en bloc*. The elements of truth in Freud's theory of dreams serve as a sort of sugar coating that enables many readers to swallow the whole bolus without a protest.[2]

[1] The fact that among primitive peoples agriculture is commonly practised by the women alone is one of those difficulties which Freud rides over without turning a hair in the headlong course of his speculative fancy.

[2] I do not know whether this weakness of the human intellect is explicitly recognised by logicians as one of the great sources of fallacies; but I have no doubt of its importance, especially in science. I might cite, as a second notable illustration of it,

For there are several such elements. First and most fundamentally, it is true that the dream is sustained (like all other mental activity) by a conation, by an impulsion from the instinctive bases of the mind, a fact somewhat clumsily expressed by saying that every dream is the expression of a wish. Secondly, as we have seen, it is, in the main, repressed tendencies that find expression in dreams. Thirdly, the dream, being a thinking of more primitive type than waking thinking, proceeds largely in imagery, and this naturally involves an allegorical and symbolical use of images. Fourthly, some dreams are expressions of repressed sexual desires, and some dream symbols are sexual. Fifthly, some of the other processes described by Freud as characteristic dream processes do occur in dreams. Some of these were illustrated in the foregoing chapters, *e. g.*, the tendency to punning and play upon words, and the process of condensation, by which one dream object is made to stand for two or more objects, or is a composite formation showing traits of two or more objects or persons.

I recognise, then, that there is much that is true in Freud's theory of dreaming, and that Professor Freud must be recognised as the man who has opened the way to an understanding of dreams. But, so much being admitted, there remain very strong grounds for rejecting those features of Freud's theory which may fairly be called the characteristically Freudian features, especially the assertion that all or the vast majority of dreams that are not simple direct expressions of bodily needs can be traced back to infantile desires or fixations; as also the assertion that the great majority express sexual desires.

Objections to Freud's Dream Theory

Let me state these grounds as concisely as possible. First, the notion that "the Unconscious" (or its repressed tendencies)

the very wide acceptance of Hering's theory of colour-vision. Hering succeeded in demonstrating clearly the fact that the Young-Helmholtz theory contained many defects and errors; and his own theory comprised some new and important truths; in consequence his theory was for a time accepted as a whole by the great majority of physiologists and psychologists, in spite of its fundamental impossibilities and of various errors of the observations on which it was based.

can and does attain pleasure or satisfaction through escaping the vigilance of the Censor and finding disguised expression in the manifest dream-content is fantastic, obscure, and very difficult to accept. This seems to me an error bound up with the unfortunate and uncritical acceptance by Freud of the "pleasure principle," the principle of psychological hedonism. The latter is incompatible with the hormic principle which he also accepts; and the attempt to combine both principles was bound to lead to confusion.

Secondly, there is much confusion between the functions attributed to the Censor and the Ego. We have seen that in some passages these two words are used to denote the same functions, the repressing functions; they are described as constituted in the same way, namely, as organisations of the non-sexual or Ego instincts under the pressure of the social environment. Yet in the dream theory they are treated as two distinct entities. The Censor is represented as aware of the latent dream-thoughts, and as taking an active share in compelling and producing the distortion of them into the manifest content. But the latent dream-thoughts remain hidden from the Ego; in fact, the work of distortion is effected by "the Unconscious" and the Censor with just this purpose. Further, it is said that in dreaming we are wholly egoistic, and that the Ego throws aside all its ethical attributes or functions. How then should the Ego be, at the same time, so morally sensitive that failure to disguise the latent dream-thoughts would result in a moral shock that would waken the sleeper? Nor is it true, as I can confidently assert from my own experience, that the Ego is either always unmoral or always sensitive to moral shock during dreaming. Freud makes or implies the impossible assertion that it always combines these incompatibles. I assert that sometimes my manifest dream-content is of a grossly immoral nature, yet I experience no moral shock and do not waken; and that, in other dreams, I display very delicate moral scruples. It would seem that in other dreamers similar exceptions to Freud's rule are frequently found; *e. g.*, Dr. Brill reports: "I have on record thirty-eight dreams of sexual relation with one's own mother given to me by twenty-one patients. These dreams were quite

plain, and there was very little distortion about them." Yet all these patients told these dreams reluctantly, regarding them "as too terrible and revolting a thing to tell." [1] What, then, becomes of the disguise and distortion, the work of the Censor, and the protective function of the dream, in these cases?

Thirdly, it is difficult to accept the view that the function of dream-formation is to guard against the waking of the sleeper, in view of the fact that so many dreams do waken him. And this is true of dreams that are not, in respect of their manifest content, peculiarly shocking, but rather are merely exciting.

Fourthly, the universality and the constantly sexual nature attributed to dream symbols by Freud necessitates the assumption that these symbols are inborn or innate in the race; and Freud recognises this implication. He writes: "It seems to me . . . that symbolism, a mode of expression which has never been individually acquired, may claim to be regarded as a racial heritage." Now this may be plausible as regards some few of the alleged dream symbols, *e. g.*, in regard to the snake as a symbol of the male organ. But we can hardly accept this view in respect of the multitude of alleged symbols. If such symbols are universal in the race and innate in it, they must have been acquired as innate dispositions at a remote period, when all men lived the life of primitive men or savages. Yet how could they then have acquired the umbrella symbol? Or how, when they dwelt in caves or trees, could "the Unconscious" have adopted a house as the symbol of the human body?

Fifthly, one large and important class of dreams is certainly not interpretable in terms of the Freudian theory, namely, fear dreams, and especially the battle-dreams that were so frequent among the soldiers of the late war. Dr. Rivers wrote: "The nightmare of war-neurosis generally occurred at first as a faithful reproduction of some scene of warfare, usually some experience of a particularly horrible kind, or some dangerous event . . . the dream is often the repetition of an actual experience without transformation of any kind." [2] I can amply corroborate

[1] "Psychoanalysis," p. 242.

[2] "Affect in the Dream," *Brit. Journ. of Psychology*, vol. XII.

this statement from my own large experience in dealing with cases of soldiers. Such dreams can by no possibility be interpreted either as wish-fulfilments, or as of sexual significance, or as guardians of sleep. Freud has attempted to bring anxiety or fear dreams under his formula by suggesting that, in the fear dream, the repressed wish gets the better of the Censor and that the dreamer is then filled with fear at the strength of the libidinous tendencies revealed to his consciousness. He writes: "Whereas the infantile dream is an open fulfilment of a wish admitted by the dreamer, and the ordinary distorted dream is the disguised fulfilment of a repressed wish, the formula for anxiety dreams is that it is the open fulfilment of a repressed wish—the anxiety then manifested in our dream is, if you like to put it so, anxiety experienced because of the strength of wishes which at other times we manage to stifle." And he has attempted to show that fear is of two kinds: on the one hand natural fear, a direct expression of an instinct of fear or self-preservation; on the other hand neurotic fear, resulting from a transformation of *libido* or, in some obscure way, due to its working within us.

Dr. Ernest Jones, confronted by the problem of the battle-dream, goes farther than Freud and attempts to show that all fear is of this second kind.[1] He admits that the efforts to escape from danger made by men and animals may be attributed to a self-preservative instinct. But he points out that, in some instances of great danger, a man fails to take effective action for escape, but rather seems overwhelmed and more or less paralysed by fear. In this he sees ground for regarding all fear as of the nature of neurotic fear, which, he claims, has been sufficiently proved to be an expression of repressed unconscious sexual hunger, a view which, he says, is "surer than all other teachings of psychopathology." To me it seems that Dr. Jones has here seriously overreached himself. Of course, if we accept his conclusion that all fear is neurotic fear and that all neurotic fear is due to repressed sexual *libido*, it follows that the fear of battle-dreams is of this nature. But we shall be committed to the implication that no animal and no infant experiences fear; and we

[1] "Zur Psychoanalyse der Kriegsneurosen," Vienna, 1919.

shall be left without any intelligible account of the biological function or *raison d'être* of fear.[1]

But it is unnecessary to argue the point because, in a recent work, Freud himself has seen the truth, and has given up this futile attempt to interpret battle-dreams as manifestations of sexual desires;[2] he has recognised the priority of the hormic principle, the fact that there are instinctive tendencies equally fundamental with the sexual that work towards their natural goals, rather than merely strive for pleasure.[3]

Sixthly, the fact, so much insisted upon by Freudians, that in their analyses of dreams the patients' free associations so invariably tend towards and indicate a sexual root—this fact cannot be accepted as good evidence of the reality of the sexual root. The argument has been sufficiently answered by Rivers, when he wrote: "We can have little doubt . . . that an analyser who believes, or who is generally supposed to believe,[4] that all psycho-neuroses, if not all dreams, are due to disturbance of the sexual instinct will through this belief, or supposed belief, influence the dreams of his patients and, if he is known to hold this belief, he will produce this effect even if he is careful not to refer to sex in any way in the course of his analysis." To which must be added that, in the course of dream-analysis of such a patient by such a physician, the course of the so-called "free" association must be influenced even more markedly than the dreams themselves. Further, we must remember that almost any object that may be mentioned by a patient as imaged in a dream is liable to be seized upon by the analyst and confidently interpreted as a sexual symbol.

Seventhly, the most serious objection to acceptance of the Freud's theory of dreams is twofold: it consists, first, in the fact

[1] Jones suggests that the perfectly normal man, *i. e.*, I suppose, a man devoid of repressions, or of all traces of neurosis, "would be entirely free from dread in the presence of any danger."

[2] "Beyond the Pleasure Principle," 1923.

[3] Cf. my article, "A Great Advance of the Freudian Psychology," *J. Abn. P.*, 1925.

[4] I would rather say "is supposed by the patient to believe." For it is surely a fact that most of the patients of the Freudian analysts have some acquaintance with the general tendencies of the analyser.

that, as I have shown in the foregoing chapter, many dreams can be satisfactorily interpreted in other terms (and this is the finding not merely of myself but of many others, such as Rivers, and notably of Dr. C. G. Jung, whose experience in dream-analysis is very large); secondly, in the fact that the Freudians and Freud himself have given us very few, if any, dreams interpreted consistently with the theory; and the further fact that they have given us many dream interpretations which do not conform with the Freudian formula but conform rather with the simple formula proposed in the foregoing chapter: namely, the dream is usually an expression of a more or less repressed tendency, and commonly employs the language of imagery, and therefore is often allegorical and symbolical in nature.

The facts asserted in the foregoing paragraph might be illustrated at great length. I am at a loss to indicate a single dream in Freud's large volume, "Die Traumdeutung," which can be said to be interpreted according to his own formula. It is true that such interpretation is often hinted at, as when a man dreams of his father's death. In the case of one such dream related by Freud ("The Lectures," p. 158) the dream is perhaps correctly attributed to an unconscious wish for the father's death, formed and repressed when the father suffered a long and troublesome illness during which the son stood faithfully by him. Freud hints that this wish, sufficiently accounted for by the recent circumstances, was really a regression to the infantile wish for the father's death rooted in the Œdipus complex. But even this hinted possibility is lacking in many other cases; for example (in the same work, p. 170): "A woman who had a dream meaning that she wished to see her only daughter lying dead found, with our help, that at one time she actually had cherished this death-wish" because "the child was the offspring of an unhappy marriage." But how then make this wish an infantile libidinous wish? The task is impossible; and Freud himself, as in many other such instances, wisely refrains from attempting it.

Let me illustrate this important fact by considering Freud's interpretation of one of the dreams with which he has dealt at length, premising that it is one of many that would equally well

serve my purpose; namely, the dream of the death of a nephew.[1] A young unmarried lady dreams that she sees her nephew in his coffin, just as she had formerly seen his brother in his coffin. Freud, knowing that she was in love with a professor whom she at the time seldom had the opportunity to meet, owing to some estrangement, and knowing also that the lady had met this man on the occasion of the funeral of the dead nephew, interprets the dream as the expression of her desire to meet the man again; for, if the other nephew were to die, the man would again stand with her beside the coffin. Now this interpretation is plausible and, in my view, is probably correct. But I insist that it is not consistent with the Freudian formula. It is true that the dream (according to the interpretation) expresses a wish, a desire, rooted in the sexual nature. But this desire is wholly of adult origin; it dates from recent years, and has no obvious connection with any infantile fixations of the *libido;* nor does Freud suggest any such connection. Further, the desire was certainly not an unconscious one. It may have been slightly repressed; for "her pride commanded her to avoid him," and the patient may have consciously struggled against it; but not to the degree of banishing it to "the Unconscious"; for we are told that "Whenever the man whom she loved . . . announced a lecture anywhere, she was sure to be found in the audience; she also seized every other opportunity to see him from a distance unobserved by him. I remember that on the day before she had told me that the professor was going to a certain concert, and that she was also going there, in order to enjoy the sight of him." A desire that is thus gratified by deliberate overt actions and described in waking conversation, is not a desire of "the Unconscious." Here, then, is a dream which, according to Freud's own interpretation, expresses a fully conscious (though slightly repressed) desire of adult origin. The true Freudian will shake his head sadly and say: "Ah! he does not understand. The desire for the death of the nephew is a regression to the lady's infantile desire for the death of her younger brother; it is of no consequence that the lady never had a younger brother, for her ancestors for countless generations have had younger

[1] "The Interpretation of Dreams," p. 129.

brothers, and, as infants, have desired their death. Also it is obvious that the professor was a father surrogate, and that her love for him was but a reanimation of her infantile incestuous desire for her father."

If Freud's dream interpretations seldom conform to his own formula, the same is true of those related by his disciples. I will illustrate this by reciting a particularly good and instructive dream interpretation given by Dr. A. A. Brill, a leading American exponent of Freudian principles, in his "Psychanalysis," page 49:

A young woman relates: "I dreamt that I was in a lonely country place, and was anxious to reach my home in Liconow or Liconor Bay, but could not get there. Every time I made a move there was a wall in the way. It looked like a street full of walls. My legs were as heavy as lead. I could only walk very slowly, as if I were very weak or very old. Then there was a flock of chickens, but that seemed to be in a crowded city street, and they—the chickens—ran after me, and the biggest of all said something like 'Come with me into the dark.'" When invited to recite the thoughts evoked by concentrating on the word "chickens," she gave the following: "I could only see the biggest chicken, all the others seemed blurred; it was unusually big and had a very long neck, and it spoke to me—the street recalls where I used to go to school." Then she blushed and laughed, and added: "I had a beau, a pupil from the male department—we used to meet after school hours and walk home together. He was lanky and thin, and the girls used to tease me about him. Whenever they saw him coming they said: 'Belle, here comes your chicken'—that was his nickname among the boys." It was then revealed that, when school-days were over, the young man, F., had proposed to her three times; that she had returned indefinite answers and was, at the time of the dream, hoping that the proposal would be renewed, although he was paying attention to another lady. The grounds for her former hesitation were financial; he was poor, she had money invested in Wall Street but inaccessible to her at the time. Brill interprets as follows: The big chicken is Mr. F.; when it says, "Come with me into the dark," it is the realisation of the

wish for a renewed proposal; for "dark" stands for the mysteries of marriage. She is in a lonely place (still a spinster at twenty-eight) and anxious to reach her home in "Liconor Bay," *i. e.*, she desires to be married (like, honor, and obey). But she cannot get there; there is a wall in the way, a street full of walls (Wall Street = financial hindrances).

This interpretation is borne out by the patient's associations: *e. g.*, the word "dark" evoked the following associations: indistinct—obscure—mystery—marriage: further, the interpretation of the dream led to the clearing up of a mild neurosis. It must, I think, be accepted as substantially correct. Here, then, is another dream, again one of many, which is interpreted by an ardent Freudian according to the principles expounded in the foregoing chapter, but not according to the Freudian formula. The desire expressed had its roots in the sexual nature, but not in any infantile complex; it dated from adolescence. And it was not an unconscious desire, although it was to some extent repressed; the desires and thoughts expressed in the dream were, as Brill tells us, those "which had occupied our dreamer's mind for the past months, and which, as she quite frankly admitted, she tried hard to forget." Nor can it be said that the dream in any way bears the marks of the beast.

Eighthly, it is frequently implied by Freudians that any intelligent and unbiassed person who will investigate dreams by the psychoanalytic method, will find himself compelled by the results he will obtain to accept Freud's theory. If it were true that all such investigators had been so compelled, the fact would be strong evidence in support of the theory. But it is not true. It is rather the fact that several very experienced analysts who began their work as followers of Freud (and therefore perhaps with a bias in favour of his theory) have been led by wider experience to reject his theory (I need refer only to Drs. C. G. Jung and A. Adler) and, by so doing, to afford a strong presumption against its truth.

I conclude, then, that Freud's formula for the interpretation of dreams may be true of some dreams, more especially of some dreams of some neurotics; and sometimes sexual organs and functions may be symbolised in a dream; but there is no suffi-

cient ground for trying to force the interpretation of every dream to fit the formula. Very many dreams, probably the great majority, may be adequately interpreted according to the principles of the foregoing chapter. A principal error of Freud's treatment of dreams (as of the neuroses) is too free and wide generalisation; he too readily erects into general propositions, true of all dreams and of all men, conclusions of a speculative nature arrived at by the study of a limited number of cases, generally neurotic patients. I take from the "Traumdeutung" a few instances of such highly general propositions. "In a certain sense all dreams are dreams of convenience; they serve the purpose of continuing sleep instead of awakening. The dream is the guardian of sleep, not the disturber of it." "Childish experiences generally exist in dreams." "There are no indifferent dream-stimuli. . . . There are no harmless dreams. . . . Dreams which are apparently harmless turn out to be sinister, if one takes pains to interpret them . . . they all have 'the marks of the beast.'"

Fortunately, Freud himself is in process of correcting this error. In his later writings his generalisations tend to be less sweeping; he makes reservations and exceptions; as in the following passage from "The Lectures": "Dreams in which a marked degree of distortion is present mainly (but here again not exclusively) give expression to sexual desires." Further, he now recognises that the large class of fear dreams, as well as those directly expressing bodily needs, fall outside his formula.

CHAPTER IX

JUNG'S THEORY OF DREAMING

Dr. C. G. Jung was at one time regarded as Prof. Freud's most influential lieutenant; in the great campaign for a vital psychology that should be of value to those who have to deal with the practical problems of human nature, he seemed to have achieved the position of second-in-command. But, like some others of Freud's more influential followers, notably Drs. Alfred Adler and W. Stekel, he has found it increasingly impossible to accept the whole of the Freudian system, and his teaching has diverged widely from Freud's. I can best attempt to indicate these divergences and the peculiar and interesting features of Jung's psychology in connection with his methods and principles of dream interpretation.

Dr. Jung has written much, but there is more in his system than he has yet given to the world; and since I have enjoyed the privilege of discussion with him in the course of dream-analysis, it is possible that I may seem to go, in certain respects, beyond the warrant of his published expositions.[1]

Jung's psychology agrees with Freud's in being fundamentally hormic; and it has been less encumbered by the fallacy of the "pleasure principle" or psychological hedonism. For Jung, as for Freud, and for myself, purposive striving is the most fundamental category of psychology; and all such strivings are rooted in our instinctive nature; the instincts being differentiations, or the instruments of differentiation, of th. triving function or faculty. Jung speaks of the hormic energy manifested in all

[1] Dr. Jung's principal publications are "Analytical Psychology," "The Theory of Psychoanalysis," 1915; "Psychological Types," 1924; "Psychology of the Unconscious," 1916. I have Dr. Jung's permission to make use of some of his analyses of my dreams. If I should misrepresent his views, I trust that he will pardon such shortcomings of an honest effort, accepting them as a well-meant tribute of admiration.

strivings as *libido*, not restricting this term to the energy of the sex instinct alone, as Freud does. Jung distinguishes two great instincts as fundamental, two principal differentiations of the *libido*, namely the sexual and the nutritive. But, though other such differentiations, other instincts, are implied, and though in one passage he has written, "There is no doubt that the instinct for power plays a most extraordinary part," Jung refuses to be interested in the attempt to define any instincts of the human species other than these two most unmistakable ones; he seems to feel that at the present time all such attempts must be futile and perhaps misleading. In this, of course, I cannot agree with him. To me it seems that a principal defect of his psychology, as of Freud's, is the neglect to grapple with this most fundamental problem of psychology, and the consequent lack of any provisional definition of the instincts, beyond the two named above.

Conflict and repression figure largely in Jung's psychology, and "the Unconscious" assumes even larger and more wide-reaching significance than in Freud's system. It includes all repressed tendencies or complexes; but, whereas Freud's Unconscious is constituted by such complexes, Jung's includes much else. It comprises many marginal impressions that pass unnoticed by the conscious personality but remain stored in "the Unconscious";[1] and these, together with the repressed complexes, constitute a main part of what Jung calls "the personal or individual Unconscious." But "the Unconscious" includes also, besides these constituents peculiar to the individual, much that is common to the race; it includes all the instinctive foundations of our mental life; and it includes more besides. Freud, in his later writings, as pointed out in other chapters, has inclined more and more to enlarge the native basis of the human mind; accepting the Lamarckian principle that the experiences repeated in successive generations impress themselves upon the race as innate tendencies to particular modes of thinking, feeling, and action. Jung goes much farther than Freud in this direction. He claims to find evidence that the innate basis of

[1] Comparable to those subconscious perceptions that guide the execution of post-hypnotic suggestions.

our mental life includes not only instincts, similar to those of the higher aninals, and not only certain tendencies to the use of symbolic representation, but also dispositions which, on maturation, shape the course of our thinking in many far-reaching ways, influencing not only many features of our dream life and of our neurotic disorders, but also much of our higher intellectual life, prescribing in outline the modes in which our science, our philosophy, and our religion conceive the world about us, ourselves, and our relations to the world. These racial dispositions to particular modes of thinking he calls "Archetypes"; and he finds reason to believe that each of the great divisions of the human species, each of the races of mankind, bears in its innate constitution a set of such Archetypes more or less peculiar to itself, and corresponding to the historical course of development of that race and of its culture and institutions; the culture and institutions of each race being, in turn, the product of the interplay through long ages of the innate structure of the mind of the race with the environments in which it has dwelt.

It may, then, be said that Jung's Unconscious comprises, in addition to the individually acquired and repressed complexes, all the innate structure of the mind, and that this, "the Collective Unconscious," is very rich and complex, and plays a far larger part in shaping our mental life than most modern psychologists have supposed or suspected.

The evidence for the rich nature and wide-reaching influence of "the Unconscious," as thus conceived, is found by Jung chiefly in the course of dream-analysis. He goes so far as to claim that it is sometimes possible to ascertain the racial origins of an individual by the study of a few of his dreams, and especially by the consideration of the Archetypes revealed in the dreams. Let me say at once that I am by no means convinced of the reality of the Archetypes. I am well disposed to accept them, if sufficient evidence can be adduced. For many years, long before I had acquaintance with the views of Freud or Jung, I was accustomed to point out to my pupils vague indications of such archetypal thinking. I have never attached great weight to the fact that Weismann has converted the majority of contemporary

biologists to Neo-Darwinism. For the rejection of the Lamarckian principle is founded almost wholly on the fact that we cannot understand in mechanistic terms how any "transmission of acquired characters" can be effected. If we were to accept this criterion, our biological creed would be poverty-stricken in an extreme degree; we should be forbidden to believe in heredity in general; and we should be restricted to such thin and infertile forms of psychology as atomistic sensationism and mechanical behaviourism.

But, when we are confronted with such a theory as Jung's Collective Unconscious, a theory which raises the deepest questions of biology and philosophy, it behooves us to go slowly, though with open minds. In this chapter I shall attempt merely to indicate, by means of a few dream-analyses, some of the interesting features of Jung's teaching about "the Unconscious" and its influence in our lives.

It seems well to bring together some passages from Jung's various works to supplement the foregoing very brief exposition of his doctrine of "the Unconscious" and its relation to dreaming and neurosis.

The dream is more than a fantastic expression of repressed desires. "According to Freud, the dream is in its essence a symbolic veil for repressed desires, which are in conflict with the ideals of the personality. I am obliged to regard the dream from a different point of view. The dream for me is, in the first instance, the subliminal picture of the psychological condition of the individual in his waking state."

Jung seems to accept the Œdipus complex as a normal constituent of the personal Unconscious,[1] but "I am able to attribute as little particular strength to incestuous desires in childhood as in primitive humanity. I do not even seek the reason for regression in primary incestuous or any other sexual desires. I must state that a purely sexual ætiology of the neurosis seems to me much too narrow . . . therefore I suggest that the psychoanalytic theory should be liberated from the purely sexual standpoint. . . . From a broader standpoint *libido* can be un-

[1] For the cue to the understanding of Jung's peculiar attitude towards the theory of the Œdipus complex, see Chapter XVI.

derstood as vital energy in general, or as Bergson's *élan vital.* . . . Whenever the *libido*, in the process of adaptation, meets an obstacle, an accumulation takes place which normally gives rise to an increased effort to overcome the obstacle. But if the obstacle seems to be insurmountable, and the individual renounces the overcoming of it, the stored-up *libido* makes a regression.[1] In place of being employed in the increased effort, the *libido* now gives up the present task and returns to a former and more primitive way of adaptation. . . . Therefore, I no longer find the cause of a neurosis in the past but in the present. I ask, What is the necessary task which the patient will not accomplish? The whole list of his infantile fantasies does not give me any sufficient ætiological explanation, because I know that these fantasies are only puffed up by the regressive *libido*, which has not found its natural outlet into a new form of adjustment to the demands of life. . . . [In the neurotic subject] the way of adaptation being blocked, the biological energy we call *libido* does not find its appropriate outlet or activity, and therefore replaces an up-to-date and suitable form of adaptation by an abnormal or primitive one. . . . The psychological trouble in neurosis, and neurosis itself, can be considered as an act of adaptation that has failed."

In dreams "we can discern a compensating function of the Unconscious, consisting in the fact that those thoughts, propensities, and tendencies of a human personality which in conscious life are too seldom recognised come spontaneously into action in the sleeping state, when to a large extent the conscious process is disconnected."

Dreams, then, have a certain value for all of us, if we can learn to make use of them. "It is evident that this function (the compensatory) signifies a psychological adjustment, a compensation essential for properly balanced action. In the conscious process of reflection it is indispensable that, as far as possible, we should realise all the aspects and consequences of a problem, in order to find the right solution. This process is continued automatically in the more or less unconscious state of sleep, where . . . all those other points of view occur to the

[1] Cf. Chapter XVI on "Regression."

dreamer (at least by way of allusion) that during the day were underestimated or even totally ignored; in other words, were comparatively unconscious."

"In order to develop a person's individuality and independence to the uttermost, we need to bring to fruition all those functions that have hitherto attained but little conscious development or none at all. In order to achieve this aim, we must for therapeutic reasons enter into all those unconscious aspects of things brought forward by the dream material."

"Just as the body bears traces of its phylogenetic development, so also does the human mind. There is, therefore, nothing surprising in the possibility of the allegories of our dreams being a survival of archaic modes of thought. The theft of the apple in our example is a typical theme of dreams, often recurring with various modifications. It is also a well-known theme in mythology and is found not only in the story of the Garden of Eden, but in numerous myths and fables of all ages and climes. It is one of those universally human symbols which can appear in any one, at any time." In other words, when such an incident, reproducing a universal allegorical theme, appears in a dream, it comes from "the collective or impersonal Unconscious."

"In every individual, in addition to the personal memories, there are also, in Jacob Burckhardt's excellent phrase, the great 'primordial images,' the inherited potentialities of human imagination. They have always been potentially latent in the structure of the brain. The fact of this inheritance also explains the otherwise incredible phenomenon, that the matter and themes of legends are met with all the world over in identical forms.[1] Further, it explains how it is that persons who are mentally deranged are able to produce precisely the same images and associations that are known to us from the study of old manuscripts. . . . I do not hereby assert the transmission of representations (*i. e.*, innate ideas) but only of the possibility

[1] The reader familiar with current anthropological controversies will see that here Jung's doctrine is in opposition to the school of Prof. Eliot Smith, which seeks to account for such similarities in remote parts of the earth's surface by the hypothesis of geographical transmission of culture elements and the wanderings of peoples.

of such representations, which is a very different thing. . . . It is a matter of the manifestation of the deeper layers of the Unconscious, where the primordial universally human images are lying dormant. . . . The primordial images (archetypes) are quite the most ancient, universal, and deep thoughts, and might therefore be termed original 'thought-feelings.' We have therewith now found the object selected by the *libido* when it was freed from the personal-infantile form of transference [*i. e.*, when the process of analysis has explored sufficiently the personal Unconscious]; namely, that it sinks down into the depths of the Unconscious, reviving what has been dormant there from immemorial ages. It has discovered the buried treasure out of which mankind from time to time has drawn, raising thence its gods and demons and all those finest and most tremendous thoughts without which man would cease to be man. . . . The greatest and best thoughts form themselves upon these primordial images which are the ancient common property of humanity."

"Inasmuch as through our Unconscious we have a share in the historical collective psyche, we naturally dwell unconsciously in a world of werewolves, demons, magicians, etc., these being things which have always affected man most profoundly. We have just as much part in gods and devils, saviours and criminals. . . . It was only with the advent of the epoch of scepticism that it was realised that the gods did not really exist except as projections. With that the matter was set at rest. But the psychological function corresponding to it was by no means set at rest; for it lapsed into the Unconscious and began to poison men with a surplus of *libido* that had hitherto been invested in the cult of idols or gods. Obviously, the depreciation and repression of such a powerful function as that of religion has serious consequences for the psychology of the individual. The reflex of this *libido* strengthens the Unconscious prodigiously, so that it begins to exercise a powerful compulsory influence upon consciousness and the archaic collective contents."

"The collective Unconscious is the sediment of all the experience of the universe of all time, and is also an image of the universe that has been in process of formation for untold ages.

In the course of time certain features have become prominent in this image, the so-called dominants. . . . The dominants of the collective Unconscious are therefore extremely important things of significant effect, to which great attention should be paid. They must not be repressed, but must be given most careful consideration."

"The conscious contains the recent object-images; the personal Unconscious, the object-images of the individual past, so far as they have either been forgotten or repressed; whilst the absolute or collective Unconscious contains the inherited world-images generally, under the form of primordial images or mythical themes."

Jung describes a myth as "the dream of a people," and finds the principal evidence for the doctrine of the collective Unconscious in myths and in the affinities between myths and dreams. "Every human being is born with a highly differentiated brain, which gives him the possibility of attaining a rich mental function that he has neither acquired ontogenetically nor developed. In proportion as human brains are similarly differentiated [*i. e.*, innately] the corresponding mental functions are collective and universal. This circumstance explains the fact that the Unconscious of far-separated peoples and races possesses a remarkable number of points of agreement. One example among many others which has been demonstrated is the extraordinary unanimity shown by autochthonous forms and themes of myths."

As regards interpretation of dreams, Jung claims that his method, which he calls synthetic constructive, goes far beyond the Freudian, the causal and reductive, method. "The theories previously discussed were based upon an exclusively causal-reductive procedure, which reduces the dream or fantasy to its component reminiscences and the instinctive processes that underlie them. . . . It reaches the end of its usefulness at the moment when the dream symbols no longer permit of a reduction to personal reminiscences or aspirations; that is, when the images of the absolute Unconscious begin to be produced. It would be quite inappropriate to reduce these collective ideas to what is personal, and not only inappropriate but even actually pernicious."

"I call interpretations in which dream symbols are treated as representations of the real objects interpretation on the objective plane. The opposite interpretation is that which connects every fragment of the dream (*e. g.*, all the persons who do anything) with the dreamer himself. This is interpretation upon the subjective plane. Objective interpretation is analytical, because it dissects the dream contents into complexes of reminiscence and finds their relation to real conditions. Subjective interpretation is synthetic, because it detaches the fundamental underlying complexes of reminiscence from their actual causes, regarding them as tendencies or parts of the subject, and reintegrating them with the subject." [1]

During the analysis of my dreams by Dr. Jung, it was natural that I should be keenly interested in any indications of archetypal thinking that might be revealed. I cannot allege that such indications were abundant or convincing to me. The following dream yields perhaps the best instance of thinking that seems to conform to that type. By common consent a bull is regarded as a type or symbol of male energy; and this way of regarding the bull seems to have prevailed widely among many peoples and at all times. Especially prominent was the bull symbol in the religion of Mithra, an ascetic religion which, I may remind the reader, was widely accepted throughout a large part of the civilised world in the early years of our era, and was at one time the most serious rival of Christianity. Among the followers of this cult, representations of Mithra slaying the Bull were widely current in various media, such as coins, pictures, statuary.

Dream of the Slaughter of the Bull

I saw a bull carried recumbent in a cart. I wondered how it could be got out of the cart. They made it stand up, and I then saw that its testicles were enormous, reaching to the ground. An elderly peasant woman wished to have the bull slaughtered, but could find no one to do it for her. She squatted on the ground in a long enclosed space, and the bull lay facing her

[1] The reader familiar with the works of Prof. Durkheim and Dr. Lévy Bruhl will recognise a certain affinity between Jung's Archetypes and the "collective representations" which figure so largely in the pages of *L'Année Sociologique*.

with his head on her lap. With a gesture of horror and despair, the wrinkled old woman seemed to brace herself to the deed. Brandishing a knife, she plunged it into the back of the bull and began to cut huge gashes in it. My three young sons were sitting on a shelf, like a ship's bunk, on one wall of the narrow passage near the bull and gazing curiously at the scene. I was alarmed lest the bull should become violent and injure the boys; and I shouted to them to keep back out of the way of the bull. The bull remained quiet, and the old woman, haggard and nearly naked, continued to slash the bull, until she was covered with gore and pieces of its flesh. I woke with emotion of horror and disgust still upon me.

My own interpretation of this dream, in the light of various associations, would run as follows. I was anxious, as I suppose most fathers are when their sons are adolescent, about the effects of puberty, especially in the eldest boy, who figured most prominently in the dream and who at the time was about fifteen years of age. This anxiety was more or less repressed. The bull symbolises sexuality, and the enormous size of his sex-organs symbolises the view of sex as a burden difficult to manage. The act of slaughter expresses a half-recognised desire that sex might be eliminated from human life, especially from the lives of my boys; my fear lest the bull should injure the boys was a symbolisation of a deep-lying, partially repressed affective attitude. The old woman represents mature matrons who, more than any others, are the guardians and censors of morals in the sphere of sex; it is largely in deference to them that men maintain and observe such codes of conduct in this sphere as their society has evolved.

Jung's interpretation is more interesting and more speculative. For him the bull and the woman are archetypal figures thrust up from my Collective Unconscious. The dream reproduces the Mithra myth in a peculiar form. The bull stands for my Collective Unconscious (and especially the sexual part of it) which, having been unduly neglected in the course of my predominantly intellectual self-development, remains animal-like, almost purely instinctive; and the alarm felt in the dream is my fear of that part of my nature.

The woman stands for my *Anima*, a peculiar feature of Jung's teaching which requires to be expounded at some length. In each of us at birth there are many potentialities that may be developed; but not all can be developed; the cultivation of some means the neglect of others. Those that are exercised and developed become the main constituents of the self-conscious personality which we present to the world, potentialities selected for development which together constitute the mask we present to our fellows; this mask is recognised by them and by oneself as the person who bears my name, and this part or aspect of my total personality Jung calls the *Persona* or mask. The tendencies and potentialities that remain undeveloped constitute a sort of secondary personality which is not known to me save obscurely and by aid of psychoanalysis. These tendencies are in the main the opposites of those constituting the *Persona*, or are incompatible with them. In a normal virile or masculine man, then, the *Persona* is distinctly masculine; but the other, the submerged undeveloped, aspect of the personality, is proportionately feminine. Jung also distinguishes broadly between intellectual and intuitive functions; and holds that in a man like myself the intellectual functions have been cultivated at the cost, or the neglect, of the intuitive functions; and so the *Persona* is intellectual, while the submerged personality is intuitive and very little intellectual. This submerged personality, or aspect of the personality, he calls the *Anima;* and this is apt to be represented in the dreams of such a man as myself by a female figure. In my bull-dream, then, the woman represents my *Anima*. The *Anima* is not to be regarded as the whole of the Collective Unconscious; it also is only a selection from it; and it stands to the rest of the Collective Unconscious in a relation similar to that of my *Persona* to the social world about me.

Now one of Jung's divergences from Freud is that he criticises as inadequate what he calls Freud's purely reductive interpretation of dreams, the reduction of them to a sum of elements, each of which is regarded as the product of some repressed infantile tendency. Jung aims at a more constructive and productive interpretation; he holds that dreams, properly interpreted, give us not only insight into the past history of "the Unconscious"

in the individual, but also guidance for our conduct in the future. For, in so interpreting them, we are taking into account the whole personality, rather than that aspect of it only which is familiarly known to ourselves and our friends, the *Persona.*

The bull-dream, thus constructively interpreted, is a warning that my *Anima*, though deeply hidden, has too much influence, and is obstructing my due development, the full individuation of my personality.

The way in which different parts or functions of one's total personality may be, according to Jung, represented in one's dreams is well illustrated by his interpretation of the following short dream.

The Dog and the Boy

I am attending a sale at the break-up of a camp. I go out to a square canvas tent which has a floor some three feet above the ground. There is a canvas flap on each of two sides; one of these flaps is turned up and I see, on the raised floor of the hut, my dog, who seems to wish to come out. I wonder that he has not jumped out. I close the canvas flap; but the dog pulls it open each time I close it. I see that the tent is divided in the middle by a loose canvas partition. I go round to the other side and, raising the flap, call my dog. Instead of the dog, there comes a little boy, about two years of age, resembling in a general way my own boys at that age; he shows that he wishes to be taken into my arms. I cannot refuse his petition, and take him up and kiss him, just as my wife comes along with an old general.

This dream remains entirely obscure to me, unless I accept Jung's interpretation, the main features of which are as follows: The dream occurred when I was already arranging to break up my household with a view to taking up my residence in America. This situation is reflected in the dream. The tent indicates the nomadic nature of myself and home. The dog represents my instinctive nature, which is striving for a greater freedom than conditions of life in England permit. I keep shutting down the lid upon this instinctive nature, which however refuses to be entirely shut away. The boy is my *Kabyr*, another

typical dream figure from the Collective Unconscious; he represents my undeveloped intuitive functions that stand between instinct and reason. The loose flap dividing the two parts of the tent represents the fact that intuition is closely allied with instinct. This intuitive function, under the influence of analysis, is also striving to come out into the open. The old general represents the paternal kindly side of my nature.

A more elaborate dream, further illustrating Jung's system of interpretation, is the following.

The Visit of Mr. Lloyd George

I am in a new house of my own on the back of a hill on which I had formerly built a house and resided for some ten years. There is a large grassy space before the house. Tea is laid for the whole family on a large table behind the house on new-made ground. I feel a little vexed that my wife has not arranged that the visitor we expect, Mr. Lloyd George, should take tea with us alone; but I reflect "She wants him to see all the children, she is so proud of them." There comes the sound of a motor-car and I hurry round the house and see Ll. G. standing among four pieces of baggage. I hasten to him, and, without offering to shake hands, I stoop to pick up the baggage; but he offers me his hand genially. I carry two large black cases into the house, and I am surprised to find them very light. Some other person follows with the other two pieces. I see Ll. G.'s car standing at the side of the grassy space. I remember that Ll. G. has stayed with us before (this is fictitious) when in our former home on the other side of the hill; but he does not seem to remember that visit. I reflect that the former visit gave me at least the right to shake hands with him as an old acquaintance. Suddenly a message comes that Ll. G. must go to a place near at hand. I set out to drive him there in my own car with most of my family in it. We come to a stop at a corner in order to ask the way. The engine stops and I cannot start it again. Ll. G. says, in a kindly way: "Those fellows who sent me here are always making a mess of things and then they blame you." I go into a house, feeling agitated at keeping him waiting, but not knowing what to do. Presently a slim pale young woman

is standing beside me, unclothed, and I, holding her on my left arm, am pouring water on her face from a large sponge. The process is pleasant, but there is no recognisable sex excitement. A housemaid enters the room to remind me that Ll. G. is waiting. I feel no embarrassment but am again concerned about the delay of Ll. G. I go out and find the car drawn up at the door, the engine going and one of my brothers, P, at the wheel. I see Ll. G. sitting in the car, now dressed in a light tweed suit. It is obvious to me that my brother is taken for myself; he grins at me and drives away.

My own attempts at interpretation of this dream yield little fruit. It seems, in a general and obscure way, to bear upon personal and family problems of the moment. The main features of Jung's interpretation in the light of my associations, supplementing and enriching my more obvious interpretation, are as follows:

Ll. G. represents the intuitive function. The new house stands for analysis or the changes that analysis are producing in me. I welcome intuition in my "new house" which stands on recently made insecure foundations. I am represented as servile to the intuitive function, because it is the compensatory opposite of my developed intellectual functions. The pieces of baggage which surprise me by their lightness represent "principles." I have to confess that, in spite of my admiration for Ll. G. in real life and my high estimate of his intuitive powers, I regard him as but lightly laden in the latter respect. Ll. G.'s car, standing ready to go, represents the fact that my intuitive function is but insecurely established and ready to retreat at any moment. The previous visit refers to a former brief period of analysis. I take Ll. G. (my intuitive function) into my own car, the vehicle of my family fortunes. But the engine, my *libido*, refuses to work in the service of intuition. I try in vain to force it. Ll. G. at this stage of the dream plays a second rôle; he is "the superior man" (another archetypal figure) who pities and protects men against fate and the gods; they have sent him to me, but it is not my fault that I am not intuitive; any blame for that must be thrown on "them," the higher powers. My immediate association to the figure of the young woman was G. F. Watts' pic-

ture of Orpheus and Eurydice; the resemblance of attitudes was close. This figure represents my *Anima*, which I (like Orpheus) am attempting to bring to life from the depths of my Unconscious, to make her accessible by analysis. The sponging symbolises the birth or the infantile stage of my *Anima*. My brother P, who certainly is less analytically intellectual and more intuitive, represents the intuitive strain in myself and my family; he has no difficulty in driving the car. Ll. G.'s appearance at this stage in informal holiday attire marks the fact that he is at home and at ease with the intuitive type. The whole dream is thus interpreted as a revelation of my personality and as indicating the need for the development of my neglected intuitive function.

The Race-Course

I am on the central part of a large oval race-course, near one end remote from the crowd of spectators. At the far end I see about fifty horses racing. I walk to a point near the inner edge of the track. The horses are coming up the straight towards me. I notice that some of the horses have lost their jockeys, and I wonder that they keep to the track. Some of the jockeys throw things at the riderless horses to urge them on. All the horses seem so tired that they can hardly move their legs; but they continue to gallop sluggishly. As the horses come abreast of me, the leading horse (whose jockey I barely see) suddenly looms up prominently. He is a large, very powerful black horse, with a big head held horizontally like the head of a chess-knight; he is trotting with high showy action. He leaves the track and comes straight towards me. A little alarmed, I turn to see how I can get out of his way. Just behind me I find a high wire fence (about ten feet high), with close-set strands vertical and horizontal. I stand facing the horse, slightly apprehensive. He comes right at me and leaps over me and the high fence, hanging for a moment on the top of the fence.

The more interesting features of the interpretation are as follows. The race-track represents the course of life with its many competitors, some without goal or guidance, but kept going by rivalry in spite of fatigue. I stand apart from the

crowd looking on in isolation; my energies are growing stale (like many others I was somewhat exhausted by the war—I had lost thirty pounds in weight). The black horse represents my *libido*. At the same time he is a phœnix symbol. He has got ahead of the crowd and (as a chess-knight can leap over anything) he leaps right over the difficulties that shut me in, almost like a bird. The Freudian interpretation would be that I am overwhelmed by sexuality. The synthetic interpretation finds in the dream an exhortation to throw myself into the race of life with new energy.

I add a dream, reported by Dr. Maurice Nicoll, of an officer who was suffering from neurotic breakdown after service at the front. It lends itself very obviously to Jung's principles of interpretation.

Dream of Charon and the Styx

"I suddenly was under heavy shell-fire, in France, on horseback. I went off as hard as I could, but the shells followed me. I came to a stream. An old man was in charge of a punt, and I got on it, leading my horse. Shells were falling close to the bank. The old man took me over to the other side. The horse disappeared, I think, on the journey, although the stream was quite narrow. On the other side of the stream all was quiet and beautiful. There were beautiful flowers and trees, and there were no shells and no more war."

Jung would regard all the main features of this dream as instances of archetypal thinking thrown up from "the Collective Unconscious." But, since the patient was no doubt acquainted with the myth of paradise, and of Charon and the Styx, it is possible to accept the allegorical significance of the dream without accepting "the Collective Unconscious."

Dr. Nicoll, who is a disciple of Jung, comments: "In his unconscious fantasy he escapes from the turmoil of this world into paradise—a thing which is, unfortunately, only possible in fantasy. The disappearance of the horse (the physical energic component not needed in paradise), and the symbolism of the old man and punt, are interesting points in the dream example."

I do not presume either to reject or to accept these and sim-

ilar interpretations. I submit them to the reader as suggestive, and as throwing light on Dr. Jung's system of psychology. I will only add that it would seem to me absurd to regard such dreams as the products of merely chaotic jumbled brain currents; I have no doubt that they are allegorical constructions, however little confidence I may feel in any particular interpretations.

CHAPTER X

DAY-DREAMING

The dreaming of sleep is commonly accepted as falling within the bounds of the normal. Yet much dreaming has affinity with madness. Sir William Osler, who was a great dreamer of wild dreams, used to say that, during nearly one-third of every twenty-four hours, he was mad. Yet no one ever spent a long life more full of happy and beneficent activity; no one was ever more sane in his waking life. Perhaps dreaming does serve as a safety-valve for our repressed tendencies, and does thus facilitate a more complete voluntary control of our mental life during waking hours. However that may be, and I see no clear evidence in support of the notion, day-dreaming or fantasy-formation would seem to be a step nearer to the definitely abnormal.

The extent to which normal persons indulge in day-dreaming cannot be estimated: first, because we cannot draw any sharp line between day-dreaming and other modes of imaginative activity; secondly, because day-dreaming is often more frequent than the subject supposes; like night-dreaming, it is apt to be forgotten. It is probable that in many cases it goes on as a sort of side-show, a collateral stream of mental life running parallel with the main stream of self-conscious activity; and in such cases it is especially liable to be ignored or denied by the conscious subject. It would be rash, then, to assert of any subject that he never day-dreams. But we may assert that day-dreaming is at its minimum in extrovert persons of great practical activity; that it is more frequent with introverted persons; and that in general it is more frequent in children than in adults. As we grow up, we become more deeply and constantly concerned with practical problems for the solution of which we need to conform our thinking to the logical and historical order of events; we build up systems of belief which, as they grow richer and more firmly knit, limit more and more the range of our imaginative activities.

The child and the savage are less cumbered with fixed beliefs; and they do not draw, as we do, a sharp distinction in recollection between events actually lived through and those merely dreamt or imagined. I have sometimes been told by savage friends of remarkable adventures, involving such improbable events as conversations with animals; and I have been puzzled or inclined to regard my friend as a wanton and wilful liar, until I discovered that he was reciting in all good faith a dream-event, and did not feel that the distinction between waking and dream experience was one of sufficient importance to require mention.

We do not know the extent of the day-dreaming of children; but it is probable that it is more copious than in adult life. And it is probable that it is more abundant in women than in men, owing perhaps to the greater time they devote to semi-automatic occupations. Sewing, for example, is an occupation that favours day-dreaming; and much of the work of modern factories is of the same nature. Mr. Elton Mayo[1] has recently shown reason to believe that reverie or day-dreaming during such work is the rule, rather than the exception, and that, wherever the conditions of work are unsatisfactory, such day-dreaming is apt to take on a pessimistic tone that depresses the worker. It is probable that in many adults day-dreaming occurs only at night, or at least at those times when they lie awake in bed seeking sleep that refuses to come. There is no severer test of equanimity than the capacity to remain serene and cheerful at such times. It is then that the normal man may find himself nearest to mental disorder, more especially of the depressed and fearful type. Then his repressed anxieties are apt to obtain direct expression in brooding exaggerations; and then his repressed desires may most easily escape his control.

Every form of impulse and desire may prompt and sustain such brooding reverie: sex, fear, curiosity, ambition, vanity, self-reproach, anxious tenderness, vengeful anger, horror and loathing, are especially apt to be the motives sustaining such trains of reverie, partly recollective, partly constructive.

[1] *Journal of Personnel Research*, vol. III.

Day-Dreams of Children

In children, whose imaginations are less fettered by beliefs founded upon much experience of the actual and the probable, day-dreaming seems to take, more often than not, a compensatory form, and to be more constructive and less recollective than the adult's. They build "castles in the air," or "castles in Spain," which express and to some extent gratify the desires that remain ungratified by the course of real life. The weakly boy pictures himself as the hero of the athletic field; the dullard pictures himself carrying off the prizes at school or college; the poor child rides in a stately carriage; the lonely only child surrounds herself with imaginary companions, and usually is the admired leader in all their activities; the boy condemned to a humdrum calling fancies himself the leader of forlorn hopes and desperate glorious adventures.[1] In adolescence the day-dreaming is apt to take on a more romantic colouring, and, of course, in some cases to become distinctly sexual.

The day-dreams of many children are renewed and continued from day to day over long periods of time, and then, becoming developed and systematised, may play a very important rôle in their lives.[2] Thus a child may develop one or more imaginary companions with whom most of his play is shared. One of Mr. Green's subjects, for example, a small girl, made herself "queen of the imaginary people" and thus surrounded herself habitually with humble and adoring companions.

It is impossible to say how real these day-dream figures and activities seem to the child; but they certainly engage his emo-

[1] The story of Alnaschar in "The Arabian Nights" is a typical compensatory day-dream. The poor vender of pottery sits behind his tray of wares, fancying how his trade is to make him a man of wealth and how he will then live in a palace surrounded by humble slaves, and how he will spurn them with his foot as they bow before him; and, as he depicts this scene, his foot kicks over his tray of wares and ruins his hopes of wealth.

[2] In this connection it is necessary to remember that many children seem to enjoy imagery that approximates to the hallucinatory quality, the so-called "eidetic imagery." Cf. an article on this topic by Dr. Gordon Allport, in the *Brit. Journ. of Psych.*, 1924.

tions in an active way.[1] Literature, art, the stage, and the cinema largely take the place of day-dreaming for adults, as hearing stories does, in part, for children; and it is probable that such substituted or ready-made day-dreams, if wisely selected, afford a more healthy, or at least a less dangerous, form of imaginative activity. For day-dreaming, though it may conduce to the development of imaginative power, may easily be carried to excess by some natures and thus prepare the way for mental disorder.

In the more popular forms of stories and plays the compensatory function is often evident. Of such stories "Cinderella" and "The Story of the Ugly Duckling" are typical. To its compensatory nature much popular literature owes its power of appeal. For the time being the reader or spectator shares the emotions of the hero or heroine, in a way which is commonly but somewhat inaccurately described as identification of the self with the imaginary figure.

Bleuler on Autistic Thinking

The day-dreaming of normal subjects is one variety of a form of thinking which Prof. Bleuler has proposed to call "Autistic."[2] It might perhaps with advantage be called rather "automatic thinking," in order to mark its affinity with the sensory and motor automatisms, such as crystal visions and automatic writing. Bleuler insists on the essential similarity between the fantasy-formation that we call the day-dreaming of normal subjects and that of mentally disordered patients, more especially of those of the schizophrenic type. He tells of a poor little peasant who expects to marry the Queen of Holland and is constantly looking for her arrival. "There is method in his madness. To marry a princess would naturally be the height of human happiness to any poor unfortunate devil. Our fairy-

[1] Mr. G. H. Green has published an instructive study of children's day-dreams ("Psychanalysis in the Classroom") and in a later work ("The Daydream") has shown how the predominant character of the day-dreams changes with the maturing of the several instinctive tendencies and interests.

[2] See his important article, "Autistic Thinking," in *American Journ. of Insanity*, vol. 69.

tales testify to this. And it is just a fairy-tale with which our friend has to do, only after a somewhat different fashion than with us rational mortals. He does not tell a fairy-tale, he does not read one, he lives his fairy-tale. Let us hold this in our minds, and it will at once bring the abnormal man nearer to us healthy ones." Bleuler points out that most of us do a certain amount of autistic thinking, and adds: "We stand, therefore, far nearer than would have at first sight appeared, to the lunatic, whose vagrant thoughts struck us just now so forcibly. At any rate the difference is only a relative one. And when we look more closely we find amongst all normal people many and important instances where thought is divorced both from logic and from reality.[1] I have called those forms of thinking 'autistic,' corresponding to the idea of schizophrenic autismus, which, turning away from reality, sees life in fantastic pictures, and is founded precisely upon autistic thinking. . . . The knowledge of this kind of thinking is a necessary foundation for the understanding of morbid formations."

What, then, is autistic thinking? The too facile answer of the psychoanalyst is apt to be: "Autistic thinking is the thinking of the Unconscious." On this Bleuler writes as follows: "We have here touched connections between autistic thinking and the unconscious. You see, however, that in mythological conceptions, in the play of the child, with many poets, in dreams and in many other instances, autistic thinking is just as conscious as logical thinking. Every psychologist who does not, from theoretical reasons, altogether deny the unconscious, knows that this also can think logically; Carpenter, for instance, has cited a great number of cases in which the unconscious activity was a logical one, as when a mathematician suddenly finds the solution to a difficult problem.[2] Autistic thinking can therefore be conscious or unconscious. . . . The unconscious can think logically

[1] It is probable that autistic thinking is more frequent in savage men than in the civilised; but that fact gives no warrant to the doctrine of prelogical mentality of primitive men as propounded by Dr. Lévy Bruhl, according to whom there is a great gulf between their prelogical mentality and the logical thinking of civilised man.

[2] Bleuler is here referring to the chapter on "Unconscious Cerebration" in W. B. Carpenter's "Mental Physiology."

or autistically. I don't want to say that it thinks more often autistically than logically; but for pathology the autistic unconscious has also its particular significance in regard to the logical unconscious."

The facts of autistic thinking illustrate in the clearest fashion the inadequacy of the older academic psychology, the psychology whose only active principle is association and associative reproduction, that banal psychology which lends itself so readily to translation into terms of mechanism and behaviourism. So long as psychiatry based itself on psychology of that sort, it remained ineffective and unprogressive, incapable of achieving any insight into mental disorders. It is the recognition of autistic thinking that has transformed psychiatry, rendering it a progressive science and a useful art.

But, though the recognition of autistic thinking is of extreme importance, it is profoundly unsatisfactory to dispose of it by simply ascribing it to "the Unconscious." And Bleuler, though he does not do that exactly, yet allows his treatment of it to be infected with that unfortunate way of speaking.

He treats of autistic thinking as though it were something radically different in kind from normal thinking. "How great the gap is between autistic and logical or realistic thinking will be clear to us when we realise what logical thinking really is. Firstly, it represents occurrences in the outer world and their associations. We have often heard thunder following lightning, therefore whenever we see lightning we expect thunder." And there is no "secondly" in Bleuler's account of logical thinking; it remains for him merely the sequence of ideas determined by associative reproduction according to the principle of temporal contiguity. That is to say, Bleuler, probably the best psychologist among contemporary psychiatrists, attempts to reform the psychology of association merely by adding to it, alongside associative reproduction, another and distinct form of thinking, the autistic. The reform needs to be more radical.

Yet it is not altogether true that Bleuler's psychology of normal mental life is merely the psychology of association. He is aware that our normal thinking is purposive; but he has not fitted this fact into his associative psychology; volition and pur-

pose remain for him, as for so many others, a kind of excrescence upon the scheme of a purely association psychology, something superadded to the associative processes upon special occasions. He does not see that all mental life is purposive, and that the higher forms of mental activity differ from the lower, not in that purpose is added to them, but rather in that in the higher forms the goal is clearly defined in consciousness, while in the lower it remains obscure and vague. Hence Bleuler is led to regard autistic thinking as distinguished from normal thinking by lack of purpose. Thus he writes: "One of the most important neurotic disturbances of sleep is undoubtedly based on the fact that emotionally accentuated complexes, which are more or less repressed by the day's work, make themselves felt as soon as purposive thinking ceases."

Bleuler's distinction between autistic and logical thinking is, then, not to be identified with Freud's distinction between the thinking of "the Unconscious" according to the pleasure principle and the thinking of the conscious according to the reality principle. Bleuler, though appreciative of Freud's real contributions, seems to have avoided the hedonist fallacy.

We have seen in Part I[1] that associative reproduction is only one factor in all thinking; that logical thinking is more than associative reproduction, however much it may make use of associative reproduction. And we have seen also that in all thinking there is a third all-important factor, besides associative reproduction and the logical operations of judging and reasoning, namely, there is conation, and not only conation of the form of self-conscious volition, but also the lower forms of conation, desires and impulses that determine largely the course of associative reproduction and play a large part in determining judgments and thus in building up beliefs. And we have seen that it is not only wishes, or desires in the strict sense of the word, that play this part, but any and every strong conative tendency, the tendencies of fear and disgust, no less than the tendencies of lust and hunger and love and ambition.

Now this third factor is the predominant one in autistic thinking. There is no sharp line to be drawn between autistic and

[1] Part I, Chapter IX.

logical thinking; autistic thinking also makes use of logic and of associative reproduction: but, the more our train of thinking is dominated by motives, by desires and impulses, whose nature and goals remain obscure to us, the more does such thinking approximate to the type of autistic thinking. It is because the day-dreaming of normal persons, like their night-dreaming, is thus dominated by obscure desires and impulses, that it may be called autistic.

The question remains: What constitutes the difference between the autistic thinking of sane persons and that of the insane? For clearly there is a great difference. The answer is not the simple one that insane autistic thinking is dominated by motives that are more or less repressed; for much of the autistic thinking of normal persons expresses repressed tendencies. The answer, I think, must be that, in the mentally disordered patient, the repressed tendencies that dominate the autistic thinking are more completely repressed, perhaps in every case to the degree that some dissociation is effected. The repressed, and perhaps dissociated, system then works in relative isolation from the rest of the personality. It may work wholly subconsciously; or it may thrust the thought-products of its subconscious working into consciousness in the form of hallucinations, insane beliefs, and uncontrollable strivings. But to this topic we must return in a later chapter.[1]

Here I will only add a distinction which perhaps has some slight importance. The day-dreaming of normal children is largely the expression of unexpressed or ungratified tendencies. With advance of years, autistic thinking becomes increasingly the expression of repressed tendencies rather than merely of tendencies ungratified by the course of normal social life. It is for this reason that the day-dreaming of children is less remote from the normal, and less dangerous, than that of adults.

[1] Chapter XX. What is said in the text of insane autistic thinking applies to insanities of psychogenetic type. In insanities of organic diseases, such as general paresis, autistic thinking occurs, and may be regarded as due to organic dissociation.

Dangers of Day-Dreaming

A word may be added about the dangers of day-dreaming. It would be absurd to regard all day-dreaming as morbid. In children especially a certain amount of day-dreaming may be regarded as normal and healthy, and as contributing to the development of the powers of imagination. If all day-dreaming by children were in some way prevented, it is probable that one consequence would be a lack of all poetic production; literature and the drama, and perhaps science, would be impoverished. Yet, even in children, day-dreaming may be excessive; and the boundary of the normal and the healthy would seem to be passed when the child tends to withdraw itself from active social life in order to enjoy its day-dreams. An early symptom of many cases of Schizophrenia is such withdrawal; the child, in many cases, prefers to stay in bed, and welcomes every mild indisposition as an excuse for seeking this retreat from the real world.

In adolescence the dangers of day-dreaming are greater. It is then that the youth, confronting the task of adapting himself to his social world, and of earning for himself a recognised place in it, is peculiarly apt to find in fantasy-formation a substitute for real achievement and a compensation for his deficiencies, in place of facing his tasks and acknowledging and striving to make good his defects.

But the danger of day-dreaming is not confined to the retreat from reality. It may take more positive forms, of which two call for mention. First, the excessive day-dreamer is liable to confuse in recollection his day-dreams with real events, so that the line between truth and fiction remains ill-defined for him. Secondly, he may imagine himself as the central figure in some line of action of a reprehensible or criminal nature. Without subscribing to the exploded ideo-motor theory of action, we may suppose that the thinking out in imagination of such a plan of action, and the repeated dwelling upon it, may facilitate the execution of such a plan, if circumstances arise similar to those imagined. For in such a case the plan of action is not merely imagined; its realisation is also desired; the subject is impelled

towards its realisation by those desires which have sustained the imaginative planning. Such facilitation and its influence in leading to criminal action were depicted by Dostoievsky in his masterpiece, "Crime and Punishment"; and in real life it was illustrated in painful fashion by the infamous Chicago murder trial of 1924. The medical experts in this case were divided on the question of the sanity of the two youths convicted of a most brutal murder of a small boy; but they brought out clearly the fact that one of the murderers, a youth of good intellectual capacity and education, had indulged in day-dreams of great crimes by means of which he would startle the world and enjoy the secret knowledge that he was the person of whom all the world was talking. In his case the day-dreaming went so far that, as he walked the streets, he would be occupied with imagining the details of his fantasied crimes, and even hallucinate, it would seem, some such details.

CHAPTER XI

CONFLICT, REPRESSION, AND THE COMPLEX

If it were true that all mental activity is the expression of the Will, and if the Will were an indivisible entity, or, by its very nature, a unitary function or faculty, the mind could hardly become the scene of conflicts.

If it were true that the sole motive of all activity is the desire to avoid pain and to secure pleasure, conflict could hardly arise. At most we should at times hesitate between two courses of activity, because unable to judge which course would most surely lead to the one goal; our hesitation would express merely an inability to make a decisive judgment as to the probabilities of pain and pleasure resulting from alternative courses.

There is a kind of hesitation or wavering of conduct that comes from intellectual uncertainty, from lack of decisive judgment as to the best means to attain a goal which is clearly desired or willed; our purpose to attain a certain goal is clear and defined, but we hesitate and waver between alternative routes, each of which seems a possible route to the one goal. Such hesitation, such wavering, may render our conduct relatively ineffective, and may fritter away much of our energy; but it does not involve conflict.

Conflict is always a conflict of incompatible motives, that is to say, motives that impel us to incompatible goals. In saying this, I use the word "motive" in the widest sense, to cover every form of impulsion, from the crudest, simplest impulse springing directly from some instinct and driving us on to thought, action, or word, without our becoming clearly conscious of the goal towards which we strive, to desires springing from well-organised, enduring sentiments, and to true volitions and resolves, *i. e.*, desires approved and confirmed by self-conscious reflection.[1]

[1] The reader should notice that there is nothing novel or revolutionary in the view that motives may work subconsciously, the subject remaining in complete ignorance of them. This is the rule rather than the exception in those persons whom we call "naïve." The subconscious working of motives, or conative im-

Happy the man whose character has been formed from a well-balanced disposition under the influence of unquestioned ideals and of a definite supreme goal or master purpose. His self-respect and the ideals to which he is attached (*i. e.*, for which he has acquired abstract sentiments, the moral sentiments[1]) will supply him with dominant motives in all ordinary situations, motives strong enough to overcome all crude promptings of his instinctive nature; he is in little danger of becoming the scene of serious enduring conflicts; especially is this true if he has learned to know himself, has learned by reflection and frank self-criticism to understand, in some measure, his own motives, and has formed a sober, well-balanced estimate of himself, of his capacities, his purposes, and his duties.

Comparatively few men attain to such harmonious integration of character. In this modern age we no longer grow up under the influence of some one well-defined moral system supported by the authority of unquestioned religion. In all the countries of western civilisation, and more so perhaps in America than elsewhere, the child finds himself surrounded by odds and ends of moral and religious systems, Christian piety and pagan hedonism, Fundamentalism and Modernism, Christian Science and Mechanistic Neo-Darwinism, monogamy and polygamy, free love and birth-control, the popular misrepresentations of Freud's teaching, and the cult of self-expression and of the Overman; winds of doctrine come to him from Emerson and Walt Whitman, Buddha and Confucius, Bernard Shaw and Omar Khayyam. Even such old anchors as patriotism begin to drag, as he is taught that love of country is an irrational prejudice, a

pulses, whose goal is not defined in consciousness has long been a favourite theme of the novelists; they have depicted again and again the state of the young person who has fallen in love without knowing it, and who later realises, gradually or suddenly, something of the nature of his condition. Much psychoanalytic writing seems to imply that our motives are commonly known to us, at least in so far as our normal waking activities are concerned; that in every instance of subconscious motivation we have to do with a manifestation of another order, an abnormal irruption of "the Unconscious." It is this way of writing that leads to a too sharp distinction between the normal personality and "the Unconscious," or "the Subconscious Self"; it leads many to treat of all that can be called "mental structure" as part of "the Unconscious."

[1] Cf. Part I, Chapter XVII.

pernicious obstacle to universal justice and to the cosmopolitan ideal. And, if he seeks to choose an ideal goal of service to which he may dedicate his life, which way shall he turn? He hears that religion is no longer intellectually respectable, nationalism is wicked, politics villainous, business corrupt, education futile, and science subversive of men's higher hopes.

In such a world crime and divorce increase alarmingly, children grow scarce, the family disintegrates, and young men ask "Is life worth living?" Add to all this that a large proportion of adults are engaged in occupations intrinsically uninteresting and unnatural, occupations which yield little satisfaction other than the pay-envelope, and it is easy to understand that serious moral conflicts are frequent and neurotic disorders a common scourge. For men lack those dominant ideals and purposes which develop strong character and which alone can resolve the conflicts of motives that inevitably arise from time to time in all men.

A conflict of motives faced and resolved does not in itself result in neurotic disorder; nor does a continued conflict produce disorder, if the conflicting motives are recognised and openly acknowledged. Danger of disorder comes when the contending motives work obscurely, unrecognised, or disguised by rationalisations, reasons which we invent to explain and excuse our yielding to the promptings we do not acknowledge; and especially is there danger of disorder when one of the unrecognised motives is of a nature such that we will not, dare not, recognise it, but rather repress it. Thus it is not conflict, but rather the repression to which conflict of motives may lead, that is the great source of neurotic troubles.

Conflict without Repression

It is doubtful whether conflict without repression can give rise to a condition that may properly be called one of neurotic disorder. Nevertheless, conflict is itself painful and wasteful of energy and, by consuming within the organism the energy that should be sustaining fruitful work of mind or body, may reduce and weaken the organism and prepare the way for disorder. We experience something of this whenever we have to choose be-

tween incompatible goals and contending motives. There is no kind of mental activity so exhausting as the making of decisions; this is true in some degree, I think, of what may be called intellectual decisions, those which involve only the choice of means towards an accepted and well-defined goal. But it is true in a much higher degree of decisions which involve a choice between two goals towards both of which we are impelled by motives equally strong, or nearly so; and where appeal to our principles, ideals, or standards, and our moral sentiments, furnishes no additional motive to determine the issue, to throw victory decidedly to the one scale of the balanced motives. Perhaps it is still more true in those cases in which our moral self is unmistakably upon the one side of the conflict, but the motive on the opposing side is tremendously strong, and circumstances are such as to evoke it ever anew. 'It is in order to avoid the fatigue and distress of moral conflict that most men adopt some simple formula and make it a rule of conduct which they refuse to question: the medical man, that his duty at all times is to save and prolong life; the lawyer, that his duty is to win his client's case; the statesman, that he must make his country's business succeed; the narrow Christian, that he must save his own soul; the broader Christian, that all men are of equal value and have equal claims to life, liberty, and procreation.

Intense conflict without disorder is well illustrated by the following case:

Case 1.—A young man, preparing for the ministry, had been for some years a member of a lay brotherhood. He had continued as a lay brother because he felt that he was not yet ready for the graver responsibility; a fact which indicates his high degree of conscientiousness. Soon after the outbreak of the war he volunteered for service, though he was very far from Europe, and joined the Medical Corps. He was soon sent to the front as a stretcher-bearer. There he found that the explosion of shells provoked in him uncontrollable fear; every time a shell exploded near him, he was moved by an uncontrollable impulse to dash for cover. He was much distressed by his liability to fear and his inability to control its impulse; he struggled hard to get the better of his weakness, hoping that he would be more successful as he disciplined himself and that, on repetition of these experiences, familiarity would weaken the force of the impulse. But no improvement came. He had been taught to believe, and he did believe, that, if he prayed earnestly for strength, strength would be given him. And so he prayed earnestly and often for such increase of strength. It was, or seemed to him, a crucial test of his religious beliefs.

He was asking for no miraculous intervention in the physical order of things; he was praying for strength to enable him to do his duty, to succour comrades stricken in what he believed to be a noble and righteous cause. He felt that his prayers were wholly reasonable, that his motives and his aim were wholly good. Surely, God would help him! But there was no answer to his prayer; no strength came. Rather he went from bad to worse. He felt that his religious belief was crumbling away; and his distress was accentuated. He could sleep but little; and he became emaciated and increasingly "jumpy" and less able to do his duty; until at last a merciful officer sent him to hospital. There he found little relief; for, though he no longer suffered the frequent shocks of fear, the inner conflict continued. He still desired strongly to do his duty as a soldier; but he had no hope of overcoming his shameful fear impulse. Thousands of men in similar situations were breaking down with all sorts of neurotic disabilities, paralyses and amnesias, and so forth. His conflict found no such partial solution and relief; for his training had accustomed him to search his own heart, to understand and frankly examine his motives; therefore the conflict took place in the open, on the plane of full consciousness. He had no positive symptoms of functional disorder; he wandered restlessly about the hospital seeking to make himself useful, his emaciated face bearing an expression of intense distress; his mind the seat of an unceasing conscious conflict. On almost every occasion that I came near him, he would draw me aside and beg earnestly to be sent back to the front. He was the victim of a conflict of which there could be no solution so long as the war continued; there could be no peace of mind for him, unless he should be fortunate enough to receive a severe or fatal wound. I have no doubt of his entire sincerity, when he expressed the desire to find death on the battle-field.[1]

This case was unusual in the absence of repression and of any neurotic symptoms, in spite of the severity and long continuance of the conflict. Many a similar conflict resulted in and was partially solved by repression, which in many cases resulted in neurotic symptoms. Repression seems to be nature's crude way of dealing with conflicts. Where the tendency that is repressed is not of great force, and especially where the circumstances that have engendered the conflict have become things of the past, the result of repression may be relatively satisfactory. But, if the repressed tendency is strong, and circumstances are such as to keep it alive, to stimulate it anew, the conflict continues sub-

[1] It is a common fallacy, countenanced even by some great psychologists, that fear is essentially the fear of death. A moment's reflection on the comparative facts should suffice to dispel the error. Animals show all the signs of fear, though they have no conception of death; and the same is true of young children. Many a man who does not fear death is subject to fear upon occasion. And many a man who could face death boldly in spite of fear, is yet subject to uncontrollable fear, fear provoked by objects or situations which he knows to be harmless, carrying no threat of death or injury.

consciously and then is still distressing and exhausting to the patient; his energies are consumed in the conflict between the repressing and the repressed forces, and, in consequence, he suffers from the symptoms of lack of energy, complicated by an obscure distress which seems to be reflected in consciousness from the subconscious conflict. He is restless and depressed, sleeps poorly, cannot concentrate his attention, and commonly suffers headache, which may take the form of a sense of weight upon or round the head, often with weakness of the eyes, and sometimes with pains about the body, more especially in the back. These make up the picture of a neurasthenic condition.

The normal man may experience something very like the symptom-complex of neurasthenia, at moments of lassitude or boredom. I would claim to experience most of the symptoms of a mild neurasthenia nearly every morning on waking. My eyes seem weak and heavy; my head threatens to ache if I make any effort; I seem to have no energy, no will-power worth mentioning; nothing seems worth while. These are merely the symptoms of insufficient free energy in the nervous system. If then there comes an effective call for action, if, from within or from without, I am reminded of my plans and duties for the day, or if I rouse myself sufficiently to receive the sense-impressions that suggest and call for action, new energies are liberated; they well up from their instinctive sources and suffuse my brain, and within a few seconds I am alert and active and feeling perfectly fit. But in the neurasthenic patient the reserves of energy, depleted by internal conflict or by prolonged excessive activity (and perhaps constitutionally deficient in some cases), are insufficient; they do not respond to such calls; and the symptoms of deficient energy, complicated by the distress of inner conflict, continue through the day. A strong appeal may provoke a short outburst of energy during which he feels and acts normally; but it soon subsides, leaving him with all his symptoms accentuated. An additional source of distress to many such patients is the fact that they have nothing to show in the way of symptoms of "real" sickness. A high temperature, a broken bone, or a wound, would justify and explain their helplessness; but in the absence of such gross and evident signs of disorder

they reproach themselves and are ashamed. In those many cases which develop a hypochondriacal complexion, the patient seizes upon some relatively unimportant departure from normality, such as constipation, and makes "a mountain out of a mole-hill."

In this connection it is of interest that a wound was a defence, I will not say the best defence, of the soldier against neurotic disorder. It was observed by many medical officers during the war that neurotic disorder was rare among wounded men. It would not be true to say that it did not occur; for the disabilities from wounds, more especially the slighter wounds, were complicated by functional disabilities, especially paralyses and contractures. But the severer wounds, especially those that resulted in lasting disablement, seemed to protect effectively against neurosis. They resolved the conflict between, on the one hand, the soldier's fear and his anxiety on behalf of his dependents and, on the other hand, his desire to do his duty, to show himself the equal of the best, to preserve his self-respect and the respect of his comrades and of the world.

Incubation of Symptoms

The genesis of neurotic symptoms during a period of incubation was frequently observed in the war hospitals, and was peculiarly instructive. A soldier was buried by shell-explosion, and, after being dug out, walked unaided to the ambulance; and for some days or weeks he seemed to be recovering normally from his perhaps slight concussion. Then, when he was expected to leave his bed for the convalescent camp, he was found to be paralysed in both legs, or to have some other functional disability. And, especially if he had received a slight wound or injury, when the bandages were removed and he was expected to move the injured part freely, it was not infrequently found that the part, perhaps a whole limb or some part of a limb, was paralysed and flaccid, or rendered useless by rigid contracture of some or all of the muscles.[1]

[1] The incubation of symptoms is not confined to military cases, though perhaps most strikingly manifested by them; it occurs also in civil cases, more especially in insured persons who have suffered injuries in accidents.

In such cases we may suppose that the soldier's conflict had been prevented from becoming severe so long as he was subject to discipline, to constant demands for action, and to the stimulating contagion and public opinion of his comrades; but that, as soon as he was in hospital at leisure to brood over his situation, the dangers and hardships and horrors, and perhaps the injustices, involved in service at the front, would present themselves to his imagination with strong emotional tones; his desire for continued safety and comfort would grow strong; and thus his conflict would be intensified by the increased strength of the motives striving against return to the battle-field. And these motives, these desires and aversions, in so far as they were recognised by him, would call out additional forces on the other side of the conflict, especially shame and the desire to conceal such motives, to repudiate them, to conceal them even from himself. Perhaps at moments he would obscurely anticipate some lasting disablement of the injured part, and this anticipation, engendered and enforced by the motives making against return to the field, would realise itself in the functional disability; just as the hypnotist's suggestion of paralysis or contracture realises itself subconsciously in the hypnotic subject.

Repression, Conscious and Subconscious

A difficult question is whether a conflict resulting in repression, and perhaps in neurotic disability, may run its course wholly subconsciously. It seems clear that repression may be and often is effected by a self-conscious effort; as in the case of the soldier who voluntarily represses his battle-memories and their emotions and suffers battle-dreams in consequence, and who then gets rid of his battle-dreams by following the advice to cease his voluntary repression. It seems probable that, in all or most cases of conflict resulting in repression, the subject is at some time aware, however obscurely, of the tendencies, the impulses or desires, that are undergoing repression. But that is not to say that the repressing force is always a self-conscious volition. In many cases the patient, in whom a conflict is tending towards repression of one of the factors, is but obscurely

aware of its nature; trains of fantasy may pass through his consciousness in sleeping or waking hours, which he may, or may not, be able to recollect, whose significance and motivation he may, or may not, recognise.[1] In any case it would seem that, the less clear his awareness of such autistic thinking and of its significance, the more likely is the repressed tendency to give rise to neurotic disorder.

Repression may, then, be in part at least a voluntary or volitional activity; but more commonly it takes place on the plane of autistic thinking; and sometimes, perhaps, the whole process, including the motivations of both sides of the conflict, may take place subconsciously.

Repression affects not only present tendencies, but also memories of incidents of the past. And a difficult question, seldom faced by those who have written on repression, is: What is the nature of the force (or forces) that effect such repression? It is usually said that we tend to forget, through repression, whatever it is painful or disagreeable to remember; and this is accepted as a sufficient explanation; the painful feeling being regarded as the repressing agent.[2] But this account of the matter is very inadequate. Many a man, tortured by regretful or re-

[1] The poet has depicted such fantasies in "The Soldier's Dream"; we can easily add to the picture a disabled limb that justifies his honourable retreat in the bosom of his family:

> "When reposing that night on my pallet of straw
> By the wolf-scaring fagot that guarded the slain,
> At the dead of the night a sweet vision I saw,
> And thrice ere the morning I dreamt it again.
>
> Methought from the battle-field's dreadful array
> Far, far had I roamed on a desolate track;
> 'Twas morning, and sunshine arose on the way
> To the home of my fathers that welcomed me back.
> . . . . . .
>
> Stay! Stay with us, stay! Thou art weary and worn.
> And fain was their war-broken soldier to stay.
> But sorrow returned with the breaking of dawn,
> As the voice in my dreaming ear melted away."

[2] Freud, for example, writes: "The forgetting of impressions and experiences shows the working of the tendency to ward off from memory that which is unpleasant."

morseful memories, can testify that the most painful memories may continue to force themselves into consciousness; and this in spite of his will to forget.

Dr. A. Wohlgemuth has recently made an experimental study of the influence of pleasure and pain on recollection; from his own experiments on seven hundred school-children, and from a review of all the relevant literature, he comes to the conclusion that "there is no difference whatever between the two feeling tones, pleasure and unpleasure, in their influence on memory." [1]

On the other hand, Mr. P. Fox has made a somewhat similar investigation,[1] and arrived at the conclusion that memory, "as evinced both by immediate and delayed recall, is more efficient in those cases where there is a distinct subjective preference for what is learned." And he adds: "Nothing can well be more 'subjectively subjective' than subjective preference, and this has been shown to produce objective mental effects in the greater efficiency of memory; so that we seem to be justified in refusing to abandon the idea of causal efficacy in the realm of mind."

The conclusions of these two workers may seem at first sight to be diametrically opposed; but possibly they can be reconciled. They are in opposition only so long as we assume that subjective preference is wholly determined by feelings of pleasure and pain, that is, so long as we accept a hedonist psychology, or follow Freud in giving primacy to "the pleasure principle." If we recognise that our strivings, our hormic urgings, are not dependent upon, or wholly determined by, pleasure and pain, but only modified by the pleasure and the pain incurred in the course of their working, the seeming contradiction falls away.

The truth would seem to be that any experience is retained the better, the keener our interest, the more intense our striving, at the moment of experience; and pleasure and pain influence retention only in so far as pleasure strengthens and pain checks and weakens our striving.

To this we owe it that, in the main, pleasant recollections predominate over painful ones in our reminiscings and reveries. But, when an experience evokes a strong affect, the affect is

[1] "The Influence of Feeling on Memory," *Brit. J. Psych.*, vol. XIII, 1923.
[2] "The Influence of Subjective Preference on Memory," *Ibid.*

attached, as it were, to the memory of the event, and it tends, in proportion to its intensity, to revive the memory, and to prevent our forgetting it. And this is true of disagreeable affects no less than of those that are neutral or pleasurably toned. Thus the disgusting, or horrible, or fearful experience tends to recur again and again, to generate an indelible memory that will not rest; one that is apt to thrust itself into consciousness in waking and in sleeping hours, against our will.[1]

The repressing force is, then, neither the pain nor the disagreeable affect itself; it must be some other affective force of the personality; and that this is true we see clearly enough in those cases in which repression is voluntarily achieved. The repressing forces must, I think, be looked for within the sentiment of self-regard; whether they work consciously or subconsciously. This view, of course, is in harmony with Freud's doctrine that one party to a conflict, and the repressing party, is always "the Ego instincts."

A common method of attempting to forget, and one frequently recommended, is to busy oneself with other things, to fill every moment with activity, to golf or fish or hunt or take a trip round the world, or plunge into one's work. But, as we know, this method often fails of success. If the patient can develop a keen interest in such activities, well and good. Every activity tends to inhibit others in proportion to its intensity, to the amount of energy concentrated in those channels. But the difficulty is that in many cases the patient cannot develop any interest in his work or play. Jung would put it that his *libido* refuses to enter those channels; I would rather say that his energies are so much concentrated, "fixated," on the problem, the sorrow, the remorse, the humiliation, that all other modes of activity are inhibited, cannot obtain a sufficient supply of energy

[1] This conative thrust of the emotional or affective memory is the fact recently recognised by Freud and attributed by him to a special instinctive tendency which he proposes to call "the compulsion to repetition," recognising it as primordial, as something deeper than "the pleasure principle." It is, however, one of the general modes of expression of the hormic principle. Cf. Freud's "Beyond the Pleasure Principle," and my comments on this work in the article "A Great Advance of the Freudian Psychology," *J. Abn. Psych.*, 1925.

to enable them to be carried on with zest and interest; and the conflict continues. In such cases a facing of the facts and a revaluation of them is the true indication.

In the following chapter we have to study dissociation, and we shall see that conflict and repression prepare the way for, and may produce, dissociation. Dissociation terminates conflict; but repression, in itself, does not. It merely obscures the conflict from consciousness, preventing the motives of the one part from gaining normal and direct expression in consciousness. Unless dissociation results, the conflict continues subconsciously; the repressed motives continue to be active with varying degrees of intensity; the energy of the organism continues to be wastefully consumed in the work of repression, in the conflict; the pain of conflict is apt to colour the consciousness of the patient; and the repressed motives usually find from time to time indirect expressions, of which normal dreaming is the mildest or least disturbing kind. Other forms of such expressions we shall encounter in later chapters; where also we shall find evidence in support of the view here asserted, namely, that repression is, except perhaps in very simple cases, not an act which accomplishes itself once for all, but rather a continuing activity. It is this fact that gives a certain plausibility or justification to the language in which Freud describes the facts of repression, ascribing the activity of repression to a quasi-personality, which he calls "the Censor." As we have seen, this leads to confusion in Freud's own treatment of the problem, between the Censor, the Ego, and the "Ego instincts." The facts of continued subconscious repression seem to be sufficiently covered by the principle that conative energy, once directed towards a particular goal, continues to work towards it subconsciously, so long as the goal is not attained.[1] The goal in such cases is the banishment of the unacceptable from consciousness; and the repressing activity is constantly brought into renewed activity by the subconscious strivings for expression of the tendencies repressed.

[1] Cf. Part I, p. 282.

The Complex

That which is repressed is commonly described as a "complex."[1] The complex may be a very extensive system of mental dispositions. For example, the repression may be directed against one of the great instincts and all its works, *i. e.*, all its conscious expressions: it may be directed against fear and all manifestations of fear; or against the sex instinct and all its manifestations. Then every memory of experiences inspired by fear, or coloured by sex emotion, and every anticipation or fantasy similarly inspired, falls under the repression. The soldier who has learned to believe that any sign of fear is disgraceful; the saint who retires to the wilderness to meditate on spiritual things and avoid all occasions of lust; these are examples of such general repressions; in both cases the repressed tendency is apt to break through and manifest itself in dreams and perhaps in waking fantasies. Or, as in many religious orders, the general repression may be directed against every expression of the self-assertive impulse, against all pride, vanity, ambition, rivalry, all desire for power, authority, leadership, distinction; and then, as among some of the narrower sects thrown up by the Reformation, the impulse manifests itself in pious railings and biblical cursings against all persons in authority, prelates and popes and kings and magistrates.

More commonly repression is directed against some particular direction of an impulse, against fear or lust or pride directed to, or inspired by, some particular object, or objects, and situations of some special class. In such cases we have to do, not with the repression of an instinct and all its works, but rather with the repression of a sentiment. The sentiment thus repressed may be rudimentary, of very simple constitution, a single instinctive impulse directed upon, fixated upon, a particular object or narrowly defined class of objects with which the subject's acquaintance is very slight. Or the repressed sentiment may be of complex constitution, comprising a number of instinctive tendencies; and the object is then likely to be one with which the subject

[1] Cf. Part I, Chapter XVII, on use of terms complex and sentiment.

has a rich and varied acquaintance; as when a man unwittingly develops love for the wife of another, or a sentiment of hatred for some person, such as father or brother, who, according to all his moral training and moral sentiments, should be dear to him.

It is in cases of the last type that the complex assumes the most troublesome form; not merely by reason of the multiplicity of tendencies involved in it, but also because the object is represented in the subject's mental structure by a large system of dispositions that has a wealth of associative connections with many others, and therefore is capable of being brought into renewed activity through a multitude of channels.[1]

Neural Scheme of the Complex

It is, I think, helpful to try to visualise the structure and functioning of a complex in neurological terms.

We may assume, as an approximation to the truth, that the instinctive dispositions, or the affective nuclei of the several instincts, their emotional-conative centres, lie in the basal ganglia of the brain, more especially the *Thalamus*. In the formation of a sentiment, the cognitive disposition which corresponds to the object of the sentiment, and which has been differentiated in the cerebral cortex, becomes directly connected with some one (or more) instinctive nuclei; the cognitive cortical disposition is then activated by the energy of the instinctive centre or nucleus, and is apt to undergo a rich development into a complex system of dispositions. In the normal sentiment, the cortical system is in relations of free reciprocal influence with all other systems of the cortex that are connected with it, directly or indirectly. If, from the inception of the sentiment, there is repression of it, or if repression sets in after its formation, the whole system becomes circumscribed; all interplay between this system and others is habitually inhibited; and the more success-

[1] In view of various criticisms of my account of the structure of sentiments, I would add that such cognitive dispositions are, in my view, comprised within the structure of the sentiment. This I had supposed to be clearly implied in the original account of sentiments in my "Social Psychology."

ful the repression, the more complete becomes this circumscription.[1]

We may assume that the connections between the cortical and the subcortical parts of the whole complex are reciprocal; and probably we are right in postulating that the ascending and descending paths between the basal and the cortical parts are anatomically distinct. We may, therefore, crudely represent the structure and functioning of the complex by the diagram, Fig. 1.

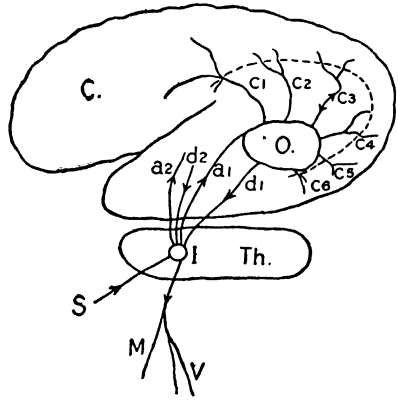

FIG. 1.

C=cerebral cortex. Th=thalamus. I=nucleus of instinctive disposition. O=cortical disposition corresponding to the object of the complex. C1—6 =association paths connecting O with other similar cortical systems. a1 and d1=ascending and descending paths connecting O with I. a2 and d2= other cortical connections of I. S=afferent path from sense-organ. M and V=motor and visceral efferent paths.

The justification for representing the connections between the basal and the cortical parts of the complex by separate paths (*a* and *d*, in the figure) is the fact that the complex may be brought into action in two ways: first, by associative thinking that directly leads to thinking of the object *O* (*i. e.*, *O* may be excited through any of the channels *C1–C6*); secondly, by any sense-impression or any train of thinking that stirs up the instinctive disposition *I* (*i. e.*, by way of the sensory path *S*, or by way of such a descending cortico-basal route as *d2*). In the case of the normal sentiment, the interplay between *O* and other similar systems is free along the channels *C1–C6*. In the case of the habitually inhibited or repressed sentiment which is the complex, the use of the channels *C1–C6* is habitually checked; and

[1] How such inhibition, or any inhibition, in the nervous system is effected we do not know. The hypothesis of inhibition by drainage, proposed by me many years ago, seems to be the only one that is even remotely applicable. But we cannot pretend to apply it save in a very vague manner. We may raise the question whether the inhibition primarily operates at the cortical or the subcortical level. But we cannot answer the question.

this leads to the increasing circumscription or isolation of the complex, in the way indicated by the interrupted curve.

The complex thus tends to become a relatively isolated, independently functioning system; and its circumscription or detachment is proportional to the success of the repressing forces, and perhaps to the frequency of their action.

The more complete the repression, the more does the complex tend to function independently, generating dreams and fantasies; and, when the circumscription of the complex is well advanced, its independent functioning may accompany thinking concerned with other topics and, in extremer degrees of isolation, it may, it would seem, proceed wholly subconsciously; *i. e.*, the subject remains unaware of the fantasies as they form, and cannot afterwards recollect them.

Simple Instances of Complex-Formation

Let us consider a simple instance of complex-formation of mild degree. You are a candidate for an appointment, and have one serious competitor, a colleague B, with whom you are on friendly terms. Secretly you believe your claims to be far stronger than his; and, when the other man, B, receives the appointment, your natural reaction would be an angry resentment and envy directed against him and finding vent in depreciatory criticism of him and, perhaps, of the methods and qualities to which he owes his success. But to permit yourself to feel, or think, or act in accordance with this prompting would be repugnant to your ideal of yourself, and therefore in conflict with your self-respect; you have learned to maintain the fiction that you are incapable of such mean emotions, and certainly will never let the world have ground to suspect you of them. Therefore you immediately and more or less self-consciously repress this tendency; you hasten to your colleague, to shake him by the hand; you smilingly congratulate him on his success and assure him of your pleasure in knowing that the better man has been appointed. Your friendly relations continue; but your lack of frankness with yourself results in the formation of a complex. It is not that you can no longer think of B; but you cannot think of him without some conflict of emotions or affects:

the thought of B arouses the resentful affect; your pride represses that affect, forbids you to think of him in that way. Then the repressed affect finds expression in indirect disguised ways, disturbing all your judgments about B; perhaps you become hypercritical about him, not so much about him in his capacity as professional colleague, but rather about other and minor aspects of his personality; you find fault with his dress, or his mannerisms, or the shape of his nose. And in dreams and fantasies your self may be represented as exalted and B as cast down to some low estate.

I take a second illustration from real life, one reported by Dr. Bernard Hart.[1] "One of my patients, a former Sunday-school teacher, had become a convinced atheist. He insisted that he had reached this standpoint after a long and careful study of the literature of the subject, and, as a matter of fact, he really had acquired a remarkably wide knowledge of religious apologetics. He discoursed at length upon the evidence of Genesis, marshalling his arguments with considerable skill, and producing a coherent and well-reasoned case. Subsequent psychological analysis, however, revealed the real complex responsible for his 'atheism'; the girl to whom he had been engaged had eloped with the most enthusiastic of his fellow Sunday-school teachers. We see that in this patient the causal complex, resentment against his successful rival, had expressed itself by a repudiation of the beliefs which had formerly constituted the principal bond between them. The arguments, the study, and the quotations were merely an elaborate rationalisation."

Dr. Hart does not explicitly assert that there was evidence of repression in this case. For Hart uses the word "complex" to denote every kind of habitual emotional attitude or sentiment, whether repressed or not. But it is a fair assumption that there was repression and that, in its absence, the incident would not have led to the change of religious belief.

Complex Indicators

Dr. Jung has devised a method of revealing the presence of complexes which, perhaps, is of greater theoretical than prac-

[1] In his excellent little manual, "The Psychology of Insanity."

tical value, though it may sometimes be used with good effect in the actual exploration of a case. The method is well known and may therefore be passed over with a few words only. It consists in calling out to the subject a list of words (a standard list may be used, or the words, or some of them, may be chosen in the light of what is already known or suspected of the case); the subject is required to call out in reply to each word, with the least possible delay, any other word that first comes to his lips. In reply to most of the words called he will produce within one or two seconds some answering word. In many cases the nature of the reproducing process is obviously one of simple associative reproduction; or such normal replies may reveal something of the main interests or dominant sentiments of the subject. But among the replies may be some that differ from the rest in various ways, of which the most frequent is a delay of the reply, a prolongation of the reaction-time. Upon further investigation, it is often found that words which provoke such abnormal replies are words whose meaning is somehow connected with a complex; the word suggests either the emotional nature of the complex or its cognitive content, the object of the complex. For example, if the subject has a complex concerning a red-haired person, the word "red" might provoke a delayed response or one abnormal in other ways; the word uttered might be repeated, or it might be a word that seemed utterly incongruous.

The point of theoretical interest is that the abnormality of the response seems to be due to conflict of affects. It is not merely that the stimulus-word has emotional value for the subject; emotional value or colouring has in itself no inhibiting or distorting effect; it is that the affect stirred by the word is one that is in conflict with dominant tendencies and therefore subject to repression.

Such experiments, besides having value as a means to reveal complexes, seem to me very instructive as revealing a fact wofully ignored by all the intellectualistic psychologies, namely, the constant participation, even in our most simple and apparently purely cognitive or intellectual processes, of the conative or affective factors of our mental life. The process of asso-

ciative reproduction is commonly represented as a very simple process of transmission of energy within the brain from one group of cells in the cortex to another; yet here we have direct evidence that even such simple processes are dependent on, and dominated by, the conative emotional factor.

CHAPTER XII

DISSOCIATION

It is a remarkable fact that, while for Janet mental disaggregation, disintegration, or dissociation[1] is the fundamental and all-important feature of neurotic disorders, Freud, who began his study of neuroses under Janet's influence and guidance, hardly mentions the word. Jung and other psychoanalysts also have little to say about dissociation.

Some authors treat of repression and dissociation as though the two terms were synonymous.[2] I hope to show in this chapter that there are good grounds for distinguishing the process of repression from that of dissociation, as also the state of continued repression from a continuing state of dissociation.

Many authorities write of "dissociation of consciousness"; Janet has used more frequently the expression "disaggregation of consciousness." This way of speaking is, it seems to me, unfortunate; for it begs two of the great questions raised by the phenomena: First, it implies the questionable assumption that consciousness is an aggregation, that the stream of normal thinking is, somehow, compounded of elements of consciousness capable of independent or separate existence; in short, it assumes the truth of some form of the atomistic psychology. Secondly, it implies that, in the dissociated state, elements of consciousness that should have become aggregated in the main stream have some sort of existence or subsistence in a collateral stream; and this also is a disputable assumption.

It is better, therefore, to speak of dissociation of the personality. In the chapter on hypnosis we have glanced at some evidences of such dissociation afforded by hypnotic experiment,

[1] I use the term "disintegration" to denote those extreme forms of dissociation which are discussed in the last chapters of this book.

[2] Rivers, for example, distinguished "repression," as denoting the activity of repressing, from "suppression," the state resulting from repression; and he identified "suppression" with "dissociation."

and I have suggested that provisionally we may attempt to interpret the phenomena of dissociation in terms of cerebral dissociation. If we continue to attempt such cerebral interpretations, we must do so with an open mind, rather than dogmatically, prepared to modify our interpretations in the light of all the facts. In the final chapters I shall review the methods of interpretation in the light of our survey of a wide field of phenomena.

Dissociation Distinguished from Repression

The difference between dissociation and repression may be illustrated by the following case, the case of Irene, made famous by Prof. Janet's description:

Case 2.—Irene, a poor seamstress, nursed her mother through a long and distressing sickness which terminated with the death of the mother in the arms of her daughter, under most harrowing circumstances.

Shortly after the death, Irene, who had quickly recovered her composure, fell suddenly into a somnambulism, *i. e.*, a state that is sleep-like in that the patient ignores the surrounding objects or misinterprets all sense-impressions from them, and in which, nevertheless, a certain train of bodily activity seems to express thought and emotion of some kind. In Irene's case the train of action took the form of dramatic re-enactment of the scene of her mother's death. The somnambulism then came to an end as suddenly as it had begun; but was repeated in very similar form on successive occasions. In the intervals between the somnambulisms, Irene could remember nothing of those periods; it was as though she had been profoundly asleep during each such period. Further, it was found that she could not recollect in her waking state any of the incidents or circumstances of her mother's death; she was amnesic for that period, as also for each of the recurrent periods of somnambulism in which she relived the scene. She had developed a functional amnesia.

Amnesia is one of the most common forms in which dissociation reveals itself. Without unduly straining the sense of the words, it may be said that every dissociation is an amnesia. When, for example, the hypnotic patient cannot move a limb, or relax a contracted set of muscles, it may be said that he has forgotten how to execute the task, forgotten how to move the limb, how to relax the muscles. And, if he cannot see with one eye, or cannot see a particular object, or cannot sense an anæsthetic limb, it may be said that he has forgotten how to achieve these perceptual activities.

To return now to the case of Irene. What constitutes the difference between such a case and a case of repression? Why should we not be content to say that Irene has repressed the memory of her mother's death?

If the case were one of repression only, we should expect to find that the patient avoids all reference to the incident the memory of which is repressed; we might even find, especially after the repression had been maintained for some time, that the patient could not easily remember it at will; and we might find evidences of the repressed affect in dreams and fantasies which she could not easily remember. Some degree of such repression takes place in many persons in connection with such painful incidents. We should also find evidence of repression and continuing conflict in a continuing distress of the patient, and perhaps in other signs that the conflict was consuming her energies internally.

But, when dissociation has taken place, the state of the patient is different; she not only does not recur to the topic, or has difficulty in remembering it, but she seems to have lost all memory of it completely. So far as her waking life is concerned, the memory seems to have dropped away, to have ceased to exist. She shows no signs of continuing conflict, no distress; she shows rather an unnatural indifference, what the French have called "une belle indifférence" or "une belle complaisance." And, when the dissociated memory with its strong affect manifests itself, it does so, not by disturbing the judgment, producing dreams or fantasies, or otherwise affecting the conscious stream of the normal personality; but rather by abolishing for the time being the normal personality and dominating the whole organism. This last feature of the dissociated activity does not always appear; rather in very many cases the dissociated system manifests itself by an "automatic activity" that runs on beside or contemporaneously with the normal conscious activity. Thus the dissociated arm may not only remain anæsthetic and beyond the power of the conscious subject to contract or relax its muscles, but also it may make movements of a more or less intelligent and purposive kind; it may make significant gestures, or it may write intelligibly; it may even write a whole book

of coherent matter in orderly arrangement. And all that expresses the dissociated system seems to go on in complete detachment from the normal personality. The dissociated activity may express a complex; but, if so, it is a complex that is not merely repressed, but is dissociated.

Another difference between the process of dissociation and the process of repression is that, whereas the latter is commonly a slow gradual process, attaining many different degrees that vary from moment to moment according to the reciprocal play of the repressed and the repressing forces, dissociation is apt to be a sudden process, instantaneously accomplished. It would, perhaps, not be strictly true to say that dissociation is an all-or-nothing process. For we have seen how, in sinking into sleep or hypnosis, or drunkenness, there seems to be a gradual coming on of a state of relative general dissociation. But, when we have to deal with localised dissociations of some organ or functional system, the onset seems to be as a rule sudden, and the state of dissociation produced seems to be complete. A dissociated state, in many cases, first manifests itself after a swoon or a trance, or a period of what seems to be sleep, sometimes a sleep of unusual duration. And in these cases we remain in the dark as to the onset. But in many others the dissociation sets in suddenly, during waking life, at the moment of some emotional shock, as in the following case:

Case 3.—A sergeant, fighting on Gallipoli, stooped to pick up a bomb which a Turk had hurled at him, intending to hurl it back at the enemy. As he reached for the bomb it exploded. He was not wounded or stunned; but he opened his mouth widely (without doubt as the first step in the natural fear reaction of uttering a cry), and then found that he could not close his mouth or withdraw his tongue, which remained protruding. After some hours his tongue gradually withdrew and his mouth closed; but he was then completely mute; he could not utter a sound. He remained mute for months, and proved to be a most obstinate case of mutism, defying all my efforts, and only very gradually learning to speak again.

This sudden onset of dissociation was typical, but the gradual recovery was unusual and atypical. During the war there occurred thousands of such cases of mutism of sudden onset, generally at the moment of an explosion. And, though the duration of the mutism differed greatly, the great majority of such

patients recovered their speech as suddenly as they lost it.[1] In many cases in which encouragement and waking suggestion failed to effect removal of the mutism, hypnotic suggestion was immediately effective.

Relations between Dissociation and Repression

In cases such as Case 3, where recovery from some simple dissociative disability is slow and gradual, or long postponed, we have to believe, I think, that the continuance of the dissociation is favoured by an active repression, resulting from a more or less subconscious reluctance to be cured. For there can be no doubt that, although dissociation and repression are distinct as processes and as states, there are intimate relations between them. It is possible, although in my opinion the evidence does not warrant this view, that no dissociation takes place without some previous repression that prepares the way for it. But that repression does often prepare the way seems to be clearly shown by the many instances of the appearance of dissociative symptoms after a period of incubation.

In the case of Irene, we may infer with some confidence, in the light of other cases, that the critical moment of dissociation had been preceded, and prepared for, by a more or less prolonged period of repression. It is altogether probable that, as the young girl nursed her mother through long days and nights of sickness, rebellious impulses were at work in her, desires for companionship and gaiety, and perhaps for a lover; and that these impulses were sternly repressed by her dominant sentiments, her love for her mother and her sentiment of self-regard which demanded of her unceasing efforts for her mother's welfare. Whether the repressed desires found expression in fantasies and dreams we do not know; but it is highly probable that such was the case; fantasies perhaps in which the burden of

[1] In most cases nothing more was needed than a little reassurance, encouragement, and waking suggestion. On one occasion six such cases were admitted to my wards at one time. I put them in a row of beds in one cheerful ward, where the amusing aspect of the row of mutes was fully appreciated. The following morning one of the mutes woke up speaking, to his own astonishment and seeming delight. During the same day all the other five found their voices.

responsibility was entirely cast aside. All such repression and fantasy-formation would prepare the way for the dissociation.

In other cases it is very clear that an active repression maintains the dissociation. Now, in a simple, uncomplicated case of dissociation, it would seem that the essence of the condition consists in a rupture of functional continuity between the neurone system concerned in the lost function and all other parts of the nervous system, presumably at synaptic junctions. In the case of mutism, for example, we may suppose that all the neurones directly concerned with the motor speech functions (concentrated largely in Broca's area) become thus functionally isolated. And we may even draw a plausible picture of the way in which the dissociation is effected. Consider again Case 3. The explosion produces a violent fear-reaction; the first bodily expression of this is the instinctive cry of fear. This involves a sudden rush of energy, liberated from the instinctive nucleus, through the motor speech neurones of the cortex. Now, in all concentrated effort, the neurone system brought into activity seems to become relatively isolated; for the moment it works as a single functional whole, undisturbed by intercurrent sense-impressions or by any incitements to other forms of activity. We may suppose that the suddenness and violence of the emotional reaction carries this effect to an excessive degree; the efferent rush of freed energy or neurokyme, through the one neurone system, withdraws the neurokyme from all its collaterals, as a rush of water down a main pipe sucks into its current water from collateral pipes. We may further suppose that this sudden drainage of neurokyme from the collaterals of the system raises the resistances of all synapses upon those collateral channels to such a point that they cannot easily be brought into play again, cannot easily be traversed by any nervous current. In some such way we may imagine the emotional shock to produce dissociation of the neurone system through which it finds efferent discharge. Such dissociation of the system forming the path of emotional discharge occurs in many other function systems than the motor speech system. It is illustrated by Cases 4 and 5.

The Evidence of Neuronic Disorder in Dissociation

Many of those who approach the neuroses from a purely psychological point of view remain indifferent or blind to the evidences of neuronic disorder. Some of them seem to feel that to take account of such evidences would impair the purity of their high calling as psychologists. Others regard such considerations as practically useless. I cannot accept either of these standpoints. While I have no sympathy with those who ignore the psychological approach and pretend to explain all human action in terms of such vague expressions as action-patterns and paths of least resistance in the brain, I hold that we ought to work both lines of approach for all they are worth, attempting to harmonise our neurological and our psychological hypotheses.[1] It is worth while, then, to present some of the abundant evidence that disorder of functional or psychogenetic origin may and, in cases of dissociation, does involve changes of condition in the nervous system.

Some authorities have asserted that in functional disorder the reflexes are not affected. Of course, if by definition we rule out of the category of functional disorder all cases that do not conform to the generalisation, the generalisation becomes as true as a proposition in geometry. But the reflexes are profoundly modified in many cases of psychogenetic origin. In one rare case I found almost all the deep reflexes reversed in sign, so that, for example, a tap on the triceps tendon produced flexion at the elbow, and one on the biceps extension.[2] In such cases we must suppose that the disorder extends to the spinal level, upsetting the relations of reciprocal inhibition that depend upon the relative resting resistances of spinal synapses. In other cases we find remarkable disturbances of the secretory functions of

[1] One crude critic of "the instincts" has written an article entitled "Are Instincts Hypotheses?" and seems to feel that in showing them to be "hypotheses" he has given them a severe blow. Of course they are hypotheses, in the same sense that the ether and atoms and synapses and neurones and tables and chairs are "hypotheses."

[2] The startling nature of these changes led me to examine the deep reflexes again and again, with the greatest care during many weeks. There was gradual return to the normal condition.

the skin. In one such case the patient's condition of extreme neurotic disturbance of a mixed kind (in which, however, extreme liability to fear was a leading symptom) involved a liability to profuse sweating over a well-defined area, confined to the left side of the chest, neck, and face. The condition had been brought on, not by any one sudden shock, but through a long period of hiding in cellars and such places in a town occupied by the enemy troops, where he had dwelt in constant and ever-renewed fear.

In another somewhat similar case one symptom was a peculiar form of dermographia. Over a sharply bounded area of skin confined to the left side of the trunk, a line firmly drawn on the skin with a silver coin, or with the edge or point of any other silver object, remained marked as a dark, almost black, line that could be removed by rubbing the surface.[1]

Again, in numerous cases of flaccid functional paralysis, it is impossible to elicit any deep reflexes from the paralysed part. Such instances are apt to be dismissed with the remark that the lack of tone of the muscles accounts for the absence of deep reflexes; but the lack of tone is itself an evidence that the neurones directly connected with the muscles of the part are, in some sense and at some level, isolated from their normal connections.

How exactly repression prepares the way for a localised dissociation it is impossible to say, as impossible as to say exactly how verbal suggestion in hypnosis produces a local dissociation, as of one limb, or produces a local hyperæmia. But we may suppose that, during a period of incubation which leads up to the appearance of some dissociative disability, the repressed tendency produces fantasies (which may be subconscious in various degrees) of the laming of the part which is about to become affected with dissociation. This supposition is borne out by the fact that, in very many such cases, the dissociation falls upon a part that has been in some degree injured, either shortly before or at some long previous date. Thus if a man has suffered, years ago, a broken limb, experience shows that

[1] I was fortunate in being able to show this case to Sir William Osler, who pronounced it unique in his experience, which, of course, was very large and varied. Silver only produced the dark line.

that limb is more apt than the others to manifest dissociative disabilities. And if a soldier was buried by shell-explosion and suffered some pain in a limb through pressure, or some slight wound, while he lay hoping for relief, the part was in this way marked out for the incidence of a dissociation that might be realised after some days or weeks of incubation.

Belief May Maintain Dissociation

In some cases of dissociation there is no evidence that repression plays any part in maintaining the condition. Such cases are easily cured, unless in some way the patient becomes convinced that recovery is impossible. This sometimes occurs through errors in diagnosis or other unfortunate influences. The mere discovery by a patient that he is incapable of moving or using some part of his body is in itself alarming and mysterious; and the longer the condition persists, the more is the patient inclined to become hopeless about it, confirmed in his suspicion or belief that the part is permanently and seriously injured. We have seen in Part I that a belief once established, no matter in what way, has a certain stability, offers a certain resistance to every attempt to change or destroy it. Though we cannot further explain the fact, we must accept it; and we must recognise that the belief that a limb is paralysed and cannot be cured has such inherent stability and that, further, so long as it persists, it makes difficult the relief of the disability. It seems to render difficult any effective effort to overcome the disability. This influence of a fixed belief is well illustrated by the following case:

Case 4.—A young gipsy labourer, working on a hayrick, was caught by the left hand in some of the mechanism concerned in raising the hay onto the rick. He was violently dragged high in air, and left suspended for some time by the left arm. When he was released from his predicament, it was found that the whole of his left fore limb was in a condition of complete flaccid paralysis and total anæsthesia. He remained in this condition for more than a year before he was sent to me. He had been examined and treated by several medical men. One had applied electrical stimulation with such vigour that the skin of the arm bore several deep scars burned by the strong current. Another, a surgeon, had offered to cut away the useless limb, that dangled like a flail; whether

seriously, or as a joke or a threat, I do not know.[1] With the failure of every such attempt at treatment, the patient's conviction that the arm was permanently useless had become more firmly established; and thus the case was a very difficult one. He seemed to be much depressed by his paralysis and the prospect of diminished economic efficiency through life. Hypnotic suggestion produced no immediate effect. It was only through a course of education, persuasion, and suggestion (waking and hypnotic) and encouragement continued over some weeks that the cure was effected. The essential step was to shake and undermine his fixed belief in the permanent nature of the paralysis.

In many cases of dissociation, the belief that the disability is a serious and enduring one seems to be the main obstacle to cure. It is in such cases that electricity and other such agencies are most effective. Many a case of mutism was cured through crying out in his sleep; or by being startled into an ejaculation. The emotional shock brought to the speech-mechanism an involuntary innervation; and the patient, finding that the organs were not incapable of action, was encouraged to make a more effective voluntary effort than hitherto was possible for him. Or the electric current, applied to the motor nerves or the muscles themselves, produced contractions which demonstrated to the patient that the limb was not paralysed. Such treatment requires to be combined with energetic but tactful persuasion and suggestion; and an atmosphere of expectation of cure, created in a ward or hospital by a series of successful treatments along these lines, is very helpful. During the war certain hospitals specialised along this line of treatment. The work of Dr. Yealland, at Queen's Square Hospital, and of Dr. F. A. Hurst, may be mentioned in this connection. Both obtained many spectacular successes along these lines, using ingenious variations of the method. One used by Dr. Hurst, in the treatment of campto-cormia, was peculiarly simple and strikingly efficient in a number of cases. These cases were afflicted by an inability to stand upright: when lying down, the back was normally straightened; but, as soon as they stood on their feet, the spinal column was rigidly held flexed on the pelvis and the thighs flexed at the hip-joints. Dr. Hurst constructed an apparatus consisting of a long broad plank, with a short piece fixed at right angles to

[1] It should be remembered in this connection that the word "paralysis" is one that inspires fear and belief in the hopelessness of the case.

it at one end. The patient was laid flat on the plank, with his feet against the vertical piece. The plank was then raised slowly from the horizontal to the vertical; and, when it reached the vertical, the patient usually found himself standing upright and was forthwith relieved of his campto-cormia. The use of these methods is too apt to induce the physician to suppose that, when he has cured the dissociative disability, he has cured the case. And, if the disability was the essence of the case, that was true. But in very many cases there remains to be cured a mental condition of the nature of repression.

Some cases of very extensive amnesia seem to have been of the nature of simple dissociation resulting from shock; such a one was the following, interesting by reason of the way in which it passed away.

Case 5.—A regular soldier after considerable service at the front was bowled over by shell-explosion and sent to hospital with an extensive amnesia. The amnesia, as in many other cases, involved a complete inability to recollect any particular fact or incident of his past life, while all his general knowledge remained unimpaired. He could converse intelligently and conduct himself in such a way that no one would have suspected his peculiar condition without close observation. It was, in fact, as though all that part of the structure of his mind built up by associative processes were out of action, while all the logical structure remained effectively active.[1] The striking thing about him was his complete normality, save for this single disability, the inability to recollect particular facts. He could not give his name, his regiment, his home; did not know whether he was married, etc. He was a tough, hardy specimen, and complained of nothing, though he was profoundly puzzled by his peculiar condition. In such cases my policy was a waiting one. I saw no need for hurry. Why hasten to restore to the patient memories which perhaps may be intensely distressing? I merely assured him that he would soon be well and encouraged him to try to recollect. After he had been in my wards for some days, a number of patients arrived from the tropics, and their sun-helmets were hung above their beds. That evening he, wandering in the corridor, looked into this ward, saw the sun-helmets, and came to me in a state of excitement, led me to that ward, and pointed to the helmets. I guessed at once that he had seen service in India. I therefore began to repeat to him and to write down before him the names of all the military cantonments in British India, so far as I could remember them. He was intensely interested, his excitement increased, until suddenly his amnesia was gone, as though some barrier in his brain were snapped across; and he poured out a flood of soldier's reminiscences beginning in India and going on to France. No symptom remained, and he went cheerfully back to duty after a further rest.

[1] The reader of Part I will remember that this distinction was drawn in Chapter XV. The distinction seems to be justified by such cases as that described above.

Cases of dissociation in which there is neither continued repression nor a fixed belief in the permanence of the disability usually recover spontaneously with a little encouragement; and in all such cases suggestion in hypnosis commonly succeeds at once in overcoming the dissociation.

Repression May Maintain Dissociation

In other cases, though it may remain uncertain whether, and in what degree, repression precedes and prepares for dissociation, the influence of repression in preventing recovery is very evident, and is manifested in many ways. First, the patient may reveal obscure indications that he hugs his sickness; that in some obscure way he is loath to part with it. Secondly, it frequently happens that a patient, relieved of one dissociative symptom by some form of suggestion, shortly develops another, which serves the same obscure purpose. Thirdly, there may be manifested positive resistance to the relief of symptoms. The following cases provide illustration of such evidences:

Case 6.—A youth of flabby moral texture was sent home from the Mediterranean with lower limbs paralysed and anæsthetic; a diagnosis of post-diphtheritic paralysis had been made. However, the signs were all in favour of a functional paralysis; and it appeared that, though he had suffered from a sore throat, the paralysis had set in just about the time that the transport on which he was going to the Gallipoli front had come within sound of the guns on that tragic grave of so many brave men. I tried hypnotic suggestion; but, though he passed into hypnosis, I could not fully control him; when he was forced to move his legs, he fell into weeping and moaning. I therefore decided to proceed more slowly by waking suggestion. Following an explanation that the anæsthesia would recede day by day and that, when it was gone, he would have full use of his legs, I ostentatiously mapped the upper limit of the anæsthesia on both limbs each morning, and in this way drew off the anæsthesia like a pair of stockings, drawing it two or three inches lower each day.

Case 7.—A Canadian farmer from the Far West, who had proved his mettle by volunteering for war service, was sent to hospital in England with a very complete amnesia like that of Case 5. The amnesia seems deserving of further description. Allowance being made for the memory defect, his conversation was intelligent, and he could read a simple story with fair appreciation, and could do simple arithmetic. He could tell me nothing about Canada except that he had been told it takes three days to get there. He says that he lived on a farm, but cannot describe it or explain what a farm is, except to say that it is where there are not many houses; he cannot describe a plough, cannot say what it is used for, or what a farmer does. Shown a picture of a donkey, he

calls it a horse; of a fox, says it is like a dog, but different; of a lion, like a dog also; of a bear, no reply; of a frog, says it's a funny-looking thing; of a cow—points to the horns and calls them ears; of a jackdaw—he fails to recognise it as a bird; asked what the wings are, he says "maybe they are arms," and so on. Tells me that he can't bear to look at war-pictures in the newspapers. Before he came to my wards he had been for some time in a convalescent hospital where he was allowed much freedom. While there he had established affectionate relations with a young woman. The amnesia did not affect these recent experiences, and he was able to tell me of them. He carried in his pocket a photograph of another young woman, which he said he liked to look at, though he could not recognise it. As the case was already of old standing, I tried hypnotic suggestion. He passed readily into fairly deep hypnosis and then, in response to suggestions, he described a few fragmentary scenes in which a young woman figured. These seemed to come up like dream-fragments. He described also a similar picture in which he saw two men (whom he names Brush and Beddoes) lying blood-stained and wounded in a trench. I could make no further progress; the fragments developed but little on later occasions of hypnosis. They were enough to show me that he was a married man with one young child. He showed no other symptoms beyond a vague distress, accentuated at times to depression, and occasional headache.

Some little time after this failure I explain to him that the reason he cannot recover his memory is that his horror of what he has seen prevents him from remembering. He says: "Can't I go on all right without remembering those things?" I tell him, as impressively as possible: "No! it is absolutely necessary to remember those things; you must face them or you will never be well; and the sooner the better." A few minutes after this conversation, which took place in the grounds of the hospital, he comes up to me excitedly and says: "Did I tell you about the machine-gun man?" And he describes vividly, with gestures, a scene in the trenches which he has just recovered. With a little encouragement the scene develops, and he describes freely a long train of exciting incidents, drawing a plan of the trenches on the ground, and continuing full spate for about fifteen minutes, and evidently enjoying his success in recollection. Then I stop him and say: "Now tell me about your home." For about thirty seconds he hesitates; evidently there is acute conflict going on. Then he pours out a flood of recollections of his home life in Canada. It then appeared that the amnesia set in shortly after the following incident during a prolonged heavy bombardment. He saw his chum, Beddoes, terribly wounded in an angle of the trench. He felt that he ought to go to him and did so, in spite of extreme horror and repugnance; he felt sick and giddy. A case like this presents a multitude of points of interest. I will mention only one more. I had, as a routine measure, recorded the strength of his hand-grip on several occasions during the amnesic period. He never registered more than 40 kilos, whereas 100 kilos is a fair record for an ordinary man. Within an hour of the recovery from the amnesia he registered 90 kilos, and shortly afterwards 150.

In this case the repression had a double source; there was the horror of the trenches culminating in the death of his chum; and there was the domestic complication. The repressing forces were too strong to be overcome by the aid of hypnotic sugges-

tion; but they yielded to a voluntary effort of recollection, when volition was reinforced by realisation that recovery of health could only be effected in that way.

The horror of blood and wounds and exposed entrails is natural to man. There are few medical students who do not faint, or come very near to it, on witnessing for the first time operations on the living subject. Therefore we do not need to seek explanations of it in infantile experiences, or exert a perverted ingenuity to derive it from the sexual instinct.

Domestic complications, adding to the strain and conflict, were frequent among the soldiers in the war. It was no light matter for a young man to leave his wife and children at a time when sexual morality was much relaxed and air raids were of frequent occurrence. The last case seems to me one in which the dissociation, though extensive, was not clear-cut and complete, and repression played a leading rôle throughout. The dream-like fragments of memory recovered in hypnosis concerned just those persons around whom his two conflicts were centred. I do not know how their emergence from the general amnesia is to be explained, unless we attribute it to the strength of the emotions centred upon those persons.

The following case resembles the last in the double source of repression, the domestic and the military, and in illustrating, even more clearly, the maintenance of a dissociation by the repressing forces. We must, I think, suppose that in such cases the repressing forces do not maintain the dissociation in any direct and positive manner, but rather that they tend to prevent the abolition of the dissociating barriers by working against, and thus rendering less efficient, all conation directed to overcome the barriers and recover the lost memories. The case differs from the foregoing one in that the amnesia was more clear-cut, more restricted, yet more complete. What factors determine in detail the extent of the dissociated functions it is often quite impossible to say. In some cases, as in that of Irene, the dissociation affects only one brief train of incidents, or, as in Case 4, some sharply circumscribed system of bodily functions. In others the dissociation of the essential or major function seems to spread to an arbitrary extent whose limits seem to be deter-

mined by what can only be called accidental or inessential factors. Thus, in the common type of retroactive amnesia following emotional shock, though in many cases the exciting incident alone is forgotten, in other cases the amnesia reaches backward and includes a more or less extensive tract of the patient's former life; and in extreme cases it reaches such complete amnesia as that of Case 5.

Case 8.—I have described this case elsewhere[1] and cite the description. "Sergeant B. was a man of excellent character and very fair education and intelligence. While on service in France he learned that his wife was guilty of an infidelity of a peculiarly reprehensible kind. He obtained leave, came home, investigated the facts, and put in hand proceedings for divorce; and, while on leave, considering himself virtually a free man, he renewed an attachment which had been broken off through misunderstanding some time before his marriage. This marriage he had contracted in a mood of reckless and quixotic generosity, but of very little affection, in the period of reaction following upon this estrangement.

"Some months after returning to duty at the front he suffered 'shell-shock.' During a disastrous bombardment of his unit a shell exploded close to him. He did not wholly lose consciousness, but was obviously disordered in conduct and strange in speech. He was shortly sent home, and came under my care a few hours after landing in England. He was to all appearances a normal man, except that he could tell me nothing of his life and experiences between a moment some months before the outbreak of war, when he had a slight fall, and his setting foot on the quay as he landed from the hospital ship a few hours before. He expressed himself entirely ignorant of the war, and was astonished at finding himself in khaki. But of all his life previous to the amnesic period he conversed frankly and intelligently. The complicated course of his domestic relations and the history of his military service were gradually revealed to him by letters and personal interviews with friends and relatives. He renewed his affectionate relations with the young lady to whom he had been at one time engaged, and, when informed of the renewal of their engagement, he accepted it. When informed of the death of his younger brother at the front during the early months of the war, a brother to whom he was much attached, he was overcome with grief.[2] He was keenly desirous of divorce and of marriage with his first and only love, his only scruple arising from the existence of his stepchild, for whom he retained a strong affection. The one barrier to his divorce was his complete amnesia for all the incidents on which his application must be based. If he could have overcome this, his way would have lain plain before him. He was conscious of no aversion from further service; for he had long been a keen volunteer and territorial soldier, and he had no conscious recollection of the horrors of the battle-field.

"Every device was used to restore his memory, including visits to his home

[1] In the final chapter of "Functional Nerve Disease," Oxford Press, 1920.

[2] It was as though the fact of his brother's death had remained unknown to him. Yet he had known it and sorrowed over it a year before.

and to scenery he had known during his training for active service, and the reading of detailed letters from the front which he had sent home before his 'shell-shock.' But nothing availed. His case was explained to him at great length, and he took a very intelligent interest in it. He passed readily into deep hypnosis, and in that condition related many details of his life which in the waking state he seemed to have forgotten; but, with the exception of a few vivid pictures of his surroundings on the hospital ship which brought him to England, nothing of the amnesic period could be recovered. Always, and many times, when in hypnosis I pushed him hard, insisting upon his recollection, my hold upon him was suddenly resolved at the moment when the critical point of his narrative was reached, the hypnosis terminated, and he woke to normal consciousness and independence. This last feature of the case, which was very striking, is not very uncommon. It indicates unmistakably that the amnesia depended not upon a mere dissociation, but upon a continued and ever-watchful activity of repression, a repressing activity strong enough to defy the ascendency which I had acquired in the hypnotic state, as well as the strong desire of the patient to overcome it in order to be fit for divorce and remarriage, and to feel himself again in normal health. For, in addition to the amnesia, he suffered from severe headaches and a lassitude which contrasted strongly with his former independent and self-reliant character. Here, then, was a case in which all conscious motives, the strength and reality of which can hardly be doubted, prompted in vain the effort to recollect. The repressing forces prevailed over them and over every artifice by which I sought to evade or overcome them."

The subsequent course of the case threw further light on the repressing factors. After the failure of my prolonged efforts to overcome the amnesia, B. returned to civil life and his old occupation; and, as the amnesia continued, he was unable to secure the divorce he so strongly desired. About one year after his discharge from the army, he came to see me. There was then evidence that the repression was less complete. During his stay in hospital he had had no dreams, or could remember none. Latterly he had begun to be troubled by battle-dreams; and on several occasions he had suddenly passed into a trance-like condition of short duration. He had recently seen his former colonel, who was also his present and former employer, to whom he was confidential clerk. This had brought no recollection of his military life to consciousness, but it may have made some stir in the depths among the dissociated memories. I judged from these indications that suggestion might now be successful. I plunged him into deep hypnosis, and at once he re-enacted the final scene on the battle-field. The dissociation was completely overcome; in the waking state he continued to recollect at will and recite the various events of the period affected by the amnesia. The main repressing force may have been a subconscious aversion from military service; and this may have been weakened by a year's security in civil life. I am disposed to believe that this was of secondary importance; and that the weakening of the repression was due to the lapse of time which had weakened the force of the painful emotions connected with the domestic tangle.

In the following chapter we shall find ample evidence that a dissociated memory system does not always lie latent and in-

active, but rather may manifest itself in various ways. The same is true of other forms of dissociation. When dissociation involves some single bodily function, such as the motor speech functions, or the sensory and motor functions of a limb, there may be no obvious manifestations of activity in the dissociated system (as in Case 4). But in other cases such manifestations are not lacking. The simplest of such is a continuing contracture. Such contractures are sometimes very obstinate; the fingers may be kept so strongly flexed that the nails form deep sores in the palm. In such cases deep anæsthesia, under chloroform or ether, abolishes the contracture; but in many cases it returns as the influence of the drug passes off. It is sometimes said that such contracture does not persist during sleep; but that is not true of all cases. I have carefully verified its persistence during deep sleep in several cases. This fact alone would suffice to show that its nature is quite other than an obstinate voluntary contraction of the muscles. Yet it is neither a muscular condition (though, after long persistence, secondary shortening of the muscles is apt to set in) nor a sustained reflex; it is rather a motivated sustained contraction, strictly comparable to that which persists post-hypnotically in the subject to whom continued rigidity of a limb is suggested during hypnosis.

Other such evidence is afforded by the fact that the muscles of a functionally paralysed limb do not waste and the skin does not show trophic changes, or not in the same degree as in the limb paralysed by section of the peripheral nerves. More evidential of some obscure mental control of a functionally paralysed limb is the fact (pointed out by Janet) that it avoids those accidental injuries which the organically paralysed limb almost inevitably suffers.

Still more striking is the evidence of this kind afforded by forced involuntary movements. In one of my cases (a soldier who played the trombone in the band and had been buried by shell-explosion) the most prominent symptom was that his hands, as soon as he attempted to use them, made forced movements resembling those involved in playing his instrument. The following case illustrates this point, as well as shows vividly the operation of repressing forces.

Case 9.—A clever, well-educated boy of nineteen years, a great athlete, was in training as a cadet in the flying corps. He had taken up the training with great enthusiasm. One day in running to the dining-hall he fell and bruised his right shoulder. The bruise was only moderately severe. The arm was put in a sling for a few days and lo! when the sling was removed, the arm was in rigid contracture. The boy expressed the greatest keenness to go back to duty, and to go to the front as a fighting pilot. He stoutly denied that the flying had in any sense "got on his nerve" and that he had experienced any fear.[1] Tactful investigation, however, brought out the fact that, shortly before the bruising, he had, in executing a daredevil stunt, come within an inch of crashing against a tall tower. Still he could not by any means be brought to admit any fear or any reluctance to return to duty; and the condition was very obstinate. I resorted to hypnosis, into which he readily passed. But when I insisted upon his using the arm during hypnosis, there was manifested an acute conflict. The arm moved; but, instead of obeying my suggestions, it performed the most extraordinary contortions with tremendous energy. Very soon (as in Case 8) my "spell" was broken; the patient came suddenly out of hypnosis; and then, in place of his usual cheerful friendliness, displayed a fierce resentment, told me he hated me, etc. On the following day he was his usual cheerful friendly self; but he reported that, when he woke from sleep, he had found his right arm interlaced among the bars at the head of his bed and had had the greatest difficulty in extricating it. These events were repeated with some variations. It was as though he were possessed by a devil.

There is no room for doubt that this was a simple case of strongly repressed fear, generating a strong subconscious aversion from return to duty. When I tried to force him back to duty by removing the disability, the repressed fear broke through and (as in an animal brought to bay) generated anger against me. The significance of the contortions of the arm is less clear; we may fairly suppose that they expressed a conflict between the repressing forces and an impulse to strike me.

It would seem that no organ or function subject to nervous control is exempt from the incidence of dissociation. It affects most commonly the sensori-motor functions of a limb; but I have seen it confined to the extrinsic muscles of the eyeballs; and the complete dissociation of the auditory or of the visual functions is by no means uncommon.

In the sensori-motor paralyses of a simple kind, we may sup-

[1] Among officers in training for flying service a strongly repressed fear, more especially of being burned alive in a crashed machine, was common. They inevitably saw or heard of such accidents; but there was a tacit rule against all mention of them.

pose that the dissociative barrier lies within the sensori-motor cortex; or possibly, in those cases in which the sensory or the motor functions are alone affected, on the afferent or efferent paths. When there is amnesia for a period (a failure of the associative links formed during a certain period) we have to postulate a dissociative barrier isolating neurone systems that ramify widely through the cortex. In a later chapter, when we have studied some of the more profound forms of dissociation, we shall return to the theoretical problems raised by dissociation in general.

In the following chapter I propose to consider further some of the various ways in which a dissociated system may actively manifest itself.

Dissociation is the process characteristic of what are called hysterical disorders; as conflict and repression, without dissociation, characterise disorders of the neurasthenic type. There is good reason to believe that individuals are more liable under strain, conflict, and emotional shocks, to disorder of one or other of these two types according as they are of the extrovert or introvert type. The extrovert is more liable to the dissociative or hysteric type of disorder; the introvert to the neurasthenic type. To this topic we shall return in Chapter XXVIII.

CHAPTER XIII

AUTOMATISMS

Fugues, Somnambulisms, Fits

When a dissociated system manifests itself in bodily movements during the persistence of waking consciousness and normal control of the rest of the organism, it is usual to speak of the movements as automatisms. Such automatic movements range from simple twitches of some muscle-group, to which it may be difficult to attribute any significance, to regard as in any sense an evidence of mental or psychic activity, up to such highly elaborate movements as those of automatic speech and writing. When such movements produce sentences; long, coherent, and intelligible utterances; and even well-ordered and more or less logically constructed romances or poems or philosophic treatises, we cannot refuse to regard them as expressing mental activity.

When, half a century ago, such phenomena began to be seriously studied, men of science were generally inclined to argue in the following fashion: These elaborate movements, expressing intelligence and purpose, go on automatically, *i. e.*, without the consciousness of the person whose limbs produce them; they are therefore expressions of *unconscious cerebration*. We may therefore conclude that the various parts of the brain can function equally well with, or without, the accompaniment of consciousness. Cerebral activity is therefore a purely mechanical process which may, or may not (for reasons not known), be accompanied by the *epiphenomenon* called "consciousness." This was the line taken by T. H. Huxley and W. B. Carpenter. Others chose to assume that all "automatic" actions are executed through the spinal cord alone, the brain taking no part in the production of them. This was, for example, the view taken by the physiologists Heidenhain and McKendrick, who sought to explain along this line all the movements produced by hypnotic and post-hypnotic suggestion.

Increased knowledge of the facts compels us to reverse this argument and to believe that the so-called automatisms are expressions of mental activity as truly as any other actions; and, although we must admit that it is impossible to prove by any absolutely compelling reasoning that any person other than oneself is conscious, or consciously thinks and acts, we must recognise that all the grounds which justify us in believing a man's normal conduct to be the expression of conscious thinking justify us equally in believing that automatic actions express conscious thinking. So long as we have only objective evidence of this, in the intelligence, purpose, design, or intention, expressed by the automatic actions, doubt or suspension of judgment on this question may seem to be well justified. But in many cases it has been found possible to obtain introspective and retrospective evidence of the truth of the view that the so-called automatic action expresses conscious thinking; that is to say, it has been possible to get into touch with a part, or fragment, or aspect, of the personality which produces and controls the "automatic" movements and to obtain from it an introspective or retrospective account of the thinking and feeling expressed in the action.

In those cases in which (as in somnambulism) the normal personality seems to be asleep during the execution of the "automatic" actions, this interpretation of them as expressions of conscious thinking (possibly, in many cases, thinking of a restricted kind) seems acceptable enough to most students of the phenomena. It is when the "automatic" actions are executed during the waking state that this interpretation of them meets with resistance on the part of many students. They have become accustomed to believe that the stream of conscious thinking is a single stream; and they cannot easily rid themselves of this prejudice.[1] Under the influence of this prejudice it has become usual to separate, as phenomena of two distinct classes, the "automatic" actions of sleep and trance states, on the one hand, from those of waking states on the other. But there is no valid ground for such separation. Automatic actions of exactly

[1] Let him who finds this prejudice working strongly in him ask himself on what foundations it rests, or how he can justify it.

the same kind may go on in both states. That most elaborate form of "automatic" action, automatic writing, goes on in some subjects equally well and in similar forms in both states; and the same is true of simpler forms of automatism.

Moreover, in our study of hypnosis we have found experimental evidence of the truth of the view I am urging. For we found that, after the execution of some post-hypnotic automatic action, it is possible in some cases to obtain (on rehypnotisation) a retrospective account of the thinking expressed by the action.[1] Further, reflection on common experience should prepare us to accept this view; for, although it may seem that concentrated thinking commonly has, as it were, a single moving focus, and though during such activity we may seem to be aware only of the objects to which our thinking is directed; yet in many cases we may become introspectively aware that a second stream of thinking, some reverie, or fantasy, or recollection, goes on alongside the main stream. Under exceptional circumstances, this duality of the stream of thinking becomes more extreme.[2] And, as after dreaming, we often feel sure that such reveries or recollections, irrelevant to the task on which we are consciously concentrated, have complicated our mental state, although we may be unable to remember them in detail.

All these considerations point strongly to the view that in all automatic actions we have to do with expressions of a subsidiary stream of conscious mental activity, which we may best describe by the term "co-conscious activity," following Dr. Morton Prince, who has given currency to the expression and done more than any other psychologist to establish the reality of such co-conscious thinking.

I do not wish to force this view upon the reader. I merely put

[1] Cf. Chapter XXXI.

[2] Prof. G. M. Stratton has recently described a striking instance of such duality of the conscious stream, in his article in "Problems of Personality," N. Y., 1925. The subject, an aviator, describes at length his experience during an accident in the air. I cite a few lines: "It was at this time that a dual personality came into play. I had a rapid survey of my life, not as though I were looking at scenes of my past, but as though I were doing and living them again. Yet I was conscious at the same time of having to manage my ship. For as I started down in the tail-spin I realised that I had a certain amount of time, and I went carefully over the different controls, etc."

it before him at this stage of our discussion as a well-founded view and as, in my opinion, the only one that can be consistently applied to the interpretation of a multitude of facts of abnormal psychology.[1]

Automatic Writing

Students who have no first-hand acquaintance with the phenomena of automatic writing may well feel sceptical of the claim that it is produced without any knowledge of its contents on the part of the subject. Such natural scepticism cannot stand in face of the abundance of carefully studied cases of such writing. Such writing is produced sometimes during a trance, or sleep-like condition, that comes on spontaneously, as in the case of the famous Mrs. Piper and other trance "mediums." In other cases it is produced during a fully waking condition, the hand being completely anæsthetic during the writing and the subject unaware that it is making any movements, so long as it is screened from his vision. Other subjects are aware that the hand is moving; though they may converse, or read, or otherwise concentrate their attention, during the writing, and remain entirely unaware of the nature of what is being written until they read it after its completion. Others again become aware of the words as the hand forms them, but do not know what words or sentences are about to be written, have no foresight of what is coming, and no sense of intending, planning, or imagining the substance of the story.

Many persons who have never written automatically can readily be induced or trained to do so by post-hypnotic suggestion; and many can develop the power spontaneously by simply holding a pencil upon a writing-pad while they immerse themselves in some interesting piece of reading. Of those who cannot produce automatic writing with a pencil, many can produce automatically spelled and intelligible sentences by the aid of some such device as the "ouija"-board, or the "plan-

[1] Of course, if the reader is a behaviourist and not interested in "consciousness," he will not be interested in this problem. But then he had better keep away from the field of abnormal psychology, and confine his attention to the conditioned reflexes of animals and infants.

chette"; especially if two or three subjects co-operate by laying their fingers on the same apparatus.[1]

In many such cases it is possible to obtain some retrospective account of the thinking that governed the writing, if the subject is afterwards hypnotised.

That poems or other literary works of merit have often been produced automatically is well known. R. L. Stevenson's description of the "Brownies" at work in his brain is famous; and his story of "Dr. Jekyll and Mr. Hyde" would seem to indicate that he was familiar in his own person with some of the extreme manifestations of dual personality.

There is no reason to doubt S. T. Coleridge's statement that "Kubla Khan" was composed during sleep. A somewhat different and equally striking case is the following, the facts of which I had from the lips of the author himself:

Case 10.—A man in his early prime, who followed the calling of a stockbroker, lived a normally active social and athletic existence. His tastes were those of an average member of his class; he had no special literary interests; poetry he had always regarded with indifference as a thing rather for women than for men. He had the habit of lying in a half-waking state for some little time before rising each morning. He noticed that, thus half-awake, lines of what seemed to be verse would come into his mind. He was sufficiently interested to jot them down on paper, and found that they made connected and coherent verses, which seemed to him as good as other verses he had seen in print. He therefore sent some of the verses, thus subconsciously produced, to the editor of a magazine. To his astonishment they were accepted. At the time when he told me of these facts, a number of his poems, produced in this way, had been published in leading magazines, and—paid for. Such of these poems as I read seemed to me of considerable merit, in a bold romantic style. An interesting feature of the production was that often the lines of a poem would come into his consciousness as complete but detached lines in irregular order; these lines could then be sorted out in the fully waking condition, and arranged, without other change, to make the complete poem. This fact shows very clearly that the verses were designed and constructed before the several lines came to consciousness.

The Fugue

"Fugue" is the name given to those instances in which a person suddenly disappears from his accustomed haunts and

[1] It is a curious fact, the explanation of which is by no means clear, that a group of three or four persons may thus succeed in producing automatic writing, and that the omission of any one member of the group may put a stop to the process.

reappears at some distant place, astonished and puzzled to find himself there, and unable to give any account of himself in the period between his disappearance and his reappearance.[1]

Case 11.—A colour-sergeant of long service was carrying a despatch from one part of the front to another, riding a motor-bicycle. He suddenly found himself, a few hours later, pushing his bicycle through the streets of a seaport town some hundred miles from the front. He was utterly bewildered and, in order to avoid suspicion of desertion, he surrendered himself to the military police. He remained unable to give any account of his long journey from a spot near the front to the seaport.[2] After some stay in various hospitals he came under my care. He had no symptoms beyond his amnesia for this short period of some hours' duration, and a certain depression and lack of self-confidence, such as naturally resulted from the circumstances in a man of his good record and responsible position. Waking conversation having failed to overcome the amnesia, I tried hypnosis and at once the amnesia yielded; the dissociative barrier was overcome, and he continued in the waking state to be able to recollect and describe the whole incident: how a shell exploded near him, throwing him down; how he remounted his cycle and set off for the seaport; how he found his way by studying the sign-posts and asking questions, etc. It was clear that, though his actions had been conscious, intelligent, and purposive, yet his conscious activity was of a restricted kind; he seemed to have had no thought about the consequences of his action, but to have been driven on by the single strong impulse of fear, taking the form of a desire to get far away from the danger-zone.

It is probable that in such a case the actual fugue realises some fantasy previously generated by a repressed desire for such escape from the scene. In the foregoing case I did not succeed in obtaining evidence of such preceding fantasy and repression. In the following case, which I take from Janet's best-known work,[3] the influence of preceding fantasies in shaping the fugue is well illustrated.

Case 12.—Rou was a poor boy who lived with his mother in a city where he was employed in the humdrum tasks of a small store. He had for years been in the habit of frequenting taverns, where he associated with sailors and listened avidly to their stories of adventure on the high seas. He longed for a life of such adventure and dreamed of tropic isles and fairy seas. We are given no detailed account of fantasies of this time; but we may safely infer from the

[1] The word is sometimes used in a wider sense to include wanderings of a seemingly aimless kind for which the subject (generally a psychopath) can assign no adequate reason or motive, but of which nevertheless he can give some description.

[2] Similar cases were common enough during the war; and it is highly probable that a certain number were punished with the extreme penalty.

[3] "The Major Symptoms of Hysteria."

account that they occurred and were largely occupied with such scenes and adventures. One day (when in all probability Rou had been drinking with his acquaintances, as his habit was—and we have seen that alcohol favours dissociation) he disappeared. Subsequent investigation showed that he had worked his way towards the coast, at first on canal barges, enduring many hardships, later in the service of a travelling tinker. One day, some months after Rou had left home, his master procured some wine, it being a feast day, and proposed a little festivity. Again we are not positively told whether alcohol was taken before the change; but only that, at the mention of the date, Rou cried out: "It is my mother's birthday!" and therewith was himself again, except that he could not recollect any event since the day of his departure from home.[1]

Such are typical fugues; they are prepared for by day-dreams motivated by repressed tendencies; then occurs (generally, perhaps always, at the moment of some emotional shock) a dissociation of the system of mental dispositions concerned in and built up through the fantasies; and forthwith the repressed tendency, working through the dissociated system, finds expression in action.

Somnambulism

The relation of fugues to somnambulisms is very close. The difference seems to consist mainly in that the fugue expresses a larger part of the total personality; so large a part that the patient is able to conduct himself in a manner sufficiently near the normal to avoid being detected as a person in a distinctly abnormal state.

Compare with the fugue the following simple case of somnambulism:

Case 13.—A soldier, a big vigorous man, was in hospital after being rendered briefly unconscious or dazed by shell-explosion. He showed no symptoms, and I was about to return him to duty when other inmates of his ward complained of his walking in his sleep. I found that, several times nearly every night, he would get up, walk over to the bedside of the only sergeant in the ward, and stand there until led back to his bed. He could throw no light on this peculiarity. In hypnosis he at once relived and described the scene of his accident. A shell had exploded, killing and wounding several comrades; he rushed off to the sergeant to report; and, as he did so, a second shell exploded, dazing him. In the somnambulism he was reliving this scene, the memory of which was dissociated; just as Irene re-enacted the scene of her mother's death.

[1] It should be added that this was only one, though the most prolonged, of several similar fugues achieved by this subject.

Hysterical Fits

It would be easy to arrange a series of cases ranging by small transitions from an elaborate fugue, through anticipatory and recollective somnambulisms, to typical "hysterical fits." The following case will illustrate the transition from the somnambulism to the fit.

Case 14.—A game young soldier had fought very gallantly until wounded in one foot. When convalescing from the wound he began a long series of "attacks," each of which closely resembled the rest. Sometimes the "attack" came on in his sleep, sometimes during waking. He would suddenly fall to the ground, seem to be utterly unaware of his surroundings, and would re-enact, in the most dramatic way, a scene lived through in the trenches but forgotten; in this scene he took a very active part in repelling an attempt of the enemy to rush the trench; he worked a machine-gun, shouting in the utmost excitement to his comrades. As the excitement subsided the dramatic actions gave place to mere spasmodic movements and contortions, which in turn would subside and leave him sleeping quietly.

In the more usual "hysterical fit," only the latter part of such a complete fit as that of the last case is enacted. The patient falls suddenly, seems to lose all consciousness of his surroundings, writhes on the floor with movements which may, or may not, express or suggest some definite form of bodily and mental activity, and after a time sleeps, or suddenly or gradually "comes to himself" with no recollection of what he has been doing or thinking.

In such cases among soldiers the leading rôle was played by fear. In many such cases a sudden loud sound of any sort sufficed to occasion such a fit; and in many of them it was easy to show, by hypnotic exploration, that, even though the movements might be very inexpressive, the patient was reliving in recollection a scene of the battle-field the memory of which was dissociated. And it was generally easy also, in such cases, to bring the "fits" to an end by breaking down the dissociation, that is, by insuring, through suggestion during the return to the waking state, that the patient should continue to recollect the hitherto forgotten incident.[1]

It was said on an earlier page that a purely dissociative dis-

[1] Cf. Chapter XXIX, section on *Abreaction*.

ability often, or generally, produces remarkably little disturbance of the equanimity of the patient; in fact, in many such cases, the patient seems to find a secret satisfaction in the possession of his disability, and to be otherwise in good health, cheerful, and active. Perhaps this lack of concern over the disability should be ascribed in part to ignorance of the automatisms displayed.

In these cases the formula for the neurological interpretation suggested on page 229 seems entirely adequate. We have to conceive the fear-disposition at the base of the brain (in the Thalamus) and the system of dispositions (in the cortex) concerned in the memory of the fearful event as reciprocally connected by ascending and descending paths; and the cortical system as isolated from all other parts by a dissociative barrier; the two then form a reciprocating couple. The cortical system is incapable of being directly excited through association-paths of the cortex; but any impression that excites fear may bring it into action by way of the ascending path from the fear-centre; and it then plays down upon the fear-centre, increasing its excitement. And, because the cortical system is isolated, the fearful scene of the past is lived through again as though actually present; it is lived, not as the normal man might remember it, with clear consciousness that it is an incident of the past set against the background of present safety, but, as in a dream in which we accept as real and present all that we imagine and recollect.[1]

The vividness, the strong emotional tone, and the sense of actual presence of all that recurs to consciousness in such fits are clearly manifested when such patients relive and recount in hypnosis such forgotten scenes. They may throw themselves about with vivid gestures and violent symptoms of the appropriate emotions. This is the so-called *Abreaction*, some discussion of the alleged therapeutic value of which the reader may find in Chapter XXIX.

The recital of such forgotten scenes in hypnosis presents another point of interest; namely, the duality of attitude of the patient; he commonly continues to be in *rapport* with the physi-

[1] Compare here the statement by Dr. Stratton's subject, p. 255.

cian, replying to his questions and responding more or less to his suggestions, even while he visualises the scene as one in which he is taking part, rather than as a mere memory. He lives two parts at once; his rôle as spectator of and actor in the recollected scene, and his rôle as patient responding to the physician.

In the cases of the pure neurasthenic type there are no dissociative disabilities, no complete amnesia, no paralysis or anæsthesia, no fugues, fits, or somnambulisms, but merely the symptoms of continuing conflict.

But the two kinds of disorder are not incapable of being combined in the same patient, as has been indicated in Chapter XII. It seems worth while to discuss a few cases in which this combination was strikingly presented. They will serve to illustrate further the complicated relations between repression and dissociation.

CHAPTER XIV

VAGUE FEARS AND ANXIETIES

The phobias conform to a fairly well-defined type of disorder, and will be discussed in Chapter XVIII. Here I propose to discuss certain somewhat ill-defined forms of neurosis that are difficult to classify or to regard as illustrative of any one disorder process. They are characterised by symptoms of fear and anxiety, more or less well marked. The classification of these states is a problem on which opinions are much divided. The present confusion is partly due to the ambiguous use of the words "anxiety" and "fear." British and American authors have habitually translated the German word *Angst* as "anxiety"; whereas, although the German word involves the same confusion between fear and anxiety, it carries, more positively than the word "anxiety," the meaning "fear." On the other hand, the common inclination to use in common speech too strong a word leads us often to say "fear" when we mean "anxiety"; as when we say, "I fear we shall arrive too late for dinner."

In Part I we have seen that anxiety is properly the name of one of the derived emotions, one of the prospective emotions of desire, an emotional state that is apt to arise whenever some strong continuing desire appears likely to fail of attaining its goal.[1] One may become anxious about one's next meal, one's child's recovery from sickness, one's reputation, the realisation of a life's ambition, or about any other object that one strongly desires. Anxiety and fear are often combined in an anxious fear or a fearful anxiety, as when we are striving to reach a place of safety in a prolonged effort to escape from a dangerous situation that evokes our fear. And the two emotions are especially apt to be conjoined in a complex emotional state when those we love are in danger. It may reasonably be questioned whether the danger to another does really excite fear, whether the emotion we experience is not rather pure anxiety. But I have no doubt that such situations of danger of those we love may excite

[1] Part I, Chapter XII.

real fear. Let a fond parent stand beneath a tall tree while his offspring clamber in its upper branches, and he (or especially she) is liable to fear blended with anxiety. It is an experiment I have made many times, with leisure for introspection. The explanation is, I think, that the loved objects are emotionally identified with oneself, they are objects to which the sentiment of self-regard is extended.[1] But the fact that fear and anxiety are often blended in a complex emotional state should not lead us to ignore the distinction between them.

During the war many soldiers suffered from tachycardia, often combined with other vaguer symptoms, sometimes the symptoms of incipient Grave's disease. And I see no reason to doubt that many such cases were directly induced by repeatedly evoked fear. Whether unsuccessful or partial repression played any essential part in all such cases remains doubtful. In some, especially the more obstinate cases, repression undoubtedly played a part. In many of these cases, tremor, either general or localised in some one part, was a prominent symptom. Trembling is commonly regarded as a symptom of fear; but that is too simple a view. Fear that finds free and natural expression does not produce trembling, but rather strong, effective, well co-ordinated movements of escape. It is when such movements are prevented in a fear-exciting situation that we tremble. If we are shut off from escape by physical barriers, or by moral inhibitions such as our sense of duty, or by the critical observation of our fellows, we are liable to betray our fear by trembling. The horse whose master forces him to face the terrifying object trembles. But we tremble also in anxiety, if we cannot act freely in pursuit of our goal, but are obliged to suspend action. The athlete may tremble in the moments of suspense before the starting-gun is fired. And the dog, keenly desirous of seizing his prey or a piece of food, but inhibited by his master's command, trembles; and even the imperturbable cat trembles in the moments of suspense when she is lying in wait for her prey. We tremble also when we are very angry and cannot freely vent our anger, but must inhibit its expressions. The same is true of strong lust and of curiosity and, probably, of all the primary affects.

[1] Cf. Part I, p. 428.

Tremor or trembling (of course I do not refer here to the many varieties of tremor due to organic lesions of the nervous system) seems, then, to be the expression of incomplete inhibition, of partial or unsuccessful repression; it is a form of incoordination. In the severer cases, and especially in those in which the tremor is confined to one part, one limb, or, as in many cases, to the two lower limbs, it seems to imply some degree of dissociation. For in these severer cases it is frequently combined with a high degree of asthenia, or weakness of innervation; and one sees all varieties and degrees of such weakness combined with tremor, leading up to cases of complete functional paralysis.

Case 15.—A young soldier, after being buried by shell-explosion, had persistent weakness and tremor of both lower limbs, rendering him incapable of walking. When he came under my care the condition had persisted for some months. He was very reserved and unsociable; he would spend his time sitting in some retired spot with fixed gaze and melancholy expression. For some time my efforts were unsuccessful, and the condition continued without improvement. At last, when I had sufficiently gained his confidence, he made the following confession: During an advance he had leaped into a trench and found there three of the enemy, wounded; in his excitement he bayoneted all three. Ever since his "knock-out" by the shell, which followed shortly after this incident, he has been oppressed by the memory of his action and by remorseful emotion. When he sits alone he is generally picturing the incident; he sees the pitiful expressions of his victims, and hears the dreadful cry one of them uttered as he plunged his bayonet into him. He regards himself as a murderer and rightly liable to punishment. He tries to forget it, but cannot. After the confession had been made, and I had led him to take a more lenient view of his action, and shown him that there was no possibility of punishment for it, the symptoms, which had persisted some nine months, rapidly cleared up.

Case 16.—A soldier of very fine type had served two years at the front and seen much fighting. His only positive symptom is a violent tremor of both lower limbs. It is not constant, and does not prevent his walking. But it is apt to come on with any emotional excitement, and especially if he has to stand in the presence of an officer. He is intensely ashamed of and distressed by this weakness. He is very patriotic and much concerned about the war. His great desire is to kill more of the enemy, both as a contribution to winning the war and in revenge for various terrible things done. He frequently begs earnestly to be sent back to the front. He thinks he would be all right there, able to do his duty. I never felt more sincere respect and pity for any man, and did my utmost to uncover the mental grounds of his condition. He told me of many terrible experiences in the field, and of intensely distressing domestic events during his absence from home, in consequence of which he was determined to kill certain persons as soon as he could find the opportunity, regarding this

as a just vengeance. But this unburdening did not relieve his condition. At last, after many weeks, he told me of an incident the memory of which was undoubtedly strongly repressed, but not dissociated. He had not forgotten it, but had not been able to bring himself to speak of it in spite of all my urging. The essence of it was the killing of a wounded enemy during the excitement of battle.

Here again a repressed remorse seems to have been the pathogenic agency. After confession and readjustment, recovery was almost immediate. In the following case it is impossible to say whether dissociation or repression underlay the amnesia. It is instructive as showing how a complex may be stirred to activity by circumstances resembling those under which it was formed.

Case 17.—A highly educated man had served at the front and had been discharged from the army with vague neurasthenic symptoms, including headache and loss of appetite. He took a holiday and, feeling himself restored to health, returned to his civil occupation. This involved daily railway journeys between his home and place of business. He used to feel very uncomfortable in the railway-train; and very soon he relapsed and came under my care in a condition of great emaciation. The only other symptoms were poor sleep and headache. I explored for amnesia. He told me of many terrible incidents in the field, but I could find no evidence of an amnesic period up to the time he went sick with a moderately severe wound. I then tried a more minute exploration in hypnosis and found that the suspected amnesia existed, affecting the period immediately following his going to the field-ambulance. He had been put into a motor-ambulance with several severely wounded soldiers, and had made a night journey in it under very trying conditions, the falling of air-bombs, the groans of his companions, and his own painful wound. In the waking state he had been unable to recollect this journey. From the time of recovering the memory of it he made a rapid recovery to normal health.

In this case it would seem that the distressing memory was successfully repressed, until the daily travelling by railway stirred it to greater activity; when, though there was no conscious recollection, the distressful emotions affected the patient's consciousness in an obscure fashion and disturbed his organic functions. The case thus illustrates what seems to be a general rule, namely, that the affect of a complex can disturb visceral functions and make itself felt as a mood, while the cognitive content remains outside consciousness.

The following case illustrates the fact that distressing incidents, the memory of which is not dissociated or completely repressed, may, nevertheless, maintain a neurotic condition.

Case 18.—An Irish soldier (thirty-eight years) of powerful physique was admitted as a case of "confusional insanity" ten days after being rendered unconscious by shell-explosion. During these ten days he was described as very dull and stuporous, picking constantly at the bedclothes, very confused and rambling in speech. He frequently hears shells screaming overhead, and each one seems to speak to him in a threatening way; he feels that everybody is "against" him. *Rapport* was quickly established (that is to say, a confidential relation to myself) and the following account obtained. He has led an adventurous life in the wilds of America and other parts of the world. He asserts that, from childhood until the present breakdown, he has not known fear. As a child he was often terrified by a drunken father. He served in the Boer War and through the siege of Ladysmith. During that prolonged and very trying siege, he became very run down and depressed, and was discharged from the army. He slowly recovered from this simple depression. He denies any element of fear in that depression, and maintains that he had no fear during service in France; he was known as the most reckless man in his regiment. Some weeks before he was knocked out, his battalion lost very heavily and his chum had fallen back into his arms with a bullet through his left temple. At that moment he felt a severe pain in the left temple, which persisted three days. The night before he was knocked out by the shell, he took part in a night attack. His company was crawling forward in the dark; a shell exploded near him and he put out his hand to touch the comrade beside him and to make sure that he was all right; his groping hand found the stump of his comrade's neck, from which the blood was spurting. This incident seems to have been of the most effect. He says it will be always with him; he often dreams of it; sometimes he is aware of the body beside him all day long. After telling me of this, he is no longer troubled by sense of the presence of the headless comrade. But he still has the sense that something dreadful is about to happen; and he feels fear and wants to run away; what he fears is undefined, but some calamity either to himself or to the whole place. He can't associate with other patients. If he goes to the dining-hall he feels as though he must scream. It is difficult to persuade him to go out-of-doors; and when he goes out he keeps close to buildings. He is ashamed of these weaknesses. The condition was obstinate and, since there was no obvious amnesia or repression, I tried direct suggestion in hypnosis. Half an hour's hypnotic sleep, with suggestions of confidence and cheerfulness, made him feel all right for three or four days, and he seemed to be steadily getting the better of his "nerves." But as soon as he was sent away from me he relapsed, with return of vague fears and loss of sleep and appetite. I therefore renewed the treatment by direct suggestion, gradually increasing the intervals; and in the course of some two months he regained his self-confidence and control.

In this case one may fairly suspect that childish experiences had prepared the way for neurosis, and that a deep exploration might have fortified him against recurrence. Yet during many years he had led a wild and adventurous life, displaying much boldness and virility. If there was any constitutional defect or

acquired predisposition to neurosis, it was such as to lead to no trouble save under very severe affective strain. It is fair to say that only a man of the soundest constitution and development could pass through similar experiences without developing some trace of neurotic disturbance.

These ill-defined neurotic troubles of soldiers, in which vague fears and anxieties, with some general disturbance of functions, more especially of sleep, appetite, and heart action, form the clinical picture, are similar to troubles that are very common in civil life. These civil cases are vague and ill-defined; commonly, such disorders interfere relatively little with the conduct of life and therefore do not come into the hands of specialists in nervous or mental troubles. Dr. R. S. Gibson has recently drawn attention to them.[1] He writes: "One factor which has been much neglected in recent years, not only in the consideration of the neuroses, but also in the study of normal psychology, is the working of the instincts which man possesses in common with other animals, and which, though obscured to a certain extent by the intellectual processes which man has developed, may still be regarded as constituting the mainsprings of human behaviour. The existence and activity of the instincts in man seem to me to be clearly demonstrated, in spite of the efforts of various psychological schools to relegate them to an obscure position in the economy of the human mind, or to deny their existence altogether. To the Freudian school we undoubtedly owe a debt of gratitude for its work in bringing instinctive activity once more into the field of psychology, but, unfortunately, much of the good which might have resulted from this has been negatived by the undue prominence given to the sexual instinct. In order to arrive at a common basis for all neuroses, the Freudian school has stretched the activity of this undoubtedly important instinct far beyond reasonable limits, and it has done this quite unnecessarily, since many neuroses, which can only be attributed to disharmony in the working of the sexual instinct by reasoning which appears far-fetched and illogical, can be accounted for quite readily by the hypoth-

[1] "The Place of the Emotion of Fear in the Etiology of the Neuroses," *Glasgow Medical Journal*, December, 1924.

esis of obstruction or perversion of other instinctive activities whose recognition is equally necessary to a rational view of human conduct.

"I propose to illustrate this by the consideration of one form of neurosis, which is at present extremely common in working-class practice, and which may be seen daily in any hospital out-patient department. . . . Every general practitioner is only too familiar with the woman of from thirty to fifty years of age, who complains of 'nerves'; . . . in a typical case, a history is obtained of 'general nervousness,' incapacity for sustained effort, irritability, worry over trifles, defective sleep, and frequently digestive disturbance and palpitation. . . . On physical examination the most striking feature in the typical case is the absence of any evidence of organic disease. . . . Some general tremor is usually present. Exaggeration of the deep reflexes is fairly frequent. Tachycardia is common. Emotional disturbance under examination is often met with. None of these signs is, however, constant."

Dr. Gibson believes (and I am strongly inclined to agree with him) that in these cases repression, dissociation, and amnesia play only a minor rôle, if any. "My experience leads me to believe that, in the great majority of cases of functional nervous disease of the type I have described, no special technic beyond careful and sympathetic questioning, together with an appreciation of the patient's habits and conditions of life, is necessary for the determination of the instincts and emotions involved; and in almost every case the cause of the neurosis is interference with the primitive instinct of flight, which has as its affective accompaniment the emotion of fear. As fear plays such an important part in this condition, and as, as I shall show, the derived emotion of anxiety colours the whole picture, I propose to call it 'anxiety state.' This seems to describe the condition adequately from the point of view of symptomatology without trespassing unduly on the already numerous classifications of the neuroses. . . . The first factor in the production of the anxiety state is the bringing into activity of the instinct of flight by a stimulus which conveys the impression of actual or potential bodily or mental danger to the individual concerned,

or to any person within the range of the self-regarding sentiment. In this way the desire for escape is aroused, together with the emotion of fear. This in itself is not sufficient to cause a neurosis. It is, in fact, a normal occurrence in every-day life. The second factor which is essential for the production of the anxiety state is some circumstance which threatens to thwart the desire—that is to say, an obstruction to the operation of the conative aspect of the instinct. . . . Probably the most potent cause at work is the fear of uneconomic conditions of life, using the word 'uneconomic' in its widest sense. Fear of unemployment, fear of poverty, fear of illness, especially in the imaginative, fear of anything which will reduce the standard of living, may all enter into this cause. And it must be noted that this fear is aroused not merely, or even chiefly, on behalf of the individual primarily concerned, but also on behalf of any dependents who are embraced in the self-regarding sentiment. In fact, the wider the self-regarding sentiment is, the more acute the fear, as may easily be seen if we take the case of a woman with a large and young family, who is suddenly faced with dire poverty. . . . With regard to the second part of the problem, we have seen that, whenever it becomes apparent that the struggle for escape is going to prove futile, the emotion of anxiety is felt. Two powerful emotions are then at work in the mind—anxiety and fear. A brief consideration of the signs and symptoms of the anxiety state, tremor, tachycardia, emotionalism, nervousness, insomnia, inhibition of digestion, will show these are happenings which are commonly present in normal individuals during passing phases of fear and anxiety. But in what I have called the anxiety state these signs and symptoms have become accentuated, and, which is more important, chronic. What precise mechanism is involved in the production of the very variable physical signs which are found is by no means certain, but there is strong evidence to show that various ductless glands are affected through the sympathetic nervous system."

In indorsing the views here put forward by Dr. Gibson, I feel entitled to express my satisfaction at finding that my psychology of the instincts and emotions has been found to be of practical value by a physician of large experience. I venture to think that

the general physician is less apt than the specialists to be carried away by extravagant theories, and that his may well be the voice of sound sense and judgment, recalling them from the wilderness of fanciful speculation.

CHAPTER XV

SYMBOLISATION AND SYMBOLIC SYMPTOMS

We have seen that, in dreaming, various objects and situations may be thought of in symbolic and allegorical terms. A similar tendency to symbolic representation plays a part in the shaping of the symptoms of mental disorder, the symptoms of neuroses and psychoses. And, as in the case of dream symbolisation, the subject commonly fails to recognise the significance of the symbol; thereby showing that it is the product, not of his self-conscious design, but rather of subconscious mental activity.

However there is here, as elsewhere, no sharp line to be drawn between the conscious and the subconscious activities; there is continuous gradation between, on the one hand, those fully self-conscious and deliberately purposeful activities, where the result to be achieved is self-consciously selected from among possible alternatives, and, on the other hand, the most profoundly subconscious activities, where the subject is at no stage conscious of the purposive activity going on within him.

I cite first a case in which the symbolic symptom was a consciously performed action, whose significance and purpose was not unknown to the patient. It may perhaps be questioned whether it can properly be called a symptom; but it stands, I think, on the border line between a ritual act and a symptom.

Case 19.—An Irish sergeant, of splendid physique and mature age, had been the leader of a bombing squad. He had led it with great success for some time in the fierce fighting around the great crater on Vimy Ridge. His squad was composed mainly of men from his home town, Irish Catholics like himself. He seems to have taken much pride in his squad, and to have felt sincere affection and a fatherly responsibility for its members. On one fatal night the squad became engaged in a terrible confused hand-to-hand fight, from which only the sergeant returned alive. He was so depressed after this event that he was sent to hospital. His physical condition was excellent. He described his experiences on the battle-field freely, with some return of the joy of battle which evidently had been usual with him in the fighting. He seemed to be as nearly immune to fear as any man that ever lived. He frequently referred to the members of his squad as "great fellows." He earnestly requested to be sent back shortly to the fighting line. He refused to take leave and go home

to see his young wife; for, he said, if he went home and then had to leave again for the front, Mary's heart would break. Besides that, the people of his home town would ask him, "Where's So-and-so?" And he could not face that. If left to himself, he would lie all day in bed gazing at the ceiling, apparently occupied with vivid (perhaps hallucinatory) visual pictures of the scenes of the battle-field. It appeared that he rose very early each morning and took a bath. When I inquired the reason for this routine, he confessed frankly that it was a ritualistic symbolic act; that is, he said that he was hoping thus to wash away the sins of all the comrades of his squad who had gone out of this life unprepared by "absolution" to meet their God. That, for him, was the terrible aspect of the disaster for which he felt himself in large measure responsible. Whether he was guilty of any failure of nerve or judgment, or dereliction of duty, I do not know. I failed to obtain any positive indication of it.

Such ritualistic symbolic washing is a common symptom. Most commonly it is a washing of the hands only;[1] and in very many cases it expresses a sense of uncleanness and guilt resulting from sexual malpractices. In the following case the symbolic symptoms were more varied, taking at least three distinct forms:

Case 20.—Z is a man of thirty years, in fair physical condition, and without any signs of organic disease. He complains of depression, general incapacity to work, and of certain compulsions and anxieties. He describes these as follows: he is much concerned lest he should do injury to others by infecting them with some disease; the nature of the disease is not defined, but he is vaguely anxious lest he have some venereal disease; though he has been told by several doctors that he has none, he asks to be examined again and reassured on this point. He picks his nose and wipes the mucous from his nostrils on newspapers or other objects, and then suffers acute anxiety lest others be infected by it; but (and on this he lays much stress) he somehow, in a way that puzzles him, takes no steps to prevent this; *e. g.*, he leaves an old newspaper lying about when he might burn it. He has similar anxiety about table utensils and the lavatory. When he goes to the lavatory, he takes elaborate precuations, washing out the basins, etc., repeatedly, and is much concerned lest he soil his clothes; hence a visit to the lavatory has become a complicated ritual. He very frequently washes his hands, and by so doing has produced an unpleasant state of the skin. He feels himself to be a "rotter," a useless creature, and a burden on his friends, and says that, if he cannot be cured, he would rather put an end to himself.

He is a Roman Catholic, but not devout. Before the war he lived as lodger with a friend and his friend's wife. He formed a guilty relation with this woman. She had apparently found little or no sexual satisfaction from her husband. Z suspects that the latter is impotent, but does not know, and also does not know whether the husband suspects his relations to the wife; he has shown no signs of suspicion or resentment. The woman, who had remained childless after some years of married life, became pregnant; and he aided her to secure abortion through a medical man. After this incident, fear of a new impreg-

[1] "Out! damned spot! Out, I say!"

nation led the guilty couple to abstain from coition; but they indulged in all sorts of sex practices short of coition. Then Z was enlisted and sent to France. There he drank heavily at times, indulged himself sexually, and acquired his anxiety about venereal infection. He returned to England and was discharged, without having been through any very trying experiences in the field, and resumed his former mode of life in the same household. From this time his disorder seems to have gradually asserted itself. He has several times made confession to a priest and has been absolved; and has, after each such attempt at reformation, quickly relapsed into his guilty practices, in spite of good resolutions.

The relation of the symptoms to the patient's irregular and shameful practices is, in general, obvious. His self-reproach and his more or less repressed anxieties against venereal infection and impregnation of his guilty partner had taken on symbolical expression and extension in the form of anxiety lest his secretions shall infect or injure any other persons. His reluctance and incapacity to break off his guilty relations (which were clearly revealed by the fact that he had not taken the obviously necessary step of removing himself from the household in which his sins and his troubles had arisen) were symbolically expressed by his failure to take any, even the simplest, steps to prevent the infections he imagined; such steps as destroying the newspapers he believed he had rendered infectious. This inhibition upon such precautions seemed obviously to be an extension of his reluctance to take any decisive step to put an end to his guilty intimacy. Yet it may properly be called symbolic. The interesting feature of it was that Z was unaware of the meaning of this inhibition; although he was aware of the inhibition, he was puzzled by it and felt it to be strange and inexplicable. In this case the difference between love and lust which, though so wide, is so consistently ignored by most psychoanalysts was clearly illustrated. Z's attitude to the woman was one of sheer lust. He had no appreciable degree of respect or affection for her; though he seemed to have a certain degree of respect and compunction towards the husband.

I explained the situation to him; and he seemed to grasp it readily, being very intelligent. I told him that an absolutely necessary condition of his cure was that he should leave the household and firmly resolve to close that episode. Against this he raised various inadequate objections; mainly, that he could not do so without bringing suspicion on the woman. However, I managed with great difficulty to send him away to the country for some weeks. On his return, he was not appreciably improved; in fact he complained of a new and interesting symptom: namely, he had made several excursions by automobile under very pleasant conditions; but on each occasion his enjoyment of the trip was entirely spoiled by a constant anxiety lest he had left the door of the car open, and lest it should strike and injure some person on the roadside. This new symptom seemed to me to symbolise very obviously his situation; namely, he had not firmly and finally "closed the door" on his disgraceful episode; he still harboured, subconsciously, the desire to continue his intimacy.

I explained this significance to him, and used it as a new spur to a complete break with the past. I managed to arrange that he should remove to a distant town and take up there regular light work. After some months he wrote me, saying that he was perfectly recovered and very grateful to me.

The points of special interest in this case are, I think, two: first, the symbolical expression of the moral situation in bizarre symptoms; secondly, the fact of complete recovery after some half a dozen interviews with me, without any protracted analysis or any searching into his infantile experiences. The cure was effected by leading him to understand the relation of his symptoms to the recent experiences through which the disorder had arisen, and by encouraging him to make the needful moral effort. I went into his boyhood history only to the extent necessary to show me that there seemed to be nothing there of essential importance. It was the sort of history common to so many young men of his class, involving a fair amount of sexual irregularity.

Many symptoms of cases of very different types take a symbolic form. We shall see that some of the tics and stereotyped movements may have this character. There is no sharp line to be drawn between the symptoms that seem to be direct natural expressions of a repressed tendency, or those that seem to express some dissociated system by repeating some feature or fragment of the train of action in which the system tends to express itself, and, on the other hand, unmistakably symbolic symptoms. A very clear example of the latter was the case of a girl who, on hearing suddenly that the young man from whom she expected a proposal of marriage was engaged to another girl, ceased to be able to walk forward; when she attempted to walk, she walked backward, thus symbolising her situation, her inability to go forward in the course of life on which her desires were set.[1]

Such symbolic symptoms illustrate one form of what is called "conversion." In Freudian parlance, all functional symptoms that take the form of bodily disabilities are spoken of as conversion symptoms. They are supposed to yield a certain satisfaction or pleasure to "the Unconscious," or to a repressed wish of "the Unconscious." Freud's teaching here resembles his doctrine of dreams, according to which the manifest dream is a

[1] This case, as also the one to be mentioned next, was described to me in conversation by Dr. Hugh Wingfield. I do not know whether he has published any account of them. If he has not, I offer my apologies for the mention of them.

disguised expression of a repressed wish, the disguise being effected in order that satisfaction or pleasure may accrue to the wish or to "the Unconscious." To my mind this theory of disguise in order to obtain satisfaction through disguised expression is as little acceptable in the case of the symptom as in the case of the dream. The theory seems to me a piece of mythology, which, like other mythological constructions, is largely due to the inadequacy of the language in which it is sought to express and interpret facts. Primitive man, having no knowledge and no language adequate to interpret natural phenomena, such as thunder and lightning, rain and sunshine, describes them as means by which an angry or a benign God expresses his wishes; and so Freud, in the absence of knowledge and language adequate to interpret the complexities of neurotic symptoms, describes them as disguised expressions of wishes of "the Unconscious" seeking and finding pleasure in such disguised expressions.

Even less satisfactory is the language of those psychoanalysts who are content to postulate within the organism a "mechanism" of conversion through which various mental entities are put; much as you may put in a pound of pork at one end of a mechanism and get it out in the form of sausages at the other. It seems to me far better frankly to admit our ignorance than to resort to such mythological and mechanical devices.

Many instances of physical symptoms are, as we have seen, to be regarded as expressions of dissociations, the incidence of which we can, in many cases, partially explain as determined by the nature of the mental and bodily activity at the moment of an emotional shock; or by some local injury or weakness which leads the fantasy to seize upon that part or organ as the most probable seat of disablement. The symbolic tendency accounts for the form taken by many other symptoms. In speaking of a symbolic tendency we are not postulating a "mechanism" *ad hoc;* we are rather invoking a highly general principle which pervades our mental life and which manifests itself in many normal ways. In a broad sense of the words, all use of expressive gestures and of language is symbolic activity; for the gesture or word stands for, signifies, symbolises something other than

itself. The young child symbolises his refusal or dislike by turning away his head; his desire and appreciation by holding out his hands and making grasping movements. The native language of the emotions is given in our innate constitution, and we develop and differentiate it according to the symbolic principle.

Pain as a Conversion Symptom

Certain of the so-called "conversion symptoms" remain very obscure, more especially bodily pains produced by mental conflicts. For example, in a case very similar to the last mentioned, a young girl is told, at the moment when her right arm is stretched upward and her right shoulder muscles therefore in strong action, that her lover is unfaithful; and thereafter she suffers from obstinate pain in her right shoulder. Rather than postulate a "mechanism of conversion" (a sort of sausage-machine in the mind) or assume that her repressed desire for her lover finds an obscure satisfaction in this pain, I would leave the process unexplained, or seek some such speculative neurological explanation as follows. We know almost nothing of the nervous conditions of bodily pain; but, in a vague way, we may say that bodily pain arises when nerve-currents are excited which do not follow any preformed system of channels in the brain, currents which by their nature and intensity are incapable of being led off along any such channel.[1] If, then, a severe emotional shock, a welter of painful conflicting emotions, is evoked at the moment of some bodily activity; the energies liberated, incapable of finding natural outlets in bodily action and expressions, overflow into the system of neurones in action at the moment and produce within it, by virtue of their intensity and disorderly nature, some maladjustment that endures as the ground of the subsequent pains referred to the part in question. Along similar lines we may seek to explain, with some plausibility, various visceral maladjustments of psychogenetic origin which are commonly called conversion symptoms.

[1] This hypothesis was suggested in my series of articles in *Mind*, N. S., vol. VII.

Other Symbolic Symptoms

Abnormal sweating, blushing, watering of the eyes, disturbances of respiration, of the heart and bowels, of psychogenetic origin, may be interpreted in a similar way.

Some cases of stuttering fall into this group of symbolic or near-symbolic symptoms, as the following:

Case 21.—A young soldier was afflicted with a severe stutter. He had been very strictly brought up as a member of one of the minor religious sects which teaches that an oath is a great sin. In accordance with his training, he had carefully avoided all bad language, repressing that symbolic tendency to the use of strong language which seems to be natural to all of us under conditions of extreme vexation.[1]

At a trying moment of great excitement on the battle-field, he was buried by shell-explosion, and at that moment, before he lost consciousness, he uttered some violent oaths. He came to with the stutter; and it persisted up to the moment when, in hypnosis, he was induced to relive the scene and recover the lost memory of the whole incident, including the oaths; whereupon the stutter completely and finally ceased.[2]

Neurotic dizziness may be a symbolic symptom. Dr. W. Stekel goes so far as to say that "height-dizziness is always a fear of the abyss, a fear that something frightful may happen." In many cases, he asserts, it "corresponds to the fear of falling from a secure social position, and has certainly arisen through conversion, so that it is really a hysterical symptom." [3] He records at length the following striking case in which this interpretation seems well justified.

Case 22.—A strong, physically healthy police official in middle life complains of sudden attacks of giddiness with fear and shortness of breath, and of constant lack of vigour. He relates at once a recent dream from which he awoke in fear. In the dream he had some encounter with a gendarme, and had difficulty in preventing the latter from taking his name. Inquiry, start-

[1] The use of the bad word expresses our anger, and also symbolises our readiness to go to all lengths, our defiance of all laws and conventions, in the effort to get the better of the cause of offence. In this connection it is noteworthy that, under partial anæsthesia through ether, most refined persons sometimes break out into strong language.

[2] This case was under the care of a colleague whose name I have unfortunately forgotten, and to whom I owe an apology for mention of the case.

[3] "Conditions of Nervous Anxiety and Their Treatment." Eng. trans., London, 1923.

ing from the dream, brought out the following facts. He was on bad terms with his wife, a domineering woman, and for some time had had secret relations with another woman. He had reason to believe that this woman had previously blackmailed a man of high social position who had had similar relations with her. After a rupture with this woman, he had not seen her for some time, until, shortly before his first attack, he saw her on the street. On giving her name, "Degen," he realises that she must be somehow connected in his mind with the gendarme of the dream, for the gendarme wears a sword (degen = sword). In short, a rapid analysis of this dream shows the patient that his attacks are due to his repression of fear lest his guilty relations with the blackmailing lady may be exposed to his wife and his superiors, and that he may, in consequence, lose his position; and the analysis cures the trouble.

Another case reported by Stekel is of special interest in this connection:

Case 23.—"One of my patients, Mr. A. Z., was always passionately fond of mountaineering. Let us bear in mind that it is not love of nature alone that drives men to the mountains. It is exuberant energy, the tameness of existence, the longing for physical activity, an obscure sexual impulse, but it is also a way of escape from oneself; it is eroticism with its values changed, sublimated love of conquest, and in many cases direct longing for death. So that only a small proportion of the accidents in the mountains are really accidents. Mostly they are cases of suicide completed as it were automatically. . . . Now our tourist, A. Z., was once suddenly overtaken by dizziness after he had been struggling for some months against *tædium vitæ*. All of a sudden on a plateau—the idea flashed upon him: 'Now you can put a speedy end to your weary life.' And half an hour later, before a steep path, he came to a standstill and could go no farther. He became violently dizzy. It was as though his consciousness had been divided into A and B. A said: 'Throw yourself down.' B feared the fall and produced the dizziness."

In the foregoing account, I see no justification for the assumption that the erotic motive plays an important part in the motivation of mountaineering. Stekel, having been brought up as a Freudian, inevitably sees a manifestation of the sex impulse in any activity which can in any sense be said to express a "love of conquest." The word "love" suffices to justify for him the identification. It is the unwarranted Freudian assumption that all self-assertion is an expression of the sexual *libido*. In my view the self-assertive motive is the principal one in many mountain-climbers, especially in those who care little for the beauties of nature, and are chiefly concerned with finding new and more difficult routes to peaks already conquered by easier routes. Their predominant motive seems to be the desire to

prove that they can accomplish what is too difficult for other men.[1]

Stekel also, in true Freudian fashion, goes beyond his warrant in generalising too freely and asserting that mountain accidents are mostly cases of automatic suicide by divided personalities. If he were content to say "some" or even "many," we might accept his view. Stekel supports this view by citing, after Flournoy, the case of a young man "who lived in constant fear that he would fall down a precipice and so perish. Although both logic and the physician assured him that he had only not to climb a mountain and he could not fall down, this phobia was of extraordinary strength and made him wretched. And sure enough one day this ill-fated man really did throw himself down a declivity that was not at all dangerous in itself, and came to an untimely end. . . . His fear corresponded to a repressed wish. He had sat down and gone to sleep by the slope. Then out of the unconscious rose the desire stronger than his will to live. In his dream he made an awkward movement and found peace forever."

[1] Here again the faithful Freudian inevitably sees, in any desire to achieve what other men cannot, a manifestation of the sex instinct. If, however, Freudians insist on attributing all self-assertion to the sex instinct, in what terms can they describe the Ego instincts to which they attribute a leading rôle in all conflict? I suggest that we may see, in this false attribution of all self-assertion to the sex instinct, the ground of the failure of the Freudians to define in any way the Ego instincts, those instincts to which they rightly attribute so great an influence, both in normal life and in the genesis of the neuroses and the functional psychoses.

CHAPTER XVI

REGRESSION

Regression is a word which figures largely in psychoanalytic discussions. It is, I think, true to say that Freud regards regression as playing a part in the genesis of all neurotic symptoms. The principle, as conceived by him, is that the *libido* of the patient, when repressed in the course of conflict, is apt to return to channels, and therefore to modes of expression, which were formed in infancy, ceasing thereupon to find, or to strive for, expression in the modes normal to the adult; the *libido*, flowing backwards as it were, opens up again the channels of sexual expression of the polymorphous perverse infant, channels that had been deserted by it, that had run dry and become more or less silted up through disuse.

Jung also attaches great importance to regression. "In the conception of regression psychoanalysis has made one of the most important discoveries which have been made in this sphere." And "the effect of regression is so enormous, so important, and so impressive, that we might perhaps be inclined to attribute the effect of accidental events to the mechanism of regression only." Jung conceives regression not quite in the same way as Freud; though the difference is, I think, not so great as Jung would have us believe. In the first place, Jung's more inclusive use of "*libido*" to denote all instinct-energies (rather than the energy of the sex instinct only) makes regression a phenomenon that is not wholly confined to the sphere of sex. Secondly, he attaches less importance to infantile sex activities, which indeed he denies in any literal sense of the words. Freud assumes that in every infant the impulses of the sex instinct, or of its so-called components, are active; and that training in childhood leads to a general repression of infantile sex impulses or wishes, and brings about, towards the fifth or

sixth year, a latent sexual period, *i. e.*, a period, lasting till puberty, during which the sex instinct remains without overt expression. Of this theory of infantile sexuality followed by a latency period, Jung writes as follows: "Such a process of development would be biologically unique. . . . This impossible supposition is a consequence of the assertion that the early infantile activities of the presexual stage are sexual phenomena, and that those manifestations which resemble masturbation are genuinely acts of masturbation.[1] In this way Freud had to assert that there is a disappearance of sexuality or, as he calls it, a latent sexual period. What he calls a disappearance of sexuality is nothing but the real beginning of sexuality; everything preceding was but the fore-stage to which no real sexual character can be imputed. In this way the impossible phenomenon of the latent period is very simply explained. This theory of the latent sexual period is a striking instance of the incorrectness of the conception of the early infantile sexuality." [2]

Yet, in spite of his repudiation of the Freudian dogma of infantile sexuality, Jung regards the Œdipus complex as common to the greater part of mankind and as playing an important rôle in neurotic disorders. "The most frequent fantasy of childhood is the so-called Œdipus complex." But, whereas in Freud's view the Œdipus complex is formed through actually sexual activities of infancy and their subsequent repression, in Jung's view it is a product of the Collective Unconscious; and, in so far as it takes on a distinctly sexual character, that is only possible when the sex instinct matures and becomes active in later childhood. Regression is, then, for Jung not wholly a reactivation of sexual complexes formed in infancy.

Secondly, Jung insists upon the primary importance, in the genesis of neuroses and the production of regression, of the diffi-

[1] It is generally assumed by Freudians that all infants display such activities; just as they seem to assume that all children are allowed to overlook and to overhear the intimacies of their parents, and that every child suffers, at least once, sexual outrage at the hands of older persons. These are merely special instances of their general tendency to state, as universally valid generalisations, propositions that are found to be true of a number of their neurotic patients.

[2] "The Theory of Psychoanalysis," N. Y., 1915. I agree entirely with this repudiation of infantile sexuality as a normal phase of development. Cf. Chapter XXXV.

culties that lie before the patient.[1] It is true that, in so far as Freud regards regression as a consequence of conflict and repression, and in so far as in his view conflict may be in part due to present circumstances, Freud also may be said to take account of the difficulties in the path of the patient. The difference in this respect between Freud and Jung would seem to be a difference of emphasis. Whereas Freud regards the sexual wishes formed in infancy as active in the Unconscious of the adult, as ever striving for satisfaction through expression, however deeply disguised, and therefore as tending to withdraw the *libido* from the channels natural to adult life into the infantile channels; Jung regards the *libido* as checked in its normal striving towards adaptation, towards overcoming the difficulties that lie in the future (if and in so far as the patient refuses to attempt such adaptation and does not frankly admit his inadequacy for the tasks that lie before him), and as therefore falling back or down into the depths of "the Unconscious" and so activating the fantasies that may have been latent there until that moment—fantasies that have not been formed by the individual but rather inherited by him as potentialities latent in the Collective Unconscious. It is in this sense that we must understand Jung's statement that "the incest-complex is much more a purely regressive production of fantasies than a reality. From this standpoint the events in childhood are only significant for the neuroses in so far as they are revived later through a regression of the *libido*. That this must be true to a great extent is also shown by the fact that the infantile sexual shock never causes hysteria, nor does the incest-complex, which is common to every one. The neurosis only begins as soon as the incest-complex becomes actuated by regression." The Freudian might well comment upon this passage that it expresses exactly Freud's teaching. "Jung," the Freudian might well say, "seems to be constantly oscillating between acceptance of Freud's teaching and attempts to represent his own as essentially different." There is, however, a real and essential difference between

[1] Jung writes: "The pathogenic conflict exists only in the present moment. . . . Only in the actual present are the effective causes, and only here are the possibilities of removing them."

their views of regression; this difference arises from Jung's theory of the Collective Unconscious, which allows him to make much of the Œdipus complex, while yet repudiating Freud's doctrine of infantile sexuality, together with Freud's view that, in regression, infantile wishes are finding the satisfactions of disguised expression. This is the key to the understanding of much of Jung's criticism of Freud, and of many of his divergencies from him; without this cue the reader may find himself somewhat bewildered by Jung's discussion of regresssion.

Jung's view of regression has been admirably summarised by Dr. Maurice Nicoll, and I cannot do better than cite (in part) his statement.[1] "Regression is a psychic act and, in the broadest sense, is a movement away from the adaptations of life back towards that condition of security which the infant experiences in its mother's arms before it has discovered the responsibilities of this world. . . . In place of meeting fresh obstacles in life by achievement the neurotic forms fresh symptoms. The forward movement that accompanies the overcoming of new tasks is absent, and in its place something is substituted that appears on the surface to be merely an increased production of barriers. Giddiness is added to anxiety; headaches, nausea, palpitation, numbness, and a host of other disabilities reveal themselves. The future is thus sacrificed continually, at the expense of more suffering, and the forward movement of normal life is arrested. . . . Patients frequently seem unable to give up their symptoms —at times they even seem to cling to them doggedly, although consciously they declare they long to be well. Something very powerful drags them down and holds them fast in the grip of the neurosis. . . . It would appear that the psychic stream in neurotics had found another goal which is certainly quite different from that towards which a healthy individual strives. There are three main ways of escaping from an intolerable situation—apart from running away (in the physical sense): (1) The overcoming of the situation by a forward-striving effort, accompanied by normal suffering. This is adaptation by progression, and is normal and non-neurotic. (2) The temporary overcoming of the situation by repressing some part of the emotions which it arouses. This is quasi-adaptation by repression. Provided

[1] Article "Regression," in "Functional Nerve Disease."

the repression is successful it is only potentially neurotic. . . . (3) Where the character of repression is extreme it amounts to regression, and in this case normal suffering is replaced by pathological suffering. This method is the exact opposite of adaptation by progression, the psychic movement being inward, away from a level of reality consciousness, towards a level of fantasy consciousness. The movement may be slow or sudden; it may go so far that the patient becomes blind, deaf, dumb, and quadriplegic, or psychically infantile, or both."

According to both the leading schools of psychoanalysis, regression is, then, a feature of all psychoneuroses. But in all cases in which symptoms take the form of disabilities only, such as amnesias, anæsthesias, paralyses, and pains, the application of the term "regression" seems of doubtful validity; and the same must be said of cases dominated by such positive symptoms as phobias, compulsions, tics, etc. For, in most of such cases, it is not possible to point to forms of bodily or mental activity that are specifically childish or infantile. But, in some cases, the substitution of infantile for adult modes of activity is unmistakable. And in rare cases this goes so far that the patient becomes wholly a child or an infant. I have published accounts of four such cases and cite two of these in full.[1]

Case 24.—An Australian, twenty-two years of age, a private in the Australian Army Veterinary Corps. The early history of the case as here presented is very imperfect, having been pieced together from information supplied by relatives and friends and from some scraps of information which accompanied him when he was sent to my ward in February, 1918. M. B. was one of a large family all of whom, including both parents, seem to have enjoyed robust health. He was brought up to an active open-air life as a jockey and breaker of horses, in a large racing establishment, and seems to have had the reputation of a daring rough-rider. He spent some months at the front and, after a heavy bombardment of the area in which he was stationed, was admitted to hospital on November 22, 1917, with complete loss of speech or "mutism."

In hospital he quickly recovered power of whispering, but aphonia remained complete. He stated that he had been on active service in France since November, 1916. He was sent to a neurological hospital in the London area, which furnished the following notes—"Patient mute—cured in three minutes by faradic suggestion on December 8. On January 7 appendectomy for acute appendicitis—good result." In January of 1918 occurred a series of severe air raids over London, and it seems that bombs fell in the neigh-

[1] "Four Cases of Regression in Soldiers," *J. Abn. Psych.*, 1920.

bourhood of the hospital in which M. B. was a patient. The War Office ordered all functional nerve cases to be evacuated from the London area to the provinces. I received some fifty of these cases and was compelled to allow some of them to go temporarily to the ordinary medical wards. Among these was M. B. Before his removal from London he had so far recovered from his operation and his nervous shock that he was permitted to go about London on the omnibuses, seeing the sights in the company of his brother G. B., who reported that, but for his stutter, M. B. seemed perfectly normal at this time and showed no nervousness even in the busy traffic of the London streets.

On the day after admission I saw M. B., but had time only for a casual inspection. I noted that he spoke with a severe stutter and showed some tremor of the limbs. Otherwise he behaved normally. During the second night in this ward he was reported to have become excited and frightened, thinking some one was "after" him, and for some time it was difficult to restrain him from leaping out of bed. On the following day he was transferred to my ward. The transfer is said to have excited him, and he was startled by the noise of some falling object. When I saw him shortly after his arrival in the ward he was in a completely childish condition. He sat in bed alert and lively, like a young child taking a keen interest in new surroundings. He childishly displayed his few bits of property, and pointed inquiringly towards various objects. He showed no trace of comprehension of spoken or written language, and uttered no sounds other than "Oh sis—sis—sis"; this was frequently repeated and used partly as an emotional expression, partly to call our attention to the objects of his curiosity. Given a pencil he made no attempt to write; and he seemed to have little or no understanding of the use of ordinary objects and utensils, most of which he examined with mingled expressions of curiosity and timidity.

All his motor functions seemed to be intact, save that when put on his feet he walked jerkily, with short hurried steps, the feet planted widely apart. As soon as allowed to do so, he slipped down upon the floor and crawled about on his buttocks with the aid of his hand, as some young children prefer to crawl. This peculiarly childish gait and preference for crawling to walking persisted for many weeks.

He could not easily be induced to obey simple commands conveyed by gesture, such as to put out the tongue, seeming to fail to grasp the nature of the command. He displayed no interest in letters and photographs of his relatives and friends which we found in his pockets. He could not or would not feed himself, and was fed with a spoon by the nurse, who, he insisted by gesture, had to taste each spoonful before he would take it, quite in the manner of some "spoiled" infants. He played in a childish manner with various objects, making toys of them, and he quickly adopted and became very devoted to a small doll kept as a mascot by a neighbour in the ward. Physical examination showed no abnormality beyond the scar of the appendectomy operation, and occasional slight tremor of all limbs. The expression of his face consistently conformed to the rest of his behaviour. It seemed at this time as though he had completely lost all the knowledge, understanding, and motor facilities that he had acquired since the age of some twelve or eighteen months; and that he had reverted to the mode of life, bodily and mental, which is normal to a child of some fifteen months of age.

In the course of a few days it appeared that this summary statement of the conditions was not quite correct. There were a very few facilities and memories which were not entirely in abeyance. When offered a lighted cigarette he smoked it forthwith, and then stuck it, still glowing, behind his ear. Subsequently, he would light cigarettes and then throw the burning match upon the bed or the floor in perfect recklessness. A patient who had command of finger-language engaged him in conversation. M. B. showed some slight comprehension and some slight facility in the use of finger-speech, and by this means a few statements about the persons whose photographs he carried were elicited. But he showed no sustained interest, his statements were fragmentary and random, and after the first few days he ceased to respond at all.

He was shown a picture of a steeplechase; whereupon he became very excited and animated, straddled across a chair and made as though riding a horse-race, and then by gesture and the help of various small objects gave a vivid description of a steeplechase upon a miniature course indicated on the floor. Afterwards pictures of horses would always excite him and often would provoke a repetition of this pantomime.

Some weeks later when he had made some progress, but still walked like a young child, he was taken to look on at a swimming-bath. He stripped off his clothes, dived in, and swam like an expert. These four indications of retained facilities were, so far as I could ascertain, the only exceptions to the general loss of all mental and bodily facilities acquired after the age of some fifteen months.

During the first few weeks subsequent to his admission to my ward, he showed other childish traits, of which the following seem worthy of notice. He slept soundly at night and during the day would pass quickly, almost suddenly, from animation to deep sleep. He wept like an infant when a nurse accidentally stepped on one of his pictures of horses, and upon other similar occasions. He was sometimes playfully mischievous. His digestion was easily upset; and if he took other food than milk, broth, and slops, he would complain of pain in the belly, suffer from wind, and would curl up in bed. He was very easily frightened. He shrank in fear from dogs, all furs, a negro patient, the stuffed head of a stag, and from all sudden noises and all loud noises the cause of which was not obvious. This timidity was the main obstacle to progress; for on each occasion of being frightened he relapsed to his completely childish condition and had to begin growing up afresh.

He quickly made friends and became a universal pet in the ward. One man patiently taught him to spell out a few words on a typewriter. He was induced to draw with a pencil, and began to copy pictures in the crude style of a child of five or six years. He acquired great facility in describing small events of his daily life in gesture language. By March 5 he was using a few vocal sounds to aid his gestures, and had progressed a little in many other ways. For example, he had ceased to crawl on the floor, though his gait was still that of an infant just learning to walk. He hummed fragments of melodies as he toddled about the ward. On seeing a picture of dogs and sheep, he grew very excited and described by gesture and with loud whistles how he had driven sheep. In his vocal utterances, which by the beginning of April were varied, I seemed to detect vague adumbrations of appropriate phrases occasionally. On April 6 he was frightened by the rumbling noise of

beds being moved in the ward above him and promptly relapsed to complete mutism and crawling, with loss of all his gains.

After such relapses his progress was usually more rapid than before, *i. e.*, he quickly regained most of what he had lost in the relapse. In May he began to use certain self-chosen vocal sounds as names for familiar persons and objects. He took a keen interest in childish pictures, showing by gesture recognition of animals and other common objects depicted. He busied himself in the kitchen, helping to wash up and so forth. He learned some basket-making and embroidery, and worked keenly at these occupations. One day he wrote "Mick" (his own nickname) spontaneously. About this time he showed new evidence of being on the way to grow up, by trying slyly to kiss some of the nurses.

During this period I made several attempts to change his condition by inducing hypnosis and by narcotisation with ether. The hypnotic procedures succeeded only in inducing repose and a somnolent condition, without further change; and etherisation was no more successful, though he took the ether well and had a tooth removed while under its influence. In this case, as in a less degree in the other cases described in this article, the main difficulty in applying any psychotherapeutic procedure was the difficulty of getting into any effective contact with the mind of the patient, owing to his failure to understand written or spoken language.

On April 6 the brother with whom M. B. had gone about London in January paid him a visit. M. B. showed no clear signs of recognition, but behaved just as I have seen young children behave on the return after a long absence of some familiar friend, namely, he showed a slight shyness, seemingly a pretence of complete indifference, and after a few minutes began to show his toys to his brother as he would to any friendly stranger.

June 13. After making considerable progress, working keenly at basket-weaving and embroidery, using a few self-chosen sounds as names of things and persons, and going about freely with childish gait, he relapsed with evidences of pain in right iliac region of abdomen, seemingly quite unable to walk. A few days later his head began to jerk laterally without any apparent exciting cause, owing to spasmodic twitching of both sterno-mastoid muscles. The twitch persisted all day, ceasing in sleep, but recurring on wakening. He made great efforts to hold his head still with his hands. A faradic current, applied to the muscles affected, steadied them and, though he was a little frightened at first, as soon as he realised the steadying effect of the current, he allowed me to push up the strength to a point which must have been painful but which subdued the twitch.

July 2. After making good progress he again relapsed with attack of influenza, on recovery from which he was again quite mute. He has learned to copy printed words and numbers, but doesn't attach any meaning to them. He still could not use words in counting, but would count a small number of articles by placing them in pairs. He seemed at this time to understand in a very vague way much that was said to him or in his presence.

Shortly after this time, when it was becoming possible to reach his mind in a very imperfect way by the aid of language, he was removed from my care by the Australian authorities, who ordered that he should be returned to Australia. He seems to have continued to progress slowly towards recovery of his adult powers. In January, 1919, about a year after the outset of

the regression, he wrote saying that he remembered his various friends in England, but had not known his relatives on arriving in Australia. Still later news seems to show that he has gradually returned to an approximately normal condition.

The following case contrasts with the foregoing one in that the regression was gradual rather than sudden. I suffered the mortification of seeing the patient regress gradually under my hands, in spite of all my efforts.

Case 25.—P. M. A tall slender man of twenty-three years, with well-developed muscular system, was transferred to my care from a base hospital in France on March 2, 1916. The accompanying notes yielded the following information. On February 19, during a heavy bombardment by trench mortars, Pte. P. M. became very excited and tried to climb over the parapet in order to capture the mortars and bring them back to the trench. He was restrained with difficulty and sent to first-aid station, where he was unable to give name or number. Thence to the Casualty Clearing Station, which furnished the following note: "Convulsive tremors of all limbs—pupils widely dilated and fixed—muttering delirium." On February 23 he was described as still unconscious, and on February 24 a note reports: "Semi-conscious, unable to answer questions—constant rhythmic tremor of right arm and leg, which continues during sleep."

On admission to my wards he was mute. Physical examination revealed the following signs of functional disorder of the nervous system. Pupils large and very sluggish in reaction to light and accommodation. Tongue slightly tremulous. Voluntary power very defective in all limbs, especially in right arm and hand. Tapping wrist or triceps tendon evokes on both sides violent extensor jerk of the wrist. Tapping biceps causes violent flexion of wrist but no flexion of elbow. In both lower extremities all muscles were a little tense, becoming more so on handling. Both knee-jerks were much exaggerated. There was false ankle clonus on the left side. Stroking the sole evoked the normal flexion response on the left side, and on the right side evoked contraction of the quadriceps extensor of the knee but no movement at the ankle. Abdominal reflex brisk but irregular on the right, absent on the left. That is to say, there was, as in so many of these "shell-shock" cases, profound disorder of the reflexes, especially of the deep reflexes. There was disorder of touch perception on both the limbs of the right side. Sensory acuity seemed blunted, and localisation of touches, though normal or nearly so on the left, was grossly at fault on the limbs of the right side.

Although unable to speak, P. M. was able to reply to my questions by gesture and by writing. The writing was scrawling and indistinct, and achieved only by considerable effort which partially controlled the tremor of the right hand for brief periods. I noted that his intelligence and memory seemed fairly good. His facial expression was apprehensive. He asked in writing whether he would regain his speech and seemed pleased upon being assured of this. I obtained by this laborious intercourse the following brief statement: He was a basket-maker by trade and had always been strong and healthy. Having joined the Special Reserve in 1913, he went to France in August,

1914, with the first British Expeditionary Force, and served at the front until in May, 1915, he received two shrapnel bullets in the left thigh. He returned to duty in October, 1915, though his left thigh was not quite strong, and continued, off and on, at the front until February 18, 1916. On that day his trench was heavily shelled and he could remember nothing that happened between 9 A. M. of that day and a moment about two days later, when he "came to himself" in a base hospital. (The meagre notes accompanying him made it probable that this forgotten interval was really about one week in length.) He was told that he had been violent and had been forcibly restrained. He felt dazed and had severe pain about the right temple and ear. His right arm and leg were very shaky and he kept dreaming of the guns, and seemed to hear the sound of the guns both sleeping and waking.

On being told to stand up, he seemed giddy, and succeeded in standing and walking a few steps only with considerable support. The effort caused much acceleration of pulse and respiration. He was very timid, shrinking and starting at every noise.

He made little or no progress during the first two weeks in my wards, and, as conversation was very laborious, I tried direct suggestion in hypnosis. It was difficult at first to induce hypnosis owing to starting at every sound. But with some perseverance I obtained a restful state in which the tremor ceased and his limbs assumed waxy rigidity. In this condition any sudden noise caused recurrence of tremor and a spasmodic jerk of the diaphragm. He was induced to whisper and to walk a few steps with slight support. But repetition of the process had little further effect. I therefore turned to patient questioning, and by the aid of gesture and whispered phrases, I obtained the following statement. Before being wounded in 1915, in fact at the Battle of the Marne in 1914, he came to close quarters with a German soldier who fired his rifle at him but missed him. P. M. promptly struck him in the abdomen with his bayonet and killed him. He felt rather proud of this achievement and laughed over it with his two chums. Soon afterwards these two chums were killed, and P. M. began to see them come to his bedside at night and would hear them talk. Up to that time he had never believed in ghosts, but did so from that time. He carried on, feeling well (except for his wound in 1915), until shortly before being sent to hospital in February, 1916, when he began to sleep badly, suffered from headache, and was dizzy sometimes. Since being in hospital he has slept very badly because every night he sees the ghost of the German soldier whom he killed on the Marne in 1914. During the night this figure appears suddenly in the ward, points his rifle at P. M., says—"Now I've got you; now you can't get away," and fires pointblank at him. P. M. hears the crack of the rifle, and sees the ghost sink into the ground. He takes this to be a real ghost come to take his revenge; and every night he is terrified anew by this visitor.

I explained the nature of this hallucination as fully as possible to P. M., and confidently expected to find him improving rapidly from this time. But I was disappointed. He declared, truly I think, that after this confession and explanation he ceased to see the "ghost." But he made little progress, and in some respects became worse. The paræsthesia, which at first had been well marked on the limbs of the right side, became general. His walking improved so that he required only slight support. But his movements showed poor co-ordination, and walking a few steps caused much acceleration of pulse

and respiration. As the weeks passed, his appetite and sleep continued poor and irregular, and increasingly he showed early signs of Grave's disease. He lost weight. His eyes became more prominent, his thyroid enlarged a little, his pulse became more rapid and unduly accelerated by any exertion; and any sudden noise continued to cause a startled jerk and tremor. His limbs became more rigid and resistant to all passive movement. As regards speech, he relapsed from whispering brokenly to almost complete mutism. The increasing rigidity of his muscles (in spite of all such physical measures as massage, electricity, and hot baths) rendered all his movements sluggish and clumsy. In August, in accordance with general instructions issued at that time, he was discharged from the army and retained in hospital as a pensioner. He seemed to understand his new status, but it made no change in his general condition.

In the autumn I was transferred to another hospital, and, since I had failed so miserably to relieve P. M.'s condition, I thought it best to leave him to the care of other hands. It was reported to me that soon after my departure it was proposed to sever some of the tendons in the limbs by way of relieving the increasing rigidity; but that the patient, on learning of this intention, resisted so vigorously and showed so much terror that the plan was abandoned. He continued to grow more and more childish in general demeanour; gave up all attempt to walk or speak; seemed to have lost his memory of all former life, and showed no distinct recognition of his father, who visited him. He played frequently with small dolls and could not be interested in anything but these and similar very childish amusements. The rigidity of his limbs limited severely all his movements. It is not clear from the accounts I have been able to obtain whether the lapse into complete childishness occurred suddenly or resulted from the continuance of the slow regression which he seemed to be undergoing while still under my care. But it seems not improbable that the fear he suffered in connection with the proposed surgical intervention accelerated or precipitated the final stage of the process. Shortly after my departure from the hospital, P. M. came under the care of Dr. F. A. Hurst, who has published a full account of the later phases of this remarkable case.[1] From this account it appears that in December, 1916, P. M. exhibited an extreme of contracture; the legs were rigidly extended, as also the forearms. There was total anesthesia and analgesia of all external surfaces, and mutism. Electric suggestion restored the power of whispering; and he then spoke a very simple "pidgin" English, consisting largely of words and simple phrases which he picked up or was laboriously taught to use. "All attempts to teach ideas of time, space, and colour failed, and he did not recognise any of his relatives." But he remembered very recent events and those acquaintances only whom he had recently seen. "He delighted in childish toys and in a general way his mind was that of a year-old child."

He continued in this condition, making little or no progress, for nearly one year. Then, in November, 1917, on the 22d of the month, "for no obvious reason he had a headache and became excited in the evening. His memory began to return during the night and he talked incessantly. The next day

[1] Seale Hayne Neurological Studies, vol. I, no. 2, "Amnesia and Stupor," Case III, London, 1918.

he realised the deficiencies of his speech and wished to have them corrected. When told a word, he repeated it correctly and remembered it, and he began to form proper sentences."

Shortly after this a laryngeal sound was passed (he had witnessed the recovery of speech by another patient on this treatment), whereupon "he felt something snap in his head and immediately afterwards he talked quite normally, and the memory of his home and his past life flowed back. . . . He soon remembered his experiences in France, but his life in the hospital was a blank, as it seemed to him that he was in France only a few days instead of twenty-one months ago." He had vague recollections of very recent events preceding this recovery; with the exception of this gap in the memory, "his mental condition was now perfectly normal, but for some time very little improvement occurred in the condition of the limbs." Complete anæsthesia and analgesia still prevailed, and all the limbs remained very rigid. But there was slow improvement of the bodily condition. By May, 1918, he could stand and move his arms, though with some rigidity. On June 2 he walked for the first time without assistance, and all movements were nearly normal, and he employed himself actively at his former trade of basket-making. The sensibility of the skin (including that of the conjunctiva) slowly returned and "by November, 1918, recovery was complete."

The other two cases of my series of four were less extreme in respect both of the loss of adult modes of functioning, and of the display of infantile modes; though the latter were quite unmistakable in both cases. Both regressed suddenly, one of them, like the two described above, from a condition in which he displayed comparatively slight signs of functional disorder; the other suddenly and completely from a condition apparently normal. He had served at the front for a considerable period with success, and was about to return to duty from a short leave at home, when he was severely startled by the fall of an air-bomb on a London street. The change of condition set in suddenly the following morning. This case differed from the other three also in that his recovery was equally sudden and complete; he woke up one morning entirely himself, but with complete amnesia for the weeks of childlike behaviour. In these respects this case serves to connect the other three cases, in which unmistakable regression dominated the scene, with such cases of extensive or complete amnesia as Cases 5 and 7.

Theory of Regression

I cannot find sufficient grounds for acceptance of either Freud's view or Jung's view of regression. According to the one,

the patient becomes dominated by the sexual desires of his infancy; according to the other, the Collective Unconscious impels the patient to seek to return to the protected security of the infantile condition. According to both, the regression is a purposive activity, a striving towards a goal, prompted by unconscious desires.[1] Now, I have no prejudice against giving the fullest possible recognition to purpose, desire, and subconscious motivation in general; but, in respect of regression, it seems to me that the psychoanalysts go too far in this direction. And I hold also that they give to the principle of regression too wide an application. I cannot see that we are justified in attributing to regression any mere losses of function, such as the hysterical or dissociative disabilities in general; nor can I see any clear justification for regarding fantasy-formation and dreaming as evidences of regression.

Both fantasy-formation and dreaming are functions commonly enough displayed by normal adults in perfect health. We have recognised that in dreaming the adult commonly thinks in a more primitive or archaic fashion than during waking hours; but this seems to me to result from the abeyance during sleep of the highest-level functions, the logical critical functions which in waking life complete and more or less dominate the functions of lower, more primitive type. It is as though, in a process of manufacture in which the material goes through a series of stages, each bringing it nearer to the perfected form, the last stage which gives the finishing touches, the final refinements, were omitted, and the article turned out in the rough; much as might happen in a factory in which the most highly skilled workers, whose task it is to give the most difficult finishing touches, were on holiday.

Regression is more than such an abeyance of the higher functions, those last developed phylogenetically and ontogenetically. Cases of extensive amnesia involve, as we have seen, abeyance

[1] The most extreme application of such views of regression has been made in instances in which a patient (commonly a case of *Dementia Præcox*) assumes and retains in bed a doubled-up posture a little resembling the posture of the infant in the womb. It is suggested that this marks regression to the pre-natal state, motivated by the desire to return to the condition of complete comfort and security enjoyed in the womb, and now remembered by "the Unconscious."

of all the functions of associative reproduction; of all that part of the mental structure developed by association. In the extreme and unmistakable cases of regression, the abeyance of function goes still farther: it involves the whole cognitive structure of the mind, all those cognitive systems built up by innumerable acts of discrimination and apperception.[1] For the patient loses, not only his power to recollect all particular events and facts, but also his general powers of understanding, judgment, and reasoning.

It may be questioned whether even such functional abeyance of the logical structure of the mind would in itself constitute regression; in dreaming partial abeyance of this kind obtains. The evidence and essential feature of regression is the re-animation of childish or infantile modes of functioning that have long been superseded by the modes proper to the adult. My article reporting these cases, after insisting on this positive re-animation of infantile functions, proceeds as follows:

"What is this positive process which results in the addition of these infantile modes of functioning to the picture of wide-spread suspension of acquired functions?

"One might suspect that the patient is playing an elaborately sustained part, that, without perhaps having explicitly formulated the intention of doing so, he is acting the part of a young child with more or less skill. I confess that there were moments when, as I stood before one or other of these baffling cases, I was tempted to take this view, so unhesitatingly expressed by some of my medical colleagues. But the deprivation of functions was too real, and the consistency and even the inconsistencies of the 'acting' were incompatible with the view. I was driven back to believe that the dispositions to infantile modes of behaviour which had ceased to function in boyhood, had not been transformed as they were superseded, but merely suspended or rendered latent, and that the loss of the higher functions was accompanied by an actual reanimation of these dispositions that had been latent or in suspended animation for some twenty or more years. This would seem to be the essential feature of the process of regression which distinguishes it from all amnesia or dissociation, no matter how profound.

"I seek to render my conception of regression more definite by likening the nervous system to a tree, which it resembles in the facts (1) that the higher the branches and twigs the more recent was their growth; (2) that the sap and vital energy of the tree seem to tend towards the highest, most recently formed parts of the organism, at the cost of the lower branches and stem, in which many potential growths and vital activities lie latent so long as the upper, more recent structures are functioning normally. If in a tree

[1] Cf. Part I, Chapter XV.

these most recently formed parts are injured, if in any way, as by frost or fire, their vital activities are checked or suspended, we observe a new outburst of growth and vital activity in the older, more primitive parts, namely, we see buds growing out from those parts. (I do not know if this is true of all trees, but it may be frequently observed in the willow and the lime-tree and, I think, many other kinds.) This seems to be truly analogous to the process of regression in the cases described above. The highest or most recently developed parts of the cerebral cortex represent the growing points of the human organism and are analogous to the growing points of the upper branches of the tree. Arrest of their functions is followed by a new outburst of vital activity in the lower, older parts, which had been rendered quiescent by the flow of vital or nervous energy to the more recently organised parts. Just as the tree injured at the top puts out new buds below, so the nervous system, when the vital activities of its latest-organised parts are arrested, puts out new buds below, *i. e.*, resumes or reanimates its infantile functions. In both cases there is new growth and activity on the lower, older plane.

"I am informed by a highly competent biologist, Mr. Julian Huxley, that analogous phenomena of a striking kind occur among some of the lower animals; namely, one of these soft-bodied creatures, having attained a certain differentiated structure, will, if its more specialised, recently formed parts are gravely injured, undergo a process of regression. That is to say, it reassumes an earlier form and mode of growth, becomes infantile again, and proceeds to grow up anew from this infantile form. It looks, then, as though, in these cases of regression in man, we have to do with a process which is not peculiar to man, but is, at least as regards its general type, exemplified in many different parts of the realm of life. For this reason I would regard it as a biological rather than a specifically psychological process, that is to say, as a process which though purposive in a sense, like all biological processes, is not governed by any explicit or conscious purpose. It might perhaps be regarded as the ultimate or extreme consequence of the instinctive shrinking of fear. Fear is the great inhibitor, which determines shrinking, both bodily and mental, from all fear-exciting things and ultimately perhaps from all things. If the fear be sufficiently intense and sustained or renewed, we may imagine this inhibitory or shrinking effect carried so far as to paralyse all the higher functions; and we may suppose that the vital or nervous energy, being withdrawn from those levels of the nervous system concerned in these higher functions, then revitalises older, more primitive, infantile levels of function, finding its outlet through nervous channels organised and active in infancy, but long disused. Fear seems to have played the dominant rôle in all the four cases described above, and in three of them, an excessive or abnormal timidity persisted; and after partial recovery slight occasions of fear determined in all these three cases immediate relapses.

"I can see no sufficient reason to postulate as the root of these regressions any hypothetical incestuous fixation on the mother, or any unconscious desire to return to the womb. Far stronger evidence than has yet been offered of the reality of such fixation would seem to me to be necessary, before we should be justified in seeking an explanation along that line. And even if it were possible to show that a 'mother-complex' plays a part in the determination of regression, it would still remain a highly disputable question, whether such a complex contained any sexual component.

"I cannot avoid a slight feeling of shame in publishing these cases; for my account reveals the fact that I was able to contribute very little by any form of treatment towards the restoration of the patients to the normal condition. The use of any psycho-therapeutic procedure was in all these cases seriously handicapped by the difficulties of communication. It should be said that in each case the patient spent many hours in my company, during which I explored the mental conditions as fully as seemed possible. In each case I easily gained and retained the confidence of the patient, or, as the Freudian would say, 'transference to me' was easily effected; that is to say, the patient quickly became docile and suggestible, trusted me, confided in me, seemed to have no reserve towards me, and, in Case 25 especially, showed a childlike or doglike devotion to me. Whether stern measures would have aided in a more rapid restoration to the normal I cannot say; but in view of the timidity, the ease of relapse, and the severe trials in the field through which all of the patients had passed, I did not feel justified in attempting any such measures."

The neurological or psychophysiological view of regression here taken is in harmony with the teachings of Hughlings Jackson. Dr. Nicoll has pointed out that that great neurologist had, very concisely, foreshadowed such a view. In his lectures on the "Evolution and Dissolution of the Nervous System," Jackson said: "I submit that disease only produces negative mental symptoms answering to the dissolution, and that all elaborate positive mental symptoms (illusion, hallucinations, delusions, and extravagant conduct) are the outcome of activity of nervous elements untouched by any pathological process: that they arise during activity on the lower level of evolution remaining." And he said also: "There is a defect of consciousness significant of dissolution of the topmost layer (of the cerebral cortex) along with the rise of a certain kind of ideation significant of increased activity of the second layer. The double condition is roughly analogous to ordinary sleep with dreaming." Here Jackson recognised that not only organic injury to the highest levels but also functional disorder may bring about the predominance of lower modes of functioning. Commenting upon these passages of Jackson's lectures, Dr. Nicoll writes that they contain "the key that will unlock the mystery of mental disturbance. The rise of the activity of modes of consciousness different from those of the normal waking state, is not a meaningless, inexplicable phenomenon, but is the expression of sublevel functioning. This 'deep' neurology is comparable with the 'deep'

psychology of modern times. In sleep there is regression from normal levels and obliteration of the discriminative logical mode of thinking which characterises the waking state. The absence of discriminative functions constitutes the negative factor, but the rise in the dream-level activities constitutes the positive factor, and the mode of consciousness that now manifests itself is to be regarded as a reanimation of an earlier mode of psychic activity."

It is worth while to point out that the researches of Dr. Henry Head have provided a different line of evidence pointing, like the phenomena of regression, to the fact that the more primitive functions of the nervous system, when superseded by, or profoundly modified by the control of, later-evolved functions, do not suffer destruction; but rather remain capable of being brought to light in all their primitive simplicity on the removal of the higher functions. This view is especially strongly supported by Head's study of the restoration of sensory functions after section of a sensory nerve. For he showed that there is first restoration of the primitive modes of perception, which he proposed to call "protopathic"; and that as, at a later stage, the later-evolved, more highly discriminative functions (the epicritic) are restored, the protopathic functions become profoundly modified.[1]

It has been suggested that all recreation and playful activity on the part of adults should be regarded as manifestations of regression, and that regression has, therefore, a proper rôle in the life of normal men. But it seems to me that such wide extension of the meaning of the term regression is undesirable. If the reading of a novel or a detective story by an adult is to be called an instance of regression, we deprive the term of all value for technical purposes. The psychophysical functions form a hierarchy, but not every instance of functioning of the lower levels should be called regression. I suggest that the term should be restricted to those instances only in which the morbid nature of the process is revealed by the fact that, when circumstances call for the higher modes of functioning, the patient

[1] "Studies in Neurology."

is unable to respond with those higher modes, and in which there is not only inability so to respond but also some actual return to childish or infantile modes of functioning which are no longer accessible to the volition of the normal adult.

CHAPTER XVII

TICS AND STEREOTYPED MOVEMENTS

The typical tic is a brief spasmodic movement which recurs automatically. In most cases the movement appears to be quite without meaning or purpose; in some cases it can be controlled or suppressed by a strong effort on the part of the patient; but is apt to break out again as soon as his attention is relaxed. In some cases the movement is repeated every few minutes, or even every few seconds. And tics are commonly extremely obstinate or resistant to treatment. If the twitching part is forcibly restrained, as by bandages, similar twitchings are apt to break out in other muscles. Some slight tics persist for years, giving little inconvenience or annoyance; others are very disabling; and it has happened in such cases that the surgeon has severed the twitching muscles, only to find that the tic reappears in another set of muscles.

Such reappearance of the tic in a different set of muscles is one of the indications that the tic is an abbreviated and partial expression of a subconscious mental activity. It may seem extravagant to make this claim for a slight twitch of some facial or other muscle that repeats itself for years with machine-like regularity. Here, if anywhere, it might seem, we have to do with an acquired reflex, a mechanical process of the nervous system. A second line of evidence of the mental nature of the tic is the history of its origin. But it might be supposed that, though of mental origin, a tic through repetition becomes a completely mechanised habit. For, according to a widely accepted view of motor habits, they become, through repetition, independent motor tendencies.[1] That this is not the case is shown by the fact that some of the most obstinate tics of long

[1] In Part I (p. 182) I pointed out the fallacious nature of this generally accepted view of habits, and referred to the tic as affording the most convincing evidence that even the most ingrained habit requires motivation or actuation from instinctive sources.

standing can be cured, brought to a sudden and complete cessation, by appropriate mental treatment.[1]

Further evidence of the mental nature of the tic is afforded by the fact that the frequency and violence of the tic are apt to vary with the mental condition of the patient. When he is calm and relatively well, the tic may be absent or slight; when he is emotionally excited, or subjected to emotional strain, the tic is apt to be accentuated in frequency and violence.

As in the case of many other symptoms of disorder, the tics acquired by soldiers in the battle-field are especially instructive, because in so many cases their genesis, history, and cure could readily be made transparent.

Case 26.—A tough regular soldier, who had seen much service at the front, displayed an obstinate tic, consisting in a twitching of the head towards the left shoulder. This was complicated by a continuous inability to hold his head erect; the neck was kept bowed forward. The history was as follows: He was advancing in an attack, carrying two heavy buckets of ammunition by means of a strap passed over his neck. While his neck was thus bowed by the burden, a shell-explosion buried him. In the light of other cases we may suppose with some confidence that, at the moment the shell fell, he made some violent movement of the head to the left, in order to free himself of his dangerous burden. When he recovered consciousness the tic set in. It was thus a fixation of a bodily attitude and movement of the moment of the emotional shock.

The foregoing case is typical of many simple tics. More complicated were many tics which were manifested only when the part concerned was brought into voluntary action. Here must be ranged a large number of cases among soldiers in which the gait was complicated by the most extraordinary distortions and accessory movements; *e. g.*, a spring up and down as each foot took the weight of the body, or some twisting of the leg at each step, or an exaggerated lifting of the foot, or a straddling gait. Dr. Ernst Simmel has described several particularly instructive cases of this sort, of which I cite the following one:[2]

Case 27.—A soldier always suffered, upon attempting to eat, a spasm of the muscles of the jaw and of those concerned in swallowing, a spasm which

[1] Charcot was, perhaps, the first authority to point out that the tic is a symptom of a mental, rather than a physical, disorder.

[2] "Zur Psychoanalyse der Kriegsneurosen," Vienna, 1919.

produced a facial appearance of rage. He had no understanding of the origin of the tic. In hypnosis he relived a forgotten scene: he oversaw, while lying hidden in the enemy's territory, several enemy soldiers maltreating one of his comrades; he was overcome with rage, and at that moment he received a bullet-wound and lost consciousness. As in many other such cases, the tic ceased as soon as the memory of the incident was restored to the patient in the waking state; *i. e.*, as soon as the dissociation was overcome.

I cite from the same source another similar case:

Case 28.—The leading symptom was a peculiar rotatory motion of the forefinger and thumb. It was checked by direct suggestion; but reappeared immediately after a fearful dream which the patient could not recollect. In hypnosis the dream was at once recovered, namely, a Russian soldier throwing himself upon the patient. Further, he then recollected that he had seen this Russian appear upon the parapet of the trench as he was adjusting, by screwing action of finger and thumb, the time-fuse of a hand-grenade, and that in the next moment he was "knocked out" by an explosion.

In some cases the forced movement or attitude seems to be the expression of a repressed rather than a dissociated system. Such a case is the following:

Case 29.—A soldier whose leading symptoms were signs of repression, namely headache, vague distress, lack of appetite and energy, loss of weight, and troublesome dreams. In addition he walked with a straddling gait, his feet wide apart, and complained that he could no longer shave himself. He had twice been buried by shell-explosion, and the symptoms had come on in hospital as he recovered from the second burial. He had been discharged from the army some months before coming under my care; but the symptoms had persisted, in all for more than a year. I first investigated his dreams and it at once appeared that a most troublesome recurrent dream was one in which he ran or fell down a bottomless pit with a shell just behind him. Whether he ran fast or slow, the shell retained its position just behind him, and never exploded. I then asked him whether a shell had ever fallen just behind him. After some rummaging, he recovered the memory of the following incident, which he said he had entirely forgotten until I asked him the question about the shell. About one week before the burial which sent him to hospital, he was standing in his low-roofed dugout, his back to the door and his legs wide apart, occupied in shaving himself. As he thus stood, a shell fell in the open doorway just behind him, burying itself in the earth without exploding; he and his companion in the dugout dashed out of it and ran for about a mile at top speed before they regained self-control. Then they returned feeling rather foolish, and, without doubt, repression of the memory began; for not only had it been terrifying, but also he had yielded to the impulse of fear in a somewhat ridiculous manner and degree. All the symptoms thus found their explanation and their cure; for, after he had recalled and frankly discussed the incident, they all cleared up and his general condition rapidly improved.

Stereotyped Movements

Stereotyped movements are a common symptom of *Dementia Præcox*. What exactly is the condition underlying the symptoms of this disorder remains a most obscure question, which we shall consider in a later chapter. But it is clear that repression plays an important part in these cases, and that the stereotyped movements are expressions of repressed tendencies. These movements persist in some cases through many years; and in such cases they commonly undergo a degenerative change. At first the oft-repeated movements may take the form of a complex train of movement which is clearly a fragment or phase of some purposive activity. With the lapse of time, the train of movement grows briefer and simpler; it becomes rubbed down as it were until its distinctive features are hardly recognisable. Dr. C. G. Jung has described the following very striking instance of such decayed stereotyped movement.[1]

Case 30.—"We had a patient who was for thirty-five years an inmate at Burghölzli. For decades she lay in bed; she never spoke or reacted to anything; her head was always bowed, her back bent, and the knees somewhat drawn up. She was always making peculiar rubbing movements with her hands, so as to give rise during the course of years to thick horny patches on her hands. She kept the thumb and index finger of her right hand together as in the movement of sewing." It appeared that many years earlier the movements had been more extensive and had resembled more closely those of a cobbler plying a needle and thread. "As time went on the movements became more limited, till finally there remained but a slight rubbing movement, and only the finger and thumb retained the sewing position." The disorder set in when, as a young woman, a love-affair came to naught and she lost her lover, who was a cobbler.

In the foregoing case, as in many others, the persistent movement expresses a repressed affect; but the movement is not one in which the affect had found, or would naturally find, direct expression; the movement rather symbolises the affect or the situation that has aroused it. Such symbolic determination of the form of symptoms is of frequent occurrence, as we have seen in Chapter XV.

I would summarise this brief discussion of recurrent invol-

[1] "Analytical Psychology."

untary expressive movements by saying that they fall into two great classes, the tics and the stereotyped movements. Pure cases of the former are expressions of dissociated systems; while the latter express repressed tendencies or complexes. There are cases which it is difficult to regard as clear-cut examples of either class; and in these there is probably both dissociation and continuing repression.

CHAPTER XVIII

COMPULSIONS AND OBSESSIONS

In this chapter I propose to discuss a number of symptoms of disorder which form a natural group, although one that cannot be sharply separated from some symptoms that are discussed in other chapters. They would seem in the main to be manifestations of repressed systems or complexes. The common mark of the group is the dominance of some affect, the impulse of which the patient cannot, or can only with great difficulty, control. The group includes the large and varied class of phobias or morbid fears, the so-called fixed ideas, and compulsive thoughts and acts and emotions of very various kinds.

Phobias

Phobias are among the commonest of neurotic troubles. In the typical simple phobia the patient seems normal, except that he shrinks in fear from some particular kind of object or situation, and if, by some accident, he encounters an object or situation of that kind, suffers intense and uncontrollable fear. A great many Greek names have been invented for the designation of particular kinds of phobia, such as claustrophobia, agoraphobia, etc. But they are of no assistance towards the understanding of the conditions denoted.

A Claustrophobia

I describe, in abbreviated form, a case of phobia studied by the late Dr. W. H. R. Rivers.[1]

Case 31.—A medical man of thirty-one years had suffered since childhood some discomfort, sometimes amounting to very distinct fear, whenever confined in a narrow space. He regarded this as normal; but he suffered at times from general nervousness and stammering; and, in order to obtain relief from these, he had at one time put himself in the hands of a Freudian analyst. This course of treatment had afforded him no relief, but had convinced him that the source of his trouble lay in the sexual sphere. During the war he

[1] Reported by him at some length in *The Lancet*, August 18, 1917.

served at the front, and there he had to spend much of his time in dugouts. He found this very trying and often would spend the night wandering in the trench, rather than remain in his dugout. He now realised for the first time that his fear of closed spaces was a morbid symptom. His condition became so bad that he was sent to hospital, with insomnia, stammering, battle-dreams, depression, headache, etc. Rivers instructed him to record his dreams, and also to try to recover early memories, other than sexual, in connection with his dreams. After a short course of such efforts, he recovered, in thinking over a dream which afterwards he could not recollect, a childish experience (of his fourth year) which he had never before recollected in the course of all his endeavours to obtain light on his condition. "The incident which he remembered was a visit to an old rag-and-bone merchant, who lived near the house which his parents then occupied. This old man was in the habit of giving boys a halfpenny when they took to him anything of value. The child had found something and had taken it alone to the house of the old man. He had been admitted through a dark, narrow passage, from which he entered the house by a turning about half-way along the passage. At the end of the passage was a brown spaniel. Having received his reward, the child came out alone to find the door of exit to the street shut. He was too small to open the door, and the dog at the other end of the passage began to growl. The child was terrified. His state of terror came back to him vividly as the incident returned to his mind after the many years of oblivion. The influence which the incident made on his mind is shown by his recollection that ever afterwards he was afraid to pass the house of the old man." A few days later, as he lay thinking over another dream, he found himself repeating the name "McCann"; and then he remembered that this was the name of the old rag-and-bone merchant. Rivers finds confirmation of the view that this forgotten experience of childhood was the source of the phobia: (1) in the fact that, when the patient was in any small, closed space, his fear would occupy itself especially with the possible difficulty of escaping from it; which was just the form taken by his fear during the childish experience; (2) in the fact that, from the moment of the recovery of this memory, the phobia was greatly weakened.

It seems clear from Rivers's account that in this case no dissociation of the memory of the incident resulted immediately from the emotional shock. It seems probable that the action of the child was a forbidden one, or one which in some degree was connected with a sense of guilt, and that for this reason it was repressed. This factor, the sense of guilt, appears clearly in the two following cases, and probably was a principal ground of repression of the fearful but forgotten memory which, in each case, was at the root of the phobia. I cite these cases after Dr. E. Bagby.[1] They are peculiarly simple, clear-cut, and transparent.

[1] "The Etiology of Phobias," *J. Abn. Psych.*, vol. XVII, 1922.

Case 32.—A girl of good heredity displayed from her seventh to her twentieth year a severe phobia of running water; the sound of splashing water especially excited intense fear. Of still water she seems to have had no such fear. She had no recollection of the following incident, until it was recalled in her twentieth year in the way to be described. When seven years old she had spent a day in the woods with her mother and aunt. The mother returned home early; but the child insisted on remaining longer with her aunt. When the mother was gone, the child disobediently ran away alone. The aunt, on searching for her, found her wedged among the rocks at the foot of a small waterfall, with the water splashing down upon her head; the child was screaming in fear. The child, after being rescued, desired that her mother should not know of her disobedience and its consequences. The aunt promised, "I will never tell," and departed next morning without having revealed the facts. The phobia was first manifested shortly after this incident, and continued until, thirteen years later, the aunt returned to visit the family. Having been informed of the nature of the phobia, she greeted the girl with the words, "I have never told." This greeting provoked the recollection by the patient of the forgotten incident, after which the phobia rapidly disappeared.

Case 33.—A man of fifty-five years had suffered since early boyhood a fear of being seized from behind. When on the street he was impelled frequently to look back over his shoulder; and, when indoors, he preferred to sit with his back against a wall. In his fifty-fifth year he returned to the town of his childhood, and incidentally paid a visit to the neighbour who had kept the same grocery-store since the patient's childhood. In the course of reminiscing the grocer said: "You used to go by this store on errands, and when you passed you often took a handful of peanuts from the stand in front. One day I saw you coming and hid behind a barrel. Just as you put your hand in the pile of peanuts I jumped out and grabbed you from behind. You screamed and fell fainting on the sidewalk." The incident, we are told, was then recollected by the patient, and "the phobia, after a period of readjustment, disappeared."

The three foregoing cases may, I think, be regarded as typical phobias. In each case the patient is liable to acute fear on perceiving or thinking of a situation of a particular kind; in each case the situation is of the kind which in childhood had once provoked acute fear; in each case the patient cannot recollect the original occasion, and does not know the ground or origin of his phobia, his special liability to fear in the special situation. In each case the phobia clears up rapidly as soon as the patient has been led to recollect the original incident, and to understand its etiological significance. In each case there was a ground or motive for repression of the memory of the incident over and above the fear, a motive arising within the sentiment of self-regard, in accordance with the general law of repression

noted in Chapter XI (p. 225): that is to say, the incident was of such a nature as to evoke in the subject self-reproach or shame or a sense of guilt.

It is probable that a phobia, in the special sense of the word illustrated by these cases, is not formed without this last factor; that fear alone does not produce a phobia. We have seen that a shock of fear may result in dissociation of the memory for the exciting incident; and that in such cases the dissociated system may manifest itself in the reliving of the incident in a trance-like condition, taking some such form as an hysterical fit. In such cases, owing to the dissociation, both the fear and the recollection or reliving of the incident remain shut off from the normal consciousness or waking personality. In the phobias, on the other hand, the fear is felt by the waking personality, though the incident is not recollected. This difference suggests that the phobia is the consequence and expression of a repressed rather than of a dissociated system, and thus affords further justification for the sharp distinction which was drawn in Chapter XI between the two conditions, in spite of their resemblance in respect of amnesia. That the phobia expresses a repressed complex rather than a dissociated system is further indicated by the fact that a phobia is apt to be complicated by other symptoms of repression, such as dreams (Case 31 suffered from dreams of being shut up in narrow spaces), stammering, and various neurasthenic symptoms; these complications indicate the continuing subconscious conflict. In the clean-cut cases of dissociation there are no such complicating symptoms.

Morton Prince on Obsessions

Morton Prince has discussed the obsessions in a very instructive manner.[1] He distinguishes the following four types:

(A) Those cases in which the patient manifests some more or less obscure sign of emotional disturbance (such as tremor or sweating or vasomotor changes) without, however, experiencing any recognisable emotion. He regards true hysterical laughter and weeping as belonging in this class. "These phenomena are

[1] "The Unconscious," chaps. XI and XII.

well known to be purely automatic; that is to say, they are emotional manifestations unaccompanied in consciousness by thoughts or even emotions corresponding to them." Prince adduces very strong evidence in support of the view that, in such cases, the bodily changes express an emotional train of thinking or recollection that goes on concurrently or co-consciously with the conscious activity of the subject. It is significant that he finds the clearest instances of this type of obsession without expression in consciousness in well-marked cases of divided personality; and the evidence of the co-conscious thinking and emotion expressed by the bodily changes is found by getting in touch, generally by the aid of hypnosis, with the submerged or dissociated phase of the personality and obtaining from it a retrospective account of its experience at the moment of the bodily signs.[1]

(B) The second class of obsessions are those in which the patient not only displays bodily signs of emotion but also experiences the emotion, but without any awareness of the object or situation that occasions the emotion, that is to say, without consciously perceiving or otherwise thinking of any such object or situation. Cases in which the obsessing fear recurs again and again he regards as constituting the class properly designated as "anxiety neurosis." Prince interprets these cases in the same way as those of class A; that is to say, he shows good reason to think that, in them also, the bodily signs and the experience of emotion are accompanied by co-conscious thinking of the emotional object or situation. And here again he finds the evidence for this interpretation in cases of deeply divided, dissociated, or disintegrated personality. I would suggest that the difference between cases of type A and those of type B is a matter of the level of the dissociative barrier. In the common cases of hysterical disabilities, the dissociative barrier would seem to lie wholly in the cerebral cortex, and at a comparatively high level in the cortex; in the obsessions of type B, we may assume that it lies at a deeper level in the cortex, or at the level of the connections between cortex and thalamus; this would fit with the fact that in these cases the emotional ex-

[1] Cf. Chapter XXXI, in which such cases are discussed in more detail.

perience of the dissociated system is shared by the dominant phase of the personality. In the cases of type A we must suppose, I suggest, that the dissociative barrier runs still deeper and, passing through the thalamic level, isolates one or more of the affective nuclei from the rest. The activities of such a nucleus then obtain bodily expression without the waking personality experiencing the corresponding emotion.[1]

(C) Prince's third class of obsessions are the true phobias and other similar emotional disorders. I say "other emotional disorders" because other affects than fear are capable of playing a similar disordered rôle. This is especially true of sex and of disgust. The disorders to be discussed in the following chapter under the head of "fetichism" seem to be essentially similar to the phobias, the sex-affect taking the place and rôle of the fear-affect. And cases of uncontrollable disgust at certain objects, due to incidents that cannot be recollected, are by no means rare. In pure cases of this type, I suggest, there is no dissociation, but only continued repression of the memory of the particular circumstances to which the particular object or situation owes its affective tone or emotion-exciting power.

Prince has studied in great detail a case of this type[2] which, although he classes it with the phobias, would seem to have been rather one of strong aversion rooted in painful complex emotions of grief and despair rather than in the fear instinct. Prince writes that his patient "dreaded and tried in consequence to avoid the sight of" any bell-tower. "When she passed by such a tower she was very strongly affected emotionally, experiencing always a feeling of terror or anguish accompanied by the usual marked physical symptoms. Sometimes even speaking of a tower would at once awaken this emotional complex. . . . Before the mystery was unravelled she was unable to give any explanation of the origin or meaning of this phobia, and could not connect it with any episode in her life, or even state how far back in her life it had existed."

[1] The difference between, on the one hand, cases of types A and B and, on the other hand, such cases as Irene (Chapter XII) is that in the former the dissociated system functions co-consciously, in the latter alternatively, with the main or primary personality.

[2] His famous "Bell-tower case." "The Unconscious," chap. XII.

Exploration revealed (through the aid of automatic writing in hypnosis) that the condition took its origin in an incident that had occurred twenty-five years ago, when the patient was a girl of fifteen. At that time she waited in a room adjoining a tower (whose bells chimed the quarter-hours) while her mother underwent an operation that proved fatal. The anguish natural to that occasion was the emotion which later, throughout some twenty-five years, was liable to recur at the sound or thought of bells in a tower.

The patient's susceptibility to this painful affect naturally rendered her consciously averse from all such towers, although she was not aware of the connection of this susceptibility with the originating incident. We are not told whether she was completely amnesic for this incident up to the time at which exploration revealed its significance. But Dr. Prince's account reveals evidence of a continuing active repression, and therefore justifies the view that, in this case as in the typical phobia, we have to do with a repressed and active complex, rather than with a completely dissociated system. We are told of "a determination to put out of mind an unbearable episode associated with so much anguish. There had been for years a more or less constant mental conflict with her phobia. The subject had striven not to think of or look at belfries, churches, schoolhouses, or any towers, or to hear the ringing of their bells, or to talk about them. She had endeavoured to protect herself by keeping such ideas out of her mind."

Now, we have seen reason to believe that, though fear or other violent affects may produce dissociation, they do not in themselves lead to repression, no matter how painful the emotional experience may have been. We have learned to look for the repressing force in the sentiment of self-regard (or, as the Freudians say, in the Ego-complex) and this case conforms beautifully to the rule. Dr. Prince was able to show that a principal rôle in the genesis of the condition had been played by self-reproach, occasioned by the patient's belief (itself generated by a long history of somewhat perverted religious and moral training and a succession of circumstances) that she was responsible for her mother's death. It was this sense of guilt, never coolly

faced and critically examined, which induced the continued repression. And the cure consisted in leading the patient to undertake such cool and critical examination and thus to cease the repression which represented, not a regression, but a continuing childish attitude.

The same patient presented a second obsessive emotion of the type of the true phobia. Prince writes of it as a phobia, but makes it clear that the affect concerned was not fear, but rather "an intense feeling of unhappiness and loneliness" which she was liable to upon hearing the sound of running water. The origin of this susceptibility also was unknown to the patient. It also was revealed in hypnosis, when she recovered the memory of an incident of her eighth year. She had gone into the woods with a party of children. She was left standing beside a noisy brook with a single companion, a boy, who presently ran off to join the others, leaving her alone. "I thought that was the way it would always be in life; that I was ugly, and that they would never stay with me. I felt lonely and unhappy. During that summer I would not join parties of the same kind, fearing or feeling that the same thing would happen." Here again, then, in respect of another affect, we have repression of the memory of the specific incident occasioning the affect, and susceptibility to the recurrence of the affect upon the recurrence of the dominant sense-impression of the moment, without revival of the repressed memory. And here also the repressing force is self-reproach coming from the sentiment of self-regard; not, in this case, owing to belief in guilt, but rather to a belief in inferiority of another kind, namely, ugliness.

(D) Prince's fourth class of obsessive emotion is distinguished by the fact that, during the attack of morbid emotion (in the case described one of fear with a sense of "unreality"), the patient is aware of the nature of the fear-inspiring possibility, namely that she may become insane. Prince traces this fear to a number of unfortunate family circumstances which in his view had rendered the patient liable to fear on thinking of herself, because she had learned to think of herself as one destined to become insane, or, as Prince puts it, "fear was incorporated with the self-regarding sentiment."

Symbolic Extension of the Obsession

The obsessive affect is liable to extend its range of occasions in virtue of the symbolic tendency which we have studied in Chapter XV. Some such extension is probably the rule. It was manifested in all the cases discussed in this chapter. In the first case extension was made from a particular place with a door difficult to open to all enclosed spaces escape from which might be, in any way, difficult; in the second, from a splashing waterfall to all running water, even the water from the bath-tap; in the third, from being seized from behind at a particular spot to the possibility of being seized from behind in any exposed situation; in the fourth, from the bells of a particular church-steeple to all towers that might contain bells. In some cases the affect seems, in the course of time, to be overcome in relation to the originally exciting object, while persisting in relation to those to which it has become extended. We then have the phenomenon described as "displacement of affect." I cite the following example after Dr. H. W. Frink.[1]

Case 34.—A business man had a peculiar habit about catching trains. He would not look up a time-table. Instead, he would finish what work he had in hand, and then proceed to the railway-station and wait for the next train. He recognised that this practice frequently involved waste of time, but nevertheless persisted in it. He asserted that he was not going to be hurried by any railway company, and he would take his own time.

Dr. Frink throws light on this peculiar practice by showing that the man's father, to whom he was strongly attached, had always strictly insisted on punctuality. The boy had not (we are told) consciously rebelled against this form of dominance; but his tendency to rebel and to assert himself in opposition to it had spread over to the analogous dominance of the railway companies, which demand punctuality from the traveller; and, in this relation, the tendency or "affect," successfully repressed in relation to his father, was able to manifest itself unhindered in relation to other authorities.

"Instances of this sort," says Dr. Frink, "are very common. Some rule, prescription, specification or anything else giving the

[1] "Morbid Fears and Compulsions," London, 1926.

suggestion of authority is taken as an object to which to displace and discharge repressed impulses to rebellion and disobedience primarily referring to an authoritative parent—usually the parent of the same sex. I recall a young man who, if he saw a sign, 'Don't walk on the grass,' would go out of his way to walk on it. The legend, 'No Smoking,' would cause him instantly to light a cigarette, etc. . . . The mania for doing things forbidden which so generally attacks boys or young men when they first go away from home to school or college, is really a breaking through of the impulses to rebellion against the father which hitherto had been better repressed, but now begin to find outlet by displacing themselves to almost anything that is prohibited. Often the thing done represents, in a symbolic way, some specific act forbidden or condemned by the father (usually a sexual one), and thus two sorts of impulses find a common outlet. According to Stekel and others, kleptomania has this origin. The thing stolen is usually symbolic of some sexual thing unconsciously wished for, and which in childhood the authority of one of the parents stood in the way of attaining. The stealing thus simultaneously expresses through displacement the desire for the thing or experience in question and the rebellion against the parent whose influence or authority originally interfered with its fulfilment." It may be added that the tendency to swear or use bad language on occasions of vexation, which perhaps in most of us is a quasi-morbid or compulsive tendency, has probably a similar history.

Freudian Theory of Compulsions and Phobias

Now Dr. Frink is a good Freudian and therefore, when he writes of rebellion against the father, he has in mind the Œdipus complex, and implies that the son's rebellion against the father's authority is an expression of the repressed hatred and jealousy towards his father which are supposed by all good Freudians to be present in all men in the form of the Œdipus complex.[1] And, in the passage cited above, Frink is, then, following the Freudian rule or prejudice in suggesting a sexual root to the neurotic

[1] By all good Freudians except Prof. Freud himself. Cf. Chapter XXV, p. 402.

symptom. But, if we recognise, as we must, that the impulse to self-assertion is rooted in an instinct entirely distinct from the sexual, then the compulsion is entirely intelligible on the principles followed in this chapter without any sexual implication. The sexual implication given to the case by Dr. Frink is entirely typical of the way in which the Freudians find the sexual root of symptoms without any sufficient warrant. In this case the explicated reasoning would run: All rebellion or self-assertion is rebellion against the father's prohibition on the son's infantile desire for his mother. This is a case of self-assertion, therefore it has its root in the sex instinct. The syllogism is good if we accept the major premise, but we have no sufficient warrant for doing so.

It is by reasoning of this kind that Freudians seek to exhibit all phobias and compulsions as rooted in the sex instinct. The dogma that the Œdipus complex is present in all men is the principal instrument of the pansexual theory, the major premise of most of the reasoning by means of which neurotic symptoms are deduced from the sex instinct.[1] But in the present instance, as in many others, the major premise requires to go far beyond the assumption of the Œdipus complex. It requires to assume that all self-assertion comes from the Œdipus complex; that every authority, obstacle, difficulty, thing, or being, from the gods to a man's dog, over against which he may assert himself, whether in the form of rebellion or of the exercise of authority, is a "father surrogate." It requires to imply or assume, and commonly does imply, that if an infant's *libido* (in the Freudian sense) did not become fixated upon his mother, and if the infant were not sternly prohibited by the father (or some substitute authority) from indulging this desire, that individual would never be capable throughout his life of any form of self-assertion, because he would not have developed the repressed hatred and jealousy of the father which are alleged to be the root of all self-assertion.

The psychoanalysts are by no means agreed as to the etiology

[1] Cf. in Chapter XXV an examination of this dogma. In view of its central importance, its key-position, in the Freudian psychology, I refer the reader to my more detailed examination of it in an article, "The Œdipus Complex," in *Archives of Neurology and Psychiatry*, Feb., 1926.

of morbid fears. The simplest formula, with which some of them are content, asserts that sexual *libido* that is not expended in normal channels of expression becomes converted, or converts itself, into fear, what is called "free-floating fear," and that this fear may then attach itself to any object, and so give rise to a phobia. This doctrine of conversion of one affect into another by some strange alchemy, though often postulated by psychoanalysts, has never been shown to be well founded, to be possible or plausible. A less obscure and miraculous derivation of morbid fear, favoured by some psychoanalysts, is the assumption that it is an evidence of suppressed homosexuality which the patient unconsciously recognises and fears, the fear alone breaking through into consciousness as fear without conscious object; which fear may then find a conscious pseudo-object.

We have seen that Dr. Ernest Jones has made a gallant but unsuccessful effort to show that all fear is due to repression of the *libido*. After explaining that the German word *Angst* is properly translated as "morbid anxiety," he asserts that "morbid anxiety is certainly the commonest neurotic symptom," and that "the conclusion that morbid anxiety represents the discharge of repressed and unconscious 'sexual hunger' is one of the more securely established in the whole of psychopathology."[1] On the same page he tells us that "Freud states that from one point of view all psychoneurotic symptoms may be regarded as having been constructed in order to prevent the development of fear." Yet morbid anxiety is "the commonest neurotic symptom." From which it follows that the neurosis, constructing its symptoms "in order to prevent the development of fear" only succeeds, in the majority of cases, in converting fear into morbid anxiety. "Morbid anxiety, as we are familiar with it in the peace neuroses, is a defensive reaction of the ego against the claims of unrecognisable 'sexual hunger' (*libido*), which it projects on to the outside world—*e. g.*, in the form of phobias—and treats as if it were an external object;

[1] In the German edition of this article, he goes even farther and asserts: "Die Behauptung, dass Angst den Ausdruck verdrängter unbewusster Libido vorstellt, scheint mir sicherer als alle übrigen Lehren der Psychopathologie." *Psychoanalyse der Kriegsneurosen*, Vienna, 1919.

it is, in a word, the Ego's fear of the unconscious." We have then, if we accept Jones's reasoning, the following remarkable doctrine: All fear is morbid anxiety; it is the Ego's defensive reaction against the claims of unrecognised sexual hunger; and fear, the commonest neurotic symptom, is fear of "the Unconscious," and is constructed by "the Unconscious" in order to protect the Ego against fear.

If we overlook, as good Freudians habitually do, the inherent difficulties and improbabilities, not to say contradictions, of the sexual theory of phobias, and try seriously to apply it to a typical phobia, such as Case 32, it is obvious that we cannot altogether ignore the apparent determining incident, the accident under the waterfall; but we have to give to that incident a rôle of secondary importance. We have to assume that the girl of seven years was suffering from an excess of repressed sexual hunger, which had undergone conversion into fear, which fear was seeking an object in the external world; the accident under the waterfall served then merely to suggest a suitable object for this fear; it did not in itself excite fear, it merely directed the child's "free-floating fear" on to running water, and thus determined the form of the phobia; if this accident had not taken place, the free-floating fear would have broken out in a phobia for some other object. But then we encounter the difficulty that the child of seven is, according to Freud's most explicit teaching, in the latency period as regards sex. The same difficulty arises in other cases; though not in Morton Prince's bell-tower case, where the phobia developed during adolescence. Surely, if there were any truth in the sexual theory of the phobias, we should find that the great majority date from adolescence, the period when, in so many persons, the sex instinct is strongest but is denied all direct expression and satisfaction!

It seems to me that Dr. Stekel (who is one of Freud's revolted disciples, and who has repudiated the pansexual theory) comes nearer the truth than most others in regard to the phobias. He writes: "My experience of war hysteria has convinced me that the monosexual etiology of hysteria cannot be supported. Out of the vast material of a war hospital I was continually finding evidence of the untenability of this one-sided stand-

point." And he makes the following generalisation: "Every phobia is a punishment exacted by the consciousness of guilt." If we make allowance for a tendency to flowery and metaphorical language, we may recognise this formula as expressing the view of phobias adopted in this chapter, namely, that the repression of the memory of the original fear-exciting incident is a function of the sentiment of self-regard which plays this part owing to some sense of guilt, some self-reproach, arising from the circumstances leading to the incident.

The Use of the Words "Anxiety" and "Fear"

The common practice of translating the German word *Angst* by the word "anxiety" is responsible for some of the confusion in regard to morbid fears. We have seen in Part I (p. 340) that the word anxiety is most properly used to denote one of the derived prospective emotions of desire, a phase in the scale of derived emotional qualities which may arise in the course of the working of any strong desire. *Angst* is better translated as "fear" or as "morbid fear." Another source of confusion arises from the multiplicity of words which we use to denote fear in its various intensities and combinations.

The view which I hold, with the greatest confidence possible in regard to any psychological problem, is that fear always and everywhere expresses and is due to the working of one instinct, the instinct of fear, flight, escape, or self-preservation; that under all its names (dread, terror, pain, fright) fear is essentially the same experience and from the same source; and that it enters, as one of two or more affective constituents, into such blended emotions as horror, hate, loathing, awe, reverence. This is the view propounded in my "Social Psychology"; and in all my experience with patients, and in all my reading (including many criticisms of this view), I have found no facts incompatible with it.[1]

[1] Dr. J. Drever, who accepts so much of the teaching of my "Social Psychology," has maintained the view that fear only arises when the expressions of the instinct of escape are obstructed. And Dr. A. T. MacCurdy has recently published a large volume ("Psychology of the Emotions") devoted to the same thesis. I do not find any of the arguments in support of this thesis sufficiently cogent to shake my confidence in the simpler view.

Although I reject the pansexual etiology of fear and the various formulations by aid of which it has been attempted to make this derivation seem plausible, the reader must not suppose that I am too prudish to recognise the rôle of sex in the genesis of neuroses, when good evidence of it is forthcoming. I cite very briefly a case of phobia in which the attribution of the phobia to a sexual root does seem well justified.[1]

Case 35.—A young married woman living in the tropics experienced extreme and uncontrollable fear of storms. Exploration showed that her sex instinct was strong; that she had gone through many and varied experiences of sex (of an incomplete kind), all of which tended to make her regard sex as something violent, mysterious, cruel, and terrible. These experiences included a passionate and disastrously ending love-affair; also the experience of being nearly strangled by a man whom she had "led on" too far; and especially an incident at the age of fourteen, when she had allowed a youth to expose her; "for a long time after this she suffered agonies of shame and fear, and burned with a sense of injustice, . . . but finally she thrust the whole matter out of her thoughts and all but forgot about it." Here, then, was a repression of the memory of this first painful sex experience, a repression due to shame and guilt. Her wild conduct, after the painful termination of her first love-affair at nineteen years, also implies repression of memories connected with that affair. The displacement of the fear of sex onto the storms is intelligible according to the symbolic principle. The fact that she was living upon good terms with her husband would account for the tendency to symbolic displacement. "It was not the storm itself, nor any fear of physical injury, but rather something behind the storm that was so greatly feared. This state of mind during a storm was a representation of that general fear of 'nature,' more particularly man's nature, as something fierce and terrifying that we have seen was a characteristic of the subject's mind during the love episode." The patient readily realised the symbolic nature of the storm; she said "the sudden violent gusts of emotion, and the sudden onslaught of a tropical storm—they seem so much alike, bursting suddenly, sweeping all before them, and leaving an exhausted wreck behind." Further: "It was not until the subject had been brought to recognise that a storm symbolised sex in general, and that the tropical storm was a reproduction of the whole love tragedy, that the tension was released and a complete cure effected."

Obsessions take many forms. Not only the affects of fear and sex, but many others also may take the obsessive form. A morbid scrupulosity is a common form of obsession. I have presented one such case (Case 20) in which the morbid doubt or anxiety took a peculiar and restricted form. I present here

[1] "Study of a Phobia," by Dr. S. E. Hooper, *Brit. J. of Psychol.* (Med. Section), 1922.

another case in which the morbid scrupulosity was perfectly general.

Case 36.—An officer, X, in early middle life, of high culture and character, was troubled so much by morbid scrupulosity in the performance of his duties, which were mainly office duties, that he was sent to hospital. He suffered no other disabilities beyond occasional severe headache and an hallucination which he was loath to reveal, but which was the key to the trouble. He had been educated in a Jesuit college, and no doubt the practice of moral self-inspection there acquired may have in some degree prepared the way for the obsession. It appeared that, after training as a temporary officer, his first duty was to conduct a draft to a distant scene of war. The transport, crowded with troops, received two torpedoes from an enemy submarine, and went down amidst a wild scene of blood and agony and death, on a vast and concentrated scale. As the ship sank, most of those who remained alive sprang overboard. X remained on deck till the last. Shortly before the ship sank, a young officer with whom X was acquainted stood by him, wearing a life-belt. Presently this officer sprang into the water, and then, in frantic excitement, called to X to throw him his (X's) life-belt. Seeing that the other man had on his own belt, X refused to do this, and shortly afterwards saved himself by swimming to a boat, which he shared with a raving madman until picked up. The hallucination from which X suffered was a vision of the corpse of the young officer whose unreasonable demand for his own life-belt X had refused. X, being one of the very few survivors, had written an official report of the disaster and had carried on for a time; but he had never mentioned the intimate personal incident; he could not bear to speak or think of it; it was repressed. Hence the hallucination, and hence the morbid scrupulosity and self-depreciation which extended to all duties and obligations, however trivial. The trouble cleared up as soon as X was led to revaluate the incident by facing it and examining it rationally.

A Case of Sexual Obsession

I conclude this chapter by citing a case of sexual obsession and one of homicidal impulsion. The former illustrates the fact that the sex obsession may be very similar in genesis and operation to a fear obsession or phobia. We are not told that repression played the same rôle as in the genesis of phobias, but we may infer with some confidence that it did so.[1]

Case 37.—A gentleman of cultivated tastes, happily married, and with two children, consulted the physician on account of his overpowering infatuation for a young peasant woman, which threatened to break up his home; for he seriously contemplated divorce and remarriage with the peasant woman, who, to an unbiassed observer, seemed less, rather than more, attractive than the average woman of her class.

[1] I cite the case after Dr. P. Bjerre, *The Psychoanalytic Review*, vol. XI, 1924.

Investigation soon revealed, first, that the infatuation dated from an occasion on which he had watched this woman bathing his little son; secondly, that coarse red female hands were a "fetich object" for the patient; thirdly, that in early boyhood he himself had been bathed by a young woman with hands of that kind, and that this experience had excited in him the sexual instinct. When the nature and history of the obsession were thus revealed to the patient, it quickly faded. We are not told whether the cure was complete.

Homicidal Impulsion

Case 38.—This case, described by Dr. Millais Culpin,[1] is that of a soldier in hospital who could not be trusted, or trust himself, to be alone with another man; for then, and especially if they took a walk together in a lonely place, the patient was liable to an impulsion to kill his companion. Underlying this impulsion was a repressed memory of the following incident. The patient was conducting to the rear a prisoner of war who had attacked him and been on the point of bayonetting him; in a lonely spot he turned in fury upon his prisoner and slew him. The memory was recovered or uncovered in hypnosis, and the impulsion thereupon dissolved.

In this case we have an impulsion to a particular mode of expression of a repressed anger or fury, reviving whenever the patient found himself in circumstances resembling those of the original forgotten incident. I think we may assume that this was a case of fear turning to fury, as in the animal at bay; if this was the case, the relation to a phobia is very close. As in the other cases described in this chapter, a sense of guilt or self-reproach was, in all probability, the repressing factor.

[1] "Psychoneuroses of Peace and War," chap. IX.

CHAPTER XIX

PERVERSIONS OF THE SEX IMPULSE

Perversions of the sex impulse are mental abnormalities of considerable theoretical interest and of much practical importance. They range from very slight abnormalities of feeling, thought, and behaviour, to such grave departures from the normal as fetichism, sexual inversion or homosexuality, sadism, and masochism.

All such perversions may be roughly divided into two classes, although the line between them is by no means sharp. The one class consists of two subclasses: (1) simple perversions of sexual activity in relation to the normal object; (2) cases of liability to sexual excitement through other objects than the normal object, the member of the other sex of appropriate age. Such perversions, and they include a large proportion of the cases of inversion, cannot properly be called neuroses. Perversions of the second class may properly be called neuroses, because they arise through, or involve, some continued repression and amnesia, and generally involve compulsive action or obsessive thoughts, and perhaps delusions.

Simple Sex Perversions

Perversions of the former class may be illustrated by a simple case of fetichism of a not uncommon kind. A young man is arrested by the police, charged with cutting off the queue or "pigtail" of a young girl; and it is found that he possesses a collection of such objects. He confesses that he has obtained all these in the same thievish manner, and that, in contemplating them, he experiences sexual excitement and some degree of satisfaction. Investigation reveals that he can remember the origin of this peculiarity; namely, that as a young boy he sat in school behind a girl whose hair fell down her back in a queue; which hair he used to contemplate, while another boy talked to him in a way which excited him sexually.

Here we seem to have a simple case of extension of the sexual impulse to an abnormal object, or rather to a special part of the normal object, in a simple associative manner. In this, as in other cases, it seems probable that the determining incident and experience involves the first stirrings of the sexual instinct at a time when it was still too little matured to seek and find its normal object.

Many cases of homosexuality, especially those of a mild and transient nature, must I think be regarded as of similar genesis. The young boy or girl, deprived perhaps more or less completely of the society of young people of the opposite sex, becomes in one way or another (sometimes through conversation, sometimes through physical contacts, either undesigned or deliberately undertaken by a companion) sexually excited in the presence of, and in regard to, a person of the same sex. Such excitement, whether or no it finds expression in overt action (especially if it be repeated again and again in relation to persons of the same sex), renders the child susceptible to excitement from the bodily presence of members of the same sex; and to some extent such experiences will tend to prevent the impulse from becoming directed to members of the other sex. And, if bodily expressions of the impulse are indulged in at these times, yielding some satisfaction, the impulse will tend to be confirmed or fixed in such expressions, will continue to seek satisfaction in similar practices.

But there can be no doubt that the sex instinct is normally so organised as to be susceptible to, or responsive to, the physical characters of the opposite sex. This is certainly true of the animals; if it were not, their sex impulse would rarely, if ever, achieve its biological function of procreation; and the various sex recognition-marks, which take the form of odours and peculiarities of voice and form and colour of the two sexes, would have no significance or *raison d'être*.[1] And, if it is true of the animals, there is no reason to doubt that it is true of the human species. Fortunately, this innate direction of the sex impulse towards the opposite sex is generally sufficiently well marked to overpower the influence of such early perversions as those mentioned above,

[1] Cf. Part I, p. 95.

and, as the instinct matures more fully, to lead the individual back to the normal sex object and to normal modes of response.

The weight of authority favours the view that, in some small proportion of human beings, the sex instinct is innately inverted, is innately homosexual, that in some men it has the special organisation which it normally has in women; and conversely in some women. Such persons seem never to experience the slightest sexual interest in the opposite sex; and to find sex relations with their own sex entirely natural and satisfactory.[1]

How far such innate inversion of the sex instinct is correlated with bodily peculiarities, such as feminine traits in men and masculine traits in women, remains uncertain. Such correlation does not obtain in every case; nor is it clear that there is any correlated peculiarity of the chemical factor, of the sex hormones.

Apart from such instances of innate inversion, it is probable that every normal human being is in some degree liable to perversion under unfavourable circumstances; such as deprivation of opportunities to experience normal sexual attraction, combined with seductive influences exercised designedly or unwittingly by members of the same sex.

This view does not imply the necessity of postulating two distinct sides, or aspects, or impulses, as "components" of the sex instinct, as is commonly assumed by the psychoanalysts. We have to remember that, in the human species, the bodily differentiation between the two sexes is slight; that, especially, the immature youth presents many physical resemblances to the female.

Bearing this fact in mind, we can see nothing mysterious, or requiring special and involved explanations, in the fact that in every society in which custom permits of very free intercourse of the sexes, inverted sexual practices commonly flourish among the men. The fact is sufficiently explained by the common tendency of men who indulge freely in more or less indiscriminate sex relations to seek ever new sources and modes of gratification, among which the seduction of youths not unnaturally occurs.

[1] It is doubtful whether such cases are susceptible to treatment or cure. One such case, which combined what seemed to be innate inversion with liability to epileptic attacks, proved utterly resistant to my efforts.

In this way such men must induce early inversion in many of their victims, and thus give rise to a wider distribution of the perversion. In this way also we may understand how, in all societies, some men of middle age who have led a life of free indulgence with the opposite sex turn to members of their own sex in order to obtain the stimulus of novelty.

Neurotic Perversions

We may pass on to consider cases of perversion which in various degrees have the character of neurosis. The following case is an instructive example of fetichism combined with acquired inversion; it is, as regards neurosis, a border-line case.

Case 39.—A young man preparing for the ministry was troubled by the fact that he was sexually inverted. He had served in the army during the war; and it was while in the army that he had become distinctly aware of his peculiarity, and had been led by others into some indulgences of his perverse tendency. He was aware also that the part of the body which most contributed to his sexual excitement was the foot. In all other respects he seemed normal. He could recollect nothing that seemed to throw light on the genesis of the condition. His memory of early life seemed poor. As a short cut to exploration, I tried hypnosis and found him a susceptible subject. In the waking state he denied all dreams; in hypnosis he readily recovered dreams, some of which seemed to be reproductions of childish experiences; and he also was able to recollect the following facts. When a child in his fifth year, his father used to take him into bed sometimes in the mornings and romp with him. The boy would sometimes snuggle at the foot of the bed, and his father would tickle him with his toes. He was able in hypnosis, not only to remember these occasions, but also to remember that he would sometimes experience a pleasurable excitement, which he now identified as sexual. There can be little doubt that these occasions were the effective incidents in the genesis of the double perversion—foot-fetichism and homosexuality. He was not altogether indifferent to women. The case was a simple one of misdirection of the sexual impulse at the early stirring of the instinct, complicated by repression, which produced amnesia for the occasioning incidents.

The explanation I suggest for this and similar cases is, of course, far too simple for the convinced Freudian, who would complicate it by dragging in the Œdipus complex and various marvellous transformation scenes. It is, I think, fully borne out by the large array of cases studied and published by Dr. William Healy, which point to an equally simple explanation of cases of perverted expression of the impulse.

Dr. Healy has developed independently the art of mental

analysis, and has shown in several important works, illustrated by many cases, how much may be done in the way of exploration, explanation, and cure of tendencies to misconduct, by the tactful conversational method, unencumbered by ritual and by over-elaborated theories of infantile sexuality, of the Œdipus complex, and "the Unconscious." He shows that, in many cases, the delinquent child acts under an impulsion that is powerful, recurrent, and as utterly obscure to any ordinary inspection of the individual and the circumstances as to the delinquent himself; and that, nevertheless, a tactful conversational exploration may reveal, to both the physician and the patient, the nature of the motivation, and may enable the latter, in the light of his better understanding of himself, to overcome his unfortunate tendency.[1]

Healy writes: "We find that some misdoers do not, in their misconduct, appear to be in the least carrying out their honest desires. Their actions are forced, as it were, by something in themselves, not of themselves. If we judge by the repetition of misdeeds in the face of possible punishment and other suffering, we might suppose that these misdoers were impelled by their very strongest conscious wishes. But we know that this is often not the case, because the effect of the conduct in question is not in any ordinary sense pleasurable to the misdoers, nor do they regard it as such. The wrongdoing is not even primarily contemplated as likely to give them high satisfaction. So far as we can learn, the impulse arising from mental conflict has no penumbra whatever of delightfulness; on the contrary, it seems as if one of its most noteworthy characteristics is the curious absence of any idea of pleasure to be derived from following it. We have heard the expression from not a few misdoers, 'I don't know what made me do it. I don't want to do it, and I feel sorry afterwards.' It would seem that students of human motives should long since have been attracted to this curious phenomenon of conduct, because, results not being even contemplated as pleasurable, ordinary motives are not plainly involved."

The last sentence is of interest as showing that Dr. Healy, having set out with the ordinary pleasure-pain theory of mo-

[1] Especially "Mental Conflicts and Misconduct," by William Healy, Boston, 1917.

tivation, has discovered its falsity through sheer pressure of the facts with which he had to deal in a practical way. Dr. Healy finds that, in many cases, the patient may readily recall and recite events of the past which have played an all-important part in leading to delinquency, and that, in these cases, what is needed is that the patient shall be led to see the connection between such experiences and his unruly impulse to misconduct. "There are many important instances where the analyst can very quickly with the misdoer find clear memories of a highly emotional experience, from the time of which the birth of misbehaviour tendencies dates." There is, in many such cases, evidence of repression, but not necessarily of repression resulting in amnesia; but rather a repression which results in the supplanting of the natural mode of expression of the sex impulse by some other activity which might seem to have no relation to that impulse. "The repression, we find, is frequently spoken of by young people in the most ingenuous fashion when once there is sincere and skilful attempt to tap the real source of trouble—the mechanism does not have to be merely inferred, or, as in the classical cases, learned by elaborate analyses. In these more naïve individuals who know nothing of mental conflicts as such, the straightforward recital of repression is most striking. In not a few instances the fact of repression is sooner or later specifically offered to us as evidence of the possession of moral attributes; the form of delinquency actually engaged in is not nearly so bad (says the delinquent child) as certain other activities, the ideas of which are repressed. The repression seems many times to have been undertaken in direct fashion, in a sort of get-thee-behind-me-Satan spirit, and, indeed, may be later regarded as having been entirely the result of a conscious process."

Again: "The response shows that frequently the offender is fairly hungry for the chance to delve with some understanding person into the real inwardness of his tendencies to misconduct . . . often there has been expressed a great desire to search out the facts." That is to say, many of these children are obscurely aware that their delinquencies are due to some abnormal condition, to the fact that something has gone wrong in them, rather than expressions of their true nature. But, though the

relevant experiences can in many cases be readily recalled, that is not always the case. "We have had instances where it was at first impossible to awaken subconscious memory of bygone influences, until the clew obtained from parents was followed and served to stimulate the dormant power of recall. . . . One leads on the inquiry in simple, patient fashion, till the facts of causation develop in consciousness, and the subject of the impulses realises the genetic facts or even explicitly states: 'Now I see what is the matter, why I am doing the things, how I got started.'"

Dr. Healy illustrates these findings with a striking array of cases of repeated thieving by adolescent children of otherwise good character and reputation. In each of these cases, exploration revealed that the child's thieving dated from what seems to have been the first explicit stirring of its sexual impulse by some person who, at the same time, by precept or example, induced it to contemplate the possibility of stealing. The most striking of these cases is that of the boy Geddy, who repeatedly got into trouble through driving away in some buggy left standing at the roadside. Exploration revealed that the impulse to this action dated from an incident during his eleventh year. A man with a horse and buggy invited him to go for a drive and, during the drive, revealed that he had stolen the horse and vehicle. At the same time the stranger behaved in such a way as to induce sexual excitement in the boy; and this, according to the boy's account, was his first experience of that kind. From that time onward the boy was subject to the impulsion to drive away in a buggy when he saw one standing empty. "When I see a horse and buggy, then I think of that man; I used to sit down and think then, maybe. I'd be sort of nervous. . . . It would make me feel like doing what he did. . . . I'd think of that man when I was driving. That man was the one who told me about stealing a horse and buggy . . . because he was monkeying with me, I was nervous in the buggy. . . . Sometimes I get crazy spells, and I go and get a horse and buggy. . . . Sometimes I think of that man when I see a horse and buggy."

In a second case, Armond, a boy of sixteen of decent family and good character, was guilty of many small thefts, especially

of money, although he was well supplied with pocket-money. Exploration revealed that two years earlier Armond had begun to associate with a boy, Emil, who stirred his sex impulse and at the same time initiated him into stealing. Armond at this age first learned from Emil about girls, as objects of sexual attraction, and first heard about masturbation. He also found out that Emil was in the habit of stealing occasionally. Emil showed Armond a picture of a nude girl and "told him that it made him feel like masturbating." On the same day Emil induced Armond to take part in a theft of money, the first of many. "The picture and its association with the sex impulse seized upon Armond's mind. He told us that this was what was really the matter with him. The thought of this picture was what he wanted to get rid of, and then, perhaps, he would not steal. . . . Armond told us that, after hearing what Emil said about the picture, . . . he began practising masturbation. . . . It occurred directly in connection with his thought and imagery about this picture; in fact, the picture became like a vision to him, around which he centred his thoughts. It flashed up in his mind often when he was reading. He repeatedly prayed that he might be relieved of this imagery and temptation. It was the only picture that he had ever thought of in that way, and he had only seen it once, there in the shop-window." Before this time Armond had never stolen. A typical incident is described as follows: "It was Sunday afternoon. Armond had been reading a story. He had much temptation that day to allow the picture to remain before his mind because he was alone. He resisted his sex impulse by ardent reading. Several times his insistent mental imagery recurred. By evening he became intensely restless and went out for a walk. He came to a place where there was a little alley back of a store. He walked in there just out of curiosity. He had no idea of stealing. Nor did he go there for any other improper purposes; it was just restlessness that led him. He saw a window partially open, and a vase inside within reaching distance. He managed to get hold of it and experienced great satisfaction in doing so." Armond knew, before analysis, "that the main trouble with him was the thoughts; his stealing he felt to be of secondary importance.

After the analysis, which was readily carried out in a couple of prolonged interviews, Armond had clearly framed for us the connection between the two, and without any explanation on our part stated that he now saw it most distinctly." With the help of this new understanding, he completely mastered his tendency to steal from that time on.

A third case of similar kind is that of Melda, a healthy girl of decent family, who at the age of eleven had repeatedly stolen small articles. This propensity dated from the age of eight when Melda began to associate with an older girl of depraved character, Annie. "This girl used vicious language and would say the bad words over and over again. She wrote them on the house, too." "Melda told us that at first she did not know what these words meant, although she knew that they were improper, and knew that they had reference to what Annie did that was wrong. Melda still remembered those words. Perhaps ten of them. Melda had suffered no physical sex experience, but everything she had learned of these matters stands out very clearly in her mind." About the same time that Annie thus induced a vague stirring of the little girl's sex instinct, she took her to a store and, by example and precept, induced her to steal small articles. "What she told me came in my mind, and I can see all those three times I saw her stealing. They always come in my mind before I take things. When I am busy it does not bother me, and sometimes when it comes in my mind, I take a book and read and it goes away. But sometimes it stays, and I can't think of what I am reading, and then I take things off my mother." The child had struggled against the tendency to steal; but it overcame her on several occasions after long periods of successful resistance; and each such occasion followed immediately upon being reminded of Annie, either by meeting her or by going to the store where the first stealing was done by Melda and Annie together. "Melda all along made much more of Annie's badness in other directions than of her stealing." She said: "The only bad girl I ever knew was Annie. Ever since I saw her steal some scissors I have got it in my mind. I see her as if she was telling me what she was doing. I see her standing right beside me. . . . It is like she was standing in front of

me; as if she was telling me what she does; just as if she was calling me to go along with her some place. Sometimes it is so plain I think it is her. Then I don't know what to do, and I ask my mother to give me some work. . . . When I think about her most and feel like stealing it is when I see pictures of boys and girls on one page. She used to show me a picture of a boy and girl kissing. She told me then about bad things, and now, when I see a picture with a boy and girl, I think about what she told me, and then I think of her and the stealing. . . . It is when I see pictures about little boys and girls in one picture that it is when it is the worst."

These artless introspections seem to me to throw more light on the origin and nature of such perversions than many chapters of abstruse and learned speculation on "the Unconscious" and the Œdipus complex. It would seem that these and similar cases are closely allied to sexual fetichism. Instead of impelling to the possession and repeated contemplation of some fetich-object, the sexual impulse drives the patient to a particular kind of action undertaken at the time when it was first aroused to activity. Owing to the performance of the act of stealing during a state of obscure sexual excitement, when the sexual impulse is still blind and when circumstances do not lead it on to its natural goal and expression, its energy becomes diverted into the activity of stealing; and thereafter it is apt to follow a similar course, whenever the impulse is excited. It is possible also that the furtive and reprehensible nature of the act of stealing plays an essential part in this direction of the sexual energy along the abnormal channel of activity. The similarity of emotional tone of the contemplated act of stealing would favour the diversion of the energy of the sex impulse into the abnormal channel. It is noteworthy in this connection that all these children seem to have attached little value to the things they stole, to have had little or no desire to possess or use the stolen objects; also that they regarded the sexual doings with which they were made obscurely acquainted as more reprehensible than the act of stealing. The formation of such perversions may, therefore, be regarded as being misdirected processes of *sublimation*.[1]

[1] See Chapter XXIX.

Sadism and Masochism

Sadism is the technical name for the tendency to find sex excitement and pleasure in the infliction of pain; and the opposite tendency, that to find sex pleasure or excitement enhanced by suffering of violent treatment, is called masochism. Many authors postulate corresponding components of the sex instinct. That way of explaining the facts seems to me entirely unsatisfactory. To postulate a component of an instinct for the explanation of any peculiar form of behaviour is no more satisfactory than to postulate a separate instinct for the same purpose. It can only be justified if the behaviour in question can be shown to be common to all members of the species, and to be inexplicable in terms of other instinctive tendencies well founded on other grounds, especially the ground of comparative or animal psychology. Now there is, in animal life, nothing corresponding to the human tendencies known as sadism and masochism. This fact suffices to justify extreme scepticism in regard to these alleged components of the sex instinct.

In my view, the facts which are held to justify this assumption are largely facts of which the true explanation is to be found in the working of two independent instincts that are well founded in comparative psychology, namely, the instincts of self-assertion and submission.[1] The former is apt to be predominant in the male; and, the nature of the sex instinct in the male being to assume the more active rôle, the rôle of active suitor, it readily brings to its aid the instinct of self-assertion or display. We see this co-operation of the two instincts manifested by the males of many animal species, notably by those males furnished with a showy exterior or special ornaments. Especially clear is this in the behaviour of some birds, such as the peacock and the pigeon. That the display tendency is rooted in an instinct distinct from the sexual is shown by the fact that it is manifested independently of the latter, notably in association with the behaviour preliminary to combat, when the animal is apt to impose upon his adversary by the use of his display organs. In a similar way, the weaker or younger of two animals of the same sex

[1] Cf. Part I, p. 157.

is apt to react to such self-assertive displays with signs of submission equally instinctive.[1] And such working of the instinct of submission is apt to co-operate with the sex instinct in the female when she is aggressively approached by the male. In the human species the same co-operations are naturally evoked in the sex relations; they do not require the assumption of any special innate connection between the sex instinct and these co-operating instincts. But in the human being all self-assertiveness in sex relations is by some authors called sadism, and all submissiveness is called masochism. In this way the assumption of sadistic and masochistic components of the sex instinct is given a certain colour.[2]

[1] The submissive instinct is very clearly displayed by many female dogs. I have a young bitch who, at the slightest reproof, throws herself on her back in so submissive a manner as to render further punishment well-nigh impossible.

[2] It is interesting to find that Dr. Otto Rank, who has long been one of Freud's chief lieutenants, shows in a recent article a tendency to repudiate the derivation of perversion from the various alleged components of the sexual instinct. For example, he writes: "Nothing should be called masochistic offhand, and treated as such, until it has been incorporated into its place in the general *libido* system in accordance with Freud's exposition of it, whereupon all necessity to call it masochistic generally vanishes." And again: "We need only, for example, remember the almost exhaustive elucidation of homosexuality which we owe to analyses of neurotics to admit that it would be more justifiable to name manifest homosexuality after the 'complexes' or, more correctly, after the mechanism out of which it originally sprang, rather than inversely, as has so often happened up to now, to designate with a carelessness which becomes more and more fatal these complexes and mechanisms as homosexual." Article: "Perversion and Neurosis," *Int. Journ. P. A.*, vol. IV.

CHAPTER XX

DELUSIONS

A delusion is a false belief. In normal persons delusions may arise in part from false observation or information, or from faulty reasoning. But in most, perhaps in all, cases some affective tendency plays an essential part, distorting observation and reasoning, or facilitating acceptance of some false proposition. In Part I of this work it was pointed out that belief arises from judgment, and that judgment is not a purely intellectual process, but rather, like every other mental process, has its conative aspect, is actuated and sustained by some motive, some striving towards a goal. It is, I think, literally true that one motive only can determine judgment and belief without to some extent biassing, or tending to disturb, the intellectual operation of judging, namely, the impulse of curiosity, the sheer desire to know, to become better acquainted with the facts. "The wish is father to the thought"; we tend to judge and to believe in accordance with that state of affairs which our conative tendencies impel us to conceive. It would be too narrow a generalisation to say that we tend to believe in accordance with that state of affairs which we desire. In this respect the old adage, "the wish is father to the thought," fails to cover the ground. For we tend to believe also that which we cannot contemplate without aversion, without fear, disgust, loathing, or horror. For example, the medical student finds suggestions or vague indications of some disease in his own organism, most commonly heart disease; then his fear distorts his observation and judgment, and impels him to believe that the disease is actually present.

With the trivial exception of such false beliefs as may arise from slips in such processes as arithmetical calculation,[1] we may, then, class all delusions in two great classes, delusions of desire

[1] In his "Psychopathology of Every-day Life" Freud has shown how many errors, commonly attributed to intellectual slips, have an affective source.

and delusions of aversion. There is no clear line to be drawn between the delusions of the normal man and the morbid delusions which imply some degree of disorder. False beliefs as to the estimation in which we are held by our fellow men are very common among normal persons: we easily distort the significance of the remarks and attitudes of others. Not only do we falsely interpret indifferent remarks and attitudes, giving them a laudatory or a depreciatory significance, but also we are apt to find such significance in actions or remarks that have no reference to ourselves. If we are aware of some weakness, or of some guilt, in ourselves, or if we feel that our merits have been insufficiently recognised, our sentiment of self-regard becomes unduly sensitised; its desires then play an undue part in our lives. In the former case, we shrink unduly before the regards of our fellows and tend to interpret them as depreciatory. In the latter case, we constantly resent the indifference of others to our merits and strive in imagination, in fantasy, and in action, to assert ourselves, to display our superiority, or at least our worth and capacities. And commonly these two tendencies of our self-regard operate alternately or in conjunction; producing that state of conflicting self-assertion and submission which we call embarrassment. Few men, however soundly constituted, pass through life without suffering some such conflicts, and without entertaining, however fleetingly, about their personal relations, false beliefs, springing from these impulses of self-regard.

Such delusions are morbid as soon as they become so fixed that they cannot be rectified by cool reflection and in the light of further evidence, such as assurances or respectful treatment accorded us by our friends and acquaintances. Often such mild delusions are expressed in such forms as that "luck is always against us," or "the Fates are against us," or "an honest man doesn't get his due in this world." A rather more definite and dangerous degree of the delusion takes the form: "Every one seems to be against me," or "Nobody cares about me; they are all down on me."

It is probably only when the subject is aware of some shameful weakness or of some guilty action in his own past, and when he represses in some degree this knowledge and its affective

tendencies, that such delusions become so fixed as to fall into the distinctly morbid class. The repression removes them from the reach of frank self-criticism, and prevents the expression of the tendencies in natural channels of speech and action. Hence the introvert[1] is more liable to the development of delusions than the extrovert: for the former hugs his resentment and his desire for recognition in his own bosom; while the latter at once gives vent to his injured feelings in loud complaints, or to his self-assertion in boasting or in open efforts to display his powers and to compel recognition from his peers. Hence also the value of the practice of "confession"; even if it takes the form only of frank self-examination and confession in the form of a private journal or diary.

Paranoia

Morbid delusions are found among the symptoms of many forms of mental disorder, especially in *Dementia Præcox* or *Schizophrenia*. But there is one disorder generally recognised as "a disease" (*i. e.*, a disorder characterised by specific symptoms and course, and deserving, therefore, of a special name), in which the morbid delusion (or delusions) is the essential and sole symptom. To this disorder the name *Paranoia* is given.

In a typical case of *Paranoia* the patient has some fixed delusion which has become systematised: that is to say, the delusion has become the nucleus of a system of false beliefs arrived at by way of "rationalisation," in the endeavour to harmonise other facts and beliefs with the original delusion. In all other respects the patient's mental life seems normal; but, wherever facts or events come into relation with the delusions (and the patient, owing to the continued operation of the repressed affective tendencies from which the delusion springs, is very apt to discover or fabricate such relations) the false beliefs dominate the true and secure the right of way. Kraepelin, to whom the recognition of *Paranoia* as a distinct disease is chiefly due, has defined it as "the furtive development, resulting from inner causes, of a lasting immovable delusional system that is accompanied by the complete retention of clearness and order

[1] Cf. Chapter XXVIII.

in thinking, willing, and acting." *Paranoia*, so defined, is regarded as an incurable disease.

It is, however, questionable whether this setting apart of *Paranoia* as "a disease" is justifiable. It is undoubted that many persons lead comparatively normal lives in spite of some more or less systematised and enduring morbid delusion, and that many such persons are never brought by their delusions under medical care. Paranoiacs form but a small percentage of the inmates of mental hospitals; and it seems not unreasonable to suppose that those cases of fully systematised and incurable delusion which are diagnosed as *Paranoia* are but the extremer instances of a form of disorder that ranges continuously from a mild and fleeting and perhaps well-grounded sense of injury and belief in one's unrecognised merits, through mildly morbid delusions, up to the fully developed and fixed delusions of *Paranoia*. This view finds support in the fact that no signs of organic disease are found associated with *Paranoia*, and that it seems to be essentially a functional or psychogenetic disorder. Prof. Bleuler writes as follows: "The delusional system of paranoiacs is a psychic formation that gives the appearance of a simple exaggeration of normal processes. The normal individual reacts in the same way but not continually so. Everybody has false references to oneself as well as insufficiency of logic as soon as he is in an affective state. The manifestation becomes pathological only because it cannot be corrected, and especially because of the tendency to spread generally, and the unintermittent continuous working of the affective mechanism once put in operation. The only known symptom of paranoia, the delusional formation, proves to be a reaction form to certain external and internal situations. At all events, it is not a direct result of any process in the brain, or of a constitutional degeneration, and one must assume that at least in the milder cases the disease would not have broken out without being released by an external situation, or at least would not have assumed the same form. . . . Invariably we see at the root of the disease a situation to which the patients are not equal, and to which they react by means of the disease; the young man feels in himself the impulse to achieve and be something worth while, but be-

cause of an intellectual or, especially, a characterological weakness, he does not get as far as he would like. He is not sufficiently indifferent to ascribe the failure to fate or to let it rest on himself; still less has he the strength to admit his own mistakes to himself and make them clear to himself. Then, according to the every-day method, he blames the environment and merges into the delusion of persecution; or, in case of a more cheerful disposition, he fulfils his wishes in fantasy and works himself out of reality into the delusion of grandeur."

The two forms of delusion mentioned in the foregoing citation, delusions of persecution and of grandeur, are the fundamental and most frequent.

Perhaps all delusions of seemingly different forms are variations or derivations from these two fundamental forms. Thus, fearful delusions, such as tormenting by devils, appear to be extreme forms of the delusion of persecution, the fear being provoked secondarily by the fancied persecutions. And delusions of jealousy, another common form, are to be traced to the same common root, a resentment at a real or fancied injury to the self in its most intimate and vulnerable personal relations. And the two fundamental forms of delusion commonly obtain together. Thus Bleuler writes: "There is probably no paranoiac (and paranoia-like) delusion of greatness without delusions of persecution, and no delusion of persecution without ideas of greatness or at least aspiration to greatness; and the difference between the two forms becomes relative. The exalted feeling of self, which is ascribed to paranoiacs of various kinds is, therefore, probably a necessary condition for the origin of the disease. But I should like to add that, according to everything I know, this feeling must be opposed by a feeling of non-efficiency, probably repressed, before the paranoia can originate. Whoever collapses without this inner conflict has no occasion for a delusion of persecution, and also probably cannot produce the energy to separate himself from reality."

A paranoiac who had committed a multiple murder wrote a most revealing statement, which I cite (after Bleuler). "You will therefore understand when I go into ecstasies over the man who is robust in body and soul, when the strong, the indifferent,

the fighter, the criminals, and the beasts impress me. I think of them all as the opposite of myself. In this writing I am not using what I have read, as I am in general a very independent spirit. I was not tempted by the 'fashionable philosopher,' and on this occasion I want to remark to the Nietzsche followers that the key to a comprehension of his writings is weakness. The feeling of impotence brings forth the strong words, the bold sounds to battle are emitted by the trumpet called persecution insanity. The signs of the truly strong are repose and good-will . . . the strong individuals are those who without any fuss do their duty. These have neither the time nor the occasion to throw themselves into a pose and try to be something great."

In this statement the patient reveals his own conflict between his tendency to self-depreciation, his shame and weakness, generating delusions of persecution, and his tendency to compensate for this by strivings which generated delusions of grandeur. The case is one of great interest, and may serve as the typical illustration of systematised delusion. I therefore cite Prof. Bleuler's account in some detail below.

It seems probable that in many cases the delusions of persetion are primary, and that the delusions of grandeur are, in a sense, secondary to them, being formed not only by a compensatory fantasying sustained by the self-assertive impulse, but also by a process of rationalisation by means of which the patient seeks to explain, in accordance with this compensatory striving, the fact (as he supposes) that all men are interested in him, abusing him, or persecuting him. He thus finds compensation in the persecutions themselves; his self-assertive tendency feeds upon them by explaining them in terms of grandiose delusions, and thus strengthens, rather than corrects, the primary self-depreciatory delusions.

As was pointed out in Part I, a belief once established, by whatever process, shows a certain stability, a resistance to opposing propositions. Hence, when a delusion becomes highly systematised, it consists of a number of related beliefs, each of which contributes support or strength to the whole system. In this way, I think, we may account for the incurable nature

of a well-systematised delusion. There is evidence in some cases that, after long persistence of such a systematised delusion, the conative forces, the affective tendencies, that played the leading part in the genesis, lose their strength; the patient becomes comparatively at peace with the world and with himself. His delusion ceases to develop; but nevertheless obstinately maintains itself. It has become a stable, relatively isolated part of the mental structure; but has ceased to be intensely animated with affective energy, and therefore has ceased to grow and to generate fantasies, and to obtrude itself in every social situation.

Case 40.—A village schoolmaster, Wagner by name, "thirty-nine years old, murdered his four children and his wife while they were sleeping; the following night he set fire to several houses in another village, where he had previously been a teacher, and was shooting at the male inhabitants, of whom he killed nine and seriously wounded eleven." These incidents occurred in the year 1913. "Even as a boy he was easily insulted, ambitious, conceited. Later he had poetic plans for reforming the universe. His sexuality in respect to the animal impulse was strong, but he had a 'disinclination' towards marriage, and evidently no parental instinct." However, he had overcome this "disinclination" (which pointed to some abnormality in the sphere of sex development). "His highly developed self-esteem had been deeply depressed by a futile struggle of many years against onanism. Later (1901), under the influence of alcohol, he had let himself be carried away to sodomy, and then had a dreadful feeling of sin, with incessant fear of contempt and arrest, which soon brought about delusions of reference, and the conviction that the inhabitants of the village knew of his crime and spoke about it." [1] Here, then, is ample ground to infer a severe conflict between his tendency to self-reproach, and his tendency to self-assertion, his "highly developed self-esteem." As in many other cases, this self-reproach (this anger directed against himself, and this fear of discovery) conflicting with his self-esteem, was, we may feel sure, more or less successfully repressed, but, continuing to be subconsciously active, found new objects in all the members of his family and in other persons, and by a process of rationalisation he found "reasons" for this resentment. "His accusations against himself he transferred to his family; all Wagners should be exterminated; then his hatred extended to all mankind, above all to the inhabitants of his district who had treated him badly. He condemned himself doubly, in part as a genius whom he honoured as at least equal to the greatest poets, but whom he also ranked as equal and superior to Nero, and, on the other hand, compared with Christ. Transferred in 1902 to another place, he enjoyed relative quiet for six or seven years without, however, ever ceasing to build up further his delusional system. But then, according to his opinion, the remarks and contempt continued there also. The result was the plan, even then developed in every detail, to murder his family as much because of reasons of race-hygiene as from pity, and then set fire to the village where he was first employed, to destroy it with all its hypo-

[1] "Textbook of Psychiatry."

critical inhabitants. The first necessity was the extermination, the 'redemption' of his children; but the revenge against, and contempt for, the village occupied him no less. His wife he had to kill because of pity. For a person like him there are special laws. He had not only the right but the duty to do this. His plan was a 'humanitarian matter.' For four years he postponed the execution of his bitter task. But when he was later transferred to a third locality and there felt himself the centre of bar-room gossip, he executed his plan systematically."

The reader will notice that in this patient sexual offences played an important part. We are told of a long and unsuccessful struggle against onanism, which deeply depressed his self-esteem. We may infer that his fall into sodomy accentuated this state of affairs, increased greatly his sense of guilt and self-reproach, and intensified his compensatory self-assertive striving; we may suppose also that, at the same time, it added to the complex the strength of the fear impulse; for this was an offence rendering him liable to criminal prosecution and severe punishment.

Freud's Theory of Paranoia

We may consider in this connection Prof. Freud's theory of *Paranoia*, which he states in the following words: "Persecutory paranoia is the means by which a person defends himself against a homosexual impulse which has become too powerful."

It is assumed in this theory that the homosexually directed *libido* undergoes one of those miraculous or magical transformations which we encounter so frequently in the Freudian theorising: "love" becomes hate, and the person of the same sex, formerly "loved," becomes the supposed persecutor. If it were true that the delusion of persecution is always first formed in relation to some person of the same sex, Freud's hypothesis would be in a stronger position. But such is by no means the case. Delusions of persecution seem in many cases to begin as vague suspicions directed to the social environment indiscriminatingly.

Further, it is easy to understand, without accepting Freud's theory, that a considerable proportion of such delusions may be found in persons of homosexual tendency. We know how onanism commonly gives rise to a secret sense of guilt, to self-

reproach and self-depreciation and the suspicion that others detect the signs of it and are, in consequence, contemptuous. If a man is aware of homosexual inclinations, and still more if he has yielded to them, how much more heavily must he be burdened in this way! To his sense of weakness, of inferiority, of abnormality, is added the knowledge that he is guilty of a practice, or at least of a desire, which incurs the utmost contempt and loathing of normal people, and may render him liable to public disgrace and severest punishment. We can see also why, in some cases in which there has been actual homosexual indulgence, the suspicion and persecutory delusion should be directed primarily towards the guilty partner; for that person above all others is in a position to persecute him and to reveal his fault. Is not the history of innumerable cases of "blackmail" highly relevant here?

We may perhaps see in these considerations the explanation of the fact that *Paranoia* occurs in men much more frequently than in women. For, though women may, perhaps, be as liable as men to homosexual perversion (though that is very questionable) their offences in this direction are not liable to the same severity of social condemnation and legal penalty.

We can, I suggest, find a further point against Freud's hypothesis in the fact that those homosexuals in whom the perversion seems to be innate seem little liable to persecutory delusions. They boldly assert their right to do as their nature dictates to them; they cannot be made to admit or to feel that there is in such practices anything unnatural or repulsive. They have no sense of guilt or self-reproach; and, though they may know that they are liable to punishment, they are apt to assert that this is owing to the stupidity of society and its laws. I have argued with such cases at length, without obtaining the least sign of yielding from this position. The victim of an acquired perversion, on the other hand, is apt to admit the wrongness of his inclination or conduct and the justice of the social censure directed towards it, and commonly desires to be restored to normality.

That the sexual factor plays only the secondary rôle here assigned to it in the genesis of delusions, that is to say, merely

adds to the patient's sense of inferiority and guilt, and his tendency to self-reproach, is indicated by the following testimony of a psychiatrist of very large experience. Prof. Bleuler writes: "It is probably not an accident that in all closely observed paranoiacs, all of them persecuted, I found a peculiarly weak sexuality."

The Freudian theory of *Paranoia* is incompatible with the view propounded above, to the effect that it is merely the name given to those cases of delusion which, in the absence of other forms of disorder, attain a high degree of systematisation. That cases of morbid delusion really form such a continuous scale my limited experience will not permit me to assert. But that simple uncomplicated cases of morbid delusion arise from other than sexual roots seems clear. I describe one such case.

Case 41.—A middle-aged artisan of good antecedents was sent to France with a labour battalion. There it became his duty to take part in guarding an immense dump of ammunition (chiefly shells, valued at five million pounds). One night a German aeroplane dropped a bomb on this dump, starting a fire and a series of explosions which continued until the dump was wholly destroyed. My patient, as he told me, ran at once to the locomotive of a train laden with shells that stood alongside the dump, with the intention of drawing the train out of danger. When he reached the engine, he found in possession another man, who told him he was not wanted and who drove the train away. Shortly after this incident, he was sent to hospital as a mild shell-shock case, and some weeks later came under my care. His condition was good, except that he complained of accusing voices and displayed a mild delusion of persecution. I suspected that he was concealing the history of some dereliction of duty, or failure of some more real and serious kind than that which he detailed to me. But I failed to elicit any such admission, or obtain any evidence pointing in that direction. He discussed his symptoms intelligently and seemed, while conversing, to be shaken in his delusion. After failing to obtain any lasting improvement during some weeks, I secured his return to civil life, and heard after some months that his condition remained unchanged.

The foregoing case seems to be one of mild persecutory delusion, with hallucinations, arising directly from self-reproach in a man already considerably strained by war service. The genesis of the symptom was no doubt facilitated by the concurrence of the incident giving rise to self-reproach with an appalling disaster in which many lives were lost.

Delusions of marital jealousy are common, and many psycho-

analysts have pointed out that, in such cases, the patient has commonly indulged a wandering fancy, or engaged in actual infidelities. That such indulgences should, especially if more or less repressed in memory, facilitate the genesis of delusions of jealousy requires no abstruse explanation.

The view here taken of the nature of *Paranoia* and of its relation to simpler forms of delusion finds support in instances of morbid delusion acquired by infection from a paranoiac. In such cases of infection or induction, the patient is commonly the husband or wife or near relative of a paranoiac, living in close relations with him. The induced case seldom, if ever, develops into a full-blown paranoiac, and, if separated from his companion, usually gets rid of his delusions after a short time. In such cases the delusion is created by suggestion, and has only such stability as all beliefs may show. It lacks the supporting impulses of an active complex, and it has not the tendency to grow which characterises the cases of spontaneous delusion.

CHAPTER XXI

HALLUCINATIONS

Hallucination is "seeing things that are not there"; or, in more technical terms, to hallucinate is to think of remote objects with sensory vividness.

Hallucination may or may not be accompanied by delusion, by belief in the physical reality and presence of the object hallucinated. The more vivid and persistent the hallucination, the more apt is the subject to believe in the reality and presence of the object. Probably most normal persons have occasionally hallucinated; but persistent hallucination is one of the most common symptoms of mental disorder.

We cannot draw any sharp line between hallucination and illusion, or false interpretation of sense-impressions, because we can never be sure that some sense-impression does not play a part in the genesis of hallucination; but in practice we speak of illusion when the rôle of the sense-impressions is obvious, of hallucination when it is doubtful or of secondary importance. For example, obscure sounds due to internal stimulation of the auditory nerve seem to conduce to auditory hallucination; but we do not on that account describe hallucination of voices, in a case complicated by tinnitus, as illusion.

In some healthy persons hallucinations may readily be induced. In most good hypnotic subjects, verbal suggestion may induce hallucinations of any kind during hypnosis and, in some subjects, in the post-hypnotic state. In others, visual hallucinations may be induced by "crystal-gazing" or by putting a shell over the ear. In crystal-gazing, the successful subject generally seems to pass into a hypnoid condition; and it is, in the main, persons who are readily hypnotised, and who can by a little practice acquire the art of automatic writing, who readily see "crystal-visions." For the induction of crystal-visions it is usual to ask the subject to gaze intently into a highly refracting sphere of glass or quartz; but any polished surface may serve

almost equally well. The appearance of visions in the crystal is generally preceded by a clouding of it, as though it were filled with white mist. After a few moments the mist clears and the subject sees pictures which, in some cases, are of the most various kinds, in others, are of some one scene repeated upon successive occasions. In the more usual cases, the picture in the crystal resembles a small-scale coloured cinematographic show; figures come and go and move and dissolve, on various backgrounds, the whole being naturally coloured. Sometimes the scenes are fantastic; in other cases they are so realistic that the subject is inclined to feel that he is peeping through some strange telescope into some distant scene of real life.[1]

Dr. Morton Prince has done pioneer work in showing that crystal-visions, together with automatic writing, may be of great assistance in exploring subconscious mental activities. On the basis of observations made with the assistance of these methods, he has put forward a very interesting theory of the genesis of hallucinations.

Before considering this theory, let us notice that hallucinating, being only a special form of imagining, shows the same fundamental varieties; there are reproductive, constructive, and creative hallucinations.

Reproductive hallucination is perhaps the most frequent variety, and lends itself most readily to a simple theoretical interpretation. Sometimes a person in good health who has for any reason repeatedly perceived some object or impression, or very similar objects, may seem to perceive the same object again when it is no longer present. One of the simplest and commonest of such hallucinations is the perception of motion of the earth after a journey by ship or railway-train. Very similar is the following. After occupying myself intently for some thirteen hours with stained sections of muscle-tissue under the microscope, I was surprised to find, in the evening as I sat reading, that whenever I turned my eyes from my book, I saw projected upon the walls or furniture the coloured patterns with which I had been busy. Oft-repeated sounds are not infre-

[1] In a few cases such crystal-visions have seemed to be veridical; these raise the problem of telepathy. Cf. Chapter XXXII.

quently repeated in similar hallucinatory fashion; and such auditory hallucinations are more difficult to distinguish from actual perceptions. Such hallucinations have been called, somewhat unsuitably, "recurrent sensations."

During the War, a common form of hallucination was the hearing of shells screaming overhead long after the soldier was far removed from the fighting line. In some cases the sights and sounds of the battle-field continued to recur and to fill the consciousness of the soldier for days after his removal from the field. One such case, admitted to my wards some days after removal from the front, was wholly concerned with shells exploding overhead. One could secure his attention, but the next moment he would point to the ceiling with a terrified glance and dodge under the bedclothes; and he would repeat this again and again so long as he was not covered over completely. Closely allied was the hallucination (examples of which are mentioned in other chapters) of the cry of agony uttered by an enemy at the moment of receiving a bayonet thrust. Very similar was the hallucination of Case 36, who saw repeatedly the corpse beside his bed. In these last cases we come nearer to the type of hallucination common in delusional insanity, where the hallucination expresses a repressed affect, commonly of the nature of self-reproach or remorse.

In many simple instances of reproductive hallucination, it is not possible to assert that any repressed affect plays an essential rôle; still less that there was operative any dissociated system; though it is possible that there were such factors. The essential condition of such simple reproductive hallucination seems to be the very strong affect evoked by the reproduced impression, repetition of the impression conducing as a secondary factor. And I think we may add that any repression of the affective memory favours the hallucinatory reproduction.

Such reproductive hallucinations are thus closely allied to reproductive dreams, notably the battle-dreams of soldiers. And in this connection it is noteworthy that many normal persons are especially prone to hallucinate in the transition state between sleeping and waking, the so-called hypnogogic and hypnopompic states. At those times especially we are apt to

misinterpret sense-impressions in illusions that stand near to hallucinations. Closely allied with these are the illusions and hallucinations of anticipation, which occur more especially when we anticipate some sense-impression with strong affect, with eager desire or strong aversion—as in the traditional seeing of a ghost in any ill-defined object of the moonlit graveyard.

Prince's Theory of Hallucination

Dr. Prince's observations have led him to formulate "a theory of visual hallucinations, namely, that in certain instances at least they were the emergence into awareness of imagery belonging to subconscious thought—the same sort of imagery that occurs in conscious thought. Auditory hallucinations, similarly, are the emergence of subconscious verbal 'images,' *i. e.*, sounds of words used in subconscious inarticulate thoughts or internal speech." That is to say, Prince finds evidence that in certain instances of hallucination there are two streams of thinking running side by side, as it were, in the same organism; that these two streams of conscious activity are not entirely without influence upon one another, but that some of the imagery of the one stream may be thrust into the other stream as hallucinatory images.

The evidence in support of this view is obtained in several ways. First, by retrospection in hypnosis. The subject experiences post-hypnotically an hallucination suggested in hypnosis. On inducing hypnosis again the secondary subconscious personality, B (or phase of personality), which received and executed the suggestion again comes into *rapport* with the experimenter and asserts that, at the moment when the primary personality, A, hallucinated, he (B) was thinking of that object. Such post-hypnotic hallucinations seem to be closely parallel to post-hypnotic forced movements. Just as the secondary personality, B, can force A to execute movements with some sense of impulsion, but without understanding of the goal or ground or purpose of the movements, so B can influence A in such a way that the stream of A's thinking is interrupted by an hallucinatory image of the object of which B is thinking.

When confronted with the evidence of such influence of the

subconscious phase upon the thinking of the primary phase of personality, we are prone to think of the images as concrete entities, in the same way that we think of material objects, and to think of the image formed by the secondary personality as being thrust bodily across from the one stream of consciousness to the other. But that would be to conceive the process erroneously. When A hallucinates the object *X* of which B is thinking, B does not necessarily lose the image of *X*; rather, both personalities think of *X* simultaneously. The process may be likened rather to one of reflection from one mirror to another. When a mirror *B* receives an optical image and reflects it onto mirror *A*, the presence of the image in *A* does not imply that the image of *X* has left *B* to pass into *A*; it implies rather that the image *X* is still formed in *B*. But this physical simile also is very imperfect. We can find a true simile for the process of induction of hallucination (as indicated by Prince's observations) only by postulating the reality of the much-disputed telepathic communication. If I thought of a number or a playing-card, and you at the same moment (seated in a distant place) thought of the same number or card: and if this occurred regularly without exception through one hundred successive experiments, we should have to believe that, somehow, my thinking of the number or card induced you to think of the same number or card at the same moment. We could not describe the process by saying that my thinking, my image, passed over into your head and became yours; my thinking remains mine and yours remains yours, but we think of and image the same object at the same moment, and there is some causal relation between my thinking and yours. Just so, in the production of hallucination of the object *X* post-hypnotically in the primary personality A, the thinking of *X* by the secondary personality B seems to induce A to hallucinate *X*. There is no bodily transportation of B's image of *X* out of the stream of B's consciousness into A's. Nor can the process be described by saying that the image of *X* becomes common to A and B. When you and I think at the same moment in visual terms of the full moon we saw last night, we think in similar ways of the same object; but it would not be true to say that we both have the same thought, or the

same image, although that is the misleading way in which we commonly describe such coincidences. If we wish to avoid confusion and error in psychology, we must use language with some precision; and in such cases we must say that two persons are thinking of the same thing in similar ways. And so with the primary and secondary personalities of the hypnotic subject; when both think of the same object, that is not one thinking but rather two simultaneous thinkings.

I insist upon this point tediously, because it is of great theoretical importance. If we allow ourselves to speak and think of images as entities that exist in their own right, that pass into and out of consciousness, and from the consciousness of one person into the consciousness of another, then we become involved in all the fallacies that have encumbered psychology for centuries in consequence of treating "ideas" as such entities, of taking literally the familiar modes of speech which describe two men as having "the same idea," or one man as getting his "ideas" out of another man's head. I insist upon this point also because Prince's language is sometimes ambiguous in respect of it, and might easily mislead the unwary reader.

Prince finds similar evidence in a number of instances of spontaneous hallucination occurring in cases of well-marked double personality. He writes: "I might analyse a large number of spontaneous hallucinations wherein you would find the same evidence for subconscious processes showing intelligent constructive imagination, reasoning, volition, and purposive effort, and expressing themselves in automatisms which either solve a disturbing problem or carry to fruition a subconscious purpose." [1] And he brings forward similar evidence in respect of some dreams, namely, evidence that the dream-images remembered by the dreamer are partial reflections of the conscious thinking of a secondary personality.

Prince finds the strongest evidence in favour of this view in a case of dual personality who readily produced automatic writing and also visual hallucinations. The plan of the experiment was to obtain automatic writing during the occurrence of the hallucinations; for, if the hallucinations are due to the influ-

[1] "The Unconscious." The evidence is discussed in chaps. VI and VII.

ence of a secondary personality, it would seem probable that automatic writing may express the thinking of that same secondary personality. Prince succeeded in obtaining simultaneously from his subject continued automatic writing and verbal descriptions of a series of visual hallucinations. In a number of such experiments, it was found, on comparing the writing with the parallel series of hallucinations, that the latter formed, as it were, a series of pictures illustrating the story written automatically by the hand. For the primary personality who reported and described them, these pictures had as little meaning or intelligible connection with one another as have the pictures illustrating a story-book for one who turns over the leaves without reading the story. Confirmation of and a further light on this relation between the two personalities was obtained by hypnotising the subject after the conclusion of the experiment. The personality which had played the subconscious rôle, which had produced the automatic writing and induced the other personality to hallucinate scenes from the stories written, then came into *rapport* with Dr. Prince and was asked to give some retrospective account of the whole process, and, as Prince writes, "very positive introspective testimony as to the source of the imagery of the hallucinations and the relation of those images to the subconscious process was thus elicited. Its credibility must be judged according to the value assigned to the method."

For the details of these experiments I must refer the reader to Prince's article.[1]

As regards the credibility of the evidence, I will only say that, knowing as I do Dr. Prince's skill and care and large experience in such work, I see no reason to reject either the evidence or Prince's interpretation of it. It is, of course, impossible to prove conclusively that any personality other than oneself thinks consciously; but, when a personality behaves as though he were consciously and purposively thinking, and when, further, he gives us an introspective or retrospective account of his thinking, it is pedantic to doubt the reality of his experience. And this is true whether the personality in question is a normal

[1] "An Experimental Study of the Mechanism of Hallucinations," *Brit. J. of Psychol.* (Med. Section), Vol. II.

personality, or a secondary personality which for the most part lives subconsciously and perhaps intermittently only, coming into direct *rapport* with the interrogator only occasionally in hypnosis or in some other occasional fashion.

If we accept Prince's view of the genesis of hallucinations in the cases he has studied, the question arises whether we have to regard all hallucination as originating in the same way, namely, as a partial reflection in the primary consciousness of a subconscious stream of thinking. This is a very difficult question which, at present, no one can answer with any reasonable confidence. I am inclined to suppose that in all cases in which the hallucination is not merely reproductive, but is the product of an elaborating process of which the subject remains unaware, the theory of reflection from the consciousness of a subordinate personality is in order; but that, where we have to deal with hallucinations that merely reproduce scenes lived through with great intensity of affect, there is no sufficient ground for invoking the theory.

The reader who is not familiar with cases of multiple personality will hardly appreciate the strength of the case for Dr. Prince's theory and its theoretical importance until he shall have read Chapters XXX to XXXIV, in which such cases are described and discussed.

CHAPTER XXII

EXALTATION AND DEPRESSION

Excitement and depression are general conditions of the organism that are commonly regarded as opposites, as opposite ends of a scale the middle part of which represents the normal waking condition. This accepted psychiatric usage is a little unfortunate. The true opposite of excitement is the state of calm, rest, or indifference. The degree of excitement of any moment is a function of the instinctive energies; whenever circumstances bring into play one or more of the instinctive dispositions, the organism is in a state of excitement; and the excitement is more intense, the more strongly the instinctive disposition is working and the greater the number of such dispositions active at the same time. That is to say, the degree of excitement expresses the quantity of free energy, neurokyme, or *libido*, in the brain at the moment. The excitement may be diffuse and chaotic, or controlled and concentrated; and the outward manifestations are very different in the two cases: in the former we see chaotic varying signs of mixed and conflicting emotions with ineffective shifting bodily movements; in the latter the excitement may express itself in an impressive stillness, broken only if at all by highly controlled movements directed effectively towards some well-defined goal. Such controlled excitement may imply either the complete domination of the organism by some one instinct (as in the case of an animal stalking its prey) or the strong voluntary control that is possible only as a result of discipline and the development of character.

The conventional opposition of excitement and depression comes from the modern recognition that the two states called "mania" and "melancholia," and formerly regarded as two distinct mental diseases, are in reality (in very many cases if not in all) two phases of one disorder process. This process accordingly is now generally called (following Prof. Kraepelin) manic-depressive insanity.

Most of us, perhaps all of us, are liable to mild alternations of this kind, moods of "excitement" and of depression. Some of us are more liable than others to these moods, suffer them either more frequently or more acutely than others do. When the liability to such alternations is well marked, the personality is said to be of the cyclo-thymic type.[1]

It would seem that the excited and depressed phases of the manic-depressive patient are but exaggerations of these changes of mood. If we provisionally accept this view, we may obtain, by reflection upon our own experience of such moods, a suggestion for a theory of the manic-depressive disorder. I put forward this theory with all due sense of its tentative nature; I should call it rather a suggestion towards a working hypothesis. My own experience with such cases is slight, but I venture to think the hypothesis is deserving of trial by those who have opportunities of studying many such cases.

Theory of Manic-Depressive Disorder

Mania and depression were commonly regarded by the psychiatrists of the nineteenth century as organic disorders. In accordance with the prevailing tendency of the time, it was attempted to discover corresponding or causative brain-lesions; or to discover microbic infection or toxines produced within the body that might account for the two conditions. With the rise of the new interest in the influence of chemical factors on our mental life that has come from the new knowledge of internal secretions, the hope of finding purely chemical explanations of these two states has been renewed. But up to the present time the great amount of industry devoted to research along these lines has remained without definite result.[2] And, with the rise of the hormic psychology and the increasing successes of the psychogenetic interpretations and the psychotherapeutic meth-

[1] Cf. Chapter XXVIII.

[2] There are enthusiasts who, like Dr. Timmey, claim to find the etiology of most mental disorder in microbic infections, and others who, like Dr. L. Berman, claim to find them in disorders of internal secretion. It would be rash to affirm that such factors are of no importance: it is probable that in many cases they play some part in the genesis and maintenance of mental disorders: but the view that they are the primary factors is not widely accepted.

ods of treatment, there has appeared an increasing tendency to regard manic-depressive disorder as primarily and essentially psychogenetic, or at least as interpretable in psychological rather than purely physiological terms.

We may, I think, lay down a general principle of some value in guiding us to distinguish between mental disorders that are primarily due to physical disease and those that are psychogenetic. The disorders due to physical disease or lesions of the brain are of two types: First, those due to a localised lesion; such as may be produced by a gunshot wound or the rupture of an artery. In these cases we find some disability in respect of some special function or functions (such as local paralysis, an agraphia, a psychic blindness, etc.), the more general mental functions remaining unimpaired. Secondly, there are the diffuse brain-lesions, such as those of general paresis produced by the syphilitic infection of the brain, and those of Korsakow's disease, in which chronic alcoholism has led to diffuse brain injury. In these the mental symptoms are apt to be entirely chaotic (as in the former) or to affect only the integrity of associative memory (as in the latter).

When we find disorder that seems to express, seems to be rooted in, some lack of due balance and proportion between the affective tendencies, then, whether it affects only some particular aspect of the patient's life (as in the delusion of jealousy) or affects nearly all his thinking and feeling, as in highly systematised delusions of persecution or of grandeur, we may accept this as an indication of the psychogenetic nature of the disorder.

This criterion, when it is applied to manic-depressive disorder, favours the psychogenetic or functional view of it. Let us return now to consider how the common experience of moods may suggest a working hypothesis for the interpretation of the manic-depressive phases. When we are in a depressed mood, when we take a gloomy view of life in general, we take a gloomy view of ourselves. It may happen that peculiar circumstances, such as serious physical disorder, may lead a man to take a gloomy view of himself at the same time that he views the world in general optimistically. That would be due to an appreciation and evaluation predominantly intellectual. It would

differ from the mood that colours all our thinking and feeling, in that in such mood one views oneself gloomily, and the gloomy view of things in general is secondary to and derived from this gloomy view of oneself. This attitude may be expressed in the words: "The world may be a decent enough sort of place, but what good is it to me? I am a poor incompetent creature, incapable of playing a proper part in it, of enjoying it; my efforts to accomplish something of value lead to nothing; all the world knows that I am a poor creature."

On the other hand, in the bright, active, joyous mood, one views the world joyously because one feels strong and capable, ready to grapple with any emergency or difficulty, confident of success. Even though on intellectual grounds a man may regard the world as a poor thing, a "rotten show," in which there is little cause for rejoicing, yet, in the mood I speak of, he contemplates it with equanimity or positive satisfaction, regarding it either cynically, as an egg to be cracked and sucked by himself, or altruistically, as a field for his activities, a scene of disorder to be put to rights by his efforts.

If we imagine these two opposite moods intensified and prolonged, we have the picture of the depressive and the manic phases of manic-depressive disorder. The two phases are opposed, not in the sense that one is a phase of excitement and the other a phase of passivity or calmness, but rather in the sense that the one is a phase of exaltation and the other a phase of depression. Exaltation, not excitement, is the true opposite of depression. Excitement may accompany depression—most strikingly in the condition known as agitated melancholia. And in many cases of melancholia or depression, there is a certain amount of excitement expressed by restless wandering to and fro, lamentations, insomnia, dreaming, and vivid, perhaps hallucinatory, imaginings.[1] The characteristic mark of the depressed phase is that the patient takes a low, a depressed, view of himself, declares that he is a miserable sinner, a wretched,

[1] Prof. Bleuler writes: "In excited depressions . . . the agitation is nothing but the expression of anxiety and with it the other centrifugal functions are plainly retarded." Only the English translation of his "Textbook" is available to me: but it is probable that the word translated as "anxiety" (according to the unfortunate custom of English psychiatrists) is *Angst*. Clearly Bleuler means "fear."

useless creature; that he has committed dreadful crimes and expects corresponding treatment in this world and in the next; that he is incapable of coping with the world by reason of moral and physical deficiencies of the most varied kinds.

On the other hand, in the exalted phase the patient displays an attitude of lofty superiority, an exaggerated belief in his own capacities; there is nothing he cannot achieve; he feels and therefore believes that physically and mentally he is a superman. His excitement is an excitement of a particular kind; it is not specifically amorous, or fearful, or curious, or altruistic;[1] it is the excitement of an intensified self-assertion, unbalanced, unchecked by any effective self-criticism or by deference to any other person. The patient busies himself with ceaseless boastful talk or great plans, he explains his case to his physician with the utmost confidence in his own view, and writes grandiose letters to persons of exalted station.[2]

How, then, does the patient in these two phases, the exalted and the depressed, differ from the normal man? The normal man takes a sober, balanced, critical view of himself in his relations to the world; and he does this in virtue of the constant interplay of two fundamental tendencies of his instinctive nature, namely, the tendency to self-assertion and the tendency to submission. These two tendencies are the principal tendencies organised within his sentiment of self-regard.[3] In the man of normal disposition and development these two tendencies are

[1] Nor is it a general hyperexcitability of all nervous functions. Such general hyperexcitability we see in Grave's disease, or in any condition of hyperthroidism. It differs widely from the excitement of the manic patient.

[2] Prof. Bleuler (in his "Textbook of Psychiatry") claims manic-depressive insanity as one of the "affective psychoses," and writes of it the following passages, which support, I think, the view I suggest: "*The manic invariably estimates his own worth much too highly; the melancholic infinitely too low*"; and "In Euphoria the *turgor vitalis* is naturally raised; a patient, who in a state of melancholia is a broken-up individual, may appear twenty years younger the next day, when he has merged into a manic mood, and then present a vigorous bearing and a good appearance. All vegetative functions adapt themselves to the situation. The exalted person usually has a good appetite and effective metabolism"; and he writes of "cyclo-thymics, in whom periods of energetic euphoria alternate with despondent impotence."

[3] For an account of the nature and development of the sentiment of self-regard, I refer the reader to my "Social Psychology," chap. VII.

constantly at work in all self-conscious reflection. The one prompts him to attempt any line of action that may seem in any way attractive, to regard himself as capable of all achievements, as superior to all other men in all respects. And when the promptings of this tendency carry him to success, whether actually or merely in imagination, his satisfaction takes the special form which we call "joy," or, perhaps more properly, "elation" or "exaltation."

The other tendency, the submissive tendency, on the other hand, prompts him to defer to others, to be docile, to submit and obey, to take a lowly view of himself and of all his capacities and achievements; to bow down beneath hard blows and to suffer in silence. And the normal man's estimate of himself, varying as it does from time to time, even from moment to moment, according as one or other of these two tendencies predominates, is the product of the co-operation and reciprocal influence of these two opposed tendencies. Normally they work together as the twin impulses of the sentiment of self-regard, each checking and moderating the influence of the other; each liable in turn to be called out in greater strength than the other by appropriate circumstances.

The essence of my suggestion towards a theory of the manic-depressive disorder is that the disorder results from the upsetting or disturbance of the normal balance and co-operation of these two impulses within the sentiment of self-regard.

There are three ways in which we can suppose this balance to be upset in favour of one or other of the two impulses. First, external circumstances may be such as greatly to favour one relatively to the other. For example, a run of bad luck, of lack of success, of mistakes and rebuffs, may nip all the incipient stirrings of the self-assertive impulse and evoke again and again in the present, as well as retrospectively and prospectively, the submissive impulse. Or the converse may happen. Secondly, changes of the bodily metabolism may have similar effects. We know that bodily freshness and vigour are favourable to the working of the self-assertive impulse; while fatigue and exhaustion and debility are unfavourable to it and favourable to the submissive impulse. And it is altogether probable that, just as

the sex instinct and the fear instinct have their hormones and endocrine secretions which are liberated by, and in turn favour, the activity of the corresponding instinct, so also each of these two instincts has its specific hormone. If that is the case, then it may happen that one or other of these two hormones may be formed in excess, owing to what we may call accidental disturbance of the metabolic order; or that one of them is formed in less than the normal amount. In either case the balance of action between the two tendencies would be upset.

Thirdly, the seat of the disorder may be within the structure of the self-regarding sentiment itself; there may occur within it something of the nature of a dissociative process that prevents the due reciprocal influences between the two impulses. Before considering this last possibility, I describe a case which seems to me to be one of simple morbid elation produced in the first of the three ways suggested above as possibilities.

Case 42.—A professional man in middle life, of good heredity, had shown no previous trace of instability. His history would justify classing him with the cyclo-thymic type. He had, when young, suffered some periods of very mild depression and apathy, such as might be called merely prolonged moods of discouragement. And at other times he had displayed an almost excessive activity and energy, working extremely hard in preparation for examinations and achieving athletic feats that required tremendous endurance and energy. He became actively engaged in a Presidential campaign. He had long been keenly interested in politics and in certain planks of his party's platform; but he had never before taken an active part in electioneering, whether State or Federal, and had never spoken in public. He approached his new task with considerable diffidence; but he very soon found that he was an effective campaign orator. He was immensely pleased, stimulated, and elated by his success. He worked with extreme enthusiasm and energy. He sought and seized every opportunity for addressing public gatherings. At first his colleagues in the particular local campaign were full of admiration; but after some days they were obliged to communicate with his relatives and ask them to remove him from the scene. For his conduct had begun to pass the bounds of the normal and the decorous, and he was beginning to make himself a nuisance to them. He angrily resented all their suggestions to the effect that he needed a rest and had done his share; he was utterly impervious to their arguments and persuasion. Instead of taking a long night's rest after his hard day's work, he would get up very early in the morning and, appearing at the window of his hotel bedroom, would gather a crowd in the street by his animated and somewhat strange behaviour, and deliver to them a fiery address, freely exchanging jokes and pleasantries with his auditors. As he afterwards put it, he felt like a god; for he could sway his audience as he wished, evoking enthusiastic agreement and applause. Such admiring re-

sponse from public gatherings is, as we know, strong drink for any man. Even men long and gradually accustomed to such successes suffer a kind of intoxication on such occasions; and, as with drugs, they acquire a morbid need and craving for ever new and larger doses; they cannot live without the "lime-light." And in this hitherto quiet and retiring professional man the intoxication went to the point of throwing him off his balance. He was brought home by the exercise of much tact and patience. He refused to submit to medical examination, declaring that he had never before been so fit and strong. One experienced physician who saw him was inclined to diagnose the case as one of lightning general paresis. He was continually elated and voluble, but extremely irritable, the least opposition provoking violent anger and scorn. He insisted on attending a local political meeting in support of his Presidential candidate; and, though he was prevented from taking any leading part in it, he behaved as though he were in command of the meeting, threatening to punch the heads of all interrupters. The least shortcoming in the behaviour of others, *e. g.*, in a police officer or a street-car conductor, would provoke from him an angry lecture on the due performance of duty. With patient humouring he gradually quieted down and after a few days became his normal self. He has shown no further sign of instability during the ensuing five years, and has been wise enough to abstain from all active participation in electioneering.

The foregoing case was, I submit, one of morbid elation produced by excessive stimulation and excessive gratification of the self-assertive tendency. I have no doubt that, if any forcible restraint had been applied, or any attempt made to confine him in a hospital, the excitement would have increased, and he would have presented the picture of a full-blown maniacal excitement.[1] It is not impossible, I think, that, if such aggravation of the condition had occurred, it might have left the increased susceptibility to incoördination within the sentiment of self-regard which, I suggest, is the ground of manic-depressive alternations of exaltation and depression.

Anger in Mania

Before describing another case which seems to fit well with my suggestion, I adduce some further theoretical considerations in support of it. The predominant emotion of the manic condition is elation; but another emotion is so commonly displayed to excess, sometimes so dominating the scene, that it might be

[1] Fortunately I was able to be with him continuously during the few days when the excitement was at its height; if that had not been possible, it would have been necessary to commit him.

regarded as a characteristic of the condition, namely anger. This fact may be seen to be entirely in harmony with my hypothesis, if we consider the conditions that evoke anger. The anger impulse is normally evoked by any thwarting of any other strong impulse.[1] Therefore, if any one instinctive impulse becomes abnormally intensified, we may expect to find also an increased irritability or rather irascibility. But the self-assertive impulse is peculiarly apt to be complicated by anger, because it is so constantly in play in all social relations, and can suffer thwarting, not only through the overt actions of others, but also through a mere word or gesture or facial expression, or even through mere passivity or indifference, a lack of submissive response, on the part of others. The persons who are most irascible are in the main those whose course of life has favoured the development of the self-assertive tendency at the cost of the submissive tendency. It is for this reason that the retired colonel or general has become in fiction the accepted type of extreme irascibility, especially the retired colonel of the Indian army. He has figured in a thousand and one stories as the man who, in spite perhaps of a kindly and benevolent disposition, grows red in the face and breaks out with strong language at the slightest opposition to his opinions or thwarting of his wishes. Such irascibility has been commonly ascribed to the liver; but the effects of tropical climate on the liver are of secondary importance. Such a man has spent the greater part of his life in a position where, surrounded by submissive subordinates, it is his duty and his pleasure to issue commands that are unquestioningly obeyed.

Anger, then, is a secondary feature of mania. The manic patient, so long as he gets his own way, is pleasant and often witty and amusing. He enjoys himself immensely; for his exaggerated unchecked self-assertive impulse obtains intense gratification through the imagining of successes and triumphs of all sorts.

Fear in Depression

Just as the primary and fundamental affect of mania (namely elation) is apt to be complicated by anger, so the primary and

[1] Cf. my "Social Psychology," p. 61.

fundamental affect of the depressive phase, namely self-abasement, is peculiarly liable to be complicated by fear. And this fact also is in harmony with the hypothesis. When we are dominated by the submissive impulse, we feel small and weak, and other powers seem vast and overwhelming; we cannot stand up against them. If, then, this impulse becomes morbidly intensified, it is natural that the imagination shall take a fearful turn. The patient feels himself weak and helpless and, in most cases (and here of course any repressed ground of self-reproach may operate as a secondary factor[1]) guilty. Either he imagines various offences and shortcomings, or is content to claim that he has committed "the unpardonable sin" without having the vaguest notion what the nature of that sin may be. Then, logically enough, he imagines all sorts of punishments, especially those of the vaguer kind: fire and brimstone and so forth, if his early education has taught him to believe in the devil or other such retributive agents. These imaginings then fill him with terror, which may inhibit all other activities and keep him cowering in bed or other place of retreat.

The Manic Output of Energy

A striking feature of mania is the ceaseless activity of the patient, the tremendous output of energy which, though in some cases it renders the patient thin, sometimes is maintained for a long time without producing any signs of fatigue or exhaustion, in spite of shortened sleep. The medical man, contemplating a hypomanic patient, is often inclined to envy him and to wish that he also might be permanently hypomanic. Whence comes this abnormally great flow of energy? How can we account for the continuance of this tremendous output of energy without exhaustion? There are two factors to be taken into account. First, we must recognise that, in the normal man, the constant reciprocal play of the impulses of self-assertion and submission, through which his sober, balanced, reasonable view of himself and his normal relations to others are maintained, involves a considerable internal consumption of energy. The process, although it is entirely normal, is yet of the nature of

[1] No doubt sexual irregularities frequently play this part.

internal conflict, and, like the morbid conflict of the neurasthenic, consumes energy internally without any corresponding overt activity.[1] In the manic state this conflict, so essential to the normal conduct of life, is in abeyance; the self-assertive impulse works freely without any such internal consumption of energy in inhibitory work. It works freely with all brakes removed: whatever the nature of the inhibitory process, we may liken it to the application of brakes, which involves consumption of energy without external output of work.

Secondly, there is some ground for believing that all instinctive activities draw upon a common supply or source of energy. If my old hypothesis of inhibition by drainage[2] is an approximation to the truth, it follows, from the fact that any one instinctive activity tends to inhibit others, that the several modes of instinctive activity must be regarded as drawing upon a common supply of energy; that the several instinctive impulses do not represent specific forms of nervous energy; but rather that, just as we do not need to postulate specific energies of sensory nerves in order to explain the specific qualities of sensation, but may attribute those specific qualities to the specific constitutions of cerebral elements, so we may suppose the energy at work in the various modes of instinctive activity to be one in nature and origin, and to be given its peculiar modes of expression in each case by the instinctive disposition through which it finds expression.

The way in which one instinctive tendency, or a group of such tendencies organised in a sentiment, may for a time dominate the whole organism at the cost of all other modes of activity (as in the case of the young man in love) bears out this view. It is facts of the order here referred to which give colour and justification to Bergson's use of the term *élan vital* and to Jung's use of the word "*libido*," or better still the word "hormé," as denoting the sum of the vital or psychophysical energies of the organism.

[1] It would probably be true to say that the energy thus consumed is expended in maintaining the muscular tensions through which the poise and balance of the normal man are expressed.

[2] Cf. *Brain*, 1902. "The Nature of Inhibitory Processes in the Central Nervous System."

If it be true that all the instincts draw upon a common source of energy, then, when one instinct or sentiment acquires decided dominance over all others, that one may be regarded as enjoying a virtual monopoly of the vital energy and as giving it outlet or expression in a peculiarly effective and economical manner, just because it works without the rivalries and inhibitory expenditures inevitably involved in balanced self-controlled conduct.

I have attempted to elucidate the physiology of instinctive action along these lines in an earlier publication.[1] Here I will add only a point in its support from the phenomena of the manic state. If the manic state were one of generally increased excitability and lack of control, one in which all instinctive urges were manifested with unusual intensity, we should expect to find manic patients liable to much sex excitement and apt to make violent sexual assaults. But that, I believe, is not commonly the case. The dominance of the one form of excitement seems to withdraw energy from the alternative channels.

Again the rapid volatile thinking, the so-called flight of ideas, characteristic of mania, reveals no preoccupation with any one topic, no sustained interest in any one sphere of activity; and that is the peculiarity of the self-assertive impulse as a sustainer of mental activity; it can feed upon material of all kinds, can disport itself and acquire its gratifications in any field. Further, the absence of sustained thinking directed to any particular goal is entirely in harmony with the hypothesis. Sustained thinking implies doubt, uncertainty, hesitation, or suspension of judgment; and such suspension of judgment implies some balanced opposition of active tendencies.[2] But in the manic state there is, according to the hypothesis, no balancing of opposed tendencies; the one abnormally dominant tendency to self-assertion, reinforced by the anger impulse, bears all before it; there is no internal opposition, no criticism, no suspension of judgment or doubt, the patient leaps at once to his conclusions and passes on; the question of truth or reality cannot arise

[1] "The Sources and Direction of Psychophysical Energy," *American Journal of Insanity*, 1913.

[2] Cf. Part I, p. 364.

in his mind; hence "the flight of ideas." And this "flight of ideas" proceeds with a maximum economy of energy, just because it is a freely working process, a process without checks and inhibitions, doubts and questionings. The form of mental activity that fatigues and exhausts is the weighing of alternatives and the making of critical judgments; and all such activity is lacking in the thought processes of mania.

We may perhaps add a third factor to this explanation of the great output of energy during mania. In some way that we do not understand, the pleasure or satisfaction of success promotes activity, seems to augment the amount of energy at the disposal of the organism at the moment. Now the manic patient is constantly enjoying such satisfactions or gratifications; in imagination, at least, he is constantly achieving great things, and even when he is thwarted and breaks out into a furious display of anger, he smashes up the furniture or attacks his attendants with a singleness of aim, an absence of all inhibitions, that insures him considerable success and correspondingly intense gratifications. These, in accordance with a fundamental principle of our nature, sustain and augment his output of energy.

Defective Organisation of the Self-Sentiment

The development and due organisation of the sentiment of self-regard is a long and delicate process. We may assume that it is not always effected with complete success. The circumstances of early life may be adverse; they may tend to prevent the attainment of harmonious integration of the sentiment; we might expect, then, to find that such a person would exhibit the cyclo-thymic peculiarities, and that any breakdown under emotional strain might take the form of the manic-depressive disorder. Something of this sort seems to be exemplified by the following case:

Case 43.—O'B was a man of thirty years, of Irish descent; his family was Roman Catholic and of the lower middle class. He had intellectual capacity and ambitions, and was studying law. As he boastfully remarked, he was the only member of his family, and perhaps the first of his name, to aspire to intellectual distinction. His father was a man of violent temper who, though not devout, insisted upon the forms of the Roman Church. At an early age the son began to rebel against the prescriptions of the family's re-

ligion, but continued to conform outwardly under the pressure of his father's authority. In the middle twenties he married a girl of a Protestant family, in defiance of his father. The girl was a typically modern, emancipated, and up-to-date young person. She refused to have any children, and regarded her husband as existing chiefly in order to supply her with the means to "have a good time," *i. e.*, to continue the round of gaiety to which she had become accustomed before marriage. She habitually exposed as much of her person as the law would permit, and regarded young men as necessary means to "a good time." Further, she was entirely sceptical in all things, especially in respect of all moral and religious teachings; and she made fun of those religious beliefs which her husband continued to harbour, although he had ceased to be a practising Catholic. Here, then, was a train of circumstances which, if the hypothesis I am putting forward is sound, might be expected to lead to disorder of the manic-depressive type. Manic-depressive disorder of a mild type set in some few years after marriage, and became gradually accentuated. Up to the time when he came into my hands, he had escaped confinement in a hospital, except for one short period. The phases of exaltation and depression were of brief duration, and commonly were separated by weeks or months of normal or nearly normal mentality.

In the depressed phases he was full of fear, whose objects were largely determined by his religious training; at these times he believed in hell-fire and in the devil; and he felt that he was surrounded by spirits powerful to aid or to hurt; he looked upon himself as a miserable sinner who could not hope to escape the fate proper to a heretic and an apostate. His wife's sceptical pleasantries and jeers, at the expense of religion in general and of Roman Catholicism in particular, were terrible to him; and, when his fears were revealed to her, she lashed him with scorn and contempt before which he quailed miserably. Such gibes failed to stimulate him to any self-assertive reaction. What right had he, an ignorant creature of humble origin, to question the immense and ancient authority of the Church? What the Church taught was true; and there was no hope of salvation for him; he had had every chance to be a good Christian, and had wilfully chosen the path of evil. In his exalted phases he was entirely sceptical of all religious teaching. His self-assertion largely took the form of seeking controversies with high authorities on moral and religious questions. He sought and obtained interviews with priests and distinguished theologians and professors. It was in this way that he came across my path; he thought my reputation sufficiently high to make me a foeman worthy of his steel; and he sought me out in order to argue sceptically, and with the utmost dogmatism and self-confidence, against all religious and moral beliefs. At these times his wife's frivolous conduct gave rise to a furious jealousy that was completely lacking in the depressed phases.

Here, then, was a man in whom the sentiment of self-regard had developed under difficult and disturbing circumstances. Physically he was of well-marked Nordic type; he was introverted and introspective; and that his self-assertive tendency was strong is sufficiently proved by his intellectual ambitions, and by his breaking away from the family traditions to take up

a professional career.[1] A tyrannous father had put a continual pressure upon him to conform to the family religion and to adopt a calling of the kind traditional in the family. He grew up under circumstances that greatly accentuated the normal conflict between the self-assertive and the submissive tendencies, and led to alternating undue dominance of each in turn. His unfortunate marriage intensified the conflict and rendered impossible a due co-operation of the two tendencies; hence his alternation between exaltation and depression.

One or two more points may be made in support of the theory of manic-depressive insanity here suggested. In no other form of disorder do we observe an alternating predominance of two different affects. This alternation in this common disorder shows that these two affects are somehow functionally related in an intimate manner, and that the disorder is the consequence of disturbance of the normal, balanced relation between them; now, it is the sentiment of self-regard alone which, everywhere and in all persons, involves such an intimate combination of two distinct and opposed tendencies; and it is this sentiment which constitutes the very core or rather crown of the personality, the keystone of character, the balance-wheel of conduct.

Again, in some insanities the intercurrence of some acute physical disorder sometimes abolishes the mental symptoms for the period of its duration. This effect, one of the most mysterious in the whole range of medicine, is in itself strong evidence of the functional nature of the insanity; no such abeyance of symptoms occurs or could be expected in an insanity arising from gross cerebral disease, such as general paresis. My limited experience does not enable me to say whether the manic excitement is peculiarly susceptible to such influence; but I venture to suggest that, when such abeyance occurs in the course of mania, it may be explained in terms of the hypothesis, as follows: we

[1] I have pointed out elsewhere ("National Welfare and National Decay") that the Nordic type, by reason of its lack of docility, is unsuited to a religion of authority. I may add that it is in Saxony, where in anomalous fashion a largely Nordic population retains the Roman Catholic religion, that the Nordic tendency to suicide attains the highest recorded rate. I have little doubt that this man, if he had been brought up in a Protestant family, might have escaped his disorder, which may well lead to suicide.

have seen that a state of bodily well-being favours the predominance of the self-assertive impulse; while bodily weakness and ill health favour that of the submissive impulse; and it may be that hormones play a specific rôle in the matter. If, then, a manic patient falls sick of a physical disease, may it not be that the physical depression suffices to restore for the time being the due balance between the opposed tendencies of the self-regarding sentiment, re-establishing a due docility? We may see an analogy to the process suggested in some young children. An undisciplined infant of strongly self-assertive tendency and great physical vigour, who makes life hard for all his obedient slaves, is sometimes suddenly reduced to docility and "goodness" by some mild physical disorder that sends up his temperature some two or three degrees.

A last point in favour of the hypothesis we may see in the fact that, although manic-depressive disorder seems to be distinctly a functional disorder, recovery from which with little or no impairment of mental powers is the rule, yet it does not seem to be susceptible to any form of analytic treatment. I do not know of any case in which it is claimed that psychological treatment, beyond simple tactful humouring and management, has materially contributed to cure. This implies that the root of the disorder is not to be found in any repression or in any dissociated system of memories. And it is consistent with this view that the manic patient commonly can, when the excitement has subsided, remember pretty well the incidents and experiences of the excited period; whereas during intermissions of, or on recovery from, some other acute insanities (more especially attacks of *Dementia Præcox*, in which repressions seem to play the leading rôle) the patient, if he can remember anything of the acute period, remembers it vaguely only as a dim dream-like experience.

Dr. E. Kretschmer's "Physique and Character"[1] contains a careful study of the cyclo-thymic or "cycloid temperament." All that he says of it seems to fit with the hypothesis here sketched. I append a few excerpts to illustrate the fact. He distinguishes among cycloids two classes: those who incline to excitement,

[1] London, 1925. Cf. also Chapter XXVIII.

whom he calls the hypomanic cycloids, and those who incline to depression, the melancholic or depressive cycloids.

Of the former he writes as follows: "The hypomanic is 'hot-headed'—he is a man of a quick temper, who flares up all of a sudden, and is soon good again. He cannot halt behind a mountain; when anything gets in his way he sees red at once, and tries to get what he wants by making a row. . . . They do not know what it is to be tired, neither have they the brooding inner feeling of agitation and tension of the nervous man." Again: "What one calls *hypomanic egoism has something childlike and naïve about it.* . . . This hypomanic self-feeling is not an abrupt setting up of the individual's own personality against an outside world, which is regarded with hatred or indifference, but a 'live and let live,' an evenly balanced swimming in comfort for oneself and the world, *an almost ludicrous conviction in the value of one's own personality.* . . . Only in rare cases do we find strong ambition in a cycloid. And hypomanics rather, on the whole, display a dashing impulse to work, and a *satisfied self-feeling and self-sufficiency*, than a burning thirst after a high-placed end." He speaks also of the hypomanic's "tendency to superficiality, tactlessness, *over-estimation of himself, and recklessness.*" He cites as a typical hypomanic remark: "I am a valuable chap; a man of feeling. My wife hasn't the least idea what she got hold of when she got hold of me."

Of the depressive cycloids Kretschmer writes as follows: "In difficult, responsible positions, when there is any danger, in thorny, exasperating situations, and in a sudden precarious crisis in business, they are not nervous, irritated, or agitated, like the average man, and particularly like a great many schizophrenes. But they are unhappy. They cannot see any distance ahead; everything stands like a mountain in front of them. . . . Patients and their relations are apt to describe slight cyclo-thymic depressions euphemistically and inaccurately as nervousness. If one inquires further, one does not come upon what the doctor understands by nervousness . . . but an indefinite depressive discomfort with *feelings of psychic inhibition and inferiority.*" He writes also of their "*well-marked good-natured unassumingness*, which makes the melancholic cycloid

so pleasant in personal relations." Also, they, "in spite of their conscientiousness, have *a tendency to give in and make a fair compromise.*" And "they can raise themselves from the bottom rung, through their assiduity, conscientiousness, and dependableness, their quiet, practical outlook, and, last but not least, through their goodness of heart, their affable friendliness and personal fidelity, to the position of a kind of revered, indispensable, true old factotum, beloved of all. . . . If they are suddenly thrown into violent, unaccustomed responsible situations, then they easily lose their courage, their wits, and their energy; indeed, they get a typical repressed depression. . . . Among the more depressive temperaments we often find religious men. Their piety, just like their personality, is soft, very emotional, heartfelt, rousing deep feelings combined with conscientious belief, but *without pedantry and bigotry, unassuming and broad-minded towards those who think otherwise,* without sentimentality or a pharisaic or sharply moralistic accent." "A certain anxiousness and shyness is found with many cycloid-depressive natures. . . . *This anxiety and shyness seem to be closely connected with the lack of self-assertion, and the tendency to a feeling of inferiority, and are psychologically determined by them.*"

I have put into italics the phrases in these passages which seem to me to indicate clearly that in these two types of the cycloid we have to do, on the one hand, in the hypomanic, with persons in whom the self-assertive impulse is insufficiently checked by the submissive, and, on the other hand, in the depressives, with persons relatively lacking in the self-assertive impulse.

CHAPTER XXIII

SCHIZOPHRENIA

Under the label of *Schizophrenia*, or *Dementia Præcox*, it is now usual to class a large proportion of all cases of well-marked mental disorder. These cases present a great variety of symptoms, and there is, perhaps, only one symptom which can be said to be common to all, namely, a loss of emotional or affective contact with their fellow men. Some seem extremely apathetic, but others display much emotional excitement; and even the seemingly apathetic patients may break out suddenly with emotional violence. Delusions and hallucinations are frequent, and are especially apt to concern the bodily organs and functions. Three varieties have been commonly distinguished, the hebephrenic, the katatonic, and the paranoid: the first characterised by apathy and dulness; the second by fixed attitudes and stereotyped movements; in the third, delusions play the most prominent rôle. The disorder runs, as a rule, a prolonged course, sometimes with longer or shorter intermissions, and tends more and more to a complete dementia. It first manifests itself in the majority of cases about the age of puberty; but it may begin at almost any age.

It has been widely held that the disorder is essentially incurable, and most of those who take this view hold that it is primarily an organic degenerative disease. Sir Frederick Mott, for example, finds reason to believe that the essence and primary root of the disorder is degenerative changes in the sex glands and in certain of the cerebral cells.[1] But, as I have pointed out in Chapter II, even the demonstration that in advanced cases such degenerative changes can always be found would not prove that the disorder is not primarily functional and psychogenetic. The application of an improved psychological insight is leading an increasing number of physicians to take the func-

[1] "The Genetic Origin of Dementia Præcox," *Journ. of Mental Science*, 1922.

tional view of the genesis and to hold that some at least of the cases can be cured, if skilfully dealt with at an early stage. If this view should be substantiated, the credit for this great advance will have to be given in the main to the psychoanalysts, and therefore primarily to Prof. Freud. But Prof. Bleuler and Dr. Jung have been the most active pioneers along this line.

In spite of the new light thrown by these workers, the disorder remains a mystery and a problem. One thing seems clear, namely, that it is a disorder to which a certain type of personality is peculiarly liable, the shut-in type, which Jung calls the introverted type, and Kretschmer the schizothymic type, the type that is peculiarly apt to repress its affects or, at least, to give little outward expression to its emotions. Since such introversion is undoubtedly an innate peculiarity of many personalities, it is possible to take a middle position between those who regard the disorder as wholly psychogenetic and occasioned by failure to make necessary mental adjustments, and those who regard the disorder fatalistically as an organic degenerative disease determined in the hereditary constitution. The close investigation of the near relatives of such patients generally reveals, as Kretschmer shows, that various members of the same strain show either similar disorder or the peculiarities of character and temperament which indicate liability to breakdown of this type.

In some cases the disorder seems to develop in the absence of any extraordinary difficulties or adverse circumstances. We must suppose that in these persons constitutional liability to such disorder is very marked; and in them the disorder may be regarded, without serious error, as a degenerative change due to hereditary defect of constitution. In these cases the prognosis is bad; and the prospect of cure through psychotherapy is small. Yet, even in such cases, it is a fair presumption that, under particularly favourable circumstances, the disorder might have been avoided.

In other cases disorder of this type sets in after prolonged struggle with very adverse circumstances; and in these the prospect of recovery under skilful mental treatment is good, especially if the circumstances of the patient that have given rise to his

difficulties can be radically altered and the course of life made smooth for him.

Some authorities, while admitting that disorder of the schizophrenic type may develop in certain patients and pass away under more favourable circumstances (including skilful handling of the case), would refuse to recognise such cases as belonging to the class of Schizophrenia, or *Dementia Præcox*, reserving this name for the incurable cases. But the essential similarities of the two groups, and the occurrence of intermediate cases (in which constitutional defect and difficult circumstances co-operate in the most varied proportions in determining the genesis of the disorder) render any such separation of the two groups artificial and arbitrary.

It was remarked by many physicians that the prognosis of distinctly psychotic disorders among soldiers during the War was very much more favourable than that of similar disorders arising during civil life. And among these war psychoses of favourable issue were many which, if they had occurred in civil life, would have been regarded as incurable cases of Schizophrenia. This fact may, without doubt, be attributed to the very exceptional strain to which the soldiers were subjected, strains greater than any they would have encountered in civil life.

Description and Illustrative Cases

Before attempting some brief discussion of the theory of the disorder, I present short descriptions of a few typical cases, arranging them roughly in the order of increasing severity; and, first, two cases described by Dr. Milton Harrington.[1]

Case 44.—A young man "rather suddenly became moody and depressed, and gave up work to spend his time in bed or lounging about the house. He indulged in violent outbursts, during which he talked incoherently and behaved in an irrational manner; his condition finally becoming so serious that it was necessary to commit him to a hospital. To his family his depression seemed to have come upon him out of a clear sky. . . . An intensive study of the case, however, made the cause of the trouble quite clear by bringing

[1] In two articles which I strongly recommend to the reader's attention: "Mental Disorder Considered as a Psychological Reaction," *Mental Hygiene*, 1919; and "The Psychic Factors in Mental Disorder," *Am. Journ. of Insanity*, 1915. In these articles Dr. Harrington has taken my "Social Psychology" as the theoretical basis of his interpretations.

to light the situation to which he had reacted with a psychosis and the defects in his personality which had caused him to react in this way."

The patient had shown himself intellectually capable and ambitious, but weakly self-indulgent. He had habitually avoided difficulties rather than face and overcome them; and this weakness, though no doubt constitutional in some degree, had been accentuated throughout his childhood by the indulgent treatment of him as the youngest of a large family. Some time before the breakdown he had been promoted, at his own wish, from an easy inferior post to one of considerable responsibility, demanding more knowledge and ability than he possessed. His vanity prevented him from frankly seeking the aid he might have obtained; and the affairs of which he had charge fell more and more into disorder, while he concealed the fact as best he could, "becoming every day more anxious and depressed." He brooded not only over the present difficulty, but over the more general fact that he was failing to achieve his ambitions, and seemed likely to be a generally useless failure; he was severely discouraged. In this state he resigned his position, went home, and loafed, ashamed to confide in any one. After some few weeks of this life, he broke out into emotional displays of an obscure kind, which he afterwards described as "acting crazy," assigning as a motive the desire to obtain sympathy and to convince his relatives that he was really sick and suffering, and thus to justify his idleness. But this made matters worse; for, to his dismay, he was regarded as really "crazy" and committed to a mental hospital. There he gradually improved, and was discharged after six weeks.

This is one of those cases of the border region concerning which the question may be raised: Was he really insane? But this question is a futile one. It implies that there is a sharp line between sanity and insanity. No such line can be drawn. In practice the criterion adopted is: Can the patient be trusted to look after himself and his affairs without undue risk to himself and others? And there is no theoretical criterion.

Dr. Harrington comments on the case as follows: "The psychosis would seem at first sight to be something which had fallen upon the patient out of a clear sky. But when we know the kind of person he was, the experiences through which he had passed, and the conflict which had been going on in his mind, we can see that his thought and conduct have been nothing more than what might have been expected from such a person under such circumstances; in other words, that his psychosis has been his reaction to the situation in which he was placed.[1] The case is a very simple and commonplace one; the

[1] Lest the reader should suppose that Dr. Harrington is here using a behaviouristic formula (in the narrow or bad sense of the word "behaviourism"), I cite the following sentence: "When we speak of a psychosis as a mental reaction to a situa-

forces to which the disorder is due have operated at a conscious level; there is no elaborate symbolism; but it is no less deserving of attention on that account. It is the commonplace type of case with which we most commonly have to deal, and which, therefore, affords a most important problem in mental disease. Moreover, because it is very simple, it serves to demonstrate all the more clearly those fundamental principles of which, in the more complicated cases, it is so easy to lose sight."

It may be added that we must hope for such progress of psychology as will render all cases of psychogenetic disorder as transparent as this one.

The next case is very similar, though rather more severe.

Case 45.—A man of twenty-three years was admitted to hospital as a case of katatonic stupor. He had been overindulged by a fond widowed mother, and had been indolent, timid, and yielding before all difficulties. He had taken various jobs and succeeded in none. He had indulged in secret drinking, cheap fiction, and self-abuse. The last had occasioned much shame and anxiety about his health. Two years before the breakdown he had engaged in a prolonged flirtation, involving much "petting," with a married woman, Y, a friend of the family. This affair kept him under constant sexual stimulation; but his impulse was always inhibited by his fear of consequences and his sense of guilt. He became more active, restless, quarrelsome, and fearful. He began to dread that he might be accused of having raped Y; and then the same fear arose in connection with other women, strangers and casual acquaintances. He became still more concerned about his health. "Three weeks before admission he began to hear imaginary voices. These voices accused him of rape, and spoke of the terrible state he was in. . . . It had been noticed shortly before this that he was becoming very dull and inactive. He got so that he would stand for hours in front of a chair as if undecided whether to sit down or not. Five days before admission he refused food altogether, and held his urine and fæces as long as possible. When brought to the hospital he was in a dull, stuporous condition, apparently indifferent to all that went on about him. He would not speak and he had to be spoon-fed. . . . He remained in this dull condition for some time and then began slowly to improve. After eight months he would smile when spoken to, but still refused to speak." He continued to improve, but relapsed after an intermission. "He showed a good memory for the time of his apparent stupor. . . . He said that while he lay in bed, apparently dull and indifferent, he was really quite keenly alert to all that went on about him, and that his mood, instead of being one of indifference, was throughout this period one

tion, we have in mind, not so much the behaviour with which the individual has reacted to this situation, as the underlying change which has taken place in his mind; for example, the depression which has resulted or the false beliefs which have been developed."

of intense fear. He had been much frightened at being dragged away to a hospital. He believed he was going to die and never see home again. At first he thought that the place was a prison and that he had been brought here for drinking and being so stubborn and foolish . . . he feared he would develop *delirium tremens*. . . . During the first few months he continued to hear voices. They still accused him of committing rape, and made remarks about his unfortunate condition. Then his fear began to abate; he ceased to hallucinate. . . . He attributed his peculiarities of conduct to fear. He said that he lay still because he was afraid to move. He was afraid to eat, afraid to urinate or defecate. . . . He moved more with one particular attendant than with any of the others, because he knew him better and because this man was always very gentle with him. . . . His mind was found to be still dominated by erotic ideas and a strong affect of fear, which found its most striking expression in the old idea . . . that he might lose control of himself and commit a sexual assault upon some woman."

In the genesis of disorder in the foregoing case, the excessive activity of two conflicting impulses, namely the impulses of sex and of fear, seems to have played a leading rôle; though we must not lose sight of the unsatisfactory operation of the sentiment of self-regard, indicated by the habitual shame, secrecy, and yielding before difficulties. It is impossible to say whether the excessive activity of these two tendencies was due in some measure to innate strength of the tendencies or wholly to the circumstances which through many years stimulated them unduly.

As regards the innate strength of the instinctive tendencies, Dr. Harrington makes the following judicious observations: "Adjustment may be made difficult by causes which lie within the individual himself; by the possession of instincts that give rise to impulses of such intensity that it is difficult to control and direct them. There are certain people in whom the instinctive impulses are much more powerful or more easily aroused than in others. Such increase in the power of an instinct or such tendency to react to slighter stimuli may greatly complicate the problem of control and direction of its impulses. The more powerful the impulse, the greater the difficulty of finding a healthy and adequate outlet for it, and the greater the danger of its overflowing its normal boundaries and producing reactions that are injurious to the organism. But, on the other hand, since in our instincts lies the source of mental activity, it follows that these powerful impulses give not only

increased capacity for abnormal activity, but for normal as well. To do great work of any kind one must have powerful instincts to provide the energy necessary to carry the work through to success, and whether one so endowed achieve unusual success or develop a psychosis depends upon his ability to adjust, to direct the forces of his mind into satisfactory channels. Thus it is that there is often but a narrow line separating genius from mental disease; that the most brilliant and illustrious families are often those most heavily loaded with insanity. All members of such families share in the possession of instincts of unusual dynamic value, but, owing either to constitutional differences in capacity for adjustment or to differences in environment which make the problem of adjustment more difficult with some than with others, these same forces drive some upward to success, while in others, who are unable to direct them into satisfactory channels, they are dammed up, find outlet in unhealthy ways, and so, instead of doing useful work, react upon the mind itself to distort and destroy it."

The same author goes on to point out that, in other cases, the failure of adjustment which results in disorder may be due, not to unusual strength of the instinctive forces (or, as I would rather say, to a lack of balance of disposition and to excessive strength of some instinctive tendency or tendencies relative to the rest), but rather to lack of capacity for adjustment. Such lack is involved in all general intellectual defectiveness, whether native or due to circumstances or accidents of development. Hence we find two great classes of patients suffering disorder of the schizophrenic type: the superiors, endowed with much energy; and the inferiors, persons who at their best are poor, weak creatures, and who fail to make good adjustment of such feeble energies as they possess.

Two Classes of Schizoid Personalities

Dr. E. Kretschmer[1] has recognised and vividly sketched these two classes of schizothymic personalities, both of which are liable to schizophrenic disorder. He writes of "the most gifted members of the group with their hypersensitive inner capacities

[1] "Physique and Character."

for reaction"; and of "the antisocial, congenitally weak-minded individual of the schizoid genre." Referring to the former, he writes of their passionate energy, which "forms the opposite pole to the 'lack of drive,' etc., the complete indolence and weakness of will, which characterise many silted-up schizoid psychopaths and hebephrenes. Here also, on the psychomotor side of the schizoids, abnormal energy and indolence form a biological pair of contrasts of agitation and lameness, similar to the contrast made by psychæsthetic hypersensitivity and insensitivity. The psychæsthetic insensitivity and psychomotor indolence are woven so much into one another that one can hardly deal with them apart."

The last sentence implies that what Kretschmer attempts to deal with as two separate personality traits, under the heads of degrees of psychæsthetic sensitivity and of psychomotor activity, are really only two aspects of the same constitutional peculiarities, namely degrees of instinctive energy.

Further Cases

I describe now very briefly two cases reported by Dr. C. G. Jung which illustrate the two classes of schizophrenic patient, the inferior or defective and the superior:[1]

Case 46.—A domestic servant, a woman of thirty-two years, "became acquainted with a young man whom she wished to marry. From that time on she began to show certain peculiarities. She often spoke of his not liking her much, was frequently out of sorts, ill-tempered, and sat alone brooding; once she ornamented her Sunday hat very strikingly with red and green feathers, another day she bought a pair of pince-nez in order to wear them when she went out walking with her fiancé. One day the sudden idea that her teeth were rather ugly would not let her rest, and she resolved to get a plate, although there was no absolute need. She had all her teeth out under an anæsthetic. The night after the operation she suddenly had a severe anxiety attack. She cried and moaned that she was damned forever, for she had committed a great sin; she should not have allowed her teeth to be extracted. . . . A few days later her condition grew worse, and she had to be brought into the asylum." There Dr. Jung obtained an understanding of the case, which he states as follows: "Many years ago she had had an affair which terminated; her lover left her with an illegitimate child. Nobody had been told of this. When she was again in love a dilemma arose, and she asked herself, what will this new lover say about it? At first she postponed the marriage,

[1] The two cases are reported in "Analytical Psychology," chap. XIII.

becoming more and more worried, and then the eccentricities began. To understand these we must immerse ourselves in the psychology of a naïve soul. If we have to disclose some painful secret to a beloved person, we try first to strengthen his love in order to obtain beforehand a guarantee of his forgiveness. We do it by flattery or by caresses, or we try to impress the value of our own personality in order to raise it in the eyes of others. Our patient decked herself out with beautiful feathers, which to her simple taste seemed precious. The wearing of pince-nez increases the respect of children even of mature age. And who does not know people who will have their teeth extracted, out of pure vanity, in order that they may wear a plate to improve their appearance? . . . Just as the patient had not acknowledged her secret in all these years, so she now sought to guard it, and shifted the fear in her guilty conscience onto the extraction of her teeth; she thus followed a method well known to us; for, when we dare not acknowledge some great sin, we deplore some small sin with the greater emphasis. The problem seemed insoluble to the weak and sensitive mind of the patient. . . . The series of apparently meaningless events, the so-called madness, have now a meaning; a significance appertains to the delusions, making the patient more human to us. Here is a person like ourselves, beset by universal human problems, no longer merely a cerebral machine thrown out of gear. Hitherto we thought that the insane patient revealed nothing to us by symptoms, save the senseless products of his disordered cerebral cells; but that was academic wisdom reeking of the study. When we penetrate into the human secrets of our patients, we recognise mental disease to be an unusual reaction to emotional problems which are in no wise foreign to ourselves, and the delusion discloses the psychological system upon which it is based."

The three foregoing cases are relatively simple and transparent. When we have to do with a schizophrenic breakdown in a person of superior energy and intellect, the symptoms are richer, more dramatic, and it is more difficult to trace their psychogenesis; as in the following case:

Case 47.—A man in the prime of life, an archæologist of distinction, suffered a sudden breakdown on revisiting the town, *B*, where he had studied as a young man. It followed upon an attack of pneumonia. "He was completely deranged, and did not know where he was; he spoke in broken sentences which no one could understand. He was often so excited and aggressive that it took several attendants to hold him. He gradually became quieter, and one day came to himself, as if waking out of a long, confused dream. He soon completely regained his health, and was discharged as cured."

A few years later he returned to the same town; he again became excited and was brought to the asylum. "He began to perform gymnastics, jumped over the rails of the bed, turned somersaults in the room, began to declaim in a loud voice, sang his own improvisations, etc. . . . He extolled his wonderful muscles, his beautiful figure, his enormous strength." He claimed to be a poet and composer, and "now and then sang a love-song which, despite its want of musical expression, betrayed a pretty feeling for love's aspirations."

As the disorder again remitted, Dr. Jung was able to show that the symp-

toms were essentially the expression of compensatory fantasies, engendered by a fierce conflict, imperfectly solved by stern repression during many years. The patient was an undersized weakly man, with a poor voice and a stutter. During his student days at *B* he had fallen in love with a girl, but had never succeeded in declaring himself to her. They parted, and afterwards he was told that she had married. He plunged into his work, determined to dedicate great works to her in secret; it was an incomplete repression with an attempt at sublimation which for a time succeeded. But when he returned to *B* many associations stirred his buried complex to a new life of greater activity; it escaped his control and overwhelmed him. Jung elicited from the partially recovered patient the following account of his inner life during this first breakdown. He suddenly "found himself in the chaos of an overmastering dream, a sea of blood and fire; the world was out of joint; everywhere conflagrations, volcanic outbreaks, earthquakes, mountains fell in, followed by enormous battles, where the peoples fell upon one another; he became involved more and more in the battle of nature; he was right in the midst of those fighting, wrestling, defending himself, enduring unutterable misery and pain; gradually he was exalted and strengthened by a strange calming feeling that some one was watching his struggles, that his loved one saw all from afar. That was the time when he showed real violence to the attendants. He felt his strength increasing and saw himself at the head of great armies which he could lead to victory. He would try to get his loved one as prize of victory. As he drew near her the illness ceased, and he awoke from a long dream." The first attack thus symbolised in compensatory and imaginative form his sufferings and his conflict. In the second attack he did not so completely lose touch with the world about him; the compensatory fantasies were nearer to real life, and expressed themselves in his antics. "In this state, according to his own words, he had a dreamlike feeling as if he stood upon the borders of two worlds and knew not whether truth stood on the right or on the left. He told me: 'It is said she is married, but I believe she is not, but is still waiting for me; I feel that it must be so. It is ever to me as if she were not married, and as if success were yet attainable.'" From this second attack also he made a good recovery. "He spoke with obvious unwillingness about his intimate life, he repressed it more and more, and finally turned away from it as if it did not belong to himself. Thus gradually the gate of the underworld became closed."

Such remissions of the schizophrenic disorder, remissions which permit the obtaining of some understanding of the sick fantasies, are by no means the rule.[1] As Jung remarks: "A great number of persons never find their way back from their dreams. They are lost in the maze of a magic garden where the same old story is repeated again and again in a timeless present. For such patients the hands of the clock remain stationary; for them

[1] Jung and some other authorities maintain that many cases diagnosed as neurasthenia or as psychopathic personality are, in reality, light or incipient cases of Schizophrenia.

there is no time, no further development. It is nothing to them whether they dream for two days or thirty years."

Schizophrenia is a dream state, a prolonged half-waking dream or fantasy; the patient is neither wholly awake nor wholly sleeping. As in sleep, he has lost contact with the world about him to the extent that all sense-impressions are apt to be interpreted in terms of the imaginative preoccupations of the moment; and he is out of *rapport* with persons about him. But, as in waking fantasy, he may walk about, using his sense-organs to guide his actions, and may respond to the advances of the persons about him in a partial and imperfect manner. His state is one between day-dreaming and night-dreaming. His dreams or fantasies present the peculiarities that we have noticed in both day and night dreaming. There is commonly much symbolisation of the extravagant kind common in night-dreaming, with the tendency to punning and purely verbal associations. There is the allegorical depiction of the dreamer's state (as in Case 47), with the use of much metaphor and analogy. There is often much condensation, so that one image or object may stand for many others. And, above all, there is, in these distorted and primitive modes of thinking and acting, the expression of the repressed tendencies of the patient.

A few examples from one of Jung's analyses may illustrate this mode of thinking. The patient had been a very poor hard-working dressmaker. She asserts, "I am Switzerland"; which means that she desires to be free, for Switzerland is the freest of countries and is her symbol of freedom. She says, "I am Schiller's 'Bell'"; "The Bell" is for her the greatest work of a great poet, and hence the symbol of masterly achievement. She says, "I am the monopoly"; she means the bank-note monopoly, which she claims to possess; the remark expresses, by the aid of a symbol, her desire for riches. The patient sat for twenty years mechanically repairing the linen of the asylum, occasionally muttering these and many other similar phrases, which indicate obscurely that, in spite of her outward apathy and seeming dementia, there fermented within her a rich fantastic activity, revolving always about the same themes.

The various schools account for these fantasy-formations on

the principles adopted for the explanation of dream-thinking. Jung inclines to see in them uprisings of the Collective Unconscious, insisting strongly on the analogies presented to mythological formations. Freud and his followers tend to find in them gratifications of repressed infantile wishes; but they show an increasing tendency to follow along the line of Jung's speculations, in attributing to racial experience more and more of the symbols and tendencies revealed. Both schools regard the schizophrenic fantasies as phenomena of regression, each attaching its own special meaning to the term "regression." [1] And, without committing ourselves to these more special forms of the theory of regression, we may recognise, in the primitive or comparatively infantile forms of thinking revealed in schizophrenic fantasies, indications of regression in the wide sense of the word adopted in Chapter XVI.

The Theoretical Problems of Schizophrenia

We have seen that Schizophrenia belongs, with Neurasthenia, in the group of disorders to which the introvert type (of Jung) or the schizothymic or schizoid type (of Kretschmer) are peculiarly liable. It is a disorder that results from, or at least is accompanied by, repression. The extrovert is protected from schizophrenic disorder in two ways, which perhaps are but two aspects of his fundamental peculiarity. First, for him social contacts, the free expression of his emotions and desires and the sympathetic sharing of the emotions of other persons, are so easy and natural that he does not easily lose touch or emotional *rapport* with his social environment; he is, therefore, not easily shut up in himself to brood over unexpressed and repressed tendencies; he does not repress to any serious degree. Secondly, when inner conflict becomes severe it is solved by dissociation, a splitting of the personality which sets a barrier between the conflicting systems; the barrier may not be complete in all cases (we shall in a later chapter find evidence that in some cases it is not complete and absolute); but, so long as it obtains, it prevents, in large measure or wholly, further con-

[1] Cf. Chapter XVI.

flict, and the dissociated personality remains, comparatively speaking, at peace.

The cases of most pronounced and extensive dissociation or disintegration (which we have to discuss in later chapters) present a picture profoundly different from that of the schizophrenic. Yet, as the name Schizophrenia implies, the disorder is regarded as involving in some sense a splitting apart of the cerebral functions into two or more groups. And such division of functions may, it is said, often be read upon the face of the patient, where one part, perhaps the upper half, displays one emotion, and another part (perhaps the lower half) displays some very different emotion.

Can we be content to regard Schizophrenia as simply a more intense degree of the same disorder of which neurasthenia (including psychasthenia) is the milder degree? Is it to be regarded as merely a state of acute and prolonged conflict, an inner conflict so intense that the patient's energies are wholly consumed in it, leaving none to support interest in the outer world? Or we can put the question rather differently and ask: Is Schizophrenia merely a state of extreme introversion? If this were an adequate description of the state, we might suppose that introversion is due to the action on the brain of some special hormone, and that the essence of the disorder is excess of such hormone in the blood. It is, I think, plausible to suppose that there is such an introverting hormone and that, in the schizoid and the schizophrenic, it is present in excess. But such a description and such a theory would be inadequate.

Schizophrenia involves excessive introversion, and it involves also severe and prolonged conflict; but it involves more besides. It involves that loss of personal *rapport*, that loss of sympathetic contact, that complete irresponsiveness, that appearance of complete indifference to persons, which is the most characteristic symptom of the disorder, which distinguishes it from the severest neurasthenia, and still more widely from hysteria and from manic-depressive disorder. It might, then, be suggested that the schizophrenic patient is deficient or altogether lacking in what is commonly called self-feeling, but what we may more properly call the self-regarding affects, the emotion of positive

self-feeling or elation, with its tendency to self-assertion, and the emotion of negative self-feeling or depression, with its tendency to submission and docility. But there are many facts which indicate that this is by no means true, and that, rather, in the schizoid and schizophrenic these affects are excessive rather than lacking or deficient. I refer to facts of the order that have led Freud to describe Schizophrenia as one of the Narcissistic disorders, and to allege that, in patients of this kind, the *libido* is fixated upon the Ego rather than on any outer object, that the patient is in love with himself (in the sexual sense of the word love).

Let us look at some of these facts more closely, and see whether we cannot interpret them without resorting to the extravagances of the pansexual theory.

The patient, far from being indifferent to himself, may rather be said to be intensely occupied with himself. His whole bearing or attitude is an exaggeration or caricature of that which in normal persons we call self-consciousness or morbid self-consciousness, that kind of self-consciousness which lames and inhibits and embarrasses the subject in all personal relations, rendering him uneasy, shy, reserved, awkward in the presence of other people, especially of strangers, and which, in extremer instances, may positively make him incapable of uttering a word.

The schizophrenic's fantasies and delusions also concern himself; compare Case 47, where the patient figures as the hero of his mad fantasies, and the case who says, "I am Switzerland," "I am the monopoly," "I am Schiller's 'Bell,'" "I am Socrates," "I am the Lorelei," "I am Mary Stuart," etc.; always her fragmentary mutterings indicate that she is intensely preoccupied with herself. Compare also the preoccupation with self of Cases 46 and 45 and 44.

One of the common symptoms, in lighter cases of Schizophrenia, is a stilted pompous manner, with mincing speech and exaggerated nicety of gesture, which combines grotesquely with the patient's inability to act, to decide, to assert himself, and contrasts vividly with the manic patient's hearty, unreserved, boastful self-assertion.

Again, the fact that the delusions and hallucinations of the schizophrenic so commonly concern his body—his organs are made of glass, or are wasting away or what-not—points to this intense preoccupation with the self.

Kretschmer's description of the schizothymic type brings out the preoccupation with the self very clearly. I cite a few passages:[1]

"The schizoid does not get on in a crowd. The pane of glass is always there. In the hyperæsthetic type, there often develops a sharp antithesis: 'I' and 'the external world.' A constant excited self-analysis and comparison. 'How do I work? Who is doing me an injury? In what respect have I to forgive myself something? How shall I get through?' . . . The Autistic shutting away from their fellow men naturally involves a building up of their own world out of thoughts and favourite pursuits. And yet this is not necessarily the case. Many schizoids are not particularly productive in thought or activity; they are simply unsociable. They growl or run away when any one comes; or they sit there and feel tortured. . . . The majority of schizoids are not either over-sensitive or cold, but are over-sensitive and cold at the same time. . . . Out of our schizoid material we can form a continuous series, beginning with what I call the 'Holderlin type,' those extremely sensitive, abnormally tender, constantly wounded, mimosa-like natures who are 'all nerves' —and winding up with those cold, numbed, almost lifeless ruins left by the ravages of a severe attack of *Dementia Præcox*, who glimmer dimly in the corner of the asylum, dull-witted as cows. . . . But even in that half of our material which is primarily cold and poor in affective response, as soon as we come into close personal contact with such schizoids, we find, very frequently, behind the affectless numbed exterior, in the innermost sanctuary, a tender personality-nucleus, with the most vulnerable nervous sensitivity, which has withdrawn into itself, and lies there contorted . . . the displacement of proportions in schizoids is usually from the hyperæsthetic to the anæsthetic extreme, from excitement to emotional lameness, in that (schematically speaking), after the first stages of all-round hypersen-

[1] From "Physique and Character."

sitivity, those values which are foreign to personality lose their affective resonance, while those values which have to do with personality itself, becoming more and more strongly emphasised, retain their accentuation, and only when those contents which have to do with the personality itself lose their affective value, does the third stage, that of affective idiocy, set in. The allopsychic resonance becomes obliterated before the autopsychic. The half-dead schizophrene will, if he is educated, become an actor or a musician during the transitional stage. The exhibition of oneself is still an excitement: perhaps he will even become a futurist painter, an expressionist poet, an inventor, or a builder of abstract philosophical systems. This disproportion caused by the dying off of the allopsychic resonance, together with the hypersensitivity of the autopsychic, produces extraordinary degrees of self-overvaluation, often proceeding according to fixed grades. One need go no farther to perceive that a fundamentally false picture of the opposed importance of the 'I' and the 'external world' emerges out of these psychæsthetic proportions. We can thus imagine that many schizoids, during the course of their lives, pass through a gradual temperamental cooling from without inward, so that, side by side with an ever-increasing numbing of the outer sheath, there remains a tender hypersensitive inner nucleus, which is always withdrawing into itself. . . . With those who are suffering from such schizophrenic disease, the affective attitude towards the outer world has very often this quality of 'insuring,' of peeping distrustfully sideways out of half-sunken eyelids, and of tentatively projecting feelers and quickly withdrawing them. With nervous-fingered uncertainty, especially when face to face with a newly arrived stranger, they try through all the half-tones of the psychæsthetic scale that lies within their register. This feeling of insecurity is often transferred to the onlooker—many a schizoid behaves so oddly, vaguely, opaquely, and strangely, or so whimsically, intriguingly, and even maliciously. But for those who stand outside there always remains, behind the 'insuring' oscillations of the schizoid affective attitude, a remnant to which he never comes nearer, which he cannot see through, which never comes to the surface. . . . The quality of timidity, an almost

universal, and, in pronounced stages, a specific characteristic of the schizoid temperament, with its typical growth from the inhibition of the thought processes and stiffening of the motility, is the exact translation of certain symptoms of katatonic disease into a rather weaker characterological form. The timidity is, in these cases, a hyperæsthetic affective attitude at the entrance of a stranger into the proscribed autistic area of the schizoid personality. The entrance of a new person is felt in itself as an abnormal stimulus, and, with a feeling of displeasure, this abnormally strong stimulus pours out a tetanus-like laming influence over the thought processes and motility of the body. The helpless feeling of anxiety in such new and unaccustomed situations, and the rigid turning away from such changes of environment is a closely related hyperæsthetic stigma of schizoid pedants and eccentrics."

In reading Kretschmer's descriptions, we must remember that his terminology is very general and is inadequate to any theoretical interpretation of the facts he so admirably describes. He makes no clear distinction between temperament, disposition, and character; although in the main the meaning he attaches to the word "temperament" agrees with the definition I have proposed, namely, "the sum of the bodily influences, especially the chemical influences, upon the course of mental life." Kretschmer, having been brought up in the German school of Kraepelin, ignores entirely the instinctive constitution of man, except in that he recognises the sexual impulse. His basis for theoretical interpretation is thus even more restricted than that of the Freudians, who do recognise in a confused way the "Ego instincts," and assign them an important rôle in the psychogenesis of disorder.

But it is not difficult to interpret Kretschmer's descriptions in terms of the psychology on which this book is founded. They justify the assertion that in the schizoid there is no lack or weakness of the self-affects, the emotions and impulses of the sentiment of self-regard; that, rather, the self-affects are strong and that, even in the early but well-marked stages of Schizophrenia, they are unduly active relatively to all others; as Kretschmer puts it—"the allopsychic resonance becomes oblit-

erated before the autopsychic." The schizoid is characterised by an undue touchiness of the self, together with an incapacity for normal emotional *rapport* with other persons.

Now, the maintenance of normal social relations, normal *rapport*, is rendered possible only by a balanced harmonious development of the sentiment of self-regard; in normal healthy development we learn to oscillate smoothly and readily between self-assertion and submission, the excess of either tendency being prevented by the co-operation of the other; towards certain persons and certain phases of other personalities we are deferential, admiring, docile, submissive; towards others, or other phases, we are self-assertive and dominating; in either case the affect expresses itself freely. The normal youth learns, through a thousand experimental approaches to other persons, to distinguish between those to whom he must defer and those over against whom he can assert himself; and thus he learns to range himself in his due place in the social order. But the schizoid never learns to range himself comfortably in his due place; and, in spite of the strength of his self-regarding affects, they obtain no free and natural expression. The self-regarding affects are, as it were, nipped in the bud, inadequately expressed; their expressions are repressed.

In analysing the compound affects I described the state that we call "bashfulness" or "embarrassment" as a compound or blend of the opposed affects of self-assertion and submission.[1] The schizothyme is a person who is more prone than the average man to this paralysing condition of "embarrassment." He is constantly concerned with himself; constantly desiring to assert himself, yet constantly failing to do so by reason of inner inhibition.

The name that we give to a more pronounced degree of such embarrassment, more especially when it occurs in children, is sulking. The sulking child (or adult) is one whose self-feelings are wounded; his self-assertive tendency has been thwarted, he broods over the insult or injury; but he can neither assert himself energetically in new efforts, nor frankly accept the rebuff and yield to superior force: unable to accept a rebuff with defer-

[1] "Social Psychology," p. 150.

ence, or respect, or admiration, he withdraws from all social contact and broods, a prey to a painful conflict in the very citadel of his personality, his sentiment of self-regard; all interest in the outer world arrested, all outer activity paralysed.

Embarrassment is a fleeting though painful conflict between the self-regarding affects; sulking is a deadlock between them. And "sulking" is a dangerous condition, already half-way to disorder. In children it normally terminates with the victory of one or other impulse, with an outbreak of naughtiness and violent self-assertion, or in a scene of reconciliation in which the child sobs on his mother's shoulder and promises to be good. In the adult, sulking is apt to terminate more tragically than in the child. The sulking, the self-absorbed brooding over slights or insults, may terminate in an outbreak of vengeful violence; as in the introverted Malay, who after sulking (like Achilles in his tent) takes his kris and runs *amok*, cutting down every human being he meets, until he is himself cut down.[1] I am suggesting that the schizophrenic state is essentially a morbidly exaggerated and prolonged state of sulking; and that the sudden outbreaks of violence which such patients are liable to, even those that seem utterly apathetic, are strictly comparable to the *amok* in which the sulking of the shy, sensitive, introverted Malay is apt to terminate.

We have seen in Chapter XXII that the cycloid and the manic-depressive are characterised by alternate excesses of the self-assertive and the submissive affects. The essential trouble of the schizoid is, I suggest, of the opposite nature. He never freely asserts himself; and he never wholly submits. The relations I am suggesting between the normal character, the cycloid, and the schizoid, may be illustrated by a simile. The sentiment of self-regard may be likened to a seesaw; the momentum at the one end of the plank is the self-assertive affect; that at the other end is the submissive affect. In the normally developed character the two ends are equally weighted; and the whole apparatus seesaws readily and smoothly, either affect rising readily

[1] Sir Hugh Clifford, in his "Court and Kampong," has sketched this psychology of the *amok*, showing how the *amok* is preceded by a period of sulking, of brooding over insults.

to expression, but checked in its momentum by the opposite movement at the other pole. In the cycloid one of the two affects is apt to predominate unduly; the connection between them is insufficiently firm; and, when one obtains dominance, the other cannot restore the balance. In the schizoid, on the other hand, the fault seems to lie in the fulcrum; the plank is thrown off its smooth bearings and refuses to oscillate; both affects remain in perpetual rigid balance, the state of continued "embarrassment" that leads to no effective action or expression.

A closer simile and, perhaps, a true analogy may be found in the relations of antagonistic muscle groups, for example, the extensors and flexors of the elbow-joint. Normally the forearm swings freely between extension and flexion, either system of innervation predominating in turn; that is the normal character. But sometimes there is continued dominance of the one group, a continued and excessive action of extensors or flexors; that is the manic or the depressive phase of the cycloid. And sometimes neither system dominates, both extensors and flexors are in continued action, and the limb moves very stiffly or remains locked in a semiflexed contracture; that is the condition of the schizophrenic.

The perpetual preoccupation with self is the intellectual expression of this locked conflict of the opposed impulses; the energy, the hormé, or *libido* (in Jung's, not Freud's, sense), of the schizophrenic is consumed, in this conflict, in generating ineffective fantasies of his own sufferings and his own greatness (cf. Case 47). Hence, as Kretschmer says, the autopsychic resonance predominates more and more over the allopsychic, or, in other words, the patient loses interest in all other topics than himself; the outer world becomes unreal to him, and he lives in his fantasies alone. But, with the continuance month after month and year after year of this fantastic self-absorbed brooding, which never finds free outward expression in effective action, but revolves always in the circle of incomplete inward activity, the mental powers in general atrophy, the life of rich fantasy gives place to an increasing dementia, until the patient "glimmers dimly in a corner of the asylum, dull-witted as a cow."

If the reader is sceptical about the foregoing hypothesis, which represents Schizophrenia, that most disastrous and destructive form of psychogenetic disorder, as essentially a chronic and exaggerated degree of what in normal persons we call "embarrassment" or "morbid self-consciousness," let him reflect on the way in which such "embarrassment" affects some persons otherwise normal, what tortures it involves, what inhibitions of the most practised operations; on the phenomena of stage-fright, the subterfuges of the "shy" man or child, the paralysing effects of observers upon our thought and action. The cycloid, happily, knows little of such things in his own person, but to the schizothyme they bulk large among the great actualities of life.

Consider how the young person, carefully trained to perfection in private of song or dance or musical execution, becomes awkward before spectators, stumbles and breaks down in an agony of shame; how many a man, on standing up to speak, finds his thought blocked, and, if he finds the thoughts, cannot utter them.

The hypothesis explains another outstanding feature of the schizophrenic, namely, his incapacity for voluntary decision, such that he may stand for half an hour before a chair, incapable of deciding to sit down upon it. The so-called negativism of the schizophrenic is, I suggest, merely an extreme manifestation of such incapacity for decision or volition. You ask to shake his hand; and perhaps he holds it stiffly before him, in an incomplete inhibited movement, or actually draws it away. Or you ask him to put out his tongue, and he turns his face away like a naughty child. It is not an active positive opposition; it is a mere incapacity to decide on action of one sort or another. In my "Social Psychology" it is shown that voluntary decision is the work of the sentiment of self-regard; that from this sentiment comes the decisive impulse, whenever two alternative motives are at work or when we have not a sufficiently strong spontaneous impulse to action. The schizophrenic's sentiment of self-regard, being in the condition of cramp, or deadlock of impulses, cannot furnish such decisive determining impulses; and so he remains suspended and inactive where the normal man moves freely from one action to another.

Yet another peculiarity may be interpreted by the hypothesis. The sentiment of self-regard is the fly-wheel and the governor of the whole complex organisation that we call character; and, when its functioning is impaired, we may expect just such irregularities and inconsistencies of conduct as occur in many cases of Schizophrenia. Kretschmer insists much upon the "jerky" quality of their emotional and motor expressions; he writes of "the harsh, fitful, uneven functioning of the regulation of the impulses"; and it is their liability to sudden, unpredictable outbursts of emotion that renders many such patients very dangerous to those about them.

A last peculiarity of the schizoid to be mentioned here is his lack of humour. "They are," says Kretschmer, "on the average, devoid of humour." Their laughter is apt to be sardonic and somewhat hostile or bitter; and a symptom presented by many schizophrenics is a humourless laughter. Now I have shown that humour is essentially laughter at oneself, or laughter at humanity in which oneself is included.[1] In order to be humorous, a man must stand a little apart from himself, must view himself objectively as a specimen of humanity that shares its weaknesses and is liable to its common failures and shortcomings. The laughter of a Rabelais, of a Falstaff, is essentially of this humorous kind. But the schizoid takes himself too seriously for any such attitude to be possible. His self is something with which he is so intensely preoccupied that he cannot view it objectively, cannot view it as a part of humanity in general. He is therefore as little capable of laughing at himself as was Don Quixote. And so he is denied this great means of renewing and deepening his *rapport* with his fellow men; and he cannot bear to be laughed at or to play the fool, because he is incapable of joining in the laughter of which he is the object.

We shall see in Chapter XXVIII that Kretschmer's schizothyme group coincides, in part at least, with the introvert type of Jung. But we must now ask: Is there not some fundamental difference between the simple introvert and the schizoid type? If not, how can we understand the fact that so many markedly introverted men go through life successfully? If we accept

[1] Cf. Part I, p. 169.

Jung's view that Schizophrenia is merely an excessive degree of introversion, how shall we distinguish between neurasthenia and schizophrenia? According to Jung's view the latter would seem to be merely a deeper degree of the former. That view seems to me inadequate. There are markedly introverted men who are not schizoid, *i. e.*, are not prone to schizophrenic disorder, though they are very liable to neurasthenia. I suggest that the schizoid type, the type peculiarly liable to schizophrenic disorder is not merely introverted, as Jung would have it; but possesses also a further peculiarity. The schizoid, then, would seem to be an introvert who is predisposed to Schizophrenia, not only by his introversion, but by an additional peculiarity of constitution, namely, his ego-centricity. Jung asserts "complexes and involuntary ego-centricity are inseparable reciprocities." Now, it is true that the simple introvert inclines to be more self-reflective than the extrovert, as he is in general more given to reflection; but there is a difference between healthy self-reflection and the ego-centricity of the schizoid. The simple introvert may maintain good *rapport* with his fellows; he may give and take, may sympathise, may respect and admire and reverence; and he may be humorous, though in a more restrained fashion than the extrovert: but to the ego-centric introvert, who is the schizoid, these things are impossible by reason of a fault in the development of his character.

The course of development of character may be subjected to influences that predispose it to schizophrenic disorder. We have seen in Case 43 that a man, subjected throughout his youth to influences which excite in turn passionate rebellion and cowering submission, may be predisposed thereby to manic-depressive disorder. In a similar way, the opposite treatment of the growing boy may be supposed to predispose to Schizophrenia, to engender, in the person of introverted temperament, the schizoid character. The history of many cases of Schizophrenia bears out this supposition. We find a history of a "spoiled" child, one who has been over-indulged, who, on the one hand, has never learned to face difficulties and, on the other hand, has never been compelled to obey, to submit, to defer, and never been stirred to whole-hearted admiration, respect, or reverence; one, in

short, who has learned neither to command nor to obey, has acquired neither self-confidence nor due humility, and has not learned to swing readily from the one attitude to the other, as social circumstances demand; one also who has not learned to be humorous.

When a youth or man of such temperament and such training, or rather lack of training, confronts any really difficult situation, whether it be in his professional career (as in Case 44) or a sex situation (as in Cases 45, 46, and 47), he proves incapable of the volitional effort and decision needed to concentrate his energies decisively along one line and plan of action; the problem is, for him, insoluble; he cannot act decisively, can neither conquer nor admit himself beaten and retire from the struggle.

Instead, he becomes intensely preoccupied with himself and his personal difficulties, his natural introversion is accentuated, he represses as completely as may be the desires which he has not fully acknowledged and has not the will-power to repudiate or eradicate; and then they break through in fantasies that are too real; his uncertain and too feeble *rapport* with his social world breaks down, and the world of fantasy becomes for him the real world.

The foregoing formulation cannot, of course, cover all cases diagnosed as Schizophrenia, or *Dementia Præcox*. The disorders to which these names are given present a wide range of variation. Even such a disease as measles or scarlet fever runs different courses in different subjects, according to their constitutional peculiarities; and in Schizophrenia the constitutional peculiarities of each patient play a much greater rôle in determining the symptoms and course of the disorder. For this reason, in formulating and testing our hypothesis, we must keep in view only those cases that seem the most typical, recognising that there are many atypical forms of the disorder. And, although hysteria and Schizophrenia are in their typical forms widely different and, in a sense, opposite types of disorder, the one characterised by dissociation and the other by repression, yet in some cases we find unmistakable symptoms of both kinds combined. I have seen cases presenting the most characteristic mental symptoms

of Schizophrenia, together with paralyses and anæsthesias, that indicate dissociations. As shown in Chapter XXI, there is some ground for believing that hallucinations imply dissociation; and, if that view is well founded, the frequency of hallucination in cases of Schizophrenia would be another indication of disorder processes of a mixed nature.

In a similar way there occur cases that stand between typical Schizophrenia and mania or depression, adding manic or depressive symptoms to the picture. Such cases add to the difficulties of theoretical interpretation, but must not be ignored. This mixed quality occurs, not only in cases of pronounced disorder, but also as a constitutional anomaly, as Kretschmer shows. There are schizothymes in whom the self-assertive tendency is relatively strong, and who display ambitions and aspirations in a haughty reserved way. And there are those in whom the opposite tendency predominates; to whom Kretschmer refers when he writes of "the boring, wax-like malleability of the model schizoid child, who is so often met with, which may be compared with the *flexibilitas cerea* of the katatonic." When persons of such constitutions fall into disorder, we may find (in the former class) the symptoms coloured with something of the manic quality (Case 47). It is of the former type that Kretschmer writes as follows: "We find among those schizoids who are completely antisocial, as their characteristic prototype, the sulky eccentric, who broods in a locked, ill-ventilated dungeon, over his own ideas, whether they be hypochondriac's meditations about his health, or technical discoveries, or, better still, metaphysical trains of thought. In active form, one finds these queer eccentrics and cranks leaving their corner with a sudden jerk, as 'enlightened' and 'converts'; and then, long-haired and sect-founding, they preach the ideals of humanity, raw dieting, gymnastics, and the religions of Mazdazdan or the Future, or all these at once. Many of these active inventors and prophets have pronounced constitutional alloys, and form a series from extreme Schizophrenia at one end to hypomania at the other. Those who are preponderatingly schizophrenic are more peculiar, more exaggerated, more forced, more darkly vague, more mystical and metaphysical, and have a greater tendency to a system

and schematic formulation; while those who are rather hypomanic, on the other hand, are unsystematic, they have the loudness of some itinerant preachers, they are impulsive, slap-dash, eloquent, and changeable as quicksilver."

I incline to regard the hypothesis sketched in the foregoing pages as drawn on correct lines. Yet I have to recognise that a great difficulty remains. The hypothesis as sketched has taken no account of the so-called "splitting" of the schizophrenic. The very name "Schizophrenia" implies this splitting of the system of brain functions; and many authors have insisted upon it. The first question is: Can this splitting be regarded as essentially the same phenomenon as the dissociation of the hysteric? The answer seems to be that there are essential differences.

Prof. Bleuler has written on this question as follows:

"The difference between the hysterical and schizophrenic splitting cannot be described in brief. . . . In the latter, next to the affective splitting, there is still a primary, or at least a, splitting of the associations, which is independent of the affects, and which, *e. g.*, may lead to falsification of simple concepts, which never happens in hysteria. But even the more affective splittings in Schizophrenia, which can be comparable to those of hysteria, are more lawless, worse determined, more massive, and then again not so pure and sharp as in hysteria, so that the worst contradictions can actually exist together. The schizophrenic psyche is infinitely more split than the hysteric. A hysteric affect lays claim to the entire conscious psyche; what contradicts it is totally split off from consciousness."

Prof. Kraepelin also has attempted to define this difference, pointing out that while the system of mental functions of the hysteric seems to be divided into two sharply separated groups of functions, the system of functions of the schizophrenic is rather shattered into a multiplicity of warring functions.

Accepting these descriptions of the difference between hysteric dissociation and schizophrenic splitting, I suggest that we may bring the facts into line with our hypothesis in the following way. Keeping in mind the pure type of schizophrenic, we must regard the so-called "splitting" as not the expression of any true dissociation, of any barrier established between systems

of cerebral functions, but rather as the expression of a lack of integration, that essential integration of the whole system of mental functions which is the product of character-formation; in the achievement and maintenance of which integration the building up of a hierarchy of sentiments under the dominance of the sentiment of self-regard is the essential feature.[1] In the schizophrene this process of integration goes wrong; the sentiment of self-regard is incapable of playing its proper rôle of dominating the whole system; hence the various parts of the system function in relative independence, and are apt to come perpetually into conflict with one another.

[1] On the integrative process of character-formation, see Part I, p. 441, and my "Social Psychology," chap. VII; also Chapter XXXIII of this volume.

CHAPTER XXIV

EPILEPTOID SEIZURES

In this chapter I wish merely to add a few words in support of those physicians who incline to regard some cases of epileptoid seizure as of psychogenetic origin. There has long been much diversity of opinion as to the nature of epilepsy. The predominant opinion has set it apart as a disease entity and postulated some constitutional defect of the brain, some vaguely conceived instability of the nervous tissue. Others have regarded the cases of so-called hystero-epilepsy as forming a link between epilepsy and hysteria. And of late years a number of physicians have described cases which seem to present all the symptoms of epilepsy, the so-called true or idiopathic epilepsy, and yet have been shown to be of psychogenetic origin and amenable to cure by psychotherapy. The typical epileptic fit is very different from the typical hysterical fit; yet my own small experience has shown me that in some cases of "fits" the distinction between epilepsy and fits of psychogenetic origin is by no means easy to make, and that experienced medical men not infrequently diagnose fits of the latter kind as epileptic. Further, the emotional condition of the epileptic patient is of considerable influence on the course of the attacks. My cousin, Dr. Alan McDougall, who has had a very large experience of the management of epileptics, assures me that there is no room for doubt in this connection.

The typical epileptic fit seems to be an entirely expressionless discharge of energy from the brain; whereas in the hysterical fit some indication of emotional expression may commonly be observed. Yet it is possible that in the former the expressive character of the convulsive movements is not entirely lacking but rather deeply obscured.[1] However that may be, the out-

[1] Dr. S. Goodhart has shown how, by aid of very rapid cinematic photography and the slow reproduction of the series of pictures, it is possible to reveal emotional significance in many forms of disorderly movement due to organic disease.

standing facts about epilepsy are that (with the exception of Jacksonian epilepsy, due to cerebral irritation by organic lesion) epilepsy presents no organic lesion, and that no adequate theory of the convulsions has been formulated. In this state of affairs, openness of mind and freedom of speculation are eminently in order. I therefore present the following brief discussion without further apology.

Many infants suffer from convulsions which, in many respects, resemble epileptic fits. In the majority of such cases the child "grows out of" this susceptibility. But if the "convulsions" were to continue to occur throughout childhood and youth, I do not see how we should distinguish between them and epileptic fits. The infantile convulsions seem to be caused by excess of emotional excitement; and the two emotions especially prone to produce convulsions are fear and anger. The convulsion seems to imply an instability of the cerebral tissue, an undue liability to violent disorderly spread of excitation, which in turn would seem to consist in a deficiency of the limiting or insulating function of the cerebral synapses. The frequency of convulsions in infancy seems to imply that such defect is natural to that phase of development. It is conceivable that the recurrence in infancy of convulsions of emotional origin might interfere with the acquisition of due resisting capacity by the synapses of the cerebral tract involved in the excessive and disorderly discharge of energy.

The following case seems to give some colour to this view.

Case 48.—A young man had been liable, up to the age of seventeen, to fits that were regarded as epileptic. At twenty-one years, having been free of all attacks for four years, he enlisted and was sent to the front in France. Before he had reached the battle line, the fits recurred, and he was sent back with the diagnosis "epilepsy." The fits were almost typically epileptiform with voiding of urine. He had no history to give beyond the statement that the fits began in early childhood and had grown less frequent, and then ceased when he was seventeen. I noticed that the fits seemed to be more frequent at all times of emotional disturbance of any kind, and determined to explore his memory for emotional trauma in early childhood. In deep hypnosis he proved capable of recalling many events of his early childhood, and among them he described the following incident: his sister, a few years older than himself, was carrying him across the street when a horse threw them both down, and he was carried to hospital. The whole incident was described and relived in some detail, with vivid expression of fear at the critical moment.

I induced him to recollect the incident in the waking state. He had been entirely "ignorant" of, or amnesic for, the incident up to this time. But correspondence with his parents confirmed his story. In subsequent hypnosis he asserted that during his fits he relived each time this terrifying incident of his childhood. It would seem that the memory of the incident was dissociated; that the cortical system concerned was dissociated from the rest of the cortex, but functionally connected with the fear-disposition in the subcortical level, in the way we have suggested in other cases of obviously hysterical fits. After the breaking down of the dissociative barrier, he had no more fits during the period in which he remained in touch with me; and I venture to think that he is likely to remain free of them.

In another case which I studied for a long time without obtaining any improvement or any clear history of psychogenesis, the fits were typically epileptic and had recurred from early childhood. The patient was a man of sensitive artistic nature. His father was a man of very violent temper, who at times quarrelled violently with his wife, the patient's mother; and there was good reason to believe that such quarrels during his infancy had played an important rôle in the genesis of the disorder. A peculiarity of the fits was that the patient, although he seemed to lose consciousness completely, yet retained afterwards the memory of an ill-defined and extremely distressing emotion which he described as "horror" or a sense of some terrible calamity in which the whole world seemed to be involved. There was no doubt in my mind that in this emotion fear was a principal constituent.

In the following case the psychogenetic affective origin of the trouble was clear; yet it had been diagnosed as idiopathic epilepsy by several medical men.

Case 49.—P., a well-developed man of thirty-five, complains that for some ten years he has been incapacitated by frequently recurrent "fits." These take two forms. When he is at home (he lives in his parents' household) he falls suddenly unconscious, sometimes with convulsive movements in the course of which he bites his tongue; and sometimes he bruises himself severely in falling. When away from home he frequently loses "consciousness" and wanders about, sometimes arriving home still "unconscious." He comes to himself suddenly, and then can recollect nothing of the period of "unconsciousness." He has been told by several medical men that the "fits" are epileptic; and this has depressed him greatly.

P. is youngest of three children. His father, who used to drink heavily but is now reformed, has always been indifferent to him. His mother, largely owing to her husband's drinking habits, has been very irritable and, when

P. was a boy, used to vent her anger upon him, frequently beating him. She never beat his sisters. P. felt the injustice keenly. He can see now that his mother is sorry for her former ill-treatment of him, though she has never admitted it in words.

When P. was fifteen years old an elderly man seduced him, by means of liberal payments of cash, into participating in homosexual practices. After this had continued for some months they were both arrested; he was charged with indecent behaviour and discharged with a warning; the other man was punished. The facts became public property in his neighbourhood, and his young male acquaintances frequently "chipped" him on the subject; *e. g.*, if he wore a new garment of any sort, they would say: "Hello! Have you been seeing your old man?" He suffered much distress in consequence and was isolated from all companionship; he felt himself unjustly treated on every hand and quite alone. There was no one with whom he could discuss his troubles. In early manhood he went through a course of training as a nurse, and took several private nursing jobs with success. One evening he attended out of curiosity a spiritistic gathering, and shortly afterwards he suffered his first "fit." He cannot recollect clearly what was said or done at the spiritistic meeting; but he seems to entertain vaguely a theory of possession and to regard himself as "possessed." From that time onward the "fits" have recurred about twice a week. He has been unable to obtain any employment and has lived at home dependent on his parents, doing odd jobs about the house. He is utterly sick of this existence.

In order to discover the content of his thinking during "the fits," I explored in hypnosis, which state was readily induced to a deep degree. It then appeared that during a "fit" he commonly seemed to be two people, *e. g.*, as he walked along the street in a "fit" he was aware of a duplicate of himself following close behind him; in fact, he seemed to be out of his body and going ahead of it. On other occasions he saw in the "fit" a sinister figure (on some occasions a Chinaman) who seemed to enter into his body and displace him from control of it.

I was able to see P. only a few times, because the prime desideratum seemed to be a change from his unfortunate domestic environment and a new start in life in scenes remote from all associations with it. It seems clear that the fits, although in form so closely resembling true epileptic fits, were of affective origin; and that, like the typical hysterical fit, they served to secure a vaguely desired end, namely, to make his parents sorry for him and for their harsh treatment of him. This motive was unrecognised by P. and strongly repressed. Consciously he strongly desired to get the better of his trouble. An interesting feature of the case was that, on the days on which he had an appointment with me, he was generally seized by a "fit" in which he sustained injuries or disfigurements, such as a "black eye," which, but for my strict injunctions, would have prevented him from keeping his appointment with me.

I will not pursue further this difficult problem, but merely draw the attention of the reader to cases published by Drs. Pierce Clark and E. H. Reede. Dr. Reede writes: "Certain epilepsies conform to all the criteria of the neuroses and respond to

the analytic therapeusis of neurosis with equal success. For purpose of identification these neuroses may facilely be called conversion epilepsy." One case published by the latter is especially instructive.[1] The case is that of a young woman who had suffered from fits of epileptic character during fifteen years and was cured by psychotherapeutic treatment. The affects chiefly responsible seem to have been intense and strongly repressed shame and fear, induced by harsh treatment after childish errors in the sexual sphere. The Freudians are inclined to regard "fits" as a perverted expression of repressed sexual excitement. It is therefore of interest to note that Dr. Reede remarks: "There never has been any evidence that the convulsion served as the surrogate for sex satisfaction."

[1] "Conversion Epilepsy," *The Psycho-Analytic Review*, vol. IX, 1922.

CHAPTER XXV

FREUD'S VIEWS ON THE NATURE AND CAUSATION OF NEUROTIC AND MENTAL DISORDERS

Freud distinguishes sharply two groups of neurotic disorders, besides the psychoses or mental disorders proper; he calls them the actual neuroses and the psychoneuroses. Of the former group, the actual neuroses, the principal members are neurasthenia, anxiety-neurosis, and hypochondria. The psychoneuroses comprise, as the most important group, anxiety-hysteria, conversion-hysteria, and the obsessional or compulsion neuroses, all of which he classes together under the heading "transference neuroses." It is the latter group on the study of which his theories are chiefly founded; to them his theories are applied most directly, and they are regarded as the proper and most profitable field for the application of psychoanalysis as a therapeutic procedure. But he also claims that these theories are capable of throwing much light on the genesis of some of the psychoses. I shall try to present very concisely the essence of Freud's views, using as far as possible his own words.

The actual neuroses may be dismissed in a few words. They, like the psychoneuroses, are due to the sexual instinct and apparatus; but they have no mental significance. In so far as the mind is affected, it is by the direct influence of bodily disorder. "Not merely are they manifested principally in the body, as also happens, for instance, with hysterical symptoms; but they are in themselves purely and simply physical processes; they arise without any of the complicated mental mechanisms . . . the actual neuroses represent the direct somatic consequences of sexual disturbances."

The anxiety-neuroses are due to insufficient and incomplete exercise of the sexual functions. "The Ego is attempting a flight from the demands of its *Libido*, and is treating this internal danger as if it were an external one." This is true of most of the fears of children: "Infantile dread has very little to do

with real anxiety (dread of real danger), but is, on the other hand, closely allied to the neurotic anxiety of adults. It is derived like the latter from undischarged *Libido*, and it substitutes some other external object or some situation for the love-object which it misses." And the fears of neurotic patients are of the same nature. On the other hand, neurasthenia is primarily a bodily condition resulting from excess of sexual activity, commonly in the form of masturbation.[1]

What follows applies generally to the psychoneuroses only. We have already become acquainted with many of Freud's conceptions in studying his theory of dreaming. But, since the understanding of them is by no means easy, some repetition may be useful. Freud has recently summarised his theory of the causation and psychoanalytic treatment of the psychoneuroses in the following passage:[2]

"In Psycho-Analysis, from a great number of individual observations and impressions, something that may be called a theory has at last been formed, known as the *Libido Theory*. Psycho-Analysis, as is well known, occupies itself with the explanation and cure of what are called nervous disorders. A mode of approach to this problem had to be found, and it was decided to seek for this in the life-history of the instinctive tendencies of the mind. Propositions concerning these tendencies became, therefore, the basis of our conception of nervous disorder. . . . Hunger and love are popularly distinguished as the representatives of the instincts which insure self-preservation and propagation, respectively. In acknowledging this obvious division, we distinguish in Psycho-Analysis also between instincts of self-preservation or Ego-tendencies, on the one hand, and sexual impulses on the other. We call the mental aspect of the sexual instinct *Libido* (sexual hunger), this being analogous to hunger, desire for power, etc., in the sphere of the Ego-tendencies.

"Starting on this basis, we then make our first significant discovery. We find that for the understanding of neurotic dis-

[1] It will be noticed that, according to Freud, we have to pick our way delicately between the Scylla of anxiety-neurosis and the Charybdis of neurasthenia. Insufficient sexual activity inevitably leads to the former, and excess of it to the latter.

[2] "One of the Difficulties of Psycho-Analysis," *International Journal of Psycho-Analysis*, vol. I, 1920.

orders we learn more from a study of the sexual impulses than from that of any others; in fact, that neuroses are, so to speak, the specific diseases of the sexual function. We learn that the quantity of *Libido* and the possibility of satisfying it and of disposing of it through satisfaction are the factors which decide whether a person develops a neurosis or not; that, further, the form of the disorder is determined by the particular path of development which the sexual function of the individual patient has undergone in the course of its development; that, lastly, we are able, by means of a rather technical form of psychical manipulation, to throw light on the nature of several groups of neuroses, and at the same time to resolve them. The greatest success of our therapeutic efforts has been with a certain class of neuroses that arise from the conflict between the Ego-tendencies and the sexual impulses. For, in mankind, it may happen that the demands of the sexual impulses, which extend far beyond the individual, appear to the Ego as dangers threatening its self-preservation or self-respect. When that is so, the Ego takes up the defensive, denies the sexual impulses the wished-for satisfaction, and forces them into those by-paths of a substitutive gratification which constitute nervous symptoms. The psycho-analytic method of treatment then manages to revise the process of repression and to find a better solution of the conflict, one compatible with health."

This may be supplemented by another recent passage:

"The theory of psycho-analysis . . . holds primarily to the view that the motive forces of repression must not be sexualised. [This, I take it, means that these forces must not be regarded as sexual.] Man's archaic heritage forms the nucleus of the unconscious mind; and whatever part of that heritage has to be left behind in the advance to later phases of development, because it is useless, or incompatible with what is new and harmful to it, falls a victim to the process of repression. This selection is made more successfully with one group of impulses than with the other. In virtue of special circumstances which have often been pointed out already, the latter group, that of the sexual impulses, are able to defeat the intentions of repression, and to enforce their representation by substitutive structures of

a disturbing kind. For this reason infantile sexuality, which is held under repression, acts as the chief impulsive force in the construction of symptoms; and the essential part of its content, the Œdipus complex, is the nuclear complex of neurosis. . . . The sexual aberrations of childhood, as well as those of mature life, are ramifications of the same complex." [1]

The principal processes invoked are (1) infantile fixations of the *libido*, especially in the form of the Œdipus complex; (2) continued repression resulting from conflict between the sexual tendencies and the Censor or Ego (complicated by the addition of the Super-Ego and the Ego-ideal); (3) regression, *i. e.*, a turning back of the *libido* of the adult to the infantile fixations. The sexual impulse "will find occasion to regress in this way when the exercise of its function in a later and more developed form meets with powerful external obstacles, which thus prevent it from attaining the goal of satisfaction . . . the stronger the fixations in the path of development the more easily will the function yield before the external obstacles, by regressing to those fixations." Regression, for Freud, is thus always a matter of the *libido;* not a general regression to more primitive modes of functioning, but a sexual regression only; and, in itself, it gives rise to sexual perversions. It is the combination of repression with regression that gives rise to the psychoneuroses. The perverse childish expressions of the *libido* are unacceptable to the Ego, which therefore represses them. "This is the point of departure for the formation of symptoms—the rejected libidinal longings manage to pursue their course by circuitous paths—the circuitous paths are the ways of symptom-formation; the symptoms are the new or substitutive satisfactions necessitated by the fact of the privation." Thus, like dreams, the symptoms "owe their origin to a conflict between Ego and sensuality," and are compromises between the repressing censoring agency, the Ego, and the infantile libidinous tendencies, compromises in which "the Unconscious" finds a partial satisfaction. "In this way the symptom comes into being as a derivative, distorted in manifold ways, of the unconscious libidinal wish-fulfilment, as a cleverly chosen ambiguity."

[1] S. Freud. "A Child Is Being Beaten," *Int. Journ. P.-A.*, vol. I.

(4) Fantasies of childhood play a part similar to the fixations of infancy. The *libido*, when forbidden its natural outlets, may regress and reanimate childish sexual fantasies. For this process Freud adopts the term "introversion," thus using it in a much narrower sense than does Jung. "Introversion describes the deflection of the *libido* away from the possibilities of real satisfaction, and its excessive accumulation upon fantasies previously tolerated as harmless. An introverted person is not yet neurotic, but he is in an unstable condition; the next disturbance of the shifting forces will cause symptoms to develop, unless he can find other outlets for his pent-up *libido*."

Freud is perfectly explicit as regards the sexual origin of all neurosis. "The most essential and most instructive point for us is that the fund of energy supporting the symptoms of a neurosis, in every case and regardless of the circumstances inducing their outbreaks, is provided by the *libido*, which is thus put to an abnormal use."

(5) One further essential point of the theory is the genesis of anxiety or fear in so many cases. We have seen that, in Freud's view, although real anxiety or fear "must be regarded as an expression of the Ego's instinct for self-preservation," the fears of children are mostly neurotic fears, fears of the *libido;* and the neurotic fears of adults are regressions to the neurotic fears of childhood. The *libido*, or a part of it, is converted into fear. This remains one of the most unsatisfactory features of the whole theory. Freud's reasoning in support of it is far-fetched in the extreme. Its keystone is the contention that children's fears frequently arise where there is no real danger, and must therefore be called unreal or neurotic. The premise of this argument is true; but the conclusion shows a complete misapprehension of the biology of fear, and of the development and extensions of the field of the instinct of escape or fear. It involves the popular fallacy that fear is excited primarily by "the idea of danger," or by danger perceived as such; whereas the converse is true, we acquire "the idea of danger" through experiencing fear; the impressions which excite fear, independently of prior individual experience, are few and simple, such impressions as loud sounds, sudden lack of support, possibly

certain tactual impressions, and probably all such impressions as violently contradict our expectations, constituting the class of the uncanny.[1]

It is a remarkable fact that, whereas Prof. Janet, Dr. Morton Prince, and other authorities regard dissociation as the most important and far-reaching explanatory principle to be applied in interpreting neurotic disorder, Freud makes no use of this conception; and the word does not, I think, appear in any of his principal writings.

Psychoses and Narcissism

To this concise statement of Freud's theories of the neuroses, I add an equally brief attempt to describe his theory of the genesis of some of the symptoms of the psychoses. Of the psy-

[1] In a recent article (*Int. Journ. P.-A.*, vol. I) Ferenczi has summarised Freud's teaching in regard to the neuroses, and the foregoing brief statement may be supplemented by the following citations from the article. "The censor is identical with that power which as 'resistance' attempted to hinder the progress of the cure. The neurotic symptom is a substitute for something that has been hindered by repression. This something is in every single instance, as the analysis of numberless cases shows, sexual gratification; that is to say, symptoms are disguised fulfilments of sexual impulses. All sufferers from transference neuroses, hysteria and compulsion, are ill because gratifications of their sexual desires is denied them in reality. Part of the symptom acts as a defence against these sexual efforts, so that in hysteria the positive wish-fulfilling character predominates and in compulsion neurosis the negative and ascetic. Another part of the symptoms is the compromise formation, the issue of two opposing forces; this symptom occurs frequently in hysteria: in compulsion neurosis the two parts are separated and appear in the dual action of positive and negative. . . . All perverse desires find expression in hysteria, which endeavours to substitute other organs for the genitalia; these organs then behave as substitute genitalia, particularly the organs of nourishment and excretion. . . . If a partial sexual impulse remains at an earlier stage, it is termed fixation in psychoanalytic nomenclature. The second danger is that the parts that have developed further are easily turned back to one of the earlier stages; this is the danger of regression. . . . Hysteria shows the repression of the *libido* to the primary incestuous love-object, but practically no regression to an earlier sexual organisation; the part that repression plays in this mechanism is all the more important. In other words, the sexual organisation of the hysteric continues undisturbed to the full development of the genital zone; but this last function is repressed, which gives an appearance of an imperfectly developed genital organisation. In compulsion neuroses, on the contrary, the *libido* regresses to the anal-sadistic organisation and at the same time regression of the love-object takes place, therefore the anal-sadistic desire is incestuous. It goes without saying that repression alone gives these desires a neurotic character; regression of *libido* without repression is perversion without neurosis."

choses he is interested chiefly in *Dementia Præcox*, manic-depressive insanity, and *Paranoia*. These are grouped together as the Narcissistic psychoses; and we must therefore try to understand what is meant by Narcissism.

It is asserted that every infant is keenly interested in its sexual organs; and Freudians commonly assume or imply that every infant indulges in masturbation. This and all other activities which (like thumb-sucking and retaining the fæces) are assumed to yield sexual pleasure, are called autoerotic. But infantile autoerotism is not Narcissism, though the former prepares the way for the latter. Freud asserts that social influences commonly secure effective suppression of infantile autoerotism, and of other expressions of the *libido*, about the sixth year, thus initiating a latency period, in respect of sexuality, which endures until puberty. It is strange that this alleged latent period of sexuality coincides with that period during which, according to abundant evidence and the opinion of such non-Freudian experts as Drs. A. Moll and W. Healey, the first manifestations of sexual stirring may be traced in a multitude of children.[1]

Narcissism is self-love, the direction of the *libido* to the self or Ego, or the investment of the Ego with *libido*. And such Narcissism is a natural phase of development. In fact, sleep is essentially "a condition in which all investments of objects, the libidinal as well as the egoistic, are abandoned and withdrawn again into the Ego." Thus the *libido* is regularly withdrawn into the Ego and in sleep becomes for the time being ego-*libido*. In the Narcissistic psychoses a process allied to repression compels this withdrawal of *libido* from external objects and the continued investment of the Ego by it.

The account is very difficult to follow, and I therefore cite a concise statement of the theory by Dr. E. Hitschman, one of the authoritative exponents of Freudian psychology. "Psychoanalysis continues to conceive of the *libido* (sexual hunger) as distinct from other sources of psychic energy, as possessing its own peculiar chemical characteristics, and as constituting a quantitatively variable force, in terms of which processes and changes in the field of sexuality can conveniently be measured.

[1] Cf. Chapter XXXV.

The direct psychic equivalent of the *libido* related to the activity of the various bodily organs, is termed *ego-libido;* when this energy is directed to an outer object, or is transferred from an outer object to another, it is called *object-libido.* When it is withdrawn from an outer object and turned once more upon the self, it again becomes ego-*libido* or *Narcissistic libido.* This Narcissistic direction of the *libido* to the self corresponds to the original condition found in early childhood (primary Narcissism), but when, as in Schizophrenia . . . the *libido* is withdrawn from persons and things in the outer world and redirected towards the self (in so doing giving rise to Megalomania), we speak of Secondary Narcissism. The sexual activity of the Narcissistic stage of childhood is autoerotic. Narcissism may be regarded as corresponding on the side of the *libido* to what Egoism is on the side of the ego impulses; Narcissism being thus the libidinous complement of Egoism; the self becoming, in fact, an object of libidinous desire. The recognition of the condition is of the greatest importance for the understanding of the Narcissistic neuroses (*Dementia Præcox, Paranoia,* Melancholia). In these diseases the *libido* regresses to the Narcissistic stage, just as in the transference neuroses (hysteria and obsessional neuroses) it regresses to early objects of love or to the objects of the various partial impulses of pregenital stages of organisation."

In this way are explained the lack of interest of the schizophrenic patient in the outer world and the delusions of grandeur of this and of other disorders. Freud's theory of paranoid delusions, especially delusions of persecution and of jealousy and of grandeur, are interesting and have been widely accepted.

"According to our analytic conception the delusion of grandeur is the direct consequence of the inflation of the Ego by the *libido* withdrawn from the investment of objects, a secondary Narcissism ensuing as a return of the original early infantile form."

"Persecuting paranoia is the means by which a person defends himself against a homosexual impulse which has become too powerful." In the simplest type of case, the patient holds the object of his repressed libidinous impulse to be his perse-

cutor; the *libido*, or love-impulse, undergoes yet another of those miraculous changes (two of which we have already recorded, namely into tender emotion and into fear); and in this case it changes into hate; or, more properly, part remains as love and part becomes hate. And, if the supposed persecutor (the object of this homosexual impulse) happens to be a person of the opposite sex, this is to be accounted for by the transference of the delusion to that person from one of the same sex.

Jealousy is of three types: (1) normal or competitive, (2) projected, (3) delusional. Projected jealousy is that which arises from repressed desires directed to a person other than the lawful partner, or from actual unfaithfulness. The patient is said to secure relief from the reproaches of his own conscience "when he projects his own impulses to infidelity into the partner to whom he owes faith."[1] Delusional jealousy "also has its origin in repressed impulses towards unfaithfulness—the objects, however, in these cases are of the same sex as the subject. Delusional jealousy represents an acidulated homosexuality and rightly takes its position among the classical forms of paranoia. As an attempt at defence against an unduly strong homosexual impulse, it may, in a man, be described in the formula: 'Indeed I do not love him; she loves him.'"[2] The "jealous husband perceives his wife's unfaithfulness instead of his own, by becoming conscious of her; and magnifying it enormously he succeeds in becoming unconscious of his own. If we accept this example as typical, we may infer that the enmity which the persecuted paranoiac sees in others is the reflection of his own hostile impulses against them." And we have already heard that these hostile impulses are the product of the conversion of his *libido*, in the form of homosexual love for another, into hatred.

Theory of Homosexuality

And all these delusions are ultimately derived from the Œdipus complex, for this is made responsible for homosexuality in the following way. Freud recognises what he calls "an organic factor" in homosexuality; that is to say, an inborn pre-

[1] E. Hitschman, *I. J. P. A.*, vol. I.

[2] "Neurotic Mechanisms in Jealousy," etc., Freud's "Coll. Papers," vol. I.

disposition. (This is, of course, a change from the teaching of the "Three contributions," where the sexual impulse is natively entirely indifferent as to its object.) But this inborn predisposition is not enough to account for homosexuality. "The typical process . . . is that a few years after the termination of puberty, the young man, who until this time has been strongly fixated to his mother, turns in his course, identifies himself with his mother (a form of Narcissism) and looks about for love-objects in whom he can rediscover himself, and whom he wishes to love as his mother loved him. The homosexual trend is confirmed by two other factors: first, aversion and even horror of women, derived from the early discovery that women have no penis; secondly, the regard for the father or fear of him; for the renunciation of women means that all rivalry with him . . . is avoided." And finally on these influences "is superimposed the effect of any seduction [*i. e.*, homosexual seduction] bringing about a premature fixation of the *libido*, as well as the influence of the organic factor favouring the passive rôle in love." But even this enormously complex derivation of homosexuality does not satisfy Freud; he finds an alternative derivation in yet another miraculous transformation; namely, jealousy against brothers, rooted in the Œdipus complex, may become transformed (under the influence of training) into homosexual desire for them.

Surely one would need to be very strongly under the influence of Freud if one is to accept this involved and complicated derivation of homosexuality from the Œdipus complex! Surely the two factors which he, in common with all others, recognises are sufficient, namely, the organic factor and seduction!

But, granting a repressed homosexuality, what shall we say of the derivation from it of all Paranoia? Without claiming any special competence, I venture to suggest that the simple formula for delusions of persecution suggested in a former chapter[1] may suffice, and that it will include the cases of homosexuality; namely, that the root of the delusion is "a bad conscience," a more or less repressed guilty knowledge of wrong done or perhaps merely desired. And what form of such repressed "guilty conscience" could more readily generate delusions of persecution

[1] Chapter XX.

than one concerning homosexuality? For the patient well knows how strongly this is reprobated and condemned by society and by law. The fear of discovery, more or less repressed, is, I suggest, amply sufficient to generate suspicion of reproaches, of contemptuous and hostile attitudes; and this fear and suspicion may then, in accordance with the principle that a strong repressed urge may generate appropriate hallucination, give rise to hallucinatory voices; and these in turn strongly favour the development and fixation of the delusion. Is this not in accordance with the history of many cases? The patient hears himself accused of his guilty practices or desires, and gradually comes to believe in the reality of the voices, and proceeds to rationalise and objectify their source.

I refer the reader to the simple case of persecutory delusion described in Chapter XX (Case 41). In that, as in other cases, the disorder is sufficiently accounted for without a devious resort to the Œdipus complex. I suggest that, though it is probably true that many cases of Paranoia are secondary consequences of homosexuality, Freud here again displays his unfortunate tendency to over-generalisation and that, in describing the enormously complicated course of development of homosexuality, he again displays a riotous and too fertile ingenuity and falls a victim to his unwarranted belief in the sexual origin of all disorders, both neurotic and psychotic. Freud has not, I believe, asserted this of all the psychogenetic disorders; but he comes near to it in "The Lectures," when he says: "I should not be astonished if it should prove that the capacity to induce a pathogenic effect were actually a prerogative of the libidinal impulses, so that the theory of the *libido* would triumph all along the line from the actual neuroses to the severest psychotic forms of individual development."

Further Grounds for Scepticism

I suggest further that we are justified in maintaining the most obstinate scepticism in face of the alleged transformations of the *libido* or sexual impulse into various extremely different emotional conative tendencies, into tender emotion, into fear, and into hate. In my "Social Psychology" I expressed the opinion

that the affective nucleus of each instinct is relatively unchangeable; that the emotional qualities and their visceral correlates remain sure indicators of the nature of the instinctive impulses at work in us. And I have found no reason to change that opinion. The fact that Freud finds it necessary to postulate the various miraculous transmutations of lust into other emotions (into fear, and tender emotion, and hate) arises from his neglect to take due account of these as expressions of distinct and powerful innate dispositions, and from his unwarranted determination to make the *libido* responsible for all strong impulses.

The world of concepts in which Freud conducts his tours of discovery is so fluid and shifting that it lends itself to every manipulation. Every emotion, and every sentiment, is ambivalent, is both itself and its opposite, and can at a moment's notice be transmuted into something radically different; every sign and symbol and symptom can be interpreted in opposite ways. There is only one fixed point, one invariable rule, namely, that, in one way or another, everything must be given a sexual significance.

Even the Ego can become the other, and the other the Ego, by the mysterious process of identification; and the Ego instincts, which at the outset are set clearly apart from the sex impulses, are in the end beset and invested with *libido*, until they also lose their distinctiveness and become swallowed up in the vortex of sex.

The argument which, perhaps, carries most weight with the lay reader in favour of Freud's theories of the neuroses, is the allegation that the application of the theories in the guidance of therapeutic efforts often brings a cure where other methods fail. There is no reason of doubt that Freudian analysts can claim many therapeutic successes. But in estimating this fact as evidence in support of the Freudian theories, we must bear in mind several weighty considerations.

First, the history of medicine is thickly strewn with wrecks of abandoned theories, each of which in its time has been supported by the claim of successful application in practice; and each of which may have contained some truth or some approximation to truth, *e. g.*, the theories of pneuma, of animal spirits,

of animal magnetism, and of phrenology, and a host of minor theories underlying such practices as cupping and blistering, and trepanning and purging, and ablutions of all sorts, theories of bile and effluences and influences of many kinds.

Secondly, it is here freely admitted that some features of the Freudian theory are approximations to truth, especially the doctrine of the psychogenic nature of the functional disorders, the importance of internal conflict and repression, and of the subconscious working of repressed conations. And, above all, it is admitted that the fundamental notion guiding Freud's therapy is correct, namely, the notion that exploration of the mental nature and origins of the disorder and the revelation of them to the patient is the most essential step in therapy. It is, then, no wonder that a highly experienced physician, operating over a long period of time with a method founded on a theory which contains so much of truth, should often attain success, even if there is much in his theoretical assumptions that is false. And it is probable that many patients might be much benefited by a long series of frank and confidential discussions of their troubles with any wise and sympathetic person, regardless of any theory of genesis or principles of therapy that he might hold.

Further, we have to notice that similar and equally striking successes are claimed by those who practise with very different theoretical backgrounds; physicians such as Jung and Adler, Hinkle and Dubois, to say nothing of Mr. Coué and the Christian Science healers and of the osteopaths. And it is noteworthy that, in some of the cases in which the course of an allegedly Freudian analysis has been published in some detail, it seems obvious that the treatment has owed nothing to those parts of the Freudian theory which are here adversely criticised. I select as illustrating this point a case which is instructive in many other respects also, namely one reported by Dr. David Forsyth.[1]

Case 50.—The patient, Claude, was brought to Dr. Forsyth when seven and a half years old, on account of troublesome and eccentric behaviour, which had become much accentuated in the previous eighteen months. He was frequently depressed and silent, crying or showing anger without appar-

[1] "Psycho-analysis of a Case of Early Paranoid Dementia," *Proc. Roy. Soc. of Medicine*, London, 1920.

ent cause, and sometimes violently assaulting unoffending persons. At other times he smiled and chattered to himself. He became increasingly suspicious, seemed to care for no one, and displayed many grimaces and twitchings; he preferred to be left alone in bed.

Dr. Forsyth's investigation revealed the following facts. Both parents were narrowly religious, strict, and reserved. The father gave all his leisure to work with a boys' club. The mother seems to have given all her affection to the second child, Maisie, and to still younger children. Claude's curiosity, especially about sexual matters, was silenced with reproofs. When Claude was six years old, Maisie was taken ill and Claude sent away from home. On his return Maisie was dead, but no explanation was given to Claude. Shortly after this time his peculiarities became much accentuated.

Dr. Forsyth discovered that Claude was longing for affection and very jealous of any display of it towards other persons. Sometimes he flinched as though afraid of being struck, and confessed he often thought people were going to strike him. He declared that nobody loved him, everybody hated him. He seems occasionally to have suffered hallucinations of hearing of a persecutory nature. His jealousy was most acute in relation to Maisie before her death. "When he was brought home after her funeral and neither dared to ask nor was told what had happened, he fell back on his own speculations. He soon came to the conclusion that she had died, or rather had been killed." He remembered how in jealous fantasies he had wished her dead; and he soon began to believe that he had killed her, by wishing her dead. Hence the increased reticence, isolation, sense of guilt, and probably hallucinations and delusions of persecution. Claude's sense of guilt was presumably already strong before Maisie's death; for he had indulged with another small boy and other children in many nasty games, involving playing with urine and fæces, and some exploration of the sex-organs.

Dr. Forsyth succeeded in gaining Claude's confidence and respect, and in getting him to relate and discuss freely his troubles and evil doings. He succeeded also in inducing the parents to adopt a much more sympathetic and understanding attitude towards the boy, and, as he himself says, this was of more lasting importance. Very soon the condition improved under Dr. Forsyth's handling; and, after a few months, Claude seemed well and went happily to boarding-school, where he had remained well for six years at the time of the report.

Now I venture to think that the facts related above are the essential facts, and that both the onset and the cure of the condition are sufficiently explained by reference to them. The boy had been denied all affection, led to think himself bad and disliked by every one; and then the incident of Maisie's death, falsely interpreted by him, greatly increased his isolation, his reserve, and his sense of guilt. He became excessively introverted; all his natural impulses to friendly intercourse were checked and thrown back within him; so that he lived a life of fantasy governed by his pent-up emotions of jealousy and re-

sentment; his thwarted self-assertive or self-expressive impulse found its only satisfaction in fantasies of forbidden action, and in occasional outbursts of overt naughtiness. If the condition had not been wisely and skilfully handled, as it was by Dr. Forsyth, it would presumably have gone on to full-blown *Dementia Præcox*. But this wise handling brought the boy once more into natural relations with his fellow creatures, and cure resulted.

But Dr. Forsyth is not content with this natural simple and adequate interpretation of the case. He is a convinced Freudian, and therefore imports into his interpretation all the Freudian theories. He begins by reciting in brief Freud's homosexual theory of Paranoia, and proceeds to fit the case to the theory. The boy must have been homosexual and so, though no tittle of evidence is offered, it is assumed that his *libido* was fixated on his father, as well as on his mother. For the true Freudian sees no difficulty in assuming the Œdipus complex, with its hatred for the father, as coexisting with homosexual fixation upon him. Hence the condition is ascribed to the deprivation of satisfaction of both his heterosexual and his homosexual needs. And there is much talk of auto- and bladder- and anal-eroticism, and of erogenous zones. And the condition is described as one of regression to autoeroticism and homosexuality, "a flood of libido being forced back to burst its limits at both the weak points—autoeroticism and homosexuality" by the death of the sister; though why the death of the sister should have this effect is a question to which no answer is suggested.

I suggest that the dragging in of the Freudian theory is, in this case as in many others, entirely gratuitous. If, of course, we set out from the fixed assumption that all affection and kindly treatment are sexual phenomena, then of course the case at once assumes the Freudian aspect. But, if we resist this entirely unwarranted assumption, there remains no good ground for the importation of the rest of the Freudian interpretation. And that the Freudian interpretation is not warranted is shown, not only by the fact that the genesis of the disorder is quite intelligible on the simple non-Freudian lines I have indicated, but also by the fact that the successful treatment was in no sense

specifically Freudian. There was not even free association and dream-analysis; there was no evidence of "transference" beyond a perfectly natural and slowly increasing confidence in the kindly physician; there was no Narcissism, and no delusion of grandeur, as Dr. Forsyth explicitly tells us; nor was there any revealing to the boy of the alleged Freudian origins of the trouble. There was merely a straightforward exploration of the mental state, and a friendliness that brought the boy back into natural contact with his fellows, and relieved him of his sense of being a guilty isolated creature. Further, the case refuses to fit the Freudian theory in that it proved accessible to exploration and was cured; both of which were impossibilities, according to Freud's explicit teaching, if Dr. Forsyth's interpretation of the case be accepted.[1]

The Œdipus Complex

We have seen that the theory of the Œdipus complex is a very important and central feature of all the Freudian system. Freud himself has written of it as the nuclear complex of all the psychoneuroses. Dr. E. Kempf has described it appropriately as "the ark of the Freudian covenant." In an article too long to reproduce here, I have examined in some detail the

[1] I do not wish to deny that in this and many other cases of neurosis sex may have played some part in the genesis. But in this and a multitude of other cases its rôle, I believe, is of the kind indicated by Dr. T. Williams in the following passage from his "Dreads and Besetting Fears":

"A timorous indecision of character proceeds from a morbid scrupulousness which is a manifestation of a strong desire not to be wrong, and is the product of an actual sense of guilt. The pervasion of the being by this sense of guilt has been induced by guilty thoughts, the product of imagination concerning scraps of information perhaps overheard accidentally, regarded unfit for childish ears and therefore, by implication, wicked. . . . Regarding sex functions there is unfortunately prevalent the obscene attitude which is so pervasive that the child is unlikely to ask questions which he knows will cause him to be looked upon as lacking in decency. In consequence the seeds of a guilty conscience are unwittingly sown by parents, who would be the last in the world to permit it did they understand. This is the reason for the preponderating rôle which it has become popular to attribute to the sexual life in the induction of neurotic states. It is not the sexual life or its aberrations in themselves which induce neuroses, but the fear-breeding manner in which they are dealt with before children. The element of the unknown, the superstitious, or the obscene becomes preponderant, and has the effect of producing a morbid sensitiveness and fear."

theory of the Œdipus complex.[1] The article may be condensed as follows: For all orthodox Freudians, and for Prof. Freud himself in his earlier writings, the Œdipus complex is of primary importance. But the theory is held in many different forms by various psychoanalysts. For some the complex is an innate feature of the constitution of all human beings;[2] for others it is a mere fantasy-formation of adult life. By most Freudians it is regarded as playing an essential rôle, not only in the genesis of all psychoneuroses and the psychogenetic psychoses, but also in shaping all normal development of the individual and in moulding the evolution of all social customs and institutions, including all morality and all religion. For the attribution of this enormous rôle to the incestuous fixation of the infant on its parent of the opposite sex, Freud himself is chiefly responsible. All his writings previous to a quite recent date have treated this theory as a foundation-stone. And he has displayed an increasing tendency to regard the complex and many of its alleged products as phylogenetically developed, *i. e.*, as innate features gradually acquired by the race by way of Lamarckian transmission. In his "Three Contributions to Sexual Theory" (1905) he alleged that the sexual impulse is entirely undirected in early infancy, and that the *libido* of the male infant becomes fixated on the mother through suckling. Yet in later writings, notably in "Totem and Taboo" and in his "Group Psychology," he has taught that the sense of guilt (which he makes the root of all morality and religion) is the product of the working of the Œdipus complex, and is innate in the race, or at least in the male half of it. But in a recent article[3] he has revoked heavily on the Œdipus theory. In this article he still assumes that the Œdipus complex is present in every infant; though he still leaves us in doubt whether it is innately given or individually acquired; but he now alleges that, in the course of normal or ideal development, the complex becomes eradicated in early childhood. And he gives us two alterna-

[1] "The Œdipus Complex." *Archives of Neurology and Psychiatry*, Feb., 1926.

[2] Cf. especially G. C. Flügel's "Psycho-analytic Study of the Family," and "Sociology and Psychoanalysis," edited by Dr. E. Jones.

[3] "The Passing of the Œdipus Complex," "Collected Papers," vol. II, 1924.

tive theories of the process by which it is supposed to be destroyed in the normally developing boy; and both theories are fantastic and far-fetched in the extreme. According to the new doctrine, then, the Œdipus complex persists into adult life only in neurotics. Freud thus leaves himself for the present in the position that all the vast sociological structure which he has reared on the Œdipus complex is completely deprived of its foundation; or we have to suppose that religion and morality have been built up and are maintained solely by the efforts of infants and neurotics, the sole possessors of the Œdipus complex.

There is another great difficulty for the theory, of which Freud seems to have become obscurely aware in recent years; namely, the genesis of the complex in the female sex. For, according to Freud's teaching, the male infant acquires the complex primarily and chiefly through the sexual satisfaction which he derives from suckling at his mother's breast. But there is no corresponding possibility for the genesis of the female infant's alleged fixation on the father. And now, in the light of Freud's new doctrine, another insoluble problem arises, namely, how to account for the destruction of the complex in the normally developing female child, a problem before which Freud himself retires confessing himself at a loss.

In the article mentioned above I have pointed out that the alleged evidence of the existence of the complex in all infants was found in the dreams of normal adults, and that, since Freud now admits that the complex does not exist in such adults, there remains no ground for assuming its existence in those infants who become normal adults. I have urged therefore that Freud should relieve himself of the need to construct fanciful and wildly improbable theories of the destruction of the complex in the course of normal development, by throwing overboard the dogma that the complex is universally present in infancy.

I have further pointed out that in several of the few cases in which an incestuous attachment to the parent of opposite sex has been clearly demonstrated, the unwise conduct of the parents during childhood and adolescence sufficiently accounts for the genesis of such attachments, and that they thus afford no

support whatever to the theory, or rather the dogma, of the Œdipus complex. I am glad to support this last opinion by citing the following words of Dr. T. Williams *à propos* of this topic: "My own belief is that when such incestuous elements occur in parental relationship, they are induced by the parent; and my observations show that the choice of which parent shall be preferred by the child, depends upon their response to his needs, and that this has less to do with the oppositeness of sex than with the parent's satisfaction of his interest and play desires, which have more personal than allopsychic appeal." [1]

The dogma of the universal presence of the Œdipus complex in childhood flies straight in the face of common sense and common experience; for it is committed to the assertion that love between child and parent of the opposite sex, and hatred between child and parent of the same sex are the common rule of life, an assertion so contrary to common experience that an appeal to it might seem sufficient to refute the dogma. But Freudian dogmas are not so easily refuted; the doctrine of ambivalency allows the Freudian to escape from all such appeals, unscathed and unmoved; for him every love is also hate, and every hate is love; and when we point to instances of the most tender and enduring affection of the child for the parent of the same sex, such instances are fitted to the theory by the easy magic of asserting that the love displayed is but the over-compensation for a secret hate that lurks in "the Unconscious."

But there remain the multitudinous instances of the most tender and enduring affection of the parent for a child of the same sex. How is the Freudian to account for these in terms of his dogma that all love is a manifestation of the sex instinct? I do not know; for the Freudians have ignored the facts, though they cannot deny them. I suppose they may offer the somewhat lame suggestion that in such cases the alleged homosexual component of the sex instinct is somehow brought into action and fixated upon the child.

Almost all psychoanalysts, believing not merely that some children become sexually fixated on the parent of opposite sex, but that this is the fate of every normal child, solemnly assert

[1] "Psychogenic Disorders in Childhood."

that the chief problem confronting the adolescent, on the solution of which normal development depends, is the necessity of breaking away from this fixation. And parents are exhorted to aid in this all-important task.[1]

This feature of Freudian teaching has become common property; for few self-respecting contemporary novelists avoid reference to it. Freud's revocation of this dogma, and the promulgation of his new doctrine—that in normal persons the Œdipus complex dies a natural death in childhood—were, therefore, very timely. But perhaps it is misleading to speak of its death as "natural"; for, according to the new doctrine, its destruction in the male infant is effected by the threat of castration. The parent therefore still has a Roman task to perform; and the most important duty of a father towards his little son is to threaten to castrate him.

[1] When the poet wrote his famous verses—"Speak roughly to your little boy and whip him when he sneezes"—he can hardly have supposed that this was shortly to be made a universal maxim.

CHAPTER XXVI

FREUD'S THERAPY

In the early days of his psychoanalytic practice, Freud was inclined to attach much importance to the principle of *Abreaction*, which we shall examine in a later chapter.[1] In his later writings this has fallen into the background and is almost entirely ignored. The essential and peculiar feature of the Freudian theory of therapy, distinguishing it from other procedures which rely upon mental exploration and re-education, is the doctrine of transference. It is true that the method of exploration by free association is chiefly due to Freud; but this may be regarded as now established beyond dispute as a valuable method of exploration.

Transference

"The transference" is regarded by Freud as an essential step in every analysis that is to succeed in curing a neurotic disorder. The theory is that it is necessary to free the *libido* which has become fixated in unduly large proportion upon various unsuitable objects, the parent, the Ego, some person of the same sex, etc., and is manifesting itself in disguised form as symptoms. If this *libido* can be withdrawn or set free from these fixations, the patient can then utilise it, or can be taught to utilise it, in more satisfactory ways, especially in various forms of sublimation. Freud teaches that this can best be effected, in fact, in many, perhaps in all, cases can only be effected, by the process of transference; and this means the process of transferring the fixated *libido* to the person of the analyst, *i. e.*, by its withdrawal from its old fixations and its direction to the analyst so that, for the time being, he is the love-object of the patient. And, since the fundamental fixation underlying all or most of the neuroses takes the form of the Œdipus complex, the process consists essentially in making of the physician a substitute for the un-

[1] Chapter XXIX.

consciously loved parent, or, as it is said, making of him a parent-surrogate.

This transference is supposed to occur inevitably or naturally in the course of the analysis. Its occurrence is marked by a disappearance of the resistance and even hostility which so many patients display in the early stage of the analysis. The physician is given no instructions for bringing about the transference; it is no part of his duty to make the patient fall in love with him; but, if he faithfully analyses, the transference sooner or later will occur, or, if it does not, the case cannot be successfully dealt with. The transference is not always or necessarily manifested in any passionate declaration by the patient. Rather the physician infers it from evidence of a more docile and friendly attitude. Perhaps the patient inquires after his health or that of his family, or displays in some other way a polite interest in his welfare. Then the physician knows that the transference is going on. When it has become accomplished and the *libido* sufficiently withdrawn from its infantile fixations in favour of the physician, it becomes the latter's duty, sooner or later, to break up this new fixation or investment, and thus to place the patient's *libido* as completely as possible at the service of his Ego, or at his free voluntary disposal.

We are told that "the transference can express itself as a passionate petitioning for love, or it can take less extreme forms; where a young girl and an elderly man are concerned, instead of the wish to be wife or mistress, a wish to be adopted as a favourite daughter may come to light; the libidinous desire can modify itself and propose itself as a wish for an everlasting but ideally platonic friendship." And, like all love, it is apt, according to Freud, to be ambivalent, *i. e.*, to be also hate, and to manifest itself at times as hostility or resistance, the so-called negative transference.

Now, that a patient may sometimes fall in love with her physician is a well-recognised fact; and this is, perhaps, especially likely to occur in the case of a woman for whom sexual difficulties have arisen and who spends many hours with her physician in intimate discussions of those difficulties and problems. But are we therefore justified in accepting all signs of increased do-

cility and friendliness as expressions of *libido* directed upon the physician? Surely not! The essential mark of what is called "transference" is, according to Freud's description, an increase of suggestibility towards the physician. "In so far as his transference bears the positive sign, it clothes the physician with authority, transforms itself into faith in his findings and in his views. [So here is yet another of the miraculous transmutations of *libido*.] Without this kind of transference or with a negative one, the physician and his arguments would never even be listened to. Faith repeats the history of its own origin; it is a derivation of love and at first it needed no arguments. Not until later does it admit them so far as to take them into critical consideration, if they have been offered by some one who is loved. Without this support arguments have no weight with the patient, never do have any with most people in life. A human being is therefore on the whole only accessible to influence, even on the intellectual side, in so far as he is capable of investing objects with *libido;* . . . the capacity for the radiation of *libido* towards other persons in object-investment must, of course, be ascribed to all normal people; the tendency to transference in neurotics, so-called, is only an exceptional intensification of a universal characteristic. . . . Bernheim, with unerring perspicacity, based the theory of hypnotic manifestations upon the proposition that all human beings are more or less open to suggestion, are suggestible. What he called suggestibility is nothing else but the tendency to transference—we have to admit that we have only abandoned hypnosis in our methods *in order to discover suggestion again in the shape of transference.*" [1]

Freud admits, then, that the essential indication of transference having taken place (except in those presumably exceptional cases in which there is undisguised evidence of sexual attraction) is that the patient has become suggestible towards the physician. The question of the nature of "transference" is, then, only a special case of the more general problem of the nature of suggestion and suggestibility.

Freud's theory of suggestion is elaborated in his "Group Psychology." I have examined that theory in Chapter VI, and at

[1] Italics are mine.

more length in an article, a summary of which is reproduced in Chapter VI of this volume, showing the far-fetched and improbable nature of this highly involved theory, which makes of the suggestible attitude an atavistic survival of the attitude towards the hypothetical horde-father, the ruler of the hypothetical human horde or primitive social group. I submit that the theory of suggestion first formulated in my "Social Psychology" meets all the facts and is in every way more acceptable than Freud's. In this connection it is only necessary to point out that it meets the facts of transference as described by Freud. It is natural enough that a patient, when he enters upon a course of analysis, should be somewhat defiant and self-assertive over against the physician who threatens to probe his innermost secrets and reserves. And it is equally natural that a skilful and experienced physician should be able to reverse this attitude, should be able to obtain the respect and even admiration of the patient, and thus render him amenable to suggestion, docile, and ready to accept the physician's views, interpretations, and reasonings.

It is necessary to add only that Freud's theory involves here again a difficulty that I have pointed out in other connections, namely, that, if consistently applied, it would lead us to expect a great difference between the sexes in respect of transference. Since all male infants are supposed to be fixated on the mother, and all female infants on the father; and since these infantile fixations are supposed to play a decisive part in determining the object-choice of the *libido* throughout the life history, it follows that women should suffer the transference to men much more readily than to women; and similarly, men should transfer to women much more readily than to men. The former is probably true, *i. e.*, women are probably more readily suggestible to men than to women. But there seems to be no evidence that men are more readily suggestible to women than to men.

In one cursory remark Freud seems to show that this difficulty has not entirely escaped him; namely, he remarks that in men the transference is more apt to take the negative form. Now this is just what is to be expected in terms of my theory of suggestion, for in men in general, as compared with women,

the self-assertive tendency seems to be stronger relatively to the submissive tendency. And the negative transference, so-called, is, according to my view, merely a phase of the relation in which the patient is thrown into the self-assertive attitude over against the physician. Freud, on the other hand, in order to explain negative transference, is obliged to postulate another of those miraculous transmutations of the *libido* with which we are already familiar. In this case he explains the process as follows: "When the affectionate attraction has become so strong and betrays signs of its origin in sexual desire so clearly," then it is "bound to arouse an inner opposition against itself." This implies that the negative, hostile, or self-assertive attitude can only supervene when the positive transference has first been effected; that the positive transference or increase of docility necessarily precedes negative transference or resistance. But Freud himself does not claim that this is always the case.

Freud goes so far as to claim that all respect and friendship and sympathy are phenomena of transference of *libido*. "Positive transference can then be divided further into such friendly or affectionate feelings as are capable of becoming conscious and the extension of these in the unconscious. Of these last, analysis shows that they invariably rest ultimately on an erotic basis; so that we have to conclude that all the feelings of sympathy, friendship, trust, and so forth which we expend in life are genetically connected with sexuality and have been developed out of purely sexual desires by an enfeebling of their sexual aim. However pure and non-sexual they may appear in the forms they take on to our conscious self-perception, to begin with we know none but sexual objects; psychoanalysis shows us that those persons whom in real life we merely respect or are fond of may be sexual objects to us in our unconscious minds still." [1]

Here is the sexual theory applied in the most wholesale form to normal human relations. I submit that the sentiment of respect is adequately accounted for on the lines laid down in my "Social Psychology." I suggest that the much-discussed ambivalency of personal attitudes, the alleged fact that every

[1] "Dynamics of Transference," "Coll. Papers."

personal relation is one of both love and hate, is an expression of the fact that in all personal sentiments the two opposed dispositions, that to self-assertion and that to submission, are involved, and that their opposite tendencies or impulses are apt to be manifested at different times according to the circumstances of the moment and the course of development of the sentiment. I do not doubt that, in some of the more extravagant friendships of young people, especially in that form often manifested by young girls and known as *Schwärmerei*, the sexual factor may be operative. But this is no good reason for importing that element into the interpretation of every human relation. Surely self-respect is possible without Narcissism! And respect for a distinguished man or a strong character, in high or lowly walks of life, may grow up in entire independence of the sexual instinct. The notion that I am sexually attracted to Lincoln or Hamilton or Aristotle or Charles Darwin or Sigmund Freud, is fantastic; yet it is certain that, if I should find myself in the presence of any one of these men, my attitude would at once be one of profound respect.

Psychoanalysis and Suggestion

I return for a moment to the question of the rôle of suggestion in psychoanalysis. The critics of psychoanalysis have often urged that suggestion must play some considerable rôle in the therapeutic process. It is impossible, it may be urged, for a patient to spend many hours, day after day through many months, in intimate discussion of his personal problems with his physician, without his discovering much of the latter's opinion and attitude towards his symptoms and problems; and, this being so, it is equally inevitable that, unless the physician (who by the very nature of the case occupies an initial position of great advantage, as well as having the advantage of being a healthy man over against a sick man) is a very poor creature, the patient shall become in some degree suggestible to him, and be influenced in corresponding degree by suggestion.

Yet most of the analysts of the various schools have repudiated the imputation that suggestion plays any part in their therapy; and some have repudiated it with a fervour of moral

indignation that is amusing. For a principal objection raised by many of them to the use of suggestion, and especially of hypnotic suggestion, is a moral one; namely, that suggestion is an appeal to, or a utilisation of, the erotic motive. Yet, as we have seen, "transference," the essential step of their own procedure, involves, according to Freud's own account, both the erotic attraction of the patient and the exercise of suggestion upon him.

In an article of more recent date than "The Lectures," Freud has avowed even more frankly the propriety and the inevitability of the rôle of suggestion in analytic therapy. He writes: "In all probability the application of our therapy to numbers will compel us to alloy the pure gold of analysis with a plentiful admixture of the copper of direct suggestion: indeed, just as in the treatment of war-neuroses, hypnotic influence might be included." [1]

The last admission is of interest because so many psychoanalysts have maintained that analystic therapy and suggestion are essentially incompatible; a view which has, so far as I can discover, no rational basis.

[1] "Wege der psychoanalytischen Therapie," 1919.

CHAPTER XXVII

DR. ALFRED ADLER'S THEORY OF THE NEUROSES

Dr. A. Adler is a physician of large experience in the treatment of neurotic disorders, and a voluminous writer. His principal works are "The Neurotic Constitution" and "The Practice and Theory of Individual Psychology." [1] He was at one time a follower of Freud, but has diverged widely from him and claims to have founded what he calls "Individual Psychology" as a new reformed psychology.

I find his writings very difficult to comprehend, far more so than those of Freud, in which, however elusive one may find them and however widely one may disagree, one can always discover some coherent thought and some development of fundamental principles. However, I make out the following brief sketch:

Human thinking and acting are fundamentally purposive. "We shall find the following law holding in the development of all psychic happenings: we cannot think, feel, will, or act without the perception of some goal"; and "every psychic phenomenon, if it is to give us any understanding of a person, can only be grasped and understood if regarded as a preparation for some goal." Adler does not attempt to describe the innate foundation of our mental structure; but he seems to assume that it comprises certain instinctive tendencies or dispositions, which, however, he leaves entirely undefined. He rejects the Freudian view that the sex instinct is the root of the neuroses. He contemptuously rejects the theory of the Œdipus complex. The key-note of his doctrine is that "all forms of neurosis and developmental failure are expressions of inferiority and disappointment." I gather, though of this I cannot feel sure, that the feeling of inferiority is in all cases rooted in some actual organic defect, some weakness or deformity, hereditary or induced. The patient, becoming more or less clearly aware of this defect,

[1] The citations which follow are from the latter work, English translation, 1924.

acquires a feeling of inferiority which he as far as possible represses and disguises, thus acquiring an inferiority complex. The main purpose or goal or life-line then becomes set in the direction of compensating for the defect, and so overcoming the feeling of inferiority. In some cases this effort is successful; the man becomes ambitious, and perhaps, like Demosthenes, acquires distinction in that line of activity for which he is handicapped by his defect. But often the effort fails of true success, and then neurosis develops as a flight from reality; the patient develops symptoms which he uses as excuses for his failure to display the superiority which he secretly claims; uses them as a justification for withdrawing from the task of asserting himself and establishing himself as an accepted and useful member of society, and as a means of subduing to his whims the domestic group which forms his unduly restricted social world.

Adler asserts that the desire for power and superiority is the most powerful and fundamental element of our nature: "Every bodily or mental attitude indicates clearly its origin in a striving for power, and carries within itself the ideal of a kind of perfection and infallibility." This ideal is a sort of fiction; and "we may say that this fiction of a goal of superiority, so ridiculous from the view-point of reality, has become the principal conditioning factor of our life as hitherto known. It is this that teaches us to differentiate, gives us poise and security, moulds and guides our deeds and activities, and forces our spirit, and looks ahead to perfect itself. There is, of course, also an obverse side, for this goal introduces into our life a hostile and fighting tendency, robs us of the simplicity of our feelings, and is always the cause of an estrangement from reality, since it puts near to our hearts the idea of attempting to overpower reality. Whoever takes this goal of godlikeness seriously or literally will soon be compelled to flee from real life, and compromise by seeking a life within life; if fortunate, in art, but more generally in pietism, neurosis, or crime."

The neurotic disorder, then, is the product of this morbidly exaggerated desire for superiority, for godlikeness. It is a morbid development or issue of a conflict present in every child. "If we trace the history of this aggressive attitude back to child-

hood we always come upon the outstanding fact that, throughout the whole period of development, the child possesses a feeling of inferiority in its relations both to parents and the world at large; . . . this feeling of inferiority is the cause of his continual restlessness as a child, his craving for action, his playing of rôles, the pitting of his strength against that of others, his anticipatory pictures of the future, and his physical as well as mental preparations. The whole potential educability of the child depends upon this feeling of insufficiency. . . . Thus the child arrives at the positing of a goal, an imagined goal of superiority, whereby his poverty is transformed into wealth, his subordination into determination, his ignorance into omniscience, and his incapacity into artistic creation. The longer and more definitely the child feels his insecurity, the more he suffers either from physical or marked mental weakness, the more he is aware of life's neglect, the higher will this goal be placed and the more faithfully will it be adhered to." The neurotic, then, aims at an unattainable and fictitious goal, and uses fictitious means, his symptoms, in his struggle to reach it. "The possession of inherited inferior organs, organic systems, and glands with internal secretions created a situation, in the early stages of a child's development, whereby a normal feeling of weakness and helplessness had been enormously intensified and had grown into a deeply felt sense of inferiority." Again: "The infantile traits of submissiveness, lack of independence and obedience—in short, the paucity of the child—are very soon, and in the case of individuals with neurotic disposition very abruptly, displaced by hidden traits of defiance and rebellion, *i. e.*, by signs of resentment. An accurate insight discloses a mixture of passive and active characteristics; . . . the most dangerous type of neurotically disposed child exhibits these contrasting tendencies of submissiveness and active protest wrought together into a closer union resembling that subsisting between means and end. These children have apparently guessed at a little of the dialectic of life and wish to gratify their unlimited desires by the most complete kind of submission (masochism). They are just the people who can least stand undervaluation, lack of success, compulsion, waiting, the delay in victory, and they . . .

are thoroughly frightened by actions, decisions, anything strange or new. They develop an *alibi* for the fatal weakness of which they are conscious, in order to avoid the demands of the community and to isolate themselves. This apparent double life, which in the case of normal children remains within definite limits, and which enters into the formation of the character of mature individuals, does not permit the nervous person a single-minded pursuit of his goal, and checks him in his decision by means of constructions of his own making, anxiety, and doubt. Other types take refuge from anxiety and doubt in a compulsion; . . . the apparent double life of the neurotic is definitely grounded in the fact that the psyche partakes of both feminine and masculine traits. Both appear to strive for unity but purposely fail in their synthesis in order to rescue the personality from colliding with reality." The striving for superiority is called "the masculine protest."

Sex plays a rôle secondary to the passive feminine tendency and to the masculine protest. "The unavoidable acquaintance with the sexual problem intensifies, first and foremost, the masculine protest, feeds the disharmonic complex with sexual fantasies and sexual stirrings, leads to early sexual maturity, and may, through mistakes, be the occasion of all perversions."

"The most widely distributed method adopted by the feeling of inferiority appearing during childhood, to prevent its being unmasked, is the creation of a compensatory psychic superstructure, the neurotic *modus vivendi*. . . . All the devices and arrangements, including therein the neurotic character, traits, and symptoms, derive their value from previous attempts, experiences, identifications, and imitations that are not entirely unknown even to a healthy individual. The language they speak, rightly understood, makes it evident that an individual is here struggling for recognition, actually attempting to force it; that he is aspiring ceaselessly to a godlike domination over his environment from out the region of his insecurity and his sense of inferiority. . . . All neurotic symptoms have as their object the task of insuring the safety of the patients' feeling of personality, and the life-line with which he has identified himself."

How far all this goes on consciously or unconsciously is not made very clear. "The Unconscious" is not given the prominence which it has in all Freudian writings, but it appears on the scene, though no attempt is made to define it. We are told that "the neurotic psyche, in order to be able to attempt the attainment of its overstrained goal, must have resort to artifices and stratagems. One of these artifices is to transfer the goal or the substituted goal into the realm of the unconscious." We are told also that the patient makes use of "the Unconscious" "in order to be able to follow the old goal of superiority and his old preparations and symptoms in spite of his recognition of them. . . . If this 'moral' goal is hidden away in some experience or some fantasy, then he may to such an extent fall a victim to amnesia, either partially or completely, that the fictive goal becomes lost to view."

I have outlined this theory of neurosis at some length, because it has the special interest that Adler, working by methods and with conceptions derived from Freud, has arrived at such widely different conclusions; and because, as it seems to me, the theory is arrived at by taking account of important factors which are well-nigh ignored in the Freudian system. Adler's theory is thus a sort of complement of Freud's. Like Freud's, it suffers from the vice of over-generalisation of what true propositions it contains, and from gross exaggeration of those factors which are truly recognised as important. We have seen that Freud leaves the so-called Ego instincts entirely undefined, though attributing to them a certain important rôle, as constituents of the Ego, the Censor, the Ego-ideal, and the Super-Ego. Adler has seized upon these factors and assigned to them the master rôle in the genesis of neurosis. In my opinion the inferiority complex is an important factor in some neurotics, and does play some such rôle as Adler assigns to it, leading to abortive and unreal efforts at compensation and to flight into neurotic sickness. I suggest that Adler's theory might be expressed much more clearly, and given a proper place in a complete theory of the neuroses, if he would recognise the two fundamental instinctive tendencies which I have called self-assertion and submission, and described as the main roots of the sentiment

of self-regard. In Freud's scheme these are used twice over: once as component impulses of the sexual instinct that give rise to all the phenomena placed under the headings *Sadism* and *Masochism*, and again as the active forces of the Ego or Censor. Adler rightly recognises them as fundamentally distinct from the sex instinct, but makes a confused and exaggerated use of them under the names of the masculine protest, or desire for power, and of passivism, or the feminine attitude.

CHAPTER XXVIII

PSYCHOLOGICAL TYPES AND THEIR RELATIONS TO THE DISORDER-PROCESSES

The definitions discussed in Part I, of temperament, temper, disposition, and character, have shown the reader that, in my view, the constituent factors of personality are so complex, so many, and so independently variable, that we may not hope to separate personalities into a small number of clearly defined classes. Nevertheless, there are certain peculiarities of personality which enable us to set aside those in whom they are well-marked as conforming to a certain type. And it is legitimate to attempt to correlate such types with susceptibility to various forms of disorder.

Extroverts and Introverts

Of all attempts of this sort that have been made, the most successful hitherto is Dr. Jung's characterisation of introverts and extroverts. It is not claimed that all human beings can be classed in one or other of two sharply separated groups; but rather that all may be ranged in a continuously graded series, ranging from extreme introversion to extreme extroversion; the majority falling in the middle region of the scale, but inclining in various degrees towards one or other extreme type. There can be no doubt that introversion and extroversion are in the main inborn constitutional peculiarities; that the extreme types are born rather than made. Yet it is equally clear that the circumstances of life, especially of youth, may do much to push the individual towards one or other end of the scale; hence, the position in the scale of those persons who by native constitution stand near the neutral point, at its middle, is often largely determined by circumstances of training and early experience.

The two types may best be presented in concrete form, and at the same time the innateness of the peculiarities may be illustrated, by a comparative sketch of two young men well known to me. They are brothers, differing in age by some two

years only, who have never been separated for more than a few days on rare occasions, and who have enjoyed almost identical advantages, the same physical and social environments, the same training, the same personal influences of every kind. Both are tall, strong, and reasonably athletic, both may fairly be said to be eminently normal; both are remarkably happy, active, well-liked at school and elsewhere, and averagely well-endowed with intellectual capacity. They are close companions and have never been known to quarrel with one another. Yet they are very unlike. One, whom we will call E, is a pronounced extrovert; the other, I, is an equally pronounced introvert.

A point of some interest is that the parents are equally unlike in this respect, the mother being markedly extrovert, the father, perhaps in less marked degree, introvert. Further, in physical appearance E, the extrovert, resembles closely the introvert father; while I, the introvert, resembles the mother; a fact which indicates how complex are the relations between physical and mental heredity.

E is extremely sociable; he makes friends at once with people of all ages and both sexes, advancing towards them without a trace of shyness or self-conscious reserve or awkwardness. He constantly seeks, arranges, and takes part freely in, social gatherings of all sorts, though not without discrimination. I is shy; it is always something of an effort for him to go to a party, or join in a group; although, when once launched, he can enjoy himself and play his part. I likes long solitary rambles, while E has never taken a walk alone. Since early childhood E has delighted in theatricals and on several occasions has played a rôle in a classical dance, with the most complete absence of embarrassment. I shrinks from any such display; once when, as a small boy, he had been pressed into the service of an amateur company, he was missing at the moment when he should have appeared on the stage, and, when found sitting in an obscure corner, he remarked: "I'm not playing this game."

E has always delighted in dressing up and adorning himself; now he is something of a dandy, very immaculate and particular as to what he wears. I is completely indifferent to his clothes, so long as they do not bring upon him the attention of the public.

E is very appreciative of colour, form, music, and odours, landscape, and every form of sensuous beauty; and he dabbles in every kind of art. In poetry he puts Keats first, and sees nothing in Wordsworth.

I is less responsive to sensuous beauty. He looks upon his brother's enthusiasm in this direction with amused tolerance. The beauty which he keenly appreciates is the beauty of the thing as he knows it to be, rather than as it appears, the beauty of the depths rather than of the surface. He is inclined to regard Wordsworth as the greatest poet. He occasionally writes verses that show reflective sensitiveness. He is keenly interested in all branches of science and natural history, taking up one branch after another; all of which is quite foreign to E.

E seems to have no ambition or plan of life; he takes life as it comes and enjoys every moment to the full, without pondering on the future. I occupies himself considerably with the questions: What shall he do? What shall he become? Sometimes he is oppressed by the immensity of the physical world and its forces. He raises metaphysical questions and recurs to them from time to time. All of which seems quite silly to E.

E expresses his emotions freely and easily and appropriately, not only in artistic efforts, but in word and gesture; and he is delicately responsive to the emotions of others; his laughter, which is frequent and free, is extremely infectious. I's emotions find no such free expression. Sometimes those who watch him closely notice that he is a little more silent than usual; and then they know that some emotion is at work within; but only by the utmost tact can they learn anything of its nature. His acquaintances are almost as numerous as his brother's, but they are not sought after by him; most of them are merely tolerated. His laughter is apt to have a touch of the sardonic.

E is a butterfly flitting from flower to flower, and delighting in each one. I is a great reader and a natural worker; his mental and bodily activities are sustained and concentrated; his emotional expressions are restrained and often inadequate.

E can cut capers and play the fool with any one and before any group. He displays himself and his artistic productions with charming naïveté. I is quite incapable of such conduct;

when he has written an essay or a poem, it remains hidden in his most private drawer; and from any display, any mention, of his virtues and successes he shrinks as sensitively as from any discussion of his limitations and failures.

These differences are not due only to the different positions of the two boys in the intro-extrovert scale of temperament; there are also differences of disposition, differences in respect of the relative strengths of the instinctive tendencies; for example, it can hardly be doubted that the gregarious tendency is stronger in E than in I; and probably there are differences in respect of other factors of temperament and in respect of temper; for example, it is hardly possible to avoid the assumption that I was born with a temper more persistent than E's; for I's assiduity and perseverance contrast strongly with E's perpetual turning from one thing to another; and E has in much higher degree that quality of temper which I have proposed to call "affectability"[1]; these and other differences cannot be attributed to their difference of position in the intro-extrovert scale. Yet the latter difference colours and influences all these other differences, differences of disposition and temper, and profoundly affects the development of character in the two personalities.

The native differences between these two boys have undoubtedly been largely obscured by the environmental influences, all of which have tended to mould them to the same pattern. For there can be no doubt that the circumstances of life can influence the subject's position in the intro-extrovert scale. In consequence partly of these environmental influences, neither boy is an extreme example of his type. It is easy to imagine how I, growing up in an unsympathetic environment, might have become a severely shut-in, expressionless personality; and how E, growing up in a markedly extrovert circle, might have been still less inclined to reflection than he actually is.

After this description of an example of each of the two types, I cite Jung's abstract characterisation. "The introverted type is characterised by the fact that his *libido* is turned towards his own personality to a certain extent—he finds within himself the unconditioned value. The extroverted type has his *libido* to a

[1] Cf. Part I, p. 353.

certain extent externally; he finds the unconditioned value outside himself. The introvert regards everything from the aspect of his own personality; the extrovert is dependent upon the value of his object." [1] In another place he writes: "This state is called the state of introversion; the *libido* is used for the psychical inner world instead of being applied to the external world. . . . If the *libido* is not used entirely for the adaptation to reality, it is always more or less introverted." [2]

In his first essay on this topic,[3] Jung reviewed similar distinctions made by a number of authors (more especially William James's distinction between the tough and the tender minded philosophers) and showed that in the main these coincide with the distinction between extrovert and introvert.

Cycloids and Schizoids

The validity and importance of the distinction from the point of view of psychopathology has been confirmed by Dr. E. Kretschmer's recent book, "Physique and Character." This author does not refer to Jung; for Jung is not a German. And he does not mention the terms "extroversion" and "introversion"; but he distinguishes two types which nearly coincide with Jung's extroverts and introverts, namely the cycloid and the schizoid types, or cyclothymes and schizothymes. "We describe as schizoid and cycloid those abnormal personalities which fluctuate between sickness and health, which reflect the fundamental psychological symptoms of the schizophrene and the circular psychoses in the lighter form of a personal oddity; such schizoid and cycloid types we find in the prepsychotic personalities of the psychopaths themselves, and then in their nearest blood-relations."

Now Kretschmer's two types are not to be entirely identified with Jung's two types; they stand nearer to the actually disordered patients of the schizophrenic and the manic-depressive groups. But Kretschmer's cycloid is undoubtedly a special form

[1] "Analytical Psychology," p. 48. [2] "Theory of Psycho-Analysis," p. 49.

[3] "A Contribution to the Study of Psychological Types," 1913 (included in "Analytical Psychology"). This essay has now been expanded into a book, "Psychological Types," 1924.

of Jung's extrovert; and his schizoid is a special variety of Jung's introvert. In what these further peculiarities consist which mark off the cycloid within the extrovert group and the schizoid within the introvert group, I have tried to show in the chapters on "Exaltation and Depression" and on "Schizophrenia" (XXII and XXIII). Here I need only indicate the nature of the difference between Jung's types and Kretschmer's by saying that Jung's are types of temperament, whereas Kretschmer's are types in which there is added to each of these temperamental peculiarities a peculiar character-formation, a fault of character development that renders the one group liable to manic-depressive disorder rather than hysteria, and the other group liable to Schizophrenia rather than to neurasthenia. For, as Jung has pointed out, the characteristic neurosis of the extrovert is hysteria, while that of the introvert is neurasthenia or psychasthenia. "Medical experience has taught us that there are two large groups of functional nervous disorders—the one embraces all those forms of disease which are designated hysterical, the other all those forms which the French school has designated psychasthenia. Although the line of demarcation is rather uncertain, one can mark off two psychological types which are obviously different; their psychology is diametrically opposed. I have called these the Extroverted and the Introverted types. The hysteric belongs to the type of Extroversion, the psychasthenic to the type of Introversion, as does *Dementia Præcox*." And, although Jung does not here mention the fact, there can be no question that the manic-depressives (the cycloids of Kretschmer) are varieties of the extrovert type, and the schizothymes varieties of the introvert type.

It is of interest that Kretschmer finds a close correlation between his two mental types and certain physical peculiarities, namely, he finds the cycloids to be commonly of the physical type he calls pyknic (a round, compact, full-bodied type); and the schizoids to be of more various physical types, but most commonly of what he calls the asthenic type.[1]

The distinctions I indicate between the schizoid and the sim-

[1] This correlation bears out the view that these types are in large measure determined in the innate constitution. But Kretschmer's conclusions are based al-

ple introvert, and between the cycloid and the simple extrovert, are, I think, of some importance. Jung's characterisations of the introvert are, I think, coloured by the fact that he has in mind, as the more striking examples of introversion, some of the schizoid types. The schizoid is, as I have pointed out in Chapter XXIII, preoccupied by reflection about himself to a morbid degree; but this is not true of the simple introvert: though it is true that the simple introvert tends to reflect upon himself more than does the extrovert, this is due merely to his greater inclination to reflection in general.

The cycloid is prone to exhibit marked oscillations between exaltation and depression. But this is not true of the simple extrovert; though marked exaltation and depression may occur among the other affects which he displays so freely. The free emotional expressions of the simple extrovert seem to be due to the fact that each of his emotional systems, and more especially each of his primary emotions, is apt to be manifested in relative isolation and purity, unchecked and unmodified by an admixture of other affects. When he is angry, his anger dominates the scene entirely, pours itself out freely upon all surrounding persons and objects in an indiscriminating fashion. And the same is true of each of his primary emotions; each in turn is apt to occupy the stage exclusively, determining, for the period of its duration, all thought and action. In the introvert, on the contrary, emotional states are apt to be more complex; he is not dominated by the primary affects in turn; but rather each one, when it comes into play, is checked and modified by the simultaneous action of other affects. This, perhaps, is the essence of that relative lack of emotional expression which characterises the simple introvert.

Theory of Extroversion and Introversion

Jung, though insisting on the great importance of his distinction between extroversion and introversion, has attempted no

most wholly on the Schwabian population; and he has not taken into account racial peculiarities, whether mental or physical. A similar study based upon a racially more varied population might yield very interesting and rather different conclusions as to the correlations of physical with mental types.

explanation of it. It seems worth while to attempt a working hypothesis. The extreme extrovert and the extreme introvert are at opposite ends of a scale which may properly be represented by a straight line. But whether one end of this line represents zero degree, and the other the maximum degree, of some positive factor, we cannot say. That would be the simplest hypothesis; but, if we adopted it, we should not know which end represents the zero point. And we must keep our minds open to the possibility that we have to do with two positive factors of opposite tendencies or effects. The scale is a scale of temperament in the proper sense of the word, that is to say, not in the usual loose usage of the word which does not distinguish between temperament, disposition, and character.[1] It is not a scale of any character-quality, for it is inborn and constitutional. And it is not a matter of disposition: for the peculiarities pertain to, or are common to, all the affects; the introvert is introverted in respect of all his affective tendencies, and the extrovert in a similar way is extroverted all round. We may assume that the position of any subject in this scale is a function of some quite general property of his nervous system; and we may assume with considerable probability that this property again is a function of some chemical product or products of metabolism; that, in short, each subject's position in the intro-extrovert scale is mainly determined by some chemical influence of the nature of a hormone or endocrine secretion, or some complex chemical resultant of the general metabolism.

Alcohol and Introversion

The principal ground for taking this view is the fact that the subject's position in the scale can be markedly altered by drugs, notably by alcohol. The introvert who takes successive doses of alcohol is pushed by them towards the other end of the scale, and, with a sufficiently large dose, becomes markedly extroverted. His introvert reserve and reticence are broken down; he gives free expression to his emotions, talks freely, and falls upon the neck of his neighbour or comes to blows with him with

[1] On these distinctions cf. Part I, Chapter XIII.

equal ease. This is the charm of alcohol for the introvert; that, for the brief period, it lifts from him the burden of his introspective reflection and lets him live freely in and for the moment. And this is its chief value in a community of introverts; it brings them into free and easy human contact, such as they seldom or never achieve without its aid. I think it is true to say that the more markedly introverted the subject, the stronger his head for alcohol; that is to say, the more alcohol is needed to render him markedly extroverted, or push him to that extreme of extroversion which is intoxication. On the other hand, the extrovert has a weak head; that is to say, a little alcohol increases his extroversion to the point of intoxication.

In Chapter III I mentioned that alcohol (together with allied drugs, ether and chloroform) is the natural antagonist of the alkaloid drugs of which morphine and strychnine are the chief. Now, just as extreme extroversion is intoxication, so extreme introversion is dreaming, or living in fantasies. The patient under the influence of alcohol, like the extreme extrovert, expresses freely all his emotions and his affects pass over immediately into action, each affect in turn finding full expression with but little check from any others. The extreme introvert dreams rather than acts; and his dreams seem to him more real than the outer world. And the action of opium and such drugs is notoriously to induce such day-dreaming, to throw the subject into the state in which he dreams rather than acts, and finds his waking dreams, his fantasies, more real than the life of action in the real world; that is to say, they push the subject towards the introvert end of the scale.

These opposite effects of drugs of the two classes enable us to go further in forming a working hypothesis. We have seen in Chapter III that the effect of alcohol is to produce a state of relative dissociation of the brain, from above downwards in the scale of functions; and that this seems to be due to its influence upon synaptic junctions, a raising of the normal resistances of the synapses, which effect therefore is first manifested by increasing isolation or dissociation between the highest functional systems of the brain. There is good reason to believe that the alkaloids—strychnine, morphine, tea, and coffee—have the oppo-

site effect, that is, that they diminish the synaptic resistances, strychnine acting selectively perhaps on those of the spinal levels.

Some Experimental Evidence in Support of the Hypothesis

It is necessary to insert a very brief statement of some experimental evidence bearing on the hypothesis which I am here developing. In the years 1912–14 I discovered a new and very sensitive method for revealing, and in some degree measuring, the influence on the brain of drugs of the two classes with which we are here concerned—what I would call the intoxicating or extroverting drugs on the one hand, the introverting or dream-producing drugs on the other.

The method consists in presenting to the subject any one of those well-known ambiguous figures (the staircase or broken-wall figure, Necker's cube, the open book, etc.) drawn without perspective, but suggesting three-dimensional objects, and recording by means of some simple mechanism the changes of the subject's interpretation of the figure. I found that, for several reasons which need not be set forth here, the best object for these experiments is a small model of a windmill. If the arms of an ordinary windmill be watched from some little distance, and from such a position that the line of vision falls at an angle of some 20 or 30 degrees to the plane of rotation, the arms appear to reverse their motion at short intervals. A small wheel was set up in the laboratory and driven at a rate of one revolution in three seconds. The subject was instructed to observe its motion, using one eye only, from the angle indicated, and to mark each apparent reversal of direction of movement by pressing his finger on a key. In order to secure a greater regularity of the phenomenon, the subject was instructed to endeavour to hold as long as possible each phase of apparent motion. Under these circumstances each subject, after a little practice, records a fairly regular and constant rate of alternation.

The first point of interest is that the rates of alternation, and therefore the durations of the phases, are very different for different subjects. And, although the number of my subjects was small, they conformed to this general rule: namely, that the

introvert subjects experienced rapid alternations, while the extroverts displayed a slow rate of alternation. The number of my subjects was far too small; but the indication was that the experiment reveals the position of the subject in the intro-extrovert scale.

This first indication is borne out by the influence of the drugs of the two classes upon the rate of alternation of phases. Ether, chloroform, and alcohol produce a marked slowing of the rate of alternation; a few whiffs of the first and second, just sufficient to produce slight subjective symptoms, would double, triple, or quadruple the duration of the phases; and alcohol taken by the mouth produced, even in doses as small as 10 c.c., more gradually and in more lasting fashion, an equally marked slowing of the alternations. Morphine, strychnine, tea, and coffee, on the other hand, produced a very marked effect of the opposite kind, namely a hastening of the rate of alternation. Further, the drugs of the two classes were perfect antagonists in this respect; for example, during the hastening produced by strychnine, which lasted several hours, a whiff of ether or a dose of alcohol, antagonised and reversed its effect, which, as the briefer action of the extroverting drug passed away, reasserted itself.[1]

These experiments then entirely bear out the hypothesis of the intro-extrovert scale of temperament here advanced.

Another point of evidence is the following: In my experience the extrovert is, in general, readily susceptible to hypnosis; while in the introvert the hypnotic state can be induced only with difficulty, and in many cases one fails altogether in spite of the subject's good-will. This experience conforms with the statements of Janet and others of his school, to the effect that hypnosis (and they restrict the term, as we have seen, to deep stages of hypnosis) can be induced only in hysterical subjects, that is to say, dissociated subjects. This is a gross overstatement of the truth. The truth seems to be that the extrovert (who is of the type peculiarly liable to dissociation) can be hypnotised much more easily than the introvert; and that the

[1] "The Effects of Alcohol and Some Other Drugs during Normal and Fatigued Conditions," by May Smith and W. McDougall. H. M. Stationery Office, London, 1920.

deeper stages especially (*i. e.*, the more profound degrees of dissociation) can be induced in him; while the introvert, if hypnotised, passes only into a light stage of hypnosis, or suffers only a slight degree of general dissociation.

We may put alongside these facts the allied fact that, in my own experience and according to the reports of others, the neurasthenic patient is difficult to hypnotise, and the schizophrenic cannot be hypnotised at all. And these patients are of the introvert type; neurasthenia and Schizophrenia are the functional disorders of the introvert, as hysteria and manic-depressive are the disorders of the extrovert.

Yet another fact fits perfectly with the hypothesis, namely, that ether, chloroform, and alcohol have been found to facilitate the induction of hypnosis in patients who are not easily hypnotised; for these drugs induce the state of extroversion, intoxication, or partial general dissociation, which is favourable to hypnosis. And closely allied with this is the fact that morbid dissociations are apt to set in during sleep and during other conditions of relative general dissociation of the brain-cortex.

I have now indicated the nature of the hypothesis I am suggesting. We find that the brain of the extrovert is more liable to morbid dissociation than that of the introvert; and it is thus liable because, as compared with the brain of the introvert, it is normally in a state of relative dissociation; that is to say, it is normally in the state which the introvert brain attains under intoxication, under the influence of alcohol or ether or other general dissociating influences. And the physiological theory of general dissociation has already been stated in Chapter III, namely, a relatively high resistance of the synaptic functions throughout the nervous system.

Let us see now how this conception of the physiological ground of the intro-extrovert scale fits the facts. In physiological terms, the essential mark of the extreme introvert is the tendency to internal activity of the brain, especially to excess of those activities of highest level in which self-conscious reflection and control of lower-level processes bulk so largely. The essential mark of the extrovert is the ready passing over of the affective urge into action and expression, without the modification and

control of it by cerebral processes of the highest levels. Putting the difference very broadly and crudely, we may say that, in the condition of extreme extroversion, the lower-level activities—the functions of the instinctive level, the affects—find immediate expression or motor outlet, with little or no intervention from the higher brain-levels; while, in the extreme introvert, the energies liberated in the lower cerebral levels (especially the subcortical levels in which the instinctive dispositions are mainly situated) find access to the higher cerebral levels and actuate the highest neural systems, so that all outward expression of them is profoundly modified, controlled, and in large degree inhibited, through these functions of higher level.

We may now correlate with the physiological hypothesis another feature of the introvert temperament. The introvert is essentially the thinker; the extrovert is the man of action; and it is noteworthy that many great thinkers have revealed their introverted temperament by their great susceptibility to neurasthenic disorder. I will mention here only three great names—Herbert Spencer, Charles Darwin, and William James. These three men, like many others of similar temperament but lesser achievement, were always on the verge of neurasthenia. The working hours of such men are severely curtailed by the necessity for exercising great care lest their energies should be exhausted, not by outward bodily activity, but by the inner activity of thinking. When they become thoroughly interested in any topic, their brains refuse to come to rest; they cannot sleep, by reason of the torrent of thinking which they cannot arrest. The currents of energy once set freely working in the cortex continue to play back and forth among the highest cortical systems; continually renewing themselves through the reciprocating action between cortical and subcortical systems which we have already studied (Chapter XI); until exhaustion brings rest and the need for a period of repose. Spencer has told us how he found it necessary to carry ear-plugs and to put them in position as soon as conversation (especially in the evening) became interesting; and we know how both he and Darwin had to restrict themselves to some three hours of intellectual work each day. But, when such men work, their brains function

so effectively that in these short working hours they accomplish a gigantic output, their activity takes that form most expensive from the point of view of the consumption of nervous energy, namely sustained reflection.

At the other extreme end of the scale is the manic patient, who, though wildly excited, utilises his nervous energy in the relatively economical form of immediate bodily expression with little or no intervention of the higher thought processes, and who therefore maintains his activities over long periods without signs of fatigue or exhaustion. (Cf. Chapter XXII.)

The foregoing hypothesis seeks to give a physiological explanation of the purely temperamental factor denoted by the terms introversion and extroversion as applied to perfectly healthy persons. Even the most extreme degrees in this scale must be regarded as compatible with health. The shy dreamer may be impractical and "absent-minded," his head constantly among the stars; but he is not necessarily morbid or insane. And the conduct of the extreme extrovert may be rash and hasty, his emotions violent and relatively uncontrolled; but he remains, nevertheless, within the range of the normal. The correlation of the extremer types with functional disorder, of introversion with neurasthenia and Schizophrenia, and of extroversion with hysteria and manic-depressive, is no doubt intimate; but this is due to the special susceptibility of these types to such disorders, and should not lead us to regard the temperamental extremes as themselves forms of disorder. The temperament that belongs to the middle part of the scale is less likely to fall a victim to the functional disorders than those of either end of the scale; for, on the one hand, he is less liable to morbid dissociation than the extrovert; and, on the other hand, he has less tendency to severe and sustained repression than the introvert, for he can more readily express his affects and, in expressing them, learn to understand and control them.

Jung has not attempted any hypothetical explanation of these two temperaments; he has been content to define them and point out their importance. In some passages he seems almost to identify the extremes of the scale with morbidity. For example, he writes: "Autistic withdrawal into one's own fantasies is

what I formerly designated as the obvious overgrowth of the fantasies of the complex." And to this he adds in a foot-note: "Autism (Bleuler) = Auto-eroticism (Freud). For some time I have employed the concept of *introversion* for this condition." Further he writes: "The life-wound is the complex which, as a matter of course, is present in every case of Schizophrenia, and of necessity always carries with it the phenomena of autism, or auto-erotism (introversion), for complexes and involuntary ego-centricity are inseparable reciprocities."[1]

These passages seem to imply that, in Jung's view, introversion is a consequence of the formation of complexes, and that it carries with it or necessarily involves a morbid degree of ego-centricity. This view differs widely from the one here adopted, according to which the formation of morbid complexes is not a cause but rather a consequence of introversion, or, better still, a process to which the introvert is prone but which does not necessarily occur in him. In my view, then, the ego-centricity and autism of the schizophrenic are not to be identified with the fact of introversion, nor with the formation of complexes; they are rather the consequences of a fault of character-development to which the introvert is liable, but which he may entirely escape.

Attempts to Establish Other Types

Jung has recently elaborated his types by distinguishing eight principal types. I cannot follow him here; but will try to indicate very concisely the way he arrives at these eight types. We have seen that for Jung "the Unconscious" comprises all functions that are not developed in consciousness. Therefore "the Unconscious" of the introvert is extroverted; that of the extrovert is introverted. The undeveloped function he calls the co-function, and asserts that "the neurotic conflict always takes place between the adapted function and the co-function that is undifferentiated, and that lies to a great extent in the unconscious; therefore, in the case of the introvert, between thought and unconscious feeling, but in that of the extrovert between feeling and unconscious thought." This he calls "a totally new

[1] "Analytical Psychology," p. 203.

theory of psychogenic disturbances." And he has elaborated this view in a recent volume,[1] and given a condensed statement of it in a recent essay.[2] He distinguishes four fundamental psychic functions, namely, sensation, thinking, feeling, and intuition. "Under the heading *sensation*, I wish to include all apperception by means of sense-organs; by thinking I understand the function of intellectual cognition and the forming of logical conclusions; feeling is a function of subjective evaluation, and intuition I hold to be apperception by an unconscious method, or the perception of an unconscious content." Any one of these four fundamental functions may preponderate in the individual, and it may be exercised in an introverted or an extroverted fashion. Hence the eight types.

I cannot follow Jung here, because I cannot believe that these four functions can be validly distinguished and separated to the degree implied; the distinctions smack too much of the old faculty psychology.

I am disposed to believe that Dr. Beatrice Hinkle has made a more acceptable suggestion towards the establishment of types.[3] She regards subjectivity and objectivity[4] as fundamental qualities that are independent of degrees of introversion and extroversion; so that the introvert may be either objective or subjective, and so also the extrovert. Hence we may construct a scheme of types by drawing two lines at right angles to one another, the one *E–I*, representing the extro-introvert scale, the other, *O–S*, representing the objective-subjective scale. If we then join the extremities of these lines by other straight lines, we have a four-sided figure, *ESIO*, on which the position of any personality in respect of the qualities concerned may be indicated by a point within the boundaries of the figure.

[1] "Psychological Types."

[2] "Problems of Personality. Essays in honor of Morton Prince." Jung's theory of types is expounded and discussed in an interesting fashion by Dr. Van der Hoop in his "Character and the Unconscious."

[3] See her interesting work, "The Re-creation of the Individual."

[4] Subjectivity seems to be identified with strength of the emotions; objectivity with emotional coolness or weakness.

CHAPTER XXIX

PSYCHOTHERAPEUTIC METHODS AND MENTAL HYGIENE

In the preface I stated that this volume is not directly concerned with the practical questions of treatment and prevention of nervous and mental disorder. But the processes of recovery and treatment are of theoretical interest; and we may consider them briefly with a view to discover in them support or criticism for the positions taken in earlier chapters. We may first consider, only to dismiss, the principle of *Abreaction*, on which some psychoanalysts have laid much stress.

Abreaction

The principle of katharsis has been generally recognised as important since Aristotle's discussion of it. To have "a good cry" is a well-known popular remedy for emotional stresses; and the Roman Church has never ceased to maintain the spiritual value of the process of confession. Prof. Freud's earlier writings seemed to give new emphasis and precision to the practice of katharsis. In early papers he described a process which he proposed to call the *Abreaction* of repressed emotions, ascribing great therapeutic value to it. The assumption underlying the practice of *Abreaction* was that the forgotten or repressed "ideas" were beset (*besetzt*) by a charge of emotional energy or *libido;* and that the process of *Abreaction* discharges this energy from the system and thus gets rid of what was a sort of irritant, comparable to a foreign body encysted in a living tissue. In Freud's later writings the principle of *Abreaction* is hardly mentioned; it would seem to have been tacitly dropped: for it was bound up with the traumatic theory of the origin of neuroses (which theory has been repudiated by Freud and most of his followers) and with the use of hypnosis, which also has been repudiated by them.

But some authorities continue to attach great importance to

Abreaction. Dr. O. Pfister, for example, in a section headed "The Necessity for Abreaction,"[1] writes: "If an idea accompanied by strong emotion is repressed and fortified by its autistic gain of pleasure, the instinct to which this idea belongs, suffers, within a certain circle of activity, a damming up which often persists for a lifetime. . . . That which was buried remains unchanged under the thick covering. Under excavation, it disintegrates; . . . the analysis first creates the possibility of freeing the imprisoned instinct." But he does not seem to be content with the notion of *Abreaction* as a simple discharge of a bottled-up quantity of energy. He speaks of the *Abreaction* as "outlet by expressive movement and associative connection," but also as a "mental outcropping of the unconscious which exposes it to the light of consciousness; thus with the becoming conscious and acceptance of the analytic interpretation, the manifestation will have to fade . . . like a developed but unfixed photographic negative in the daylight." Here Pfister puts forward a somewhat crude view of the curative process that has enjoyed a certain vogue, the view that consciousness is a sort of light which, like sunlight, has antiseptic power, and that this power deodorises and renders harmless, in some mysterious fashion, the stinking complexes hauled up from the depths of "the Unconscious."

Dr. William Brown has made the most whole-hearted recent defence of *Abreaction*, and I cannot do better than cite, in part and with slight alterations, my reply to his defence.[2]

"Dr. Brown's paper raises some very difficult and important questions which go far beyond that of the therapeutic value of 'abreaction.'

"The immediate practical question is—Does 'abreaction,' the revival of the emotion which is presumed to have accompanied the disturbing experience and to have played some part in bringing on the neurotic symptoms—does this, in itself, relieve the symptoms or play any direct and essential part in curing the disorder?

[1] "The Psycho-analytic Method."

[2] Cf. Symposium in *Brit. Journ. Med. Psych.*, vol. I, 1920: "The Revival of Emotional Memories and Its Therapeutic Value."

"Those who return a positive answer to this question seem to take their stand on two distinct grounds.

"(1) They claim to have observed that relief of symptoms does often follow immediately upon such 'abreaction.'

"(2) They offer an explanation of this relief; which explanation, they claim, renders the alleged facts intelligible and brings them into line with more general principles of the mental life. The more general principle chiefly concerned is the Freudian conception of an emotion as a *quantum* of energy, comparable to a charge of electricity, which may become attached to any idea, and many remain so attached through long periods of time without giving any sign of activity or change; or may become detached from one idea and reattached to another, giving to it dynamic properties and various capacities for playing havoc with the life of the patient. Some such conception of the emotions seems to underlie the Freudian principles of 'transference,' 'transposition,' and 'sublimation' as well as 'abreaction.'

"Those of us who are not inclined to accept Prof. Freud's every suggestion as established truth will feel that this way of conceiving emotions smacks too much of the old theory of ideas, according to which an idea is an entity capable of being somehow stored in the mind and brought out for further use on successive occasions. And we shall fear that the acceptance of this way of describing the facts of our emotional life may lead to much the same difficulties, confusions, and errors as those which are now generally recognised to be the inevitable results of the acceptance of the 'idea' theory.

"Even if we accept this conception of the emotions, it does not seem to render the alleged therapeutic effects of 'abreaction' really intelligible. The explanation offered seems to be that the packet of emotional energy attached to an idea, although in many cases it may lie latent and harmless, does not so lie in the pathological cases; but rather works in a subterraneous fashion to disorder, in various ways, the flow of mental life and bodily behaviour; and that in 'abreaction' this disturbing packet of energy is discharged from the system and so finally got rid of.

"This notion, that every emotional memory implies the existence in the mind (or in the nervous system) of a separate and distinct packet of explosive energy, attached to an idea which serves the function of a detonator, this notion, I say, is on the face of it highly questionable and improbable.

"If we put aside this unsatisfactory feature of the notion of 'abreaction,' it is not easy to see why the mere reliving of the emotional experience should relieve the symptoms or cure the disorder. If living through a scene of horror produces a psychoneurotic disorder, why should the living through it a second time cure or tend to cure it? On the face of it, we might expect that the disorder would be accentuated by the repetition of the emotional experience.[1]

"I am inclined to believe that this does actually occur in two classes of patients. First, there are those who, having suffered some severe shock, fall frequently into 'fits' and live through the experience again in these fits, in which the appropriate emotion recurs. These emotional displays, far from securing any 'abreaction,' seem to leave the patient's condition somewhat worsened; and they tend to become chronic and fixed.[2]

"Secondly, there have been, I believe, a certain number of 'shell-shock' patients who, having come into the hands of a medical officer who accepted the principle of 'abreaction,' have been put through their paces again and again, *i. e.*, been made to live through the disturbing experience repeatedly in hypnosis, and have shown increase rather than relief of symptoms.

"The crucial question for observation is—Does the revival of the emotion, the reliving of the emotional experience, in itself result in relief? Or is it not true that, in all cases in which relief follows, there is also some recovery from some amnesia,

[1] I leave aside the question, touched on by Dr. Brown and much discussed by some authors, namely—Do we, in remembering an emotional incident, experience the same emotion over again or merely remember the emotion? This question seems to be entirely unreal; as unreal as the question—When we remember an object, is the idea that comes to consciousness the same idea that we had when we thought of it on former occasions?

[2] As Dr. Brown has pointed out, the clearing up of the symptoms becomes in general more difficult the longer they have persisted.

paralysis, or other manifestation of dissociation? I am inclined to reply 'No' to the former question and 'Yes' to the latter. These answers are in accordance with my experience. Some of those who believe in the value of 'abreaction' have probably paid no attention to this question, being content to regard the overcoming of the dissociation as an effect of the emotional discharge. I suggest that this is a false assumption; that the essential therapeutic step is the relief of the dissociation; and that the emotional discharge is not necessary to this, though it may play some part in contributing to bring it about.

"Dr. Brown, in reporting his procedure in an earlier paper, has told us how, although he attached importance to 'abreaction,' he energetically strove to secure relief of dissociation by insisting, while the patient was being roused from hypnosis, upon his continuing to remember in the waking state the scenes which he had relived and described in the hypnotic state. In this procedure he seems to have recognised practically that the emotional excitement was not in itself the curative process, but that at the most it was contributory only to the essential step in the process of cure, namely the relief of amnesia or dissociation.

"That the discharge of emotional excitement plays no essential curative rôle is indicated by those cases in which relief of dissociation and consequent general improvement are effected without any appreciable display of such excitement.

"That the emotion accompanying the recollection of the disturbing experience may contribute to the relief of dissociation there is every reason to believe, for it must aid in securing the complete recollection of the experience in all its details; and this in two ways, directly and indirectly: directly by giving force and vivacity to the whole train of recollection; indirectly by aiding to overcome any repressive tendencies which contribute to maintain the dissociation.

"I submit, then, that the observable facts justify us in assigning only a subordinate rôle to the emotional excitement, a rôle which consists merely in *contributing* to the relief of dissociation, which is the essential therapeutic step achieved in the alleged 'abreaction' process. And I submit further that the principle

of 'abreaction' is founded upon a misleading way of describing thef acts of our emotional life, namely, that which I have characterised above as the conception of packets of emotional energy, capable of becoming attached to and detached from ideas, shifted hither and thither according to the will and skill of the psychoanalyst, and repressed or 'abreacted.'

"The alternative view, which seems to me perfectly consistent with the facts, is that an emotion of a particular quality, say fear, is always the expression of the operation of a particular disposition, which is an enduring self-identical feature of the structure of the mind (in neural terms—an emotional centre located in the base of the brain). That such an emotional disposition is one of an array of such, each of which may be regarded, according to our taste in such matters, either materialistically as a chemical power station in which nervous energy may be generated or liberated in great volume; or vitalistically, as a channel which, in the course of biological evolution, has become specialised for the direction towards some one great biological end (such as self-preservation or reproduction) of the common life-energy which animates the organism.

"According to this view, such a centre or disposition is not in itself dissociated in any of the common cases of hysterical disability; nor is its energy repressed and rendered latent, or detached and transferred in packets and attached to various ideas. Rather, dissociation, we must believe, though it may occur at various levels of the nervous system, as Dr. Brown suggests, does not in such cases involve an emotional centre or affective disposition as such. It affects rather the various channels through which our intellectual or cognitive processes play upon one another and upon the affective dispositions. In the adult each such affective centre can be reached or brought into action through a multitude of such channels; and, when the memory of an emotionally disturbing incident has become dissociated, this amnesia implies, not that the idea of the incident together with an attached charge or packet of emotional energy has been isolated and detached from the rest of the nervous system, but that the nervous elements concerned in the recollection of this incident are relatively isolated or disso-

ciated from other parts of the cognitive apparatus, from other cortical elements, while retaining their connection with the affective centre. The dissociated group of cortical elements then forms with the affective centre a relatively isolated couple, or system, within which a circular or reciprocal activity goes on. The affective centre, far from being thrown out of action, tends rather to be unduly active in virtue of this uncontrolled vicious circle; and, being open to excitement through many other channels, any such excitement of it tends to revive and intensify the activity of this complex. Hence we see, in the soldier who suffers from amnesia for some terrible incident of the battle-field, no incapacity for fear, but rather an undue liability to fear from a great variety of occasions; and a very slight occasion of fear, such as a sudden noise, may start up the vicious circle and so throw the patient into a fit, fugue, somnambulism, or dream, in which this vicious circle dominates the organism. In these conditions the patient simply lives through the experience again; and, just because its cognitive content is dissociated, he lives it as in the present, rather than as a memory of the past, or rather without any of that complex higher-level activity involved in the awareness of the time relations of any experience. But, as soon as the dissociation is overcome, though the same train of recollection may recur, its power to produce emotional distress is greatly weakened by the patient's accompanying awareness of his present surroundings and his knowledge that the experience belongs to the past. The process of readjustment of his emotional attitude can then begin, or, in other words, he makes progress in 'autognosis.'

"I believe that dissociation may be produced suddenly by emotional shock, or gradually by a more or less long-continued process of repression, which may be more or less conscious or unconscious. And I believe that, in either case, the dissociation may be actively maintained by repressing forces. But the recognition of this does not, I think, require any modification of what I have said of the part played by the emotional factor in neurosis and of the criticism I have offered of the notion of 'abreaction.'

"I will add in conclusion that I see no reason to distinguish

in principle such symptoms as *amnesia* for a more or less extensive tract of experience, from simple functional paralyses of limbs, of the voice, or of purely sensory functions. They may all be usefully and legitimately regarded as *amnesias* depending upon functional nervous dissociation, at various levels of the nervous system, whether induced by shock or by repression. The one important difference between the extensive high-level amnesias and those of low level, the simple paralyses and anæsthesias, seems to be that, in the former class of cases, the dissociated dispositions retain their connections with the emotional centres; while in the latter class, the simple paralyses, the dissociation occurs at so low a level in the nervous system that the dissociated elements are no longer able to reach or to affect the emotional centres. If this be true, then the emotional calm of the soldier suffering from a well-marked functional paralysis is due not merely, as we might be inclined to suppose, to his consciousness of possessing a disability which secures him from a return to the battle-field, but also is due to his freedom from that circular reciprocal self-maintaining activity between the dissociated disposition and the emotional centre, which is the ground of most of the symptoms of those patients who suffer from dissociations of a higher level.

"In an article in the *British Medical Journal* of January 31, 1920, Dr. Brown has reported a case which he describes as 'a crucial case of the value of abreaction, or the working off of emotion under hypnosis.' It is the case of a gunner who, for a period of two years ensuing upon 'shell-shock' in the field, had suffered from 'tremor of the right hand.' Under hypnosis he vividly and emotionally recalled the incidents preceding and leading up to the critical moment when his gun exploded. During the recital of these incidents the tremor of his right hand increased and spread throughout his body and limbs, and then suddenly ceased and did not recur. On being roused from hypnosis his memory of the incidents was clear.

"Dr. Brown argues that the relief of the tremor cannot have been due to suggestion. There I agree. But when he goes on to say—since the relief was not due to suggestion, it must have been due to 'abreaction,' to the working off of a pent-up charge

of emotion—I beg leave to differ. Is there no third possibility? Dr. Brown himself in the earlier part of the article referred to, and elsewhere, has emphasised the importance of the relief of dissociation. I suggest that, in this crucial case, the essential step in bringing about relief was neither suggestion nor 'abreaction,' but just the abolition of the dissociation.

"Let us note that there is evidence that the emotion was not pent up. The continued tremor of the hand shows rather that the emotion was continually discharging itself through this channel. Why exactly this discharge took this direction it is not possible to say; but a more minute study of the circumstances might show that, at the moment of emotional shock, the right hand was making some violent spasmodic effort.[1]

"The condition was then, I suggest, as follows: the memory of the shock and of the preceding incidents was dissociated. *i. e.*, the corresponding cortical dispositions were disconnected from all others of the higher or cortical levels; but they retained their connection with the fear centre in the basal ganglia; and, through this, also with the motor centres of the right arm. The cortical disposition with the emotion centre formed a couple of circular self-sustaining activity, the excitement of which found an outlet more or less continuously through the nerves of the right arm, whose motor centres are also in partial dissociation and form part of the dissociated system. I suggest that the moment at which the tremor ceased was the moment at which the dissociation was overcome. The emotional energy of the system, instead of remaining confined to the one narrow system, was then able to take a more normal course, spreading over to many cortical dispositions; the mental accompaniment being the realisation of the terrifying incident in its past setting and in its true relations to present circumstances. Hence the return of power of voluntary control, *i. e.*, the control of the whole psychophysical system over the dissociated part.

"So long as the dissociated couple remains dissociated, there is no possibility of breaking the vicious circle. But the overcoming of the dissociation at synaptic junctions is *ipso facto* the

[1] Dr. Brown informs me that this was actually the case.

breaking of the circle by the discharge of energy from the system in directions previously barred.[1]

"I would add that the constant discharge of emotional excitement by way of some such symptom as tremor of a limb, as in Dr. Brown's case, is presumably one of the factors that maintain the condition of general *asthenia* which is the rule in such cases. For it involves a perpetual wasteful expenditure of the vital energy."

I do not think that the foregoing reasoning can be refuted. The topic has a theoretical importance that transcends the practical question of therapeutic procedure, involving, as it does, questions of the way we should conceive emotion and its relation to instinctive impulse. In spite of the disfavour into which *Abreaction* has fallen with a majority of psychoanalysts, there remains in their discussions of affects much of the fallacious way of regarding an affect (and especially a repressed affect) as a quantum of energy; especially is this true of much discussion of displacement and transference, and in general of their treatment of *libido*. These obscurities arise from the neglect of the important distinction between structure and function, between enduring dispositions and their activities, on which I have so often insisted; it is only by observing carefully this distinction that we can avoid confusion between, on the one hand, an affect, an emotional-conative activity or striving, and, on the other hand, a sentiment or a complex.

To the following volume of the same journal, Jung has contributed an article in which he confirms my rejection of *Abreaction*. I cite the following passages, but advise the reader to study the whole article.

Jung begins by pointing out that the neuroses of the war have revived interest in the traumatic theory of the neuroses, and in the principle of *Abreaction*. I would point out that the traumatic theory of neurosis does not stand or fall with the principle of *Abreaction*. It is possible to reject the latter entirely, while maintaining, as I do, that in many cases trauma, or emotional shock, may play a very important rôle in the genesis of

[1] The system then becomes subject to inhibition according to the principle of "drainage."

functional disorder. I would further draw the reader's attention to the fact that, in the passages cited below, Jung does not observe the distinction between dissociated and repressed systems which I have endeavoured to establish in foregoing chapters.

"The neurosis is, as a rule, a morbid, one-sided development of personality, arising from very slender, indeed ultimately invisible beginnings, which can be followed back, as it were indefinitely, into the earliest years of childhood. An arbitrary judgment could alone decide where such a neurosis really begins.

"Clearly, in the handling of such a question, one must never remain held by the surface appearance of the developed symptoms, even when the patient, as well as his family, synchronises the beginning of the neurosis with the first manifestations of declared symptoms. A more thorough investigation will, without doubt, be able to demonstrate the presence of a morbid tendency of some kind, existing long before the appearance of clinical symptoms.

"These obvious facts, long familiar to every specialist, pushed the trauma theory into the background, until through the war a veritable high tide of traumatic neuroses was released.

"If we discriminate among the number of war neuroses all those numerous cases where a trauma—an undoubted violent shock—impinged upon an already established, previous neurotic history, there remain not a few cases where, if some sort of neurotic disposition worthy of mention really existed, it was so insignificant that without trauma an actual neurosis could hardly have resulted. In these cases the trauma means more than a mere moment of release. It is actually causative in the sense of the *causa efficiens*, especially when one includes the unique psychical atmosphere of the battle-field as an essential factor in the reckoning.

"These cases present a new therapeutic problem which seems to justify a harking back to the original *Breuer-Freud* method just as much as to the theory; for the trauma is either concerned with a single, definite, and violent impact, or with a complex of ideas and emotions which can be directly compared with a psychic wound. Everything that touches this complex, however slightly, excites a violent reaction, an actual emotional ex-

plosion. One can easily, therefore, arrive at the idea of representing the trauma as a complex of high emotional charge and, because at first glance this enormously effective charge seems actually to be the disturbing and pathological cause, one can, in consequence, postulate a therapy which most thoroughly seeks to release this charge.

"This conception [*Abreaction*], apparently so clear and simple, is unfortunately—as McDougall rightly objects—like so many other equally simple and therefore delusive explanations, inadequate; such views must then be fanatically and dogmatically maintained, since they cannot hold their ground in the face of experience. Again McDougall is right when he points out that there occur a not inconsiderable number of cases where *Abreaction* not only is no use but is actually harmful. . . .

"McDougall, therefore, has laid his finger on the right spot when he argues that the essential factor is the dissociation of the psyche and not the existence of a high-tension affect, and hence the essential problem in the therapy is the integration of the dissociation and not the abreaction. This argument considerably advances the discussion. It entirely corresponds with our experience that a traumatic complex creates a dissociated condition of the psyche: it is removed from the control of the will and therefore possesses the quality of psychical autonomy.

"Its autonomy consists in this, that it manifests itself independently of the will and even in frank opposition to conscious tendencies, thus forcing its existence tyrannically upon consciousness. The explosion of the affect invades the individuality completely, pouncing upon it rather like an enemy or a wild beast. . . .

"Considered from this angle abreaction appears in an essentially different light: it is an attempt to reintegrate once more into consciousness the complex that has become autonomous. The complex is gradually included as an accepted content of consciousness, mainly through the traumatic situation being simply lived over again, either once or repeatedly.

"It is of course questionable, to my mind, whether the thing is actually so simple or whether there may not be other circumstances essential to the process. It must, above all, be

emphasised, that it is not merely the rehearsal of experience that possesses an unconditional curative effect, but the rehearsal of experience *in the presence of the physician.*

"If the healing effect depended merely upon the rehearsal of experience, abreaction could then be performed by the patient alone as an isolated exercise and would require no human object to which it is applied. The intervention of the physician is, however, absolutely essential. One can easily understand what it means to the patient, when he can confide his experience to an understanding and sympathetic doctor. His consciousness finds in the doctor a moral support against the unmanageable affect of his traumatic complex. No longer does he stand alone against these elemental powers, but a trustworthy man reaches out a hand, lending him moral aid in the battle against the tyrannical oppression of the uncontrolled emotion. By this means the power of his integrating consciousness is reinforced until he is able, once more, to bring the rebellious affect under the control of consciousness. This indispensable and absolutely essential influence of the physician may, if preferred, be described as suggestion.

"I would rather speak of it as the significance of the human interest and personal devotion of the physician; these belong to no method nor will they ever become one, for they are moral qualities, incontestably of the highest importance for all methods of psychotherapy, not for abreaction alone. *The rehearsed experience of the traumatic moment can reintegrate the neurotic dissociation, only when the conscious personality of the patient is so far reinforced by the relationship to the physician that he is consciously able to bring the complex that has become autonomous once more under the control of the will.*

"These are the conditions of the curative value of 'Abreaction.' But the curative effect does not solely consist in the discharge of the affective tension; it depends, as McDougall shows, much more upon the resolution of the dissociation. . . .

"Without the co-operation of the other conditions just mentioned, 'abreaction' does not alone resolve the dissociation."[1]

[1] "The Question of the Therapeutic Value of 'Abreaction.'"

Two Steps in All Psychotherapy

In the foregoing passage Jung rightly insists on the importance of the personal influence of the physician. I think we may with advantage distinguish, in the alleged process of *Abreaction*, two phases of that influence. In all psychotherapy there are two essential steps: first, the process of exploration by which the nature and origin of the morbid state are as far as possible brought to light and made clear to the patient; secondly, the process of readjustment of the patient's mental life, more especially of his affective tendencies. Both of these processes may be effected in some cases by the patient without aid from the physician; there are spontaneous recoveries; but the aid of the physician may be necessary in one or both processes.

In many of the simpler dissociative disabilities, the breaking across of the dissociative barrier is the all-important step; especially if the circumstances which conduced to the disorder have been radically changed. For many cases of war-neurosis such a radical change was produced by the termination of the war or by honourable discharge from military service. And such breaking of the dissociative barrier may be brought about by some new emotional shock or stimulus. Even then the patient may be fortified against recurrence of symptoms by being led to understand, in some degree, the nature and genesis of the disorder; but that is a matter of mental hygiene rather than of therapy.

Methods of Exploration

HYPNOSIS AND THE HYPNOIDAL STATE

It is not contested, even by those who deprecate the use of hypnosis, that hypnosis, whether in the deeper form or in the lighter form (made much of by some physicians, notably the late Boris Sidis, under the name "hypnoid state" or "state of abstraction or relaxation"), is a condition peculiarly favourable to the recovery of amnesic memories. This, I think, is true of both dissociated and repressed memories, as also of those which are not easily recovered by reason of their remoteness in time and their trivial nature, such as many memories of childhood.

With many subjects it is possible and easy to lead them back, in memory, to the third, second, and even the first birthday anniversary, and to obtain veridical accounts of trivial happenings on those days.

The main factor in such hypnoidal recovery is, no doubt, the concentration of striving in the appropriate direction under the personal influence of the physician, with the additional energy evoked and turned upon the task of remembering in virtue of the *rapport*. This effective concentration of conative energies upon the task of recollection is, I think, the main factor in the recovery of repressed memories. But possibly we should also regard the repressive forces as weakened during hypnosis, as they seem to be weakened during sleep.

In cases of dissociative amnesia, we may, I think, regard the state of hypnosis as favourable to recollection in yet another way. We have seen that spontaneous recovery sometimes occurs during sleep; and we shall see in a later chapter that the alternations of personality of cases of deep and extensive dissociation are apt to occur in sleep, or in trance-like states. It seems probable that a state of general relative dissociation of the brain is favourable to the overcoming of the barriers of a dissociated system in the following way. During the waking state the difference of levels of resistance,[1] as between the barriers of the dissociated system and those normal barriers which demarcate one neurone system from another, is great; in the states of general relative dissociation (sleep, trance, hypnosis, and drug anæsthesia) the resistances of the normal systems are raised considerably; hence in such states the disparity of the waking state is greatly diminished, and the dissociated system is more nearly on a par with the normal systems, more nearly equally accessible to the streams of activating energy from the instinctive centres.

The value of direct suggestion for relief of symptoms in simple cases should not, I think, be denied or ignored. But the chief value of hypnosis and of hypnotic suggestion lies, to my

[1] The word "resistance" is here used to denote the neural barriers that delimit cerebral systems, barriers that in all probability are synaptic. This usage of the word is not to be identified or confused with the dynamic psychological sense of the word "resistance," the active resistance exercised by repressing forces.

mind, in their use as aids to exploration and the relief of amnesia, both repressive and dissociative. The use of hypnosis offers a short cut in the stage of exploration, which, in many cases, for lack of such aid, may be very prolonged. Included here must be the use of hypnosis in recovery of dreams not easily recovered in the waking state. To Dr. Morton Prince must be assigned the credit of having first demonstrated by extensive researches the great value of hypnosis as an aid to exploration. Many other physicians have learned to use it in this way during the handling of cases of war-neurosis. Dr. G. A. Hadfield has given an excellent account of this method of exploration suggesting the name "hypnoanalysis."[1] Dr. Ernst Simmel, a follower of Freud, has shown how successfully he has used it in many war cases.[2] And Prof. Freud himself has acknowledged its wide usefulness in such cases.[3] There is therefore no sufficient ground for the "holy horror" of hypnosis displayed by so many psychoanalysts. And it is entirely inconsistent for the psychoanalyst to repudiate hypnosis on the moral ground that, according to the Freudian theory, it involves a sexual fixation on the physician, while at the same time maintaining that "transference" is an all-important stage of the therapeutic process.[4]

FREE ASSOCIATION

The other great method of exploration is free association, applied either to dreams or symptoms. Some psychoanalysts make something of a ritual of this; they lay down certain rules governing the procedure, such as that the patient must lie on a couch in a state of general relaxation (which probably, in many cases, amounts to one of light hypnosis or the hypnoid state) and that the physician must sit where he cannot be seen by the patient, and so on. Others prefer to carry on the associative exploration

[1] "Functional Nerve Disease."

[2] "Zur Psycho-analyse der Kriegsneurosen."

[3] "Beyond the Pleasure Principle," and elsewhere.

[4] I would in this matter associate myself with Prof. Janet, who writes of the moral objections to hypnosis: "They are based on this singular idea—that it is degrading to make use of the lower mental functions which lack dignity. It is not worth while here to answer such puerilities. Can we choose, can we appeal to the mental faculty that most pleases us?"

in an easy conversational manner. The degree to which the physician leads the patient, or actively intervenes, seems to vary widely. Freud recommends the least possible intervention by the physician. Jung's method of association-reaction is a special form of this method; it is of value in some cases.

TRANSFERENCE

I have already indicated my opinion about the process of transference; but a few more words may be in place. Undoubtedly, a satisfactory personal relation between patient and physician is very important. But the Freudian view that such a relation must be a sexual one seems to me an ill-founded dogma. Of course, if in all personal relations the sex impulse plays a part, it follows that this is true of "transference." Ferenczi, a leading Freudian, goes so far as to say: "Everything points to the conclusion that an unconscious sexual element is at the basis of every sympathetic emotion, and that when two people meet, whether of the same or the opposite sex, 'the Unconscious' always makes an effort towards transference." Further, he writes: "Transference is only a special case of the neurotic inclination to displacement." [1]

This extreme view arises from the false identification of the two impulses of self-assertion and submission with the sex impulse.

More and more Freud himself has admitted the rôle played by suggestion in psychoanalytic treatment; and indeed to deny it would be futile, in face of his theory of suggestion, which identifies all suggestion with transference, and in view of his teaching that transference is all-important. I cannot better sum up on the question of the nature and rôle of transference, than by citing the following passages from the article by Jung already referred to.

"It is just where the cathartic method has its blind spot that the analytical method is firmly established, viz., *in the relationship to the physician.* It matters little that, even to-day, the view prevails in many quarters that analysis consists mainly in the 'digging up' of the earliest childhood complex in order

[1] "Contributions to Psychoanalysis."

to pluck out, as it were, the evil by the root. This is the after-effect of the old trauma-theory. Only in so far as they hamper present adaptation have the historical contents any real significance. The therapeutic effect of the minute and scrupulous pursuit of all the infantile fantasy-roots depends not so much upon these relatively inessential demonstrations as upon the labour the physician gives himself to enter into the patient's psyche, whereby establishing a psychologically adapted relationship. For the patient is suffering precisely from the absence of such a relationship. Freud himself has long recognised that the transference is the alpha and omega of psychoanalysis. The transference is an effort of the patient to establish a psychological *rapport* with the doctor. He needs this relationship so that he may thereby master his dissociation. The slighter the *rapport*, *i. e.*, the less substantial the mutual understanding, the more intensely will the transference be fostered and striven for and the more sexual will be its form.

"The attainment of the goal of adaptation is of such vital importance to the patient that sexuality intervenes as a function of compensation, in order to consolidate a relationship that can no longer be won by the ordinary means of mutual understanding. Under such circumstances the transference can thus become the sternest obstacle to a successful treatment. That such vehement sexual transferences to the doctor are especially frequent in the sexually orientated analysis is not surprising, for a too exclusive concentration of medical interest upon the sexual motive is extraordinarily liable to bar the way of understanding in the crudest fashion for many neurotic cases. . . .

"'Inter fæces et urinas nascimur' remains certainly an eternal truth, but a sterile, a monotonous, and above all an unsavoury truth. It is of absolutely no value that every finest striving of the soul should forever be reduced back *usque ad uterum;* rather is it a gross offence because such a view, instead of building it up, eventually destroys the psychological understanding. Their need of the psychological *rapport* is, above all, what really concerns the neurotic patients, for it enables them in their dissociated state to orientate themselves ever afresh to the psyche of the physician. . . .

"To declare in general that no reductive analysis is needed, would certainly be short-sighted. . . . A wholly necessary and even indispensable foundation for a further synthesis is created when the physician gains the deepest possible insight into the origin of his patient's neurosis. But the new synthesis must be definitely begun. As a result of the historical examination, *i. e.*, through the reductive analysis, the patient is removed from adaptation to the present situation through being led back, as it were, to his beginnings. The psyche naturally seeks to make this loss good by a special strengthening of the hold upon the object, generally of course upon the doctor, but sometimes upon some one else at the same time, as, for instance, the husband, or a friend who figures as the doctor's counterpole. Partly this is an opportune balancing of the one-sided transference, but partly, as may easily be understood, it is a troublesome obstacle to the progress of the work. The intensified tie to the physician is a compensation symptom for the defective relationship to the present reality. It is this tie that one describes as 'transference.'

"The phenomenon of transference is inevitable in every fundamental analysis, for it is absolutely imperative that the physician should get into close touch with his patient's path of psychological development."

The patient "must find the relationship to an object in the living present, for without it he can never adequately fulfil the demands that adaptation makes upon him, or at least only in a very inferior way. Regardless then of all reduction, his claim will still turn towards the doctor, not indeed as an object of sexual desire, but rather as an *object of human relationship*, of the relationship of one individuality to another, wherein each man is guaranteed his proper place.

". . . The individual relationship is the compact which replaces the transference with its often slavish and humanly degrading dependence, and which makes, for the patient, the first step into a highly valued human existence possible. The individual relationship is for the patient an indispensable bridge; it must serve as a proof to him that his unique personality not only is acceptable but is indeed accepted, and that he himself

is now in a position to build up a fully adapted relationship. . . . And the advancement of the healing effect lies primarily in this higher and more personal achievement of the physician.

"But, if one concluded from this that little or nothing lay in the method, I would consider it an unpardonable misapprehension of my meaning. A merely personal sympathy could never provide the patient with that objective understanding of his neurosis which makes him, in a sense, independent of the physician and which erects a counter-influence to the transference depicted above.

"For the objective understanding of the disease, just as for the building up of a relationship, Science is needed, and not indeed some purely medical knowledge which embraces only a quite limited range, but a general knowledge of every side of the human psyche. The psychological treatment must not only destroy an old, morbid attitude, it must also build up a new, sound attitude. But for this a reversal of vision is needed. Not only shall the patient see from what beginnings his neurosis arose, he shall also be able to see towards what justifiable aims his psychological tendencies are striving."

Readjustment

Readjustment is, I think, the best term for the designation of the second great stage of the psychotherapeutic process. It covers and includes all such processes as may be denoted by the terms "persuasion," "reconditioning of reflexes," "re-education," "resetting of impulses," "autognosis," "facing the problem," "resolving the conflict," "learning to cease repression," "sublimation," "harmonisation of purposes," "reintegration of the personality," "achievement of adaptation," "building up the character," "strengthening of the will."

In many cases something may be done by modification of the environment, especially in the case of young people, where the errors of well-meaning parents play so large a rôle in the creation of conflicts; but all such modification lies outside the actual scene of the psychotherapeutic process. The most desirable procedure, possible only with patients of good intelligence, is to help the patient to understand the genesis of the disorder, to

lead him to a critical evaluation of all the factors involved and, where necessary, a revaluation of them, and to inspire him to the adoption of a new attitude dominated by some strong purpose; to set before him a worth-while goal towards which he may strive, sustained by motives which he wholly accepts and approves, and which are in harmony with the whole of his character. In all this there is much scope for intellectual activity; the patient may achieve a revaluation of various factors by considering them upon a broader background; and he may achieve a more single-hearted dominant purpose, or a more harmonious system of dominant purposes, by facing and thinking out more thoroughly than he has previously done his own nature, situation, and problems.

The mere adoption by the patient of a detached, objective, critical, intellectual attitude towards his affects and emotional problems tends powerfully to render him less the sport of his impulses, takes something of the tang and poignancy out of his emotion, renders him more master, and less slave, of his affects. In all this the physician may play a useful part of a kind that may be regarded as purely intellectual, by putting before the patient wider and wiser points of view.[1] But this work cannot be separated from the moral influence of the physician; and, if the physician is in satisfactory *rapport* with the patient, his influence may be very great in leading the patient to adopt the wider and wiser standpoint, to make a better evaluation of factors, to adopt satisfactory purposes, to aim at worth-while goals from satisfactory and harmonious motives. In all this, if the patient respects, admires, and trusts the physician, the latter inevitably uses the power of suggestion, whether unwittingly or intentionally; and it may fairly be supposed that, other things being the same, the physician who uses suggestion deliberately but tactfully, with clear understanding of what he is doing, will use it more effectively than he who uses it unwittingly and at the same time indignantly denies any imputation

[1] One very simple but important aid to be rendered by the physician, in cases in which difficulties arise from the sexual sphere, is to point out to the patient that such difficulties are not peculiar to him or to a few unfortunate or guilty persons, but are such as few normal persons entirely escape.

of resorting to such an "inferior" procedure. It should not be forgotten that suggestion may be used to induce belief in what is true, even more effectively than to induce belief in what is false.

Hypnotic Suggestion as an Aid to Readjustment

A more delicate and difficult question is raised by the practice of using hypnotic suggestion, not only for the direct relief of symptoms and as an aid in exploration, but also in the process of readjustment. Some physicians (Dr. Morton Prince is the most notable example) have used it extensively in this way and claim that it greatly facilitates, in many cases, the process of readjustment. I do not think that any clear and dogmatic answer can be given to the question here raised. I am inclined to think that readjustment should preferably be effected with the co-operation of the patient in the fully waking state; but I am prepared to admit that in some cases resort to the aid of hypnotic suggestion may be advisable in this stage of therapy also.

The Appeal to Sentiments

It is to be recognised also that the physician may and should, as far as possible, bring to his assistance whatever of moral principles and religious beliefs he sincerely holds, in so far as he finds the patient capable of being favourably influenced by such considerations.

Nor are moral and religious appeal alone applicable. Dr. Bernard Hart has rightly pointed out that, in the resetting or redirection of a patient's affective tendencies, we are not confined to the use of suggestion, but that in such "affective therapeutics" (as he proposes to name such procedures) the physician may appeal, not only to the patient's moral and religious sentiments in the stricter sense, but also to other deeply rooted sentiments.[1] In the co-operative task in which the physician and the patient are engaged, the former may rightly seek assistance in any or all of the sentiments of the patient. For example, if the

[1] Cf. a valuable article, "The Methods of Psychotherapy," *Proc. Roy. Soc. of Med.*, vol. XII.

patient has a strong sentiment of patriotism or of family pride, this may be enlisted on the side of the desire for health, by pointing out to him how his disorder renders him a mere burden on his country or on his family. In similar ways, any strong personal sentiment of affection may be brought to bear upon the case, its energies thrown upon the side of recovery and against the motivation of the disorder. And, above all, appeal may properly be made to the patient's sentiment of self-respect. He may be shown that, however much his symptoms may evoke an appearance of sympathetic interest, his sickness is really something to be ashamed of, something which would lower him in the esteem of his friends, if they understood it. Of course, all such appeals require to be made with tact and judgment, and adapted to the peculiarities of each case.

Sublimation

The word "sublimation" has been given currency in psychotherapy by Prof. Freud, who uses it to denote the setting free of infantilely fixated *libido*, and the utilisation of it in the processes of normal living. There is perhaps in the Freudian conception of sublimation some tinge of the error we found to underlie the practice and theory of *Abreaction*, namely, the view that charges of *libido*, quantities of energy, become locked up in the complexes of "the Unconscious" like so many charges of compressed air.

We may fairly widen the conception of sublimation by applying it to all instinctive energies and by ridding it completely of all implication of the "charge-of-energy" fallacy. "Sublimation" then becomes a word we may use to denote all instances in which instinctive energy or *hormé* or *libido* (in Jung's sense of the word) sustains activities which are higher (either in the intellectual or the moral sense) than purely instinctive activities. In the intellectual sublimation, the instinctive goal remains unchanged; but the procedure adopted for its attainment may be indefinitely more complex and intellectualised than the natural procedure. If a puppy is taught to obtain his food by sitting up and "begging" for it, instead of straightway seizing

it in his teeth, that might be called intellectual sublimation of the simplest kind; and if, in the service of the same impulse, he learns to perform a complicated trick in order to obtain his food, that is a further stage of the same process. In the same way, if a child, instead of being allowed to obtain what he wants (food or any other natural goal) by merely seizing it or clamouring for it, is taught to earn it, as the reward of a useful or kindly action, he is being led to sublimate his instinctive energies. In the animals only a very limited kind of intellectual sublimation is possible; but man is capable of vastly greater intellectual sublimation; and, what is more important, he is capable of moral sublimation; that is to say, man can learn to substitute for his natural goals, goals higher in the moral scale; the same instinctive impulses that would have impelled him towards the natural or instinctive goal then sustain his efforts towards the higher goal.

Such sublimation (both moral and intellectual as a rule) is involved in the formation of all the higher sentiments. Consider the civilised young man's sentiment of love for the girl he hopes to marry. He cannot, like the young savage or the natural man, satisfy his sex impulse by knocking her down with a club and carrying her off to his den.[1] He must adopt a very much more roundabout procedure, one which may demand high powers of intellect and character; and in all such activities the energy of his sex impulse will play its part in sublimated form.[2] It may be said that, in the working of such a sentiment, the goal remains the instinctive goal, and therefore the sublimation is intellectual only. But that, I think, would be an error. In the sentiment several instinctive impulses co-operate. In the young man's sentiment of love for the girl, the sex impulse co-operates with the tender protective impulse and with the impulses of self-assertion and submission. Hence he wishes not only to win possession of her body, but also to win her in such a way as will evoke her respect, admiration, and tender regard. If his attitude towards her were merely one of lustful desire,

[1] Cf. Chapter VII, in Part I, on "The Natural Man."

[2] Dickens drew a charming picture of such sublimation in the story of the courtship of Dora by David Copperfield.

thwarted only by an angry or prudent parent, he might hope to win her by a purely intellectual sublimation, by a cunning plan or the earning of wealth. But, when he seeks to win her mind as well as her body, he strives to distinguish himself by moral, as well as intellectual, achievement, to display force of character and tenderness and regard for her tastes and wishes; and in all these activities, in which the other impulses of the sentiment play the leading rôle, we may suppose that the energy of the sex impulse co-operates, giving a greater intensity and endurance to his efforts, a keener zest to his successes, and a more bitter pain to his failures. That, then, is a sublimation which is moral as well as intellectual.

In all the extensions of the sentiment of self-regard to such wider objects as the family, the school, the group, the nation (of which I have written at some length in my "Social Psychology" and my "Group Mind") the principle of sublimation is exemplified as it plays its part in normal moral development. Sublimation, thus widely conceived, is then a process that is exemplified on the widest scale in all normal living; and the more important part of education may be said to consist in guiding the processes of moral sublimation.

To lead the neurotic patient to effect sublimation is, in many cases, an important part of the physician's task. In this task we may distinguish two steps: first, there is the setting free of the impulses fixated in unfortunate directions; second, the guiding the patient to direct his desires to more worthy goals. Jung makes much of the former process; for, in his view, in the genesis of every neurosis, regression has played an important part, regression of the *libido* into "the Unconscious." Sublimation has then to undo the work of regression, to reverse the process, to bring up the regressed *libido* from the depths and to place it at the disposal of the patient's self-conscious control. For the Freudian also sublimation is largely a reversal of regression. But Jung's teaching differs from Freud's, not only in its wider conception of the *libido*, but also in attaching great importance to the second stage of the physician's task in bringing about sublimation, namely, in guiding and inspiring the patient to apply to higher ends the *libido* put at his disposal by the

former stage of the process. In both doctrines "transference" may be said to be a step in the process of sublimation.

To those who do not see regression as an important factor in all neurosis, sublimation is nevertheless important. But the second stage of the physician's task in the process of sublimation is, under any view, one of great delicacy and difficulty, for the guidance of which no general rules can be formulated. It is of the essence of what Dr. Hart calls "Affective therapeutics."[1]

Mental Hygiene

A few words on this large topic must suffice. To be frank and honest in all relations, but especially in all relations with oneself, is the first principle of mental hygiene. We have seen that conflict and repression are the great agents of neurotic disorder. This fact has led some rash persons to formulate the maxim—Avoid repression and you will avoid conflict, and hence also pain and disorder. But that is an impossible policy. Conflict is inevitable, and repression is necessary for those who would live on a higher plane than the brutes. Without conflict and repression there would be little or no sublimation; and sublimation is civilisation. As Dr. W. Stekel has written: "Repression enables us to live the life of a civilised man who is willing to comply with all the ethical and social demands of his age. It is also the key to that inner culture, the life on a higher plane, which distinguishes us from the common herd." And, as the same writer points out, repression is not to be identified with neurosis; rather "neuroses are the results of unsuccessful repression . . . the symptoms are a compromise between affect and repression." Of the present age it may be said that it oscillates uncertainly between undue repression and its opposite, "free living," or the cult of self-expression; and that the one is as harmful as the other. What is needed is wise sublimation of the repressed forces, in the

[1] A word should be said about the psychotherapeutic method practised by the late Dr. Dubois, and by him called "persuasion." As I understand his exposition, the method of persuasion involves three factors in intimate co-operation. First, suggestion, largely unwitting and unacknowledged; secondly, moral guidance and exhortation; thirdly, intellectual demonstration and guidance, involving an appeal to the sentiments through reasoning.

light of clear and frank self-knowledge and under the guidance of high ideals and of well-tried moral traditions.

Especially important is the due development of the sentiment of self-regard. The impulse of self-assertion requires to find a due field of exercise, where it may attain the gratifications of success. But, at the same time, the impulse of submission has an important rôle to play; it needs to be developed and organised within the sentiment by contact with higher powers and authorities that compel our respect and admiration, and teach us to know our place.

I cannot do better than cite here the following passage from an article by Dr. Milton Harrington, which well summarises the topic of "mental hygiene," more especially in adolescence, the time at which it is of the greatest importance.

"Mental adjustment may be defined as the process by which the individual is brought into harmony with his environment and the demands of his own nature. In order that we may be impelled to perform those functions required of us as individuals and as members of society, nature has given us certain appetites and instincts which, as a rule, give rise to useful forms of behaviour. Sometimes, however, circumstances are such that it is neither possible nor desirable to gratify them. It is, therefore, fortunate for us that within certain limits we are able to modify and control these forces, so that they will not impel us to seek the impossible or bring us into conflict with our own best interests or the best interests of our fellows. A man is not in harmony with himself or his environment when the demands of his appetites or instincts are unsatisfied. To adjust himself, to restore this harmony, he must do one of two things: he must if possible so modify his environment as to obtain from it that which his nature demands, or he must modify his tastes and desires so as to bring them into harmony with that which is possible of attainment. Life is one long series of adjustments and readjustments, for we are constantly finding ourselves in new situations to which we must react either by modifying the environment to match our demands, or by modifying our demands to fit them to an environment that we are unable to improve. Some people make these adjustments well. Some

make them very poorly. For example, one resigns himself cheerfully to the inevitable; another, unable to modify the demands of his nature to fit the situation, frets and chafes under it, or even is carried along by emotional forces he cannot control into unwholesome habits of thought and conduct, which may depart so far from the normal as to constitute a psychosis.

"But it is in adolescence that the ability of the individual to adjust himself is, as a rule, most severely tried, for, as already pointed out, he has, owing to the new appetites and desires that now awaken, to make one of the most radical readjustments required of him at any period of his life, and in his efforts to make this adjustment he is severely handicapped by his ignorance and inexperience. He has to deal with new emotional forces of great strength, but of the nature and significance of these forces he knows very little. He does not know whether they are good or bad, whether he should yield to them or hold them in check; so he is carried along by a blind impulse seeking some means of emotional outlet, some source of satisfaction. This outlet, this satisfaction, he must find in his dealings with his fellows, in work and play, in the adjustment that he makes with the world about him. But of this world also he as yet knows very little. He does not know how or where he may obtain from it the means of satisfaction which his nature demands. So he gropes his way, seeking more or less blindly some adjustment that will satisfy his needs, and in this blind groping there is great danger that he may fall into unwholesome or undesirable habits of thought and conduct.

"But even where his impulses lead him towards a satisfactory adjustment, there is danger that he may be prevented from reaching it by misguided parents who have different views. His parents may exert their authority to prevent him from ordering his life as the needs of his nature dictate, forcing upon him instead a manner of life that is in conformity with their own views and desires, but that for him makes a satisfactory adjustment impossible. So we find that the weaker or less fortunate ones at this time are unable to adjust themselves. In some this failure to adjust shows itself merely in an emotional disturbance which may not swing beyond the limits of what we

are accustomed to regard as normal. In others, however, it results in unwholesome habits of thought and conduct, in bad sexual practices or antisocial acts, and in certain cases it manifests itself in types of mental reaction which we are accustomed to regard as manifestations of mental disease. Of these cases, some after a time are able to correct their unwholesome tendencies, and ultimately succeed in making a more or less satisfactory adjustment; while in others the faulty types of thought and behaviour, instead of being corrected, only become more fixed as time goes on. These cases usually end up in hospitals for the insane, where they are labelled *Dementia Præcox*, and find their way to the chronic wards, there to spend the remainder of their lives."

Katharsis

It must not be thought that the rejection of *Abreaction* as a therapeutic principle means the denial of the value of katharsis. The wisdom of the ages has approved katharsis. But it is an error to identify *Abreaction* with katharsis. Katharsis is a principle of mental hygiene rather than of mental therapy. It means the avoidance of undue repression. The extroverts are in little danger of such repression; but all those who approximate to the introvert type may, under unfavourable circumstances, readily repress their affects to an unnecessary and harmful degree. An unsympathetic and coldly critical environment confirms and accentuates their natural difficulty in making social contacts, in expressing and reciprocating their emotional experiences. They become ashamed of every tinge of emotion in themselves and scornful of all emotion in others; and this attitude towards emotion, as towards something weak and morbid (common in some families and communities, and shared by so many medical men) confirms them in the habit of repression. It is for such persons that katharsis, even the katharsis induced by alcohol, may have great value. For them the practice of confession, the custom of festivals and celebrations, the attendance at public gatherings where emotion runs high and may sweep them along with the crowd by sheer contagion—all such practices and situations as bring them into emotional sympathy with their fellows—tend to

prevent their undue isolation, break down their reserve, and fortify them against the morbid consequences of excessive introversion.

All mental therapy and hygiene may, then, be summed up in the old Greek maxim—"Know thyself." And this may be usefully expanded into the maxim—Learn to understand your own nature, more especially your own motives.

I am sure that many of my readers will wish at this point to put to me a plain question and have a plain answer, Yes or No; namely, the question—Do you believe in psychoanalysis? The demand for a plain answer to this question expresses that desire for clear-cut classifications and distinct labels which in another sphere demands that the villain and the hero shall be depicted in colours that permit of no confusion. I am neither villain nor hero, and cannot plainly label myself. The answer to such a question must depend on what is meant by "psychoanalysis." I believe in the value of mental exploration as deep as the case requires; and I regard free association and dream-analysis as important methods of exploration. But I also hold that exploration in hypnosis is in many cases useful and entirely justifiable. I believe that conflict and repression are principal factors in the genesis of functional disorders; but I believe that emotional shock or trauma also plays a great part in many cases. I believe that sexual difficulties are one of the great sources of disorder; and that early sexual strivings and repressions may in some cases prepare the way for later disorder. I am even prepared to admit that sexual stirrings may occur in infancy in an uncertain number of persons and that, in all probability, such persons are peculiarly liable to neurotic disorder in later life. But I believe that functional disorder may and often does arise independently of the sex instinct. I do not believe that the Œdipus complex is formed in all infants and is the main root of all neuroses, dreams, religion, morals, and civilisation in general. Nor do I believe that the symptoms and other expressions of repressed and dissociated systems are determined in form by a cunning, designing activity which seeks to render possible a partial expression in disguised form, in

order that "the Unconscious" (or any part of the personality) may enjoy the pleasure or satisfaction of such expressions. Therefore I am not a Freudian; and, if by "psychoanalysis" is meant the whole system of Freudian psychology, I do not believe in psychoanalysis; though I believe that Prof. Freud has given an immense impetus to a much-needed reform of psychology and has enriched psychology with many valuable conceptions.

Jung seems to me to have given psychoanalytic theory a turn in the right direction. And I regard his more speculative doctrines with great interest and sympathetic respect; but I cannot at present accept as even provisionally established all that is implied by his term "Collective Unconscious." Therefore I am not a Jungian. Whether the term "psychoanalysis" is destined to be used in a wider or a narrower sense I cannot pretend to foresee; and the question seems to me of very small importance. But, since the Freudians seem to claim exclusive rights in the term "psychoanalysis," I think they should be allowed to have their way. The rest of us may be content to speak of psychology and of mental exploration, of psychological or mental analysis, of psychotherapy. For I believe that academic psychology, even in Germany and America, cannot long continue to resist the inroads of psychopathology upon its preserves; cannot long continue to retain its atomistic and mechanical prejudices. I believe that academic psychology must soon reform and transform itself into a science capable of assimilating all forms of new insight into human nature, and of giving them a due place in one consistent body of knowledge and theory.

CHAPTER XXX

ALTERNATING PERSONALITIES

I have postponed to the concluding chapters the discussion of cases of multiple personality; because, in view of the obscurity of the facts and the extreme difficulty of offering any satisfactory interpretation of them, it is well to have surveyed all the principal forms of functional disorder. The more extreme cases of this sort are comparatively rare, and their practical importance is therefore not great; but, from the point of view of theoretical understanding of human nature, they are of the very greatest interest. A number of cases have been studied and described in great detail by very trustworthy and competent observers. I shall present very concisely a selection of cases of this class, with two objects in view: first, to point out what further light they may throw on processes of the kinds discussed in the foregoing chapters; secondly, in order that we may have at hand illustrative material for the theoretical discussion of the final chapters. I shall try to bring out in relief the features of each case that seem to me of chief theoretical interest; my descriptions will therefore be frankly biassed by my view of what is important in this sense.

The classification of cases of multiple personality can be made only in a provisional manner at the present time because our knowledge and understanding of such cases are still so imperfect. The most useful broad distinction among cases of two or more personalities manifesting themselves in or through the one bodily organism, is that between alternating and co-active personalities. The cases of alternating personality in turn fall into two subclasses: those with reciprocal amnesia, and those in which one personality seems in some sense to comprise or include the other, or at least the other's memories.

In earlier chapters we have come across cases that may be held to illustrate both these main types, but without dwelling on the phenomena. In Chapter XIII we discussed several

forms of somnambulism which might be regarded as mild or simple examples of alternating personality. The fugues especially seem very close to the cases to be described in this chapter. We saw in one such case (Case 12) how the boy Rou had several times wandered away in a typical fugue. We are not told whether in successive fugues he displayed similar tendencies, and whether in later fugues he remembered his experiences during former fugues. If he did so behave and so remember, the case resembled very closely a typical case of alternating personalities with "reciprocal amnesia," such as the following case.[1]

Alternating Personalities with Reciprocal Amnesia

Case 51.—Mary Reynolds, the daughter of a prominent Baptist, is said to have been of good normal capacities; "though in no respect brilliant, she seems to have been naturally endowed with an uncommonly well-balanced organisation, physical, mental, and moral." She had, in short, displayed no peculiarities of a striking kind, but remained a somewhat commonplace, unadventurous girl, until, when eighteen years of age, "she became subject to occasional attacks of fits." In the following year she one day took a book to read in a meadow and was found there insensible. On recovering consciousness she was found to be blind and deaf. Hearing returned suddenly and perfectly after some five weeks; sight more gradually but completely. These facts suffice to show that she was an hysterical subject, one liable to dissociative accidents. Three months after this episode, when she seemed to have nearly recovered her usual health, she continued one morning to lie abed in a profound sleep from which she could not be roused. She wakened spontaneously after some hours and then, "*as far as all acquired knowledge was concerned, her condition was precisely that of a new-born infant,*" except that she pronounced a few words. But "she differed from an infant in this, that *her faculty of acquiring knowledge was that of a person in the possession of mature intellect,* fully capable of dealing at once with the facts of existence. She therefore rapidly acquired a knowledge of the world." After five weeks in this condition, she woke again in her former state, knowing nothing of her life in the intervening five weeks. After a few weeks she again, after an unusually profound and prolonged sleep, woke in the second state and took up her second life and processes of learning from the point at which the second state had disappeared. She continued for many years to alternate between these two states; in each state she was amnesic for the events of the other state, but had normally good memory for the events of previous periods of the same state; that is to say, there was reciprocal amnesia as between the alternating states.

If the two states had differed only in respect of their memories, it might

[1] This case is well known from the account of it given in James' "Principles of Psychology." I have condensed my account from the original description of the Rev. W. S. Plumer, D.D., in *Harper's Magazine*, May, 1860.

seem inappropriate to describe the case as one of alternating personalities. But there was another great difference between them: namely, a difference of character and tastes. In the primary state Mary was, as we have seen, a somewhat commonplace person. In the secondary state she was extremely adventurous; she would take long rides alone through the forests, and was in many ways more lively and enterprising. The second state gradually increased in duration relatively to the first; and, towards the later part of a moderately long life, the primary state remained latent or absent. In this late period *she sometimes seemed to have dim dream-like memories of her life in the primary state.* And once, when in this second state, *she dreamed of a sister who had died before the second state appeared;* the sister so dreamed of was identified by her relatives from her description.[1]

The difference of character displayed by these two alternating personalities is a feature of great interest which is exemplified in many such cases and has been carefully studied in a few of them. In this case the difference is such as to remind us at once of Jung's principle that the unrealised potentialities of the personality remain in "the Unconscious." Or we may suppose that, like the boy Rou, Mary Reynolds had as a young girl indulged in fantasies of adventurous escapades, but had never found opportunity to realise these desires, and had been compelled to repress them. The case differs from the Rou case in the infantile condition of the secondary personality at its first appearance. This interesting feature, together with the very rapid acquisition of knowledge and understanding by the infantile personality is the most striking feature of the next case.[2]

Case 52.—Thomas Hanna, a young clergyman of good education and of sound health, suffered a heavy fall and was taken home and put to bed in an unconscious condition. After some hours he sat up in bed. Three medical men in attendance attempted to restrain his movements. He resisted vigorously, and was overcome only after a severe struggle. He then lay still. It then appeared that he "*was as a newly born infant opening his eyes for the first time upon the world.*" He recognised nothing, understood nothing, and had little or no power of directed voluntary movement. It would seem that, in the first moments when he struggled so vigorously, he must have had the power of co-ordinated movement. But this seems to have left him with the subsidence of the emotional excitement. "Movement alone attracted his attention. He did not know the cause and meaning of movement, but a moving object fastened his involuntary attention and seemed to fascinate his

[1] In descriptions of this and other cases of this group, passages of special theoretical interest are printed in italics.

[2] My description is taken from the volume "Multiple Personality," by Drs. Boris Sidis and S. Goodhart, who studied the case in detail.

gaze. He made as yet no discrimination between his own movements and those of other objects, and was as much interested in the movement of his own limbs as in that of external things. . . . From the more or less involuntary chance movements made by his arms and legs, he learned the possibility of controlling his limbs." He understood no language. "Everything was close to his eyes—objects near and far seemed equally distant. He did not have the least conception of the flight of time—seconds, minutes, hours were alike to him. His knowledge and adaptations to environment were so completely obliterated that, like an infant, he most unceremoniously responded to the calls of nature. The sensation of hunger, though present in all its intensity, as we afterwards learned, could not be interpreted by him, and he certainly did not know how to appease it."

But, although, in the first days after the fall, this new personality (whom we will call B in distinction from the normal personality A) had, according to the account given,[1] none of the knowledge and facility acquired by A, he learned very rapidly, for "strange to say, *his intelligence remained intact. His curiosity for acquiring knowledge was keener than ever, and the use he made of his acquisitions was truly astonishing. His faculty of judgment, his power of reasoning were as sound and vigorous as ever. The content of knowledge seemed to have been lost, but the form of knowledge remained as active as before the accident, and was perhaps even more precise and definite* . . . the intense activity of the patient's mind and the great power of his reasoning were well illustrated by his ability to make the utmost use of the knowledge he gained." This peculiarity is well illustrated by the following passage: "Shortly after recovering consciousness, with his eyes still closed, having none but internal sensations . . . he still had some idea of volume. He wondered how much room there could be, although he could not clearly formulate this idea." B's memory was excellent for all new acquisitions; "a word once heard seemed indelibly impressed upon his mind, and he never forgot it again." *Having had no familiarity with the banjo before the accident, he acquired the skill of playing it in but a few hours.* This incident is of particular interest, because it seems to answer the question we inevitably ask: Was the rapidity of B's learning due merely to the coming back into use of organisations acquired during his life as A; or did B's learning involve new acquisitions? The same answer is indicated by the fact that the handwriting acquired by B was very different from that of A, subsequently restored. "The ego or self-consciousness came rather late in his present mental development. He was certainly conscious, and the activity of that consciousness was very intense. He was most eagerly taking in and elaborating impressions coming from the external world, impressions that were to him entirely new; still, the consciousness of self was for some time absent." We may fairly substitute here "very imperfect or inadequate" for the word "absent." The education of B went on so rapidly that, six weeks after the fall, he was able to converse intelligently.

There now appeared a very interesting feature, showing that the personality A was not extinct. B described certain very vivid dreams. Many of the ob-

[1] A certain reserve in the acceptance of such accounts is of course always justified; but, as I shall cite only cases studied by experienced physicians of high standing, I think we may in the main accept their descriptions, while remaining open-minded as to their interpretations. I shall therefore not further interrupt my descriptions by inserting such phrases as "according to the account given."

jects and persons he described in the dreams were identified by his friends as those with which he had been familiar as A. But to B they were novel and strange. "He did not recognise them as such, and considered them simply as strange dreams of his present life." Further evidence of the same kind was then obtained. B was put in a hypnoid state (light hypnosis) and part of a Hebrew passage with which A had been familiar was read to him. He completed the entire paragraph but at once forgot what he had correctly recited. B commented upon this: "It frightened me; it seemed as if another being was speaking through me." It was, in short, an instance of "automatic" speech. *He had no understanding of or sense of familiarity with the words he recited.* Other similar "automatic" speeches and visualisations, coming out of the store of A's memory, were obtained in the hypnoid state of B. Attempts to hypnotise B more deeply were unsuccessful; and, as an alternative, he was taken to New York City, with the hope that contact with different scenes and personalities familiar to A might restore the dormant memories of A. In the early morning after the first night in the city, the patient woke as A, knowing nothing of what had occurred since the moment of his fall some two months previously, and entirely unfamiliar with the persons and places and things with which he had made acquaintance as B. A persisted throughout the day; but the following morning the patient awoke as B. The personalities A and B continued to alternate; the transitions occurring in sleep or in brief sleep-like conditions that came upon him in spite of his endeavours to remain wide-awake. After a week of this alternating existence, there came a curious condition, described as a struggle between the two personalities, which issued in a restoration to normality. A lay down and passed into a semistuporous condition. While still in this condition, his sluggish replies to questions indicated that he commanded the knowledge of both A and B. He gradually became more responsive and then gave a very interesting account of his experience. From this time onward he commanded the memories of both A and B, and was regarded as fully recovered. He said that he had passed through an intense mental struggle; that the two personalities, A and B, "arose simultaneously and confronted each other. . . . He could not choose one only, because each was of the same nature as the other . . . two different individualities claimed his personal self. It was a struggle for life between two individualities formed in a single mind; each one endeavoured to gain ascendency and to suppress, to crush the other." He asserted "that was the first time I really had memory for the primary and secondary states simultaneously. . . . The primary was more clouded and easier to subdue. I tried alternately to throw away each. . . . I decided to take both lives as mine, because of the fear and anxiety that the struggle would be repeated again and again. . . . I am sure they are both mine, but they are separate in this sense, that I cannot fit the parts of one into the space of the other. I do not know how to unify them. . . . I have not learned to fit them in the chronological order. The secondary state has breaks in it that are like sleep, and the primary state has breaks in it also. . . . The secondary state is a little stronger and brighter, but it is no better maintained. There are more details in it, which I remember vividly."

Dr. Sidis has interpreted the Hanna case in terms of his purely associationist, epiphenomenalist psychology, finding all

the patient's statements and other observations recorded compatible with that interpretation. But, if we accept the description, we cannot accept this interpretation. To take only two points: First, according to that too simple psychology, all intelligence or intellectual or mental activity is the play of neural associations by which "ideas" are drawn into consciousness in series and clusters; but B is described as very active intellectually when he had no "ideas," when therefore there could be no associative play of "ideas" or memory images. Secondly, we are told that, in the critical struggle that resulted in the possession of both memory-trains by one personality, there was a third "something," an "I" or self that reviewed both memory-trains and decided that "I" must keep both of them. If each personality was nothing more than a system of associated images, what was this third "something" that pondered and decided? We cannot hope to arrive at satisfactory interpretations of these strange cases, if we resolutely overlook all phenomena that do not fit with a preconceived theory or high-handedly force them all into its framework.

In the type of alternating personalities illustrated by the cases of Mary Reynolds and Thomas Hanna, the two personalities are mutually exclusive, there is reciprocal amnesia. Janet has proposed to call them "reciprocal somnambulisms." But that is not a satisfactory designation; for we cannot properly speak of the normal life of Hanna as a somnambulism. Nor is it clear that the life of Mary Reynolds before the appearance of the secondary state can properly be called a somnambulism, even though there is evidence that she was an hysterical subject. Janet's designation may seem to fit some of the less extreme cases of this type; but it does not do to take account only of the less extreme cases. When we set out to study the abnormal, we ought not to shrink from its more extreme instances. Accepting the principle that the abnormal throws light upon the normal by bringing out in relief, or exaggerated form, features of our mental life and structure that are not easily to be discerned in normal persons, we must regard the more extreme instances of the abnormal as the most instructive.

Alternating Personalities One of Which Is Inclusive

We may distinguish a second group of cases of alternating personality of the kind which Janet designates as "dominating somnambulisms." In these cases one personality knows nothing of the other (or others) and does not share its memories; while the other includes (so far at least as memory and knowledge are concerned) the former. Janet has described a relatively simple and classical instance of this type.

Case 53.—Léonie, in the state which was regarded as normal, was a dull-witted, melancholy, timid creature. When Léonie was hypnotised, there appeared a secondary personality who called herself Léontine; she knew Léonie and commanded all Léonie's memories; but she denied that she was the same person. She was gay, noisy, and active, and inclined to despise Léonie. When Janet deepened the hypnosis, there was manifested a third personality who called herself Léonore, and who knew and commanded all the memories of Léonie and Léontine. She seemed to be a serious and capable person who looked upon both Léonie and Léontine as limited, inferior beings. Léonie had no direct knowledge of Léontine and of Léonore, and did not share or command their memories. Léontine was similarly ignorant of Léonore.[1]

It may be suspected that, in this and similar cases, the more inclusive personality was in reality alert and active sometimes, during the dominance of the less inclusive. If so, such cases belong to the class of coconscious personalities; and, if this is true of all of them, the subclass of alternating personalities represented by the Léonie case must be transferred to this other class. But the more usual view of cases of this subclass is that the more restricted phase is essentially the normal personality shorn of certain memories and other functions, and that the more inclusive personality is the same personality restored to wholeness by the restoration of these functions that have remained latent during the less inclusive phase. It will be seen that this view is in harmony with Janet's general theory of the hysterical condition as one in which certain functions are merely dropped out of, or fail to be included in, the synthesis of all functions which is the normal personality. Yet, even if we take this view, we must remember that Janet himself has shown good reason to believe that the functions "dropped out" from the

[1] Described in "L'Automatisme Psychologique."

hysterical personality do not always remain latent, but rather sometimes are exercised in a manner which reveals mental activity detached from the main stream of mental life. I mention now a well-known or classical case which seems to conform exactly to Janet's conception.

Case 54.—Félida X began to show hysterical symptoms in her thirteenth year. She was then described as intelligent, quiet, and melancholy, with many hysterical symptoms, such as various pains and anæsthesias. Frequently she fell into profound sleep and awoke after a few minutes lively and gay, and seemingly in perfect health. In this state she had all the memories of the hysterical phase; whereas in the latter phase she knew nothing of the lively, healthy periods. The lively phase would be terminated after some hours by sleep, from which she would waken in the hysterical phase. The duration of the healthy phases increased as years passed, until the hysterical phases became rare and brief.

Another case of this type studied for many years by Prof. Janet, and characterised by him as an artificial Félida, is the following one:

Case 55.—Marcelline had suffered severe hysterical disabilities from her thirteenth to her twentieth year. On hypnotisation by Janet, the disabilities disappeared; and, on being awakened, the patient continued in the improved or normal condition; but soon relapsed, awaking from sleep in the hysterical condition. This alternation continued for many years; the transition to the hysterical condition occurring in sleep; the normal condition being restored each time by suggestion in hypnosis. As in the Félida case, the hysterical phase did not remember the events of the normal phases; in the normal phases the events of the hysterical phases were remembered.

CHAPTER XXXI

COEXISTING OR COCONSCIOUS PERSONALITIES

There are many psychologists who find no difficulty in accepting the descriptions of cases of the type discussed in the last chapter, and who nevertheless preserve an obstinate scepticism in face of the evidence for what Dr. Morton Prince has well called "coconsciousness." In this they reveal, I think, a naïve and *borné* state of mind. For if, as most of these sceptics assume, human consciousness is nothing more than a synthesis of discrete conscious elements (call them sensations or ideas, or what you will), there is no obvious reason why these elements should not cohere in two or several streams flowing side by side in time, rather than in a single stream. And if we take a strictly materialistic or epiphenomenalist or parallelist view of the mind-body relation, there is equally no reason why the functions of the nervous system, and especially of the cerebral cortex, should not take the form of two or more integrated groups of functions simultaneously proceeding, each with its attendant stream of conscious elements.

If the evidence of coconsciousness were found in a few cases only, scepticism would be well justified. But, though the well-marked cases of coconscious personality that have been carefully studied are few, there is abundant other evidence of the reality of coconscious activities. In the chapter on Hypnosis we have seen that such evidence may be found in many, one might fairly say in all, good hypnotic subjects. I remind the reader of post-hypnotic actions "automatically" performed, and especially of those implying elaborate discriminations and calculations.

Now it is true that all the better part of the evidence for coconsciousness has been obtained by the aid of hypnosis, whether in cases of experimental hypnosis in normal persons or during the study of abnormal personalities. Many psychologists, having no familiarity with hypnosis and especially its deeper stages

and phenomena, and feeling that hypnotism is something unusual and uncanny, incline to put aside all this evidence, saying that it is all due to hypnotic suggestion. But, even if that be true, the evidence is not thereby invalidated. When we set out to study the abnormal, it is a little absurd to shy away from its extremer manifestations, or to pass them by, turning only a blind eye upon them. Those who dislike problems and prefer to deal only in simple and familiar conceptions should go over frankly to the camp of the behaviourists, where they may cease from troubling and may find in dogmatic slumbers the peace and rest they desire.

Five cases of coconscious personality, carefully studied by four independent observers, seem especially worthy of our notice. The B C A case, studied and reported by Dr. Morton Prince,[1] is in many ways the most illuminating, owing largely to the very able co-operation of the patient and to the fact that the gradual genesis of the abnormal condition was more fully traced than in other cases.

Case 56.—Five periods of abnormality are distinguished. The first period (of fourteen years' duration) began with marriage. Up to that time C had been a normal healthy and happy girl. Marriage initiated a conflict between, on the one hand, all her moral tendencies, her sentiments of affection and obligation (which system of tendencies was named the A system or group), and, on the other hand, a desire to be free, to follow her inclinations regardless of the new obligations imposed by marriage. This desire for free self-assertion became the nucleus of a complex (called by Prince "the rebellious complex") which, though repressed and successfully controlled, made itself felt in consciousness at times. After fourteen years of married life, which in spite of the rebellious complex were happy and successful, and during which a son was born, the husband fell sick of an incurable malady; wifely duties became more exacting and trying, and the conflict with the rebellious complex (henceforward called the B complex) was accentuated. The husband's sickness ended in death after four years. C seems then to have found a new object, X, to whom she transferred all her solicitude and sense of obligation; and the accentuated conflict continued for another year.

During this second period (dating from the inception of the husband's sickness, and therefore of five years' duration) C's health suffered from the anxieties of the situation and, we must suppose, from the intensity of the conflict. We may suppose that during this period the B complex generated fantasies, and thereby enriched its content. After restoration to wholeness C described this state of affairs retrospectively as follows: "It was a rebellion, a longing for happiness, a disinclination to give up the pleasures of life which the condi-

[1] "The Psychogenesis of Multiple Personality," *Journ. Abn. Psych.*, vol. XIV.

tions required; and there was a certain determination to have these pleasures in spite of everything, and this resulted in a constant struggle between C and this complex. . . . As the months and years went on the sorrow and anxiety of the C group increased, and the conflicting thoughts and rebellion of the B group increased. C was ashamed of the latter and always tried to suppress such thoughts as they arose." C began to have "a sense of being double," and she began to lead a double life; at times the B complex seemed to get the upper hand and to govern her for a short period. At such times there was a great change of mood, from the habitual one of careful, anxious depression to one of irresponsible gayety, with exaltation and sense of vigour and renewed youth. With the change of mood came a marked change of tastes and mode of life corresponding to the change of mood, chiefly in the form of following a care-free out-of-door life. In this respect the B complex resembled the secondary personality of Mary Reynolds (p. 483).

One year after the husband's death a third period was suddenly initiated by action on the part of X which caused a severe emotional shock to C. From that moment the B complex seemed to acquire greater independence, and for one month (the duration of the third period) it ruled the scene. During this month all the serious side of C's character, with which the B complex had so long conflicted, was in abeyance; and she lived out-of-doors, rejoicing in the beauties of nature and in her freedom from care and responsibility; she felt and acted and looked as she had done when a young girl. During this time she could remember all her former life; but such recollections did not revive their original emotional tones. She was so changed emotionally that she felt herself to be a personality distinct from her former self, C, and could not acknowledge the major experiences of her married life as her own. She asserted of her son: "He is not my son—I was never married. I know all her (C's) experiences, but they are her experiences, not mine." And she behaved accordingly, repudiating all responsibility for her son. On the other hand, she acknowledged as her own the thoughts and feelings which in the past had arisen from the B complex. Thus, although there was no amnesia, there was so radical a change of character as to justify the claim, made by C and accepted by Dr. Prince, that the B complex may be properly described as having become, during this third period, a distinct personality.

After this state, which we may call that of the dominance of the B personality, had endured one month, X's conduct occasioned another emotional shock and another sudden change, which initiated the fourth period. This new state, which was called A, or state of dominance of personality A, may be described as the state of the second period modified by the greater independence and greater subconscious activity of the B complex. There was still no amnesia. C remembered the events of the third period, but with much distress and aversion and total lack of comprehension of the motives underlying the conduct of that month. But, in spite of this aversion, she continued in many ways the line of conduct of that period. Describing this fourth period retrospectively, C said: "It seems to me now . . . that I was . . . in a sort of somnambulistic state governed by what I have learned were coconscious ideas belonging to B; and that the impulses of the B complex were too strong to be resisted."

This condition (which may be described as one of incomplete dominance of the A system over the B system) lasted a few days only, and suddenly

gave way to complete dominance of the B system. For some months, these two phases then alternated frequently. There was alternation of two personalities without amnesia on the part of either. This is a peculiarly interesting condition; for it shows how personality is much more a matter of character, of the organisation of affective tendencies, than of continuity of memory.

There followed a fifth period, which set in during hypnosis induced by Dr. Prince. This fifth period[1] was characterised by amnesia on the part of the A personality for all the experiences of the B personality. A and B continued to dominate alternately throughout a period of some years, the phases being of very various durations, until the final cure. A had amnesia for all the experiences of B. C describes this by saying: "I now had complete amnesia for my whole life as B; for everything B thought and did." Unfortunately she does not make clear whether this amnesia affected only the experiences of B from the date when she had become distinct and dominant, or also the earlier experiences of B. On the other hand, the personality B knew and remembered all the events of the phases of A's dominance; but she knew and remembered them, not as her own, but as A's, experiences. But the most striking feature about B was her claim to continued existence as a distinct conscious personality during the phases of A's dominance. There had been during the fourth period evidence of the subconscious activity of B, consisting in the impulsion of the A phase to forms of activity of which she, A, disapproved. In this fifth period the evidence of such coconscious activity on the part of B, during phases of A's dominance, became clearer. B claimed: "I know all that A thinks, but I do not feel her emotions." The cure was effected by aid of hypnotic suggestion; the normal personality C was restored, and seemed to combine in herself the distinct tendencies of A and B, and she was able to recollect the experiences of both A and B. The conditions of life were no longer such as to evoke conflict between the two aspects of C's character; the improved conditions rendered possible a complete integration and continuing harmony between the two sides of C's character. One curious feature remained however; the personality B could be recalled to dominance by hypnotic suggestion; and at such times she was able to give evidence of having continued to exist as a coconscious personality.[2]

The B C A case provides striking evidence of coconscious activity, and is very instructive in two other respects. First it illustrates, I venture to think, the distinction between states of repression and states of dissociation, on which I have insisted throughout these pages, but which has been ignored by most

[1] I venture to depart here from Dr. Prince's scheme of periods. He dates the fifth period from the end of the first few days of the fourth period, when the A phase gave place to the B phase. But there seems to be no good reason for separating this from the later alternations of A and B without amnesia. Whereas the setting in of amnesia marks a distinct stage.

[2] Owing to the kindness of Dr. Prince and the subject, I had the opportunity to witness a demonstration of this kind, and can testify that the change of personality on the appearance of B was very striking, and the evidence of her subconscious or coconscious existence very convincing.

of the authorities. Prince speaks of dissociation occurring during the fourth period; but I suggest that there was no dissociation but only repression, up to the moment when A became amnesic for B's experiences. From that point on, the memories of A and B were distinct; for B, although she continued to become aware of A's thoughts and actions and to be able to recollect them, was aware of them and remembered them as those of another person.

The second feature of special interest is the very wide difference of personality between A and B, even while they continued to have the one train of memory in common; a difference which during this phase consisted, not at all in differences of the memories they commanded, but wholly in the composition of character or affective organisation of the two personalities. Prince tells us very explicitly: "The presence or absence of amnesia in no way affects the reality of altered or secondary personality. B was quite as much a personality before the development of amnesia as afterwards; . . . the amnesia simply made the contrast between the phases more obtrusive." He points out that the difference between A and B may be described as the division of the primary affects between the two personalities. It would be going too far, perhaps, to assert that the division was clean-cut, that all affects displayed by A were lacking to B, and that, inversely, all those displayed by B were lacking to A. But there was approximation to that condition. The personality A clearly displayed anger, fear, disgust, sexuality, submission, and tender emotion. As regards B, Prince tells us that anger, fear, and disgust were never observed; and he asserts that in her composition sex, submission, and tender emotion were completely lacking, but that, on the other hand, self-assertion was strong in B. It is worth while, in view of the working hypothesis of manic-depressive disorder suggested in Chapter XXII, to compare this case, during the fourth period, with a mild case of manic-depressive. There are no doubt differences, yet the resemblance is striking; the alternations between phases A and B involved alternations between depression and exaltation, between self-depreciation and self-abasement on the one hand, and confident, elated self-assertion on the other. I would relate the prominence

of the self-assertive impulse in B, and its weakness or absence in A, with the markedly greater vigour, mental and bodily, of B; for the self-assertive affect is the sthenic affect *par excellence*.

I present next a case admirably studied and reported by Prof. C. E. Cory[1] and afterwards by Dr. Morton Prince.

Case 57.—Maria first showed clear signs of functional trouble after an emotional shock occasioned by the tragic death of her father when she was about twenty years of age. "Many things occurred during the years that followed that now clearly show that a well-organised subconscious complex was formed, and that at times it exerted a dominating influence." She became "subject to moods of extreme vanity, and occasional bits of conduct which were to her, at the time, inexplicable, such as, without intention, getting out of bed and going through weird dances."

In her twenty-sixth year the complex, which seems to have been incubating during the preceding years, first manifested itself more completely by producing an automatic song, an incident which startled and utterly puzzled M. Shortly after this incident the complex appeared as a full-blown secondary personality in full possession of the organism; and, from this time on for some years, two personalities, called A and B, alternately controlled the organism. A seemed to differ but little from the normal personality. B claimed to be the reincarnation of a Spanish gipsy girl who had led a romantic life as a singer and dancer; and she lived up to this rôle, even speaking and writing at times an imperfect form of the Spanish language, and always speaking English with a foreign accent.[2]

Of the two personalities, "each, if interested, is conscious of, and remembers what the other does. A, when subconscious, plays the rôle of an onlooker, but is powerless to determine B's conduct. . . . B, when subconscious, may, if she chooses, profoundly influence A. Frequently conversations are carried on between them. In this case an inner voice expresses the thought of the self that, at the time, happens to be subconscious." Dr. Cory here uses the term subconscious where Prince's term coconscious would be in order. Both personalities, then, coexist; when one is dominant and in control, the other lives subconsciously. Both can use the same sense-organ at the same time; for example, sometimes both read the same page at the same time, but their readings do not keep step and one may finish the page before the other. When subconsciously perceiving the outer world, either personality seems to perceive it as through a veil. B's memory was better than A's, both for recent and remote events. Although each knows the acts of the other, by reason of her subconscious observation, "the inner thought that lies back of an act is known only to the self that performs it. Of this inner life each knows only as much as the other sees fit to reveal." B gave good evidence that sometimes she was awake while A slept, and also that she could concoct a story and force it upon the consciousness of the sleeping A in the form of a dream.

[1] "A Divided Self," *Journ. Abn. Psych.*, vol. XIV, 1919.

[2] She had lived as a young girl in a convent school where there were Spanish pupils.

There were well-marked differences of character between A and B, which may be broadly defined by saying, first, that the sex instinct was strong in B and lacking in A; secondly, that the self-assertive impulse was very strong in B and weak or lacking in A. Just as in the B C A case the B personality seemed to be built up on the self-assertive tendency and chiefly actuated by its impulse, so in this case the B personality seemed to be built up on and chiefly actuated by the self-assertive and the sex tendencies, the latter showing itself in romantic fantasies and practically in the sublimated forms of singing and dancing. The strength of the self-assertive tendency in B was shown by her great vanity, her extreme egoism, her ambition to become a great opera singer, her self-confidence, her freedom from all embarrassment. "A's timidities and inhibitions are thrown off when B emerges. She sings with complete freedom and absolute assurance. . . . This complete ease of B is a source of continual wonder and admiration on the part of A." It would seem from Dr. Cory's account that, when Maria gave place to A and B, the sex-affect went wholly to B. A was glad to be relieved of it; but B, strangely enough, was able to thrust it upon A at will, and held this power as a threat over A. It is not equally clear that the self-assertive tendency went wholly to B; but there is much in the account to support that assumption. "The sex impulse was a central factor in the dissociation. There was a strong tension here [*i. e.*, in Maria] and when the shock came it formed the line of cleavage. Once removed [*i. e.*, removed from the personality of Maria, leaving her A], the sex complex became the dominant one in the new group [*i. e.*, in B]. Thus freed it acquired new strength [or rather, perhaps, it worked free from inhibitions]. In B its influence is persistent and pervasive. . . . Generally A is almost completely without it. This has been true only since B's appearance, and it has been a source of much gratification to A. B can immediately transfer the full force of it to A, and she holds it as a choice threat over her. This, according to A, is the strangest of all her many strange experiences, and to avoid it she is willing to make any concession to B."

The history of the case throws much light on the genesis of the duality. Maria had been strictly brought up. Her "early training, both at home and at the convent, was one of repression, one that put a strict taboo upon all reference to sexual matters. The result upon A's [*i. e.*, Maria's] at the time highly sexual nature was to isolate this desire and drive it underground. When the shock came the breach was widened, and two selves were formed along the lines of the old conflict. Hypnosis confirms this analysis. It uncovers in B a mass of imaginings of the most romantic colour. Instead of A's slight figure, she sees herself large and voluptuous, a fascinating beauty." It seems clear that the young girl Maria, while at the convent school, indulged in romantic compensatory fantasies actuated by the repressed sex impulse. "B's whole character has been moulded by the Spanish idea. She is, in all of her tastes and preferences, foreign. The idea that she is Spanish saturates her." Why then this obsession? It may fairly be supposed that Maria had read some romance of a Spanish gipsy girl, or that her Spanish schoolfellows had told her stories of that kind. Both suppositions are probable. But there was another determining factor. Maria was at one time fascinated by a man of Spanish features and half-Spanish parentage; and it is probable that her fantasies were woven around this figure.

I must now attempt a concise summary of the Beauchamp case. This case is so well known through Dr. Morton Prince's fascinating account[1] that any such attempt must almost seem a superfluity. Yet I cannot assume that all my readers have mastered Dr. Prince's volume of nearly six hundred pages.

I would emphasise the point that I accept Dr. Prince's descriptions, although in regard to his interpretations I venture to differ in certain respects. It has been suggested by many critics that, in the course of Prince's long and intimate dealing with the case, involving as it did the frequent use of hypnosis, both for exploratory and therapeutic purposes, he may have moulded the course of its development to a degree that cannot be determined. This possibility cannot be denied. Yet, even if such influence was very considerable, the fact would not seriously detract from the interest and theoretical importance of the case.

Case 58.—The Beauchamp case involved, in addition to the normal personality (here called B), which existed before and after the long period of disorder, three distinct personalities called by Prince B1, B3, and B4. B3 was known also as Sally, and that name will be used here. It will conduce to clearness of this condensed statement if I describe first the personalities B1 and B4 and outline their history, leaving Sally for later description; but the reader must bear in mind that Sally complicated the picture throughout the history.

B was a nervous impressionable child, given to day-dreaming. Her parents' marriage was unhappy, and her mother was harsh and indifferent to her; but B, nevertheless, was strongly attached to her mother, and when the latter died B, who was thirteen years of age, suffered much emotional disturbance. During the following three years she lived under the care of her father, and suffered many shocks of a minor kind. At sixteen she ran away from her unhappy home. Two years later (*i. e.*, when eighteen) B had become a nurse in a hospital and had formed a strong idealistic attachment to a young man, G. One evening G appeared unexpectedly under dramatic circumstances, and approached her in such a way that her very sensitive nature received a severe emotional shock. One might fairly infer from the account given that G kissed her. B remained much agitated and, in the course of the next few days, manifested a marked change of character. "All her peculiarities became exaggerated. She became unstable and developed aboulia. She grew, too, abnormally religious." This shock initiated what may be called the second main period of the history.

This second period lasted six years, during which this new character continued to figure in her social circle as Miss B. In reality the new character was the personality B1. She seems to have been formed by the exclusion, from

[1] "The Dissociation of a Personality," 1906.

the make-up of B, of certain character-elements which became the nucleus or foundation of the personality B4. During these six years B1 led an active life and became a college student; she was hampered by her poor health and the vagaries of Sally (to be described later). During these six years B4 seems to have remained entirely latent. It was one year before the end of this period that the case came under the care of Prince.

A third period was initiated by another emotional shock related to that which had initiated the second period six years earlier. B1 was much shaken; Dr. Prince was sent for and a sudden change took place in his presence. Much study was required to elucidate this change; the main facts only can be stated here. B1 disappeared or became latent, giving place to B4. This personality, B4, which manifested herself at this moment for the first time, had no recollection of the events of the past six years, during which she had been latent. She could recollect the events of Miss B's life up to the time of the shock which initiated the second period (shock 1); these events seemed to her to be her own remembered experiences; she took up conscious existence anew from this point of time (shock 2), as though the six years had not been. She thus had, in common with B1, command of all memories up to the time of the first shock; but she was not identical with the B who suffered that shock. Just as B1 differed from B in character, while retaining the memories of B, so also B4 commanded the memories of B, but differed in character from B and also from B1.

For nearly one year (the fourth period) B1 and B4 led the life of alternating personalities with reciprocal amnesia; and careful study of them during this time showed that they were complementary characters, each having command of the memories of the first period and of the memories of her own phases of dominance in the third period; while B1 commanded also the memories of the second period. B1 was a humble, weakly invalid, very suggestible, shy, retiring, studious, religious, always submissive, patient, amiable and altruistic, considerate of others and fond of children and old people. B4 was very self-assertive, given to quick and violent anger, intolerant and quarrelsome, vain, sociable, irreligious, disliking children and old people. There were corresponding differences in tastes. Both were very emotional, but, whereas B1 was wholly swayed by her emotions, B4 fought them down. B1 was easily tired and relatively inactive, though studious. B4 was energetic and fond of bodily activity; she disliked most of the things that B1 liked.

A fifth period was initiated by inducing deep hypnosis, when a personality appeared which commanded all the memories of both B1 and B4 and seemed to be, in respect of character also, a fusion of the two personalities B1 and B4. "She had lost the reserve, the depression, the emotionality, and the idealism of B1; but she had lost also the quick temper, the lack of faith, the resentment, and the egoism of B4. She was a person of even temperament, frank and open in address—one who seemed to be natural and simple in her modes of thought and manner. Yet she more closely resembled B1, and might fairly be regarded as B1 restored to a condition of healthy-mindedness." This personality, who seemed to be, and is regarded by Prince as being, essentially the normal personality B, restored to wholeness by synthesis of B1 and B4, her two halves, could not at first be maintained, owing in the main to the opposition of Sally and B4. There were frequent alternations of B with B1 and B4. During this period both B1 and B4 were amnesic for B's phases;

but B commanded the memories of the B1 and B4 phases. There occurred some give and take of knowledge and memories between B1 and B4, and perhaps of character-constituents; what was lost by the one being gained by the other. It was not until after the lapse of some years that this fifth period was terminated by the enduring dominance of the healthy, normal B.

The case, so far as described above was, then, one of alternating complementary personalities, B1 and B4, with reciprocial amnesia. It remains to add to the picture the history of Sally.

Sally was an impish, childish personality and showed remarkable consistency, without any clear indications of increasing maturity throughout the several (some six) years of her active career. Her existence was discovered by Prince shortly after the case came under his care, *i. e.*, early in the last year of the six-year second period. She manifested herself when B1 was in hypnosis, speaking of B1 as "she" and of herself as "I," and claiming to be a personality as entirely distinct from B1 as was possible under the circumstances, the circumstances namely that they inhabited and made use of the same bodily organism. The subsequent course of events went far to substantiate this claim. The new personality at first was nameless; but soon she spontaneously adopted the name Sally Beauchamp.

It must not be assumed that Sally was merely the hypnotic state of B1. Prince brings out very clearly the fact that the hypnotic state of B1 (which was called B2) was very different from Sally, was in fact, as is usually the case, manifestly the normal personality in hypnosis; whereas Sally was extremely different; and sudden changes in hypnosis from B2 to Sally, and back again, produced startling contrasts. There was not only extreme difference of character between Sally, on the one hand, and B1 and B2 on the other; there was also difference of memory and knowledge. This difference cannot be described by saying that the memory of either personality was more extensive or inclusive than that of the other. Sally claimed that, between the times of her appearance in hypnosis, she led a subconscious or coconscious existence; and that, during these periods of submerged existence, she could, if she so wished (and frequently she did so wish) know and afterwards remember what went on in the mind of B1; but that at times, as when, for example, B1 read books uninteresting to Sally, she (Sally) would pay no attention and would occupy herself with her own thoughts. Sally claimed not only to be entirely distinct from and independent of B1, but also to dislike and despise her; and she manifested this attitude and supported her claims by forcing certain sensory and motor automatisms upon B1, namely, visual hallucinations and impulsions to automatic speech and other actions, impulsions which B1 found herself unable to resist, even when they led to actions that were very repugnant to her, such as telling lies.

Among these automatic actions was rubbing of the closed eyes, frequently repeated. This seemed to be an endeavour on Sally's part to get her eyes open. Hitherto, when Sally had been dominant, her eyes had always been closed. After many attempts the manœuvre succeeded at a moment when B1 was drowsily resting, and Sally for the first time was able to see and to dominate practically the whole organism. From this time on Sally frequently alternated with B1, not only in hypnosis as previously but at other times also; and, during the phases of dominance of B1, Sally gave much evidence of continued existence as a coconscious personality. Sally could not always ex-

clude B1 and secure dominance at will; but she was able to achieve this when B1 was tired or more "run down" than usual; and she monopolised the organism for considerable periods during which B1 seemed entirely latent, and of which B1 had no direct knowledge or memory. During this time Sally's activities largely took the form of teasing and hazing B1, by writing to her impudent messages and playing upon her elaborate practical jokes; *e. g.*, on one occasion Sally, while dominant, unravelled B1's knitting and wound the thread all over the furniture of her room. Sally also during her subconscious phases would force inhibitions and automatisms upon the dominant B1, much to the latter's annoyance. There was thus a struggle of two wills. "Such scenes as this were the outcome of a contest of wills, of Sally's will against Miss Beauchamp's will. . . . In these contests Sally usually won, and Miss Beauchamp's will (that of B1) would be paralysed. The latter would not only find herself unable to will to do what she wished, but often was actually compelled to do something she did not wish to do."

Sally did not command all the accomplishments of the highly educated B1; for example, she could not read French, a fact explained by her lack of interest in the more serious reading of B1.

Prince summarises the relations between B1 and Sally as follows: "Sally is a distinct personality in the sense of having a character, trains of thought, memories, perceptions, acquisitions, and mental acquirements, different from those of B1. Secondly, she is an alternating personality in that during the times when the primary self has vanished Sally is for the time being the whole conscious personality, having taken the place of the other. . . . At such times B1 does not become a subconsciousness to Sally but as a personality is wiped out [or rather, is latent]. Thirdly, Sally does not simply alternate with B1. There are times when Sally manifests herself as an extra-consciousness, concomitant with the primary personality B1." The only incompleteness of Sally during her periods of dominance was a rare form of anæsthesia, namely, complete anæsthesia of the skin senses and of the "muscular sense" when her eyes were closed, and a general and continued anæsthesia of the deep tissues.

After the appearance of B4 Sally continued her pranks, but the conflict became more serious; because B4, as soon as she learned of Sally's existence and nature, made a sustained effort to get the better of Sally and to suppress her. Like B1, the new personality B4 knew nothing directly of Sally or of the events of Sally's phases of dominance. Sally had not the power of sharing or reading the thoughts of B4, as she read those of B1; but she could and did force upon B4 some inhibitions and automatisms; though less successfully than in the case of B1, because B4 resisted and fought against such influences from the coconscious Sally.

At this time Sally wrote her autobiography, claiming to remember her own existence as a subconscious and coconscious personality from the time when the child B began to walk, and to have had even at that time tastes and points of view very different from B's.

Towards the end of the fifth period, Sally, who had fought for her life valiantly and successfully, began to show signs of discouragement, under the combined efforts to suppress her of B4 and of Dr. Prince. She described herself as feeling "squeezed" during her subconscious phases. When the normal personality was restored as a stable synthesis of B1 and B4, Sally seemed to

be deprived of her power, both her power of controlling the primary personality by inhibiting her actions or forcing upon her "automatic" actions and hallucinations, and also her power to secure dominance of the organism. Prince frequently refers to Sally as a group of conscious states or ideas split off from the main personality and synthesised to form a secondary personality; and in several passages he writes of the restored personality in terms which imply that Sally was included in the synthesis. But, whatever Sally's nature and origin, it must be insisted that Prince's account does not justify the view that Sally was in any sense synthesised with or incorporated into the restored personality B. He has told us that he had found it "easy to amalgamate by suggestion the dissociated experiences of B1 with those of B4, so that they were remembered, but impossible to amalgamate Sally's with either." And he repeatedly states that the synthesis of B1 with B4 produced the normal whole personality B, while Sally became at such times "squeezed." Further, the restored personality did not command memories of the events of the phases of Sally's dominance. We are told "the real Miss Beauchamp is disintegrated into personalities B1 and B4, who, conversely, may be synthesised into real B." Further—"the resurrection of the real Miss B is through the death of Sally. . . . Of Sally, her life and her doings, she (the restored B) knows nothing, except indirectly. Of this part of her mental life she has no more memory than has B1 or B4." And of Sally we are told—"With the resurrection of the real self, she 'goes back to where she came from,' imprisoned, 'squeezed,' unable either to 'come' at will or to be brought at command. Automatic writing, speech, and such phenomena cease, and it has not been possible as yet to communicate with her, and determine what part if any she plays in Miss Beauchamp's subconsciousness, or whether as a subpersonality she exists at all. When, however, as a result of some mental catastrophe, she appeared again as an alternating personality, her language implied a persistent existence as a subconsciousness like that of her early youth, and as described in the autobiography."

A case very similar in many respects to that of Miss Beauchamp is the Doris Fischer case, studied for many years by Dr. W. F. Prince.[1] I shall describe it only very briefly, emphasising certain features of special interest from the point of view of theoretical interpretation of multiple personality in general.

Case 59.—Doris was the youngest child of poor parents. Her drunken father, in the course of a quarrel with his wife, threw the child, then three years of age, violently upon the floor. This incident seems to have initiated the condition of multiple personality. But it was not until the girl was twenty

[1] Dr. Walter Franklin Prince was acquainted with Dr. Morton Prince's account of the Beauchamp case, and it is natural to suppose that his handling of the case, and therefore, possibly, to some extent the development of the case, was influenced by that acquaintance. That possibility, however, does not materially diminish its interest and importance. Dr. W. F. Prince is not a medical man, but he had the assistance of an expert neurologist. The case is reported in great detail in the *Proceedings of the American Society for Psychical Research*, vols. IX, X, and XI.

years old that she came under the observation of Dr. Prince, and the manifestations of multiple personality before that time remain less well accredited than subsequent closely studied series. But there seems to be no reason for doubting that the early history as made out by Dr. Prince is substantially correct.

Within a few hours (or perhaps minutes) of the physical and emotional shock occasioned by her father's violent act, two secondary personalities seem to have begun to play a part in the life of Doris. One of these, known as Margaret (M.) was extremely similar, in respect both of her nature and of the rôle she played, to Sally of the Beauchamp case. The other of these two secondary personalities, known as Sleeping Margaret (S. M.) was and is the most extraordinary feature of the case. She has manifested herself only by speech during sleep, and has continued so to manifest herself occasionally up to the present time, ever since Dr. Prince first came in touch with her in 1910, early in his acquaintance with the case. She has consistently appeared to be the antithesis of Margaret, that is to say, whereas Margaret was always childlike, playful, and mischievous, S. M. has always been sober, calm, and mature.

When Doris was seventeen, her mother, to whom she was much attached, died suddenly. This second great shock produced a sudden and extreme change. There appeared an infantile personality known as Sick Doris (S. D.). This new phase was almost as devoid of knowledge as Hanna was on coming to consciousness after his accident (p. 484). S. D. was "as one born with an adult body . . . but with absolutely no memory and no knowledge." But, like Hanna, she very quickly learned. Margaret continued unchanged by this crisis, and, continuing as a subconscious and alternating personality, seems to have done all she could to help and to instruct S. D.

Again as in the Hanna case, the normal personality, known as Real Doris (R. D.), began after a time to alternate with S. D., at first appearing for brief periods only, later for longer periods, and finally persisting after S. D. and M. had disappeared. That, during this period of alternation of S. D. and R. D. with reciprocal amnesia, R. D. was completely identical with the approximately normal personality preceding and succeeding this period, cannot be confidently asserted.

The case is thus one that combines the main features of the Beauchamp and the Hanna cases and presents, in addition, the strange and most baffling personality, Sleeping Margaret.

At the height of the disorder we have, then, four personalities, S. D., R. D., M., and S. M.; the first three alternating in complete control or dominance of the organism, and S. M. occasionally manifesting herself by speech during sleep. As in the Beauchamp case, the picture was complicated by minor phases of altered personality, the most important of which, known as sleeping R. D., resulted from another physical shock.

The course and fate of each of these four personalities may now be briefly indicated. S. D., after rapidly acquiring sufficient knowledge and capacity to behave in a general way like a normal person, began to retrogress or regress. She lost her recently acquired memories, these being as it were absorbed by R. D. The anæsthesias of S. D. increased; her field of vision became more and more narrowed; touch, taste, and smell were gradually lost entirely. With these changes she became more apathetic, and lost gradually

her newly acquired use of words. Thus, after persisting for nearly five years, S. D. faded almost completely away, and then ceased to appear, giving place to R. D.

Margaret also regressed, though more slowly. She seemed to retrace more definitely the steps by which she had grown up from infancy to her maturest condition, that of a child of some ten years of age. A real re-animation of early childhood functions was indicated by her use of German words, words which had been familiar in early childhood, but which later had been disused and "forgotten." When M. had regressed to a condition corresponding to some five years of age, she also disappeared, she ceased to "come" or to give any evidence of continued existence. Dr. Prince did not deliberately make use of hypnotic suggestion; but it remains probable that suggestion from him played a considerable part in producing or aiding these processes of regression.

The regression and disappearance, or cessation of appearance, of S. D. and M. left R. D. in control or sole dominance as a personality to all appearance healthy and normal, except for the occasional manifestations in sleep of S. M.; which manifestations still recur occasionally at the present time.

M. was, during the height of the disorder, not only an alternating personality, but also (like Sally Beauchamp), a coconscious personality, claiming (and showing good evidence in support of the claim) that she continued, during the dominance of the other personalities S. D. and R. D., to be self-consciously active. If we accept the evidence (and it is very similar to and perhaps equally strong with that of Sally Beauchamp), we may summarise the relation by saying that M. was coconscious with both S. D. and R. D. (as Sally was with B1), and had some considerable power of influencing them, both in the way of inhibiting action and of forcing automatisms upon them. M.'s relation to R. D. was, however, not quite the same as her relation to S. D. M. claimed to become directly aware of S. D.'s mental life whenever she wished to do so; but of R. D.'s mental life she claimed only a mediate knowledge; she alleged that she became aware of it only in so far as it was reflected to her from S. D., S. D. serving as a mirror as it were. Like Sally Beauchamp, Margaret claimed to have led this coconscious existence since the childhood of Doris. M. had no direct knowledge of S. M.

Sleeping Margaret also claimed to have existed as a coconscious personality since the originating accident at three years of age. Although she admits certain periods of "absence" from the scene, she claims and manifests full knowledge of the other three personalities, claims in fact to be coconscious to all of them; but, as with M., the relations are of different degrees of directness. S. M. claimed to know M.'s thoughts directly, *i. e.*, without mediation of any kind; but of S. D.'s she became aware only through or by the mediation of M., *i. e.*, she could read S. D.'s thoughts only in so far as they were known to M. And she claimed to read R. D.'s mind still more indirectly, namely by double reflection, first in the consciousness of M. and then in that of S. D. This mediated awareness of the other personalities on the part of both M. and S. M. seems to me to be one of the most interesting features of the case. It remains, of course, very much a question how far the claim can be accepted and how exactly we are to understand what is meant by such mediated awareness. But the claim may represent one of those bizarre and inexplicable phenomena that afford clews of great value for theoretical interpretations, and are thus of the highest importance for the development of science.

To those readers who wish to know more of the Doris Fischer case, but who are not prepared to tackle the three large volumes of Dr. Prince's report, I would recommend the account given by Dr. T. W. Mitchell[1] in his "Medical Psychology and Psychical Research." In this excellent little book Dr. Mitchell presents and discusses in a most interesting manner a number of the more important cases of multiple personality, including one, the case of Milly P., which he has himself studied in detail during many years. This case I shall not report beyond saying that, like the other cases described in this chapter, it afforded abundant evidence of a coconscious personality, one which "seemed to persist throughout waking life as a coconscious personality capable of acting on its own initiative, and also capable of taking possession of the bodily organism at will." Dr. Mitchell is a physician of large experience in neurotic disorders, and is also a man of unusually balanced judgment. And he has taken a practical and theoretical interest in such cases for many years. The number of persons who are as well qualified as Dr. Mitchell to express an opinion about such cases can certainly be counted on one hand. It is therefore a matter of some importance that, in the light of his own first-hand experience, he accepts unreservedly the evidence of the reality of coconsciousness and of coconscious personalities, especially in the Beauchamp and Fischer cases, and in his own case of Milly P.

It is important also to note that, unlike Dr. Morton Prince, who insists on calling Sally Beauchamp a split-off fragment of the normal personality, Dr. Mitchell writes: "These coconscious states do not as a rule seem ever to have participated in the structure of the waking self, and no synthesis of them with the waking self seems necessary in the interests of mental health. This is certainly true of the coconscious personalities developed by hypnotism. And, even if the nucleus of Sally Beauchamp's individuality had been derived from split-off elements of the primary personality, her growth and development must have taken place in the subconscious. So that, as a fully formed personality, Sally was never a part of the original Miss Beauchamp in the sense that B1 or B4 was; and when the reconstruction of

[1] Editor-in-chief of the *British Journal of Medical Psychology.*

the disintegrated self was to be brought about, there was no room for Sally except 'where she came from.' . . . Sally may, indeed, appear to be a stronger and more interesting personality than either B1 or B4, but her status is different. She is no integral part of the Miss Beauchamp who, for years before the final disintegrating shock, had been endeavouring to construct a self that would be best suited to the practical purposes of life. She represents rather a phase of Miss Beauchamp's nature that had long been subject to repression as being incompatible with the system of purposes on which the construction of her true self essentially depended." And of such coconscious personalities in general, he writes: "The dissociated portion of consciousness may never have formed a part of the waking self, and consequently cannot properly be described as a split-off part of the mind. When it is not in evidence as an alternating personality, it is not latent; it is coconscious, and may have experiences and grow and develop in the subconscious. There is a doubling of consciousness without any true division of the normal self."

But these remarks lead us to the discussion of the various ways of interpreting theoretically these strange cases, and that topic is reserved for the final chapter.

For the sake of bringing out clearly the difference between two ways of regarding such a coconscious personality as Sally, I have stated Dr. Mitchell's view as though it were distinct from and opposed to Dr. Morton Prince's. In doing so, I have over-emphasised the difference between them. Prince has himself shown in a recent discussion of the Beauchamp case[1] that, when he describes Sally as formed by splitting off from the normal personality, this description must not be taken too literally; for he holds that only the germ or nucleus of Sally was separated or dissociated in early childhood, and that the Sally whom he has so vividly depicted was formed by a long course of incubation, of subconscious development, extending through many years. He writes of Sally as follows: "This personality, at the time, appeared to have spontaneously and suddenly sprung into life as a new creation, fully developed, without antecedent

[1] "The Theory of the Psycho-genesis of Multiple Personality," *Journ. Abn. Psy.*, vol. XV.

germination as something totally unlike the normal Miss Beauchamp. But we have already seen that this was far from being the case, and that as a coconscious system it had long been in existence; that it had its germ in dissociated ideas splitting off far back in childhood; that there had been a gradual coconscious growth, passing through the embryonic period, and a prolonged gestation to reach the full maturity of a coconscious self. Its final appearance as an alternating personality was only the parturition of an already developed subsystem."

CHAPTER XXXII

TRANCE PERSONALITIES

"It goes without saying that, in order to occupy oneself with the supranormal, it is necessary to admit theoretically the possibility thereof, or, what comes to the same thing, to be sceptical of the infallibility and the perfection of science as it now exists. If I consider it *a priori* absolutely impossible that an individual should know, long before the arrival of any telegram, of the accident which has just killed his brother on the other side of the world, or that another person can voluntarily move an object at a distance without the use of a thread in a manner inexplicable by the known laws of mechanics and physiology, it is clear that I shall raise my shoulders at every recital of telepathy, and shall not stir a step to take part in a séance with the most celebrated of mediums. Excellent means these for enlarging one's horizon and discovering novelties, to recline upon a completed science and a foregone conclusion, entirely convinced that the universe comes to an end at the opposite wall, and that nothing can exist or occur outside that system of daily routine which we have become accustomed to regard as marking the limits of the Real! That philosophy of the ostrich —illustrated formerly by the grotesque pedants at whom Galileo knew not whether to laugh or weep, who refused to put an eye to his telescope for fear of seeing things that had no official right to exist . . . that philosophy is still entertained by many brains petrified by intemperate reading of works of popularised science and by unintelligent attendance at university lectures, those two great intellectual dangers of our time."

I open this chapter with the foregoing plea for the open mind. They are the words of the late Prof. Th. Flournoy, philosopher and medically trained psychologist, the investigator of the remarkable case of Hélène Smith, which I am about to present. I cite also after him two other similar pleas which are none the less effective for being of older date. "What shall we think of

occultism and spiritism? The theory of these is obscure, the principles vague, uncertain, and somewhat visionary; but there are embarrassing facts, affirmed by serious men who have observed them or have learned them from others like themselves; to accept them all, or to deny them all, seems equally inconvenient, and I venture to say that in this matter, as in all extraordinary matters that go beyond the common rules there is a position to be found between the credulous and the strong-minded." And the second runs: "We are so far from knowledge of all natural agencies and of their diverse modes of action, that it would not be philosophic to deny any phenomena simply because they are inexplicable in the present state of our knowledge. But we ought to examine them with an attention the more painstaking, the more difficult it may seem to accept them as real." The former of these two pleas was made by La Bruyère, the second by the great exponent of the mechanical view of the universe, Laplace. Flournoy proposes to call the principle enunciated by La Bruyère "the principle of Hamlet," and formulates it concisely in the words—"all things are possible." The other he would call "the principle of Laplace" and state briefly in the form—"the weight of the evidence should be proportional to the strangeness of the alleged facts." Armed with these two principles, we may, says Flournoy, move among the alleged evidences of the supernormal without danger of making fools of ourselves, either by too great credulity or by too great incredulity.

In this chapter I propose to discuss a type of multiple personality which is less rare than the type described in the foregoing chapter, but of which nevertheless the true interpretation and classification remain equally obscure and much more debated. These are the personalities manifested in the trances of persons regarded by the spiritists as "mediums." We may use the word "medium" without committing ourselves to accept its literal meaning, without accepting the view that such a person is really a medium of communication between the living and the dead. I would, however, enter a protest against the attitude of most men of science towards the problem raised by these cases, the attitude of dogmatic negation, the dogmatic

negation of every interpretation that does not seem to conform readily with the general principles of science as at present formulated. Some of the acutest intellects of our time have paid much attention to this problem, and, failing to reconcile the evidence with the principles of science, have regarded it as demanding a continued suspension of judgment and as pointing to the possibility of a great extension of our knowledge of man's nature and a revision of the view of his place in the universe implied by the current formulations of science. Of the names of such men, I will mention only four—Henry Sidgwick, William James, Henri Bergson, and Hans Driesch.[1] When such men have studied the evidence over many years and have pronounced themselves convinced that it is of a nature which demands further careful study, it is surely a little presumptuous for young scientists who have never deigned to pay any attention to it to dismiss it with indifference or contempt. I shall not attempt to present or discuss in these pages the evidence in question. Any such attempt would require a large volume. But no survey of the field of abnormal psychology can properly ignore the manifestations of the mediumistic trance.

The common feature of these secondary personalities of the trance mediums is that they claim to be manifestations of personalities formerly living and now surviving in some disembodied condition. There are transitional cases, such as Sleeping Margaret,[2] in which the secondary personality makes this claim in a hesitating manner, and makes little or no endeavour to support it. But in the common run of such cases the trance personality seems to appear more or less full-blown, and to claim from the outset identity with some departed spirit. Another distinguishing mark of secondary personalities of this class is that their appearance commonly involves no appreciable change of the normal personality, no amnesia, no departure from health, except during the actual manifestation of the secondary personality. And, though they manifest themselves most commonly during a trance, or deep sleep-like condition of the normal personality, that is not always the case. In some instances

[1] Cf. especially Prof. Driesch's recent work, "The Crisis in Psychology."
[2] P. 502.

they are manifested only by automatic writing, or, more rarely, by automatic speech. A further difference, consonant with the last, is that a secondary personality of this type, though it may, in some cases, claim to know something, much or little, of the inner life of the normal personality, does not usually share the memories of that personality or in any sense claim them as its own. Further, unlike the other types, it does not admit itself to be tied to the body of the medium or to share in its vicissitudes, but rather to be entirely independent of it, except in so far as the body is useful as a medium or instrument of communication.

There is, however, no sharp line to be drawn between the types we are comparing. The secondary personality in Case 57 (page 495) stoutly claimed to be the surviving spirit of a Spanish gipsy of the seventeenth century, sustained the rôle with very fair consistency, and was accepted as such by the primary personality and by many of her friends.

Among the many cases of the trance-medium type, one stands out pre-eminent by reason of the richness and variety of the phenomena presented, of the thoroughness and competence with which it was studied, and of the success attending the endeavour to throw the light of science upon its complexities; I mean the case of Hélène Smith, most admirably studied and reported by Th. Flournoy, late professor of psychology at Geneva.[1] The case combines almost all the features of interest discovered by other mediums, with the exception of the alleged supernormal physical phenomena; from every point of view it must rank as a classical case, and is deserving of our most respectful consideration.

Case 60.—Hélène Smith was a young woman who filled with success a responsible position in a large house of business. In normal life she was in every respect a capable and altogether admirable person. Having become a participator in the séances of a private circle of spiritists, she very soon showed mediumistic powers, which rapidly developed and were manifested through a long period to a circle of admiring and deeply interested friends, many of whom were persons of much intelligence and cultivation. "Her mediumship has presented from the first a complex type . . . : visions in the waking state,

[1] "Des Indes à la Planète Mars," Geneva, 1899. The study of Flournoy was supplemented by those of several of his colleagues, and no less than seven books have been devoted to this famous case.

accompanied by automatic speech and writing and auditory hallucinations. From the point of view of their content, these messages have for the most part referred to past events, of which the persons present were usually ignorant, but the reality of which was always verified by recourse to historical works or the traditions of the families concerned. To these phenomena of retrocognition or of supernormal memory were added occasionally, according to the circumstances, moral exhortations dictated automatically, more frequently in verse than in prose, and addressed to the persons present; medical consultations with prescriptions that were generally happily chosen; communications from relatives or friends recently deceased; lastly revelations as piquant as they were unverifiable upon the former lives [*i. e.*, previous incarnations] of the members of the circle, who, almost without exception, convinced spiritists as they were, learned with some astonishment that they were the reincarnation of Coligny, of Vergniaud, of the Princess Lamballe, or of other historical personages. It should be added that all these messages seemed to be more or less connected with the mysterious presence of a 'spirit' responding to the name of Leopold, who claimed to be the guide and protector of the medium."

At first the automatisms occurred in the waking state; but soon, as is not unusual in such cases, the medium fell into trance before or during the manifestations, and, on recovering her normal consciousness, had no recollection of the events of the trance period. This semi-voluntary falling into trance as soon as the conditions are set for a séance is in itself an interesting phenomenon common to many such cases. Flournoy discovered that during the automatisms of the waking state the medium (henceforward H) was subject to a variety of disturbances of sensory and motor functions. At the first trance Leopold appeared and took charge of the proceedings; and from this time onward the somewhat fragmentary communications of earlier sittings became elaborated into long-continued romantic dramas.

In addition to revelations of the life and personality of Leopold, these communications took the form for the most part of three dramatic stories; thus "we have to do with four subconscious creations of vast extent, which have evolved side by side through several years, manifesting in irregular alternations in the course of different séances, and often also in the same séance. They have, no doubt, a common origin in the depths of H and they have not developed without influencing one another and establishing certain points of contact in the course of time."

It appeared that H had twice lived upon the earth before her present incarnation. Once five hundred years ago as an Arab chief's daughter, who (Simandini by name) became the favourite wife of a Hindu prince. This prince, Sivrouka, reigned over a kingdom of Kanara, and constructed, in 1401, the fortress of Tchandraguiri. This romance was developed with a wealth of detail; and the astonishing features of it were, first, that research in old and little-known books on Indian history confirmed some of the details, such as the names of places and persons described; secondly, that Simandini uttered (in the trance automatisms) many Hindu words and phrases, sometimes appropriately used, sometimes mingled with other words which the experts failed to identify, and wrote also similar phrases in Arabic script. Further, the entranced medium would act the rôle of Simandini, putting other members of the circle into the vacant places of the drama. "All this various mim-

icry and this exotic speech have so strongly the marks of originality, of ease, of naturalness, that one asks with stupefaction whence comes to this daughter of Lake Leman, without artistic training and without special knowledge of the Orient, a perfection of art which the best of actresses might attain only at the cost of prolonged studies or by residence on the banks of the Ganges."

Flournoy confesses that he has not been able to resolve the mystery, especially the Hindu language and the historical statements about the kingdom of Kanara, statements which after much research were verified in an old and rare book, to which, so far as could be ascertained, H had never had access. Nevertheless, he was able to show that this knowledge of the ancient kingdom showed distinct traces of its derivation by one unknown route or another from the one book in which its history is recorded, and that the few words of Arabic script were written in a manner which indicated that they reproduced visual images of the words retained without understanding of them. And he concludes that the whole Hindu drama was a subconsciously elaborated fantasy, incorporating very skilfully fragments of knowledge picked up in haphazard fashion. "I do not think that this is to do too much honour to the subliminal faculties—in view of all that we know of their promptitude, their delicacy, their perspicacity, sometimes so astonishingly fine and exquisite."

The second drama of reincarnation presented by H was that of Queen Marie Antoinette. This royal cycle also was developed with a wealth of imaginative detail, and but little of historical fact; and, since sources for such knowledge as was revealed were easily accessible, this knowledge presented no such difficult problem as that of the Hindu drama. Flournoy writes: "One sees in these examples the mixture of preparation, of repetition, and of improvisation, implied by the varied incidents. . . . It is probable that if one could witness, or if Mlle. Smith could remember, all the spontaneous automatisms which have contributed to the royal romance, night-dreams, hypnogogic visions, subconscious fantasies during waking, etc., one would be the spectator of endless imaginary conversations with the marquis, with Philippe, with Cagliostro, and all the fictitious personages who have appeared occasionally in the somnambulic scenes of Marie Antoinette. It was by such labours, submerged and ignored, and perhaps never interrupted, that were prepared and slowly elaborated the personality of the Queen of France, who burst forth and displayed herself with so much magnificence in the evenings spent with Philippe of Orleans and the Marquis de Mirabeau." And he points out that the whole drama was of just that compensatory nature which we have learned to expect in fantasies. H was a girl of refinement who secretly aspired to social distinctions and, like many such children, had conceived that perhaps she was in reality the child of some unknown magnates; and her very restricted mode of life and occupation had favoured the flowering of such fantasies. "They express the experience of the bitter irony of things, of the fruitless revolt, of the fatality ruling human life. They whisper that all that is happy and brilliant in life is but an illusion, soon dispelled. The daily negation of desires and of dreams by implacable and brutal reality could find in the hypnoid imagination no more adequate compensation, no symbol more emotionally satisfying, than the royal lady, whose existence seemed made for the heights of happiness and glory and ended on the scaffold."

The third drama consisted in the manifestation, through the medium, of a

young man, the deceased son of a member of the circle, who claimed to have been translated to the planet Mars and who revealed with a wealth of detail the strange customs, the environment, and the language of the inhabitants of that planet. Here the interest of the investigator was centred in the language of the Martians rather than in the florid and fanciful descriptions of the flora, persons, customs, and habitations of the planet. A key that rendered possible a translation of the language having been obtained from the Martian visitor, a careful study of the abundant material showed that the language was essentially composed of European roots, and chiefly French. "I submit that the Martian language is a natural language in the sense that it has been automatically incubated without the conscious participation of Mlle. Smith, in the emotional state or by the secondary self which is the source of all the rest of this cycle." And Flournoy proceeds to display "the traits which seem to show that the inventor of all this subliminal language has never known any idiom other than the French, that she is much more alive to verbal forms than to the logical relations of ideas, and that she possesses in an eminent degree that infantile or puerile quality which I have already demonstrated in the author of the Martian romance." Of the latter he writes: "All the traits that I have demonstrated in the author of the Martian romance, and many others, may be resumed under one heading—the profoundly infantile quality. Only the candour and the imperturbable naïveté of childhood, which has no doubts because it has no knowledge, could launch itself seriously upon an enterprise such as the ostensibly exact and authentic drawings of all the features of an unknown world, or could attain an imaginary success by simply changing and colouring in Oriental travesties and bizarre puerilities the familiar environment of this earth. Never would an adult person, of moderate cultivation and some experience of life, waste her time in elaborating such fancies—Mlle. Smith less than most others, intelligent and mature as she is in her normal state." In other words, Flournoy shows abundant reasons for believing that the Martian romance was constructed by some infantile subconscious personality within the organisation of the medium, a personality not unlike Sally Beauchamp or Margaret (of the Fischer case), but one of a more romantic trend and one which never "came out" to dominate the whole organism in the waking state.

It remains only to tell the story of Leopold, a personality who, more closely than any of the other manifestations of this case, conforms to the type of the mediumistic trance personality or "control," the possessing or controlling and invading spirit of a deceased person.

Leopold played consistently the rôle of a discreet adviser and benevolent guardian to H. He manifested himself in visual hallucinations, in automatic speech and writing, and in various other automatisms, most commonly during trance, but also at other times. He disclosed the claim that beneath the pseudonym of Leopold was hidden the personality of the famous Cagliostro. Of him Flournoy writes: "One could not conceive of a being more independent, and more different from Mlle. Smith herself, having a character more personal, an individuality more marked, and an existence more positive."

Nevertheless Flournoy arrived at an adverse verdict upon this claim. He shows how, in all probability, the personality of this guardian spirit took shape in the depth of H's organism.

At ten years of age H had been protected from the attack of a savage dog

by a stranger of imposing and romantic appearance. Flournoy traces to this incident the birth of Leopold. On several subsequent occasions when H was in various ways threatened, she hallucinated this figure. But it was not until the immersion in spiritistic séances had gone far that Leopold began to play a more prominent rôle. One of the spiritist circles frequented by the budding medium was of a very mixed character, and some of its junior members permitted themselves to attempt liberties not consonant with H's high standards of propriety. Flournoy finds reason to believe that these circumstances engendered in H a conflict between, on the one hand, her natural enjoyment of her rôle as the admired of all observers and her desire to cont nue it and, on the other hand, her equally natural reserve and modesty. Out of this conflict Leopold emerged, embodying (if so material a word may be used) or integrating the tendencies making for discretion and reserve. Under his influence H withdrew from that particular circle. Thus, says Flournoy, Leopold represents "the quintessence and the flourishing of the most hidden springs of the psychophysiologic organism. He sprang forth from that mysterious depth in which are immersed the ultimate roots of our individual being, roots by which we are connected with the species itself and perhaps with the absolute, and whence sound obscurely our instincts of physical and moral conservation, our sentiments related to the sexes, the modesty of soul and senses, all that which is most obscure, most intimate, and least rational in the individual." And Flournoy was able to trace the influences which seem to have played a determining part in casting this personality in the rôle of Cagliostro, that long-deceased Italian who in this reappearance knew nothing of the Italian language and displayed only a very sketchy acquaintance with the history of his former life.

Flournoy cites various incidents of which he writes: "These examples suffice to allow us to see how, from a purely psychological point of view, one may conceive the formation of this secondary personality. It is made up of normal pre-existing tendencies of a very intimate nature, which took form in the infancy and youth of Mlle. Smith, to synthesise themselves separately from the rest of the ordinary consciousness on the occasion of certain emotional shocks, and which, thanks to the favourable influence of the spiritistic exercises, have succeeded in assuming the form of a personality under the mask (of suggestive origin) of Leopold-Cagliostro."

Flournoy shows that there is no absolute separation between the mental organisation of Leopold and that of the normal H. "It is rather an interlacing, the limits of which are vague and difficult to define. Leopold knows and foresees and recalls much of which the normal personality knows absolutely nothing, owing simply to amnesia on her part or to her having always been ignorant of it. On the other hand, he by no means commands all the memories of H; he knows nothing of a large part of her daily life; even some striking incidents escape him entirely . . . the two personalities are not coextensive; each surpasses the other in certain points, so that one cannot say which, on the whole, is the more extensive."

Flournoy finds it impossible to affirm with confidence that the two personalities ever coexisted, were ever coconscious. He thinks it possible that the appearances pointing to such coconscious existence may really imply merely a rapid alternation of the two conscious personalities. But it is possible that, if he were able to review the facts of this case in the light of such more recent

studies as those reported in the foregoing chapter, he would relinquish this natural prejudice against the recognition of coconscious personalities within the one organism.

Flournoy thus repudiates decidedly the spiritistic hypothesis of "possession," holding that the facts of the case of Hélène Smith do not call for it. At the same time he admits that some knowledge was displayed the acquisition of which by normal means would seem to have been well-nigh impossible; and he recognises that the assumption of the reality of telepathic communication would go far to account for these otherwise inexplicable facts. He sums up his conclusions in the following wise words. "The fact of the primitive nature and the different ages of the diverse hypnoidal lucubrations of Mlle. Smith seems to me to constitute the most interesting feature of her mediumship. It tends to show that the secondary personalities are probably at their origin . . . phenomena of reversion of the ordinary actual personality, survivals or momentary returns of inferior phases, which have been left behind for a longer or shorter time and which normally would have been absorbed in the development of the individual in place of springing forth in strange proliferations. Just as teratology illustrates and explains embryology, and as both of them contribute to illuminate anatomy, so one may hope that the study of the facts of mediumship will contribute to furnish us one day with a true and fertile view of normal mental development, which in return will enable us better to understand the appearance of these curious phenomena, and that the whole of psychology will gain a better and more exact conception of human personality."

I have cited Flournoy's account of this case at some length not only because it combines so many interesting features and was studied and reported in a manner that is beyond criticism, but also because it is historically interesting in that it shows that Flournoy had anticipated much that is now becoming common doctrine, and the credit for which is commonly assigned to later writers. We see how Flournoy, writing in the nineteenth century, made use of the conceptions of conflict, repression, and regression, and how, unlike so many of his contemporaries, he saw that such cases cannot be understood in

terms of any purely associationist or intellectualist psychology, but only in terms of one which takes account of the instinctive tendencies of our nature and recognises that the normal unitary personality is the product of a process by which these diverse tendencies are integrated into one harmonious system.

Other Trance Personalities

I do not propose to describe any other cases of this type, but will add merely a few words concerning some of the most famous cases.

Of all such cases, those of Mrs. Piper and Mrs. Leonard are perhaps the most deserving of attention, by reason of the care with which they have been studied and the extensive evidence of supernormal knowledge furnished by them. These two cases are in many respects very similar. Mrs. Piper's trances have recurred through many years, and, though certain changes in the personalities and in the modes of communication have occurred, such changes have been less striking than the continuity and constancy of the manifestations. There are certain "controls," personalities who, like Leopold in the Hélène Smith case, play the part of master of ceremonies and of mediator between the investigator and other personalities. But sometimes these other personalities, some of whom claim to be identical with deceased persons well-known to the investigator, seem to manifest themselves directly in the automatic speech or writing of the medium. In some of these instances the speech or writing seems to reveal traits that impress the observer as highly characteristic of the personality impersonated. But the chief interest and the most difficult problem presented is the fact that the "automatic" speech or writing seems to contain, among much that may seem irrelevant, statements of facts that, so far as careful investigation can ascertain, could not have come to the knowledge of the medium in any normal fashion, any fashion recognised by science, or, in other words, through the senses of the medium.

In face of the evidence of such supernormally acquired knowledge in these two cases (and the same is true in less degree of other cases) all, or almost all, of those who have competently

and open-mindedly considered the evidence acknowledge themselves in the presence of a dilemma: either the personalities are what they claim to be, or they are secondary personalities of the mediums who have the faculty of acquiring knowledge in ways not recognised by science.

In view of other evidence for the reality of telepathy, the direct communication of mind with mind without the use of sense-perception, the least extravagant hypothesis for the interpretation of the facts is the hypothesis that such subconscious or secondary personalities have wide-reaching powers of telepathic reception. It is only fair to add that some very competent students of such cases hold strongly the opinion that the telepathic hypothesis will not cover the facts. Some claim that it is necessary to postulate at least far-reaching "clairvoyance" in addition to telepathy. It is obvious that, if both telepathy and "clairvoyance" be postulated, the possibility of finding in such cases evidence that will suffice to establish the claim of identity with, or communication with, deceased personalities, becomes very remote.

CHAPTER XXXIII

THEORY OF PERSONALITY AND OF ITS DISINTEGRATION

In this chapter we may attempt to form some conception of the nature of human personality which may serve as a working hypothesis for the theoretical interpretation of the forms of mental disorder. And it is worth while to review briefly the principal current conceptions, in order to have them before us in attempting this task. Here all the biological sciences, all psychology, and all philosophy converge; the problem of the individual is the most fundamental problem of all these disciplines and its solution must be the crowning achievement of them all. Here dogmatism is supremely out of place. Here the open mind is essential, the utmost freedom of speculation is in order, and conclusions can be nothing more than tentative working hypotheses. For our ignorance is very great. We have no certain principles for our guidance, beyond the fundamental logical principle that two contradictory propositions cannot both be true. Yet so great are the difficulties that William James, wrestling with this problem, proposed to throw aside even this last logical anchor.

Many of the psychologists who have attempted some interpretation of cases of multiple personality have started out with some fixed conception of the nature of individuality, and have forced the facts to fit the conception. The only proper procedure is the reverse of this: we must have in mind, and be open-minded towards, the various views of individuality, and must tentatively apply each one, in order to discover which best fits the facts, best enables a consistent interpretation of all the well-established phenomena or facts. It will not do, for example, to reject dogmatically at the outset every form of dualistic view of human personality, on the ground that we have recently learned a little more about the influence upon mental life of the chemistry of the body, or because Pavlov's researches have made

more definite our knowledge of the way in which primitive native reaction tendencies are altered in the course of experience.[1] Nor is it helpful to hurl dyslogistic epithets at those who incline to views we do not ourselves accept, epithets such as materialist, mystic, metaphysician, or mediævalist. In spite of all the progress of modern science this great question is still as open as it was when Aristotle struggled with it and wisely refrained from pretending to have found a satisfactory answer.

Dualist Theories

The rival views we have to keep in mind fall into two main groups, the dualistic and the monistic. By dualistic I mean those which assume that mental and physical processes are distinct in kind and that man is a psychophysical organism in the life of which processes of these two kinds interact. The dualistic view may be given a metaphysical form by assuming that physical processes are expressions of the nature of a substance we call matter, and that mental or psychical processes are expressions of the nature of a substance we call soul or mind or spirit. Or it may be held in a less metaphysical form which does not postulate substances underlying physical and psychical processes. In this form the dualistic view regards physical and psychical processes as distinguishable in terms of the general laws which they seem to obey or manifest: physical processes seem to conform to the laws of strict determination or mechanistic causation; psychical processes conform to the laws of purposive striving, the seeking of goals or ends. According to this view every human action is the outcome of an intimate interplay of processes of these two kinds; and the actions of animals and the organic processes of our bodies are in a similar way psychophysically determined. The psychical factor is at a minimum in the simple organic processes, and reaches its maximum in the self-conscious choices of developed personalities, in which it attains a decided predominance over its physical partner.

[1] Dr. L. Berman, an enthusiastic exponent of endocrinology, writes in his recent book, "The Personal Equation," as follows: "The blood and the nervous system and the glands of internal secretion form a triumvirate of chemical machines whose integrated functioning is the soul. There is ever[illegible]son for believing that life is a piece of chemical clockwork."

Monistic Theories

The monistic views range from extreme materialism to pure spiritualism or idealism. They also may postulate a universal substance which may be called Matter or Spirit or Ether or Mind or God. But they may avoid all such postulates and content themselves with the assumption that all process is essentially of one kind. Then the monist finds himself before the question—Is this fundamental kind more adequately conceived after the pattern which physical science postulates, strictly determined processes every stage of which is in principle exactly predictable; or is it a creative process such as our mental life seems to illustrate, at least in its higher flights, a process that seeks and strives after goals, and in so far as successful achieves new and better ways of attaining its goals and at the same time formulates new and wider goals to strive for? In short—is the one process of the mechanistic or the purposive type? Some of the monists affirm its mechanistic nature; they are the modern representatives of materialism. Others prefer to regard it as of the purposive type; they are idealists or spiritualists or mentalists. The former are compelled to assume that the appearance of purposiveness presented by so much of human and animal action is illusory; the latter that the appearance of mechanistic determination in the inorganic world is illusory. The former view may be called "physical monism"; the latter view "psychical monism." There are thus three principal views to be kept in mind—(1) dualistic interactionism; (2) physical monism; (3) psychical monism. All these are respectable; and, though the views put forward by various authors differ by many fine shades, there is, I think, only one which does not fall in one of these three classes, namely psychophysical parallelism in the stricter meaning of the term. In a loose wide sense all the monistic views may be and often have been spoken of as forms of psychophysical parallelism; but in the stricter sense the term implies dualism of mind and body, a parallelism of the mental processes with the physical processes of the brain, without interaction. About the end of the last century this view, under the influence of Wundt, Ebbinghaus, and others of the German ex-

perimental school, was fashionable and orthodox; but at the present time it has become generally recognised that it is the most unsatisfactory of all the formulations, one that does nothing more than to confess our lack of insight into the mind-body relation and to announce the intention to abstain from all wrestling with the problem.[1] Wundt seriously asserted that the difference between a teleological series of events and a mechanically determined series lies merely in the point of view, that the same series may be regarded as mechanical when traced from behind forward, and as teleological when traced backward from any given point which we might choose to regard as its end or goal. But the difference between a train of mechanically determined events and a change produced by creative purposive activity is the most radical difference that we can conceive. Here at least we may confidently invoke the logical law of non-contradiction and assert that the psychophysical series cannot be both wholly mechanical and wholly purposive.

A generation ago the general tendency of those who favoured a monistic view was towards physical monism; that is to say, it was held that mechanistic determination was established for the inorganic realm and that, if there was no radical difference between mental and physical processes, the mental must be conceived after the pattern of the physical. But there has been of recent years a great relaxing of the rigidity of physical formulations; it is beginning to be understood that the rigid formulations of the past were valid only for hypothetically isolated and closed systems;[2] and that we have no warrant for regarding any part of the real world as constituting such a system; that every conceivable system is part of a larger whole in which mental activity has its proper place; that any picture of the universe which leaves out the purposive mental activity which creates that picture is a little naïve and even ridiculous; that, therefore,

[1] For a detailed review of speculation on this topic I may refer the reader to my "Body and Mind" (1911). Janet has recently referred to psychophysical parallelism as "la fameuse théorie du parallelisme . . . qui a eu une influence si funeste sur les études psychologiques."

[2] For example, it is only when applied to such a hypothetical closed system that the principle of conservation of energy forbids the conception of psychophysical interaction.

if a monistic picture is to be valid, it must be one in which the physical is assimilated to the nature of the psychical, one in which the most elementary physical processes are conceived after the pattern of our own activities; rather than one which, ignoring or falsifying the most intimate and certain knowledge that we have, represents the world as one in which the terms value, desire, motive, striving, volition, meaning and intention, are meaningless. The rise of the Quantum theory in physics, of the *Gestalt* or configuration theory in psychology, are interesting indications of a movement towards a psychical monism and away from physical monism.

Rival Theories and the Facts of Multiple Personality

It may be asserted with some confidence that the serious rivals in the field, as hypotheses in terms of which human nature must be interpreted, are psychical monism and dualistic interactionism. This is borne out by the inadequacy of every form of physical monism when applied to the interpretation of the facts of multiple personality. The older attempts to interpret the facts in terms of atomistic and sensationistic psychology, for which mental process is nothing more than conjunctions and sequences of cerebral reflexes, each somehow accompanied by an element or atom of consciousness called a sensation or an image, all such attempts are hopelessly disqualified in view of the fact, so clearly brought out by recent studies, that the unity of the personality is the product of a long integrative process, and that, in both integration and disintegration, the chief rôle is played by the conative, striving, purposive factors or aspects.

The same facts equally negative the old simple dualistic view that regarded the personality as a conjunction of the physical structure with a single indivisible psychic being or soul; for all the arguments which led to the postulation of the unitary indivisible soul as the ground of the unity of the conscious life and of its expressions in the body require that, in cases of clearly marked multiple personalities, we should postulate a corresponding number of souls. And, if the unity of the individual is given once for all in the unitary nature of the soul, how are we to understand the facts of increasing integration and the

defects and lapses of integration that result in multiple personalities each leading its own mental life and struggling, in real conflicts of will, against its fellow for the use and control of the common organism?

It is clear also that none of the theories which seek to explain the facts of subconscious activity by postulating a subconsciously functioning psychic entity, whether called the Unconscious (with Schopenhauer, von Hartmann, Freud, and Jung) or the Subliminal Self (with Myers) or the Subconscious Self (with Sidis, Hudson, and others) is adequate to the facts. For the study of subconscious and coconscious activities does not point to any such enduring division of the mind into two parts, one functioning consciously, the other unconsciously; it points rather to a hierarchy of minor integrations which, under favourable circumstances, becomes the single integrated system that we call the normal personality.

Freud and his disciples have abstained from any attempt to reconcile the facts of multiple personality with the Freudian psychology. Freud himself has somewhat dogmatically denied the reality of coconscious activities in the same organism. He writes of the analysis of hysterical subjects as follows: "One receives a delusive impression of a superior intelligence, external to the patient's consciousness, which systematically holds a large psychic material for definite purposes. . . . I presume, however, that this unconscious second intelligence is only apparent." And again he writes: "The pathogenic psychic material appears as the property of an intelligence which is not necessarily inferior to the normal Ego. The semblance of a second personality is often most delusively produced." And yet again he writes of the theory of coconscious activity as follows: "I venture to argue against this theory that it is a gratuitous assumption based on the abuse of the word 'conscious'; . . . the cases described as splitting of consciousness, like Dr. Azam's (Félida), might better be denoted as shifting of consciousness—that function—or whatever it be—oscillating between two different psychical complexes which become conscious and unconscious in alternation." But Freud offers no good reason for rejecting the very strong evidence of coconscious activity. His

rejection of it would seem to be determined by his very peculiar treatment of consciousness in general. He consistently treats of consciousness as though it were a lamp, a light, or an illumination, suffusing the interior of a certain chamber; and he assumes that psychic processes may go on equally well either inside this chamber suffused with this light, or outside of it in the region he calls "the Unconscious"; the illumination of the processes by the light which is consciousness making no more difference to them than the turning on or off of the lamp in an engine-room makes to the running of the engine.

Such complete divorce between conscious activity and psychic activity seems without warrant. For Freud, who rightly conceives the subconscious processes as psychical purposive strivings towards various goals, such divorce is even more unjustifiable than for those who regard all subconscious processes as merely the mechanical operations of the brain tissues. Further, it is of the essence of Freud's therapeutic principles that the hidden processes of "the Unconscious" must be brought into the light of consciousness, in order that a cure may be effected. To treat consciousness as a light that is thrown upon some psychical processes, yet as a light which makes no difference to the course they run, as Freud does, is then radically inconsistent.

Integration

It is clear that, before we can formulate any satisfactory theory of the disintegration of personality, we must have some satisfactory view of the nature of personality, some view of the nature of its unity and, since that unity is in some sense the product of an integrative process, some view of the nature of the integrative process.

Man, like all the animals above the level of the unicellular protozoa, is a colonial organism; his body consists of a vast number of cells, each of which is in a sense a vital unit. His life is the more or less harmonised co-operation of all this vast multitude; and the nervous system plays the main rôle in maintaining this harmony of co-operation. But the nervous system is itself a vast multitude of cells; and it is in virtue only of its

own integration that it succeeds in maintaining the harmonious co-operation of other organs and functions.

The nervous system inherits a certain degree of organisation; there take form within it, by a process of maturation, by the momentum of the heredity process, certain innate integrations, the chief of which are the instinctive dispositions. Each of these, when mature, can impel the organism to co-ordinated activity towards some goal of a special kind, the attainment of food, the performance of the sexual function, the escape from dangers, the exclusion or repulsion of noxious substances from the mouth, the breaking down of opposition or obstruction, the display of the organism, etc. But each of these integrations, which, when brought into play, is, or generates, an active tendency, an impulse, towards its natural goal, works, so far as innate organisation is concerned, in relative independence of all the rest. The unity of a harmonious personality is only gradually and imperfectly attained by the individual in the course of his growing up, his postnatal development; a development which takes place in the light of a multitude of experiences of success and failure, of pleasure and pain, of satisfaction and painful frustration. Through such experiences the instinctive impulses become confirmed in certain directions, become fixated upon certain objects and in certain modes of seeking their goals; and at the same time they are turned away from other objects and other modes of expression. This is the formation of the sentiments, sentiments of love and hate, of liking and disliking, of respect and contempt, of admiration and fear, for various objects.

Character and the Sentiments

Each sentiment is a higher integration; within one sentiment several instinctive dispositions may be integrated to form an harmoniously working system. But still the various sentiments thus formed are so many systems which may obstruct one another or conflict with one another. If a unitary personality is to be achieved, the various sentiments must be brought into one system within which their impulses shall be harmonised, each duly subordinated to the higher integration of which it becomes

a member. This higher integration is what we call "character"; it is achieved by the development of a master sentiment which dominates the whole system of sentiments, subordinating their impulses to its own. In the imperfect forms of character the master sentiment may be the love of wealth, of power, or of glory (*i. e.*, what we call an ambition, an imperfect or lower form of the sentiment of self-regard). There may be two or more master sentiments of divergent tendencies (such as love of learning and love of wealth)[1] and then conflict is inevitable and the way is prepared for division of the personality (cf. Case 56, with her sentiment of devotion to her wifely duties and her sentiment for a life of girlish independence in the open air).

The only sentiment which can adequately fulfil the function of dominating and harmonising all other sentiments is the sentiment of self-regard, taking the form of a self-conscious devotion to an ideal of character. Such a sentiment owes its peculiar potency to two peculiarities in respect of which it is unique: first, it can supply a determining, a decisive, an over-ruling motive in all conflicts between other sentiments or crude impulses; secondly, this sentiment is capable of extension to all loved objects; that is to say, it may become synthesised with, or may integrate within its own system, all other sentiments of love and hate, of liking and disliking; as when a man identifies himself with his child, his family, his country, or learns to feel that the friends and enemies of his country are his own friends and enemies.

I have sketched the hierarchy of sentiments which we call character in terms of mental structure, of the organisation of affective dispositions. The same development may be stated in terms of goals and purposes, the goals towards which the sentiments or their impulses are directed, the purposes that spring from them. From this point of view we may say that the integration of personality, the development of character, results from the formation of some dominant purpose, the adoption of some goal that is felt to be of supreme value, a purpose and a goal to which all others are subordinated as of less urgency and lower value. And of such master purposes, the one most truly and universally effective is the purpose of being an efficient autonomous personality,

[1] Cf. the dream of the young Jew, p. 153.

a character capable of choosing and following whatever line of conduct reason may point to as the best.

My Theory of Character Applied by Other Authors to Interpret Multiple Personality

This theory of character, of the integration of personality, sketched in greater detail in my "Social Psychology" many years ago, was reached from the study of normal personality.[1] It is therefore very satisfactory that the theory finds confirmation through the study of disintegrated personalities. Three distinguished students of such cases have adopted the scheme for the interpretation of the facts, each being led to its adoption by his first-hand and independent study of extreme cases of disintegration. Since most of my colleagues have entirely ignored this theory of the development of character, the most important and original feature of my "Social Psychology," I cite here passages from the writings of those three authors stating the theory in language which, perhaps, is better suited than my own to gain for it some attention and comprehension.

Dr. Morton Prince has applied it in detail to his cases, in the papers already cited, and especially in the last of the series.[2] I quote one passage: "The importance of the sentiments in the dynamics of personality . . . need not be dwelt upon. But there is one sentiment which plays such an important rôle both in these respects and in the content of that unitary system which we know as the Ego, or consciousness of self, that something needs to be said about it. This sentiment is that which McDougall has termed the 'self-regarding sentiment,' which is intimately bound up with the idea or conception of the empirical self, and both should be considered together. It is only by regarding, as it seems to me, the conception or idea of the empirical self as a secondary unitary complex organised by experience that we can approach the solution of the problem of the Ego and understand the phenomenon of two Egos in one personality, as so often occurs in multiple personality."

[1] It is briefly restated in Part I of this book.

[2] "The Structure and Dynamic Elements of Human Personality," *J. Abn. Psych.*, 1921.

Dr. T. W. Mitchell writes:[1] "Unity and continuity of consciousness is a necessary and important part of our conception of personality, but in this there is also implied a higher unity of the self which is not dependent on a mere contiguity of elements. This unity is essentially a conative unity. It is a unity that is not given in the structure of the mind,[2] but is something that the self can aspire to and, it may be, by struggle, attain. In the struggle towards this ideal character is formed, and when such unity as may have been attained is disrupted, the resulting change in personality will reveal itself as a change in character and conduct. . . . If then, unification and systematisation of interests and purposes are essential to the formation of personality, a failure or defect of this process, a lack of integration of personality affecting mainly the practical character, may give rise to a division of the self which should be regarded as a true doubling of personality. And since it is on the organisation and systematisation of ethical interests and purposes, on the unity of the moral character, that the attainment of personality in its highest expression depends, any lack of integration affecting this aspect of mental development will reveal itself as a want of unity more marked than that which arises from defect of the integrative process in other directions. Under certain circumstances it may lead to the most startling transformations that human personality can undergo. A man's moral unity is manifested by a constant striving to realise a definite system of ethical purposes, and any habitual and systematic departure from the broad lines of conduct consistent with this end, any persistent pursuit of interests which are incompatible with its realisation, implies a doubling of personality which is as real and as important as any of the conditions to which this term is usually applied. . . . Our bodily appetites urge us in one direction, our ideas of right and wrong and our feeling of 'ought' [in my terminology, our moral sentiments] urge us in another. If sometimes we follow one course and sometimes the other, two systems of opposed conative dispositions become organised by habit, each of which, throughout life, struggles for the mastery of the whole personality. These two

[1] "Medical Psychology and Psychical Research," 1922.

[2] This, I take it, refers to the structure of the mind as innately given.

systems are mutually incompatible and can never be unified in a single personality. Their alternate manifestations in the same individual mark the beginnings of a genuine doubling of personality which, because it is so common, cannot be regarded as abnormal." But he adds: "To warrant us in describing such a change in a man's character as a change of personality, we must be sure that the alteration of conduct observed is really opposed to his highest or more ultimate ends. The proximate ends which a man pursues may appear on the surface to be inconsistent one with another, although really unified in some more ultimate end which forms the guiding principle or master sentiment of his life."

Dr. C. E. Cory writes to similar effect in an excellent article devoted to "The Problem of the Individual,"[1] insisting that "Individuality is a matter of degree, and that when the term is applied to selves or persons this fact should be kept in mind. In other words, the term describes a tendency rather than an accomplished fact. Human life shows a tendency in the direction of individuality, a tendency that may be arrested or checked, or even disintegrated. Put in biological terms the idea is, perhaps, made clearer. The organism, at this stage of its development [the present stage of phylogenesis] is, to some extent, a plurality of functions or organs rather than a perfectly integrated unity. The work of synthesis is by no means complete. That the human organism has gone far with its task is true; but that it is short of its goal is a significant fact and one that often throws much light upon some problems in regard to its behaviour. And much of what it has won may be lost, with the result that, at such times, it is more helpful to view it as a plurality of competing and rival functions than as a unit. Just so, in psychological terms, what is called a self is always an ideal rather than an accomplished fact, an ideal that is in various degrees approximated but never attained. . . . It is some community of feeling [*i. e.*, of affect] that, in the last analysis, determines what associations are formed and how stable they will be. Some form of sympathy binds particular processes together, and some common bond of feeling is the condition of any wholeness or unity in a given experience. In some community of purpose, therefore, we shall

[1] *J. Abn. Psych.*, 1922.

probably find the principle that determines what is individual. The study of the causes of dissociation tends, I believe, to confirm the above statement. Always there is found some deep-seated emotional conflict. Tendencies that are apparently irreconcilable press their claims. In this conflict each elicits all the associations that are congenial to it. If the nervous system has a high degree of stability, the strain may be borne. As with the British political life, strong conflicts occur, but they do not disrupt it. A common tradition weathers the shock. But if an instability exists, the strain, in time, undermines the integrative forces. The way out is the way that life, in its evolution, so often takes when incompatible tendencies appear together. A bifurcation or division takes place. . . . Now these alternating selves are incompatible for the same reason that individuals may be socially or conjugally incompatible, and that is that their emotional life is discordant. Difference in thought as such does not arouse antagonism. It is contrary currents of feeling that produce friction, some divergence of impulse and instinct. And that is true of relations between individuals and between processes that fall nominally within one. If, then, discord can be thus explained, if it is, fundamentally, a matter of the will (the term is here used in the broad sense), we have found, it would seem, the principle of individuation. Since, however, the will turns out to have been, originally, a group of diverse instincts, the problem becomes one of understanding how, out of these diverse tendencies, a synthesis can take place. Such a synthesis, we have now seen, must itself be in terms of the will, that is, affective tendencies. Only through some inclusive desire can an organisation be won. Now the distinctive thing in our effort to answer this problem is the rôle that is attributed to the affective element in all organisation. Pathological cases provide a convincing analysis. There the different systems of ends become sundered into more or less distinct selves, and the sundering is due to the weakening of affective bonds. It will be apparent that what has been said is in line with McDougall's emphasis of the instincts as the primary source of motivation and, in particular, his discussion of sentiments. I accept his position that the basis of human behaviour is to be found in the instinctive responses. . . .

The various inherited mechanisms and the later acquired controls make up the structure of the individual. There is a basis, and there is an acquired superstructure. Our problem is largely to determine what is the character of this superstructure and how it is related to the given and various instincts. The emotions, as such, urge only the claims of their respective instincts. They rise and fall as the several instincts press their claims and reach their goal. In themselves they afford neither permanence nor order. Emotional responses are without fixed attitudes, nor is there in such responses any concern for the interest of life as a whole. It is obvious that upon this level there is nothing that is worthy of the name individual. Not until experience possesses a permanent structure is it the expression of a self. Now such a structure arises with the formation of sentiments. As sentiments are formed, experience acquires order and permanence. How much order will depend upon the nature and strength of the sentiment. Even hate establishes some order. In imposing itself upon behaviour it acts as a regulative principle. . . . It is, then, to the fusion of emotion with ideas, forming sentiments, we turn for light on our problem. That problem has now reduced itself to the question as to how the given and diverse tendencies can be brought under the organised control of an acquired disposition or attitude. . . . Experience, to be individual, must be organised and stable. Now, unlike an emotion, a sentiment is a more or less permanent disposition. Its significance extends beyond its existence as [I would say "its expression in"] an immediate experience. To have a sentiment means more than to be experiencing, just now, a particular group of affective states. It means, and this is the point, that future responses, of a specific character, are already prepared. It is thus that the self is prolonged into the future and acquires a being that cannot be compressed into a cross-section of its experience. A structure is formed that predetermines experience, and thus assures it that continuity which characterises the individual, and for which we have been seeking the ground. This structure of sentiment it is that binds the various moments of experience together, and provides the frame that insures the self against the sporadic claims of impulse and the emotions. 'It is only,' says McDougall,

'through the systematic organisation of the emotional dispositions in sentiments that the volitional control of the immediate promptings of the emotions is rendered possible.' I have said that this structure predetermines, in a measure, experience. It is worth noting . . . that it is never wholly revealed in experience. Experience uncovers now this and now that portion of the self's total structure. So fragmentary is consciousness that most of the self is, at any one time, hidden from view. Consciousness plays over its surface, but is not identical with it." Hence, one may interject, the current fashion of describing all this affective organisation as "the Unconscious" or as a part of "the Unconscious." "We are only concerned with the part that sentiments play in its erection, and this part, we have seen, is a vital one. In that they control not only the experience of the present but the future also, they erect it. Further, since they are not given but acquired, that structure is no mere resultant, but embodies a measure of choice. To think of the self as a whole as a product is, obviously, to fail to make the important distinction between the emotions and the sentiments, and their respective contributions to its organisation. When observed at work within experience, sentiments are seen to be so many vital systems, so many forms of sensitivity. Each animates all that touches it; and as a man moves from one region of experience to another, these established dispositions operate as controls. Ideas that do not find themselves within any of these systems are impotent. They are without influence on conduct. . . . Thus we see how a higher, more inclusive and permanent type of response may be erected upon the basic material of instinct. The plasticity of the instinctive mechanisms makes such a superstructure possible. So plastic are they that their allegiance may be won to many ends. Without becoming less basic they are sufficiently malleable to conform to the demands of the acquired types of response. Their incorporation in a larger organisation requires, however, that that organisation be affective in character, and this the sentiments are. . . . But a group of sentiments obviously leaves us this side of individuality. As such it provides only loosely federated systems, between which all degrees of conflict may arise. And dissociation may be due, although this is

less common, to a conflict of sentiments as well as to a conflict between instinct and sentiment. . . . I return to the statement that, when innate types of response are modified by sentiment, experience is prepared to become individual, has already made a step in that direction. While this change implies the appearance of idea, it means more than that. It means that a new type of affective organisation has been formed. From this point on in the development of the self nothing will be found that is essentially new in principle. That development consists in the establishment of more inclusive systems of response and the unification and solidification of those systems. The term individual anticipates the completion of that process. It presupposes an affective solidarity, beneath which would be found a thoroughly integrated structure. All responses would then be whole responses, every act a representative act. The ultimate organisation of experience, therefore, demands an all-inclusive sentiment, or such a one as would dominate and in turn be reinforced by all others. The existence of such a sentiment would suffuse all experience with a common feeling, and as a permanent disposition it would afford an inclusive control. But even granting that various affective systems can only be welded together by some master sentiment, there remains the further problem of discovering what that sentiment must be. We have seen that it must be inclusive, and therefore highly complex, but such a statement still leaves its exact nature undefined. . . . It has been my contention that the solidarity of a life is due, primarily, to its emotional concord, and that this is achieved by such a selection of sentiments as renders this unison possible. The hope, therefore, of individuality rests upon the discovery and creation of some master sentiment, the triumph of which is without repression."

Dr. Cory breaks off at this point abruptly, without defining the required master sentiment that shall be complex, inclusive, and dominant over all other members of the system of the sentiments. If he should return to the problem, I have no doubt that he will discover it to be the sentiment of self-regard in anv one of the many forms that it may take.

Integration Neglected by the Psychoanalysts

Freud has failed to gain any insight into this integrative process owing to his concentration on the effort to display the sexual instinct as an integration of all tendencies. His assignment of all recognisable innate tendencies as components of the sex instinct leaves him without material out of which to construct his Ego-complex; consequently that complex remains in all his writings extremely vague. Nevertheless it has not escaped him that the Ego-complex plays a leading rôle in some forms of disorder, and that therefore in such cases it must be credited with great conative energy: and, in order to account for this, he has devised the theory of Narcissism, the theory that the self or Ego becomes the object of the sex impulse, becomes "invested" with the energy of the sex impulse. But his interest in the problem of integration has been slight, because he has paid little attention to the cases of disintegration. For him the mythological device of the two chambers of the mind, the chamber illuminated by the light which is consciousness and the dark chamber of "the Unconscious"—this device, this spatial metaphor, obscures the need of any understanding, of any theory, of the integrative process; for all processes that are conscious are regarded as held together by the walls of the containing chamber of consciousness; and all psychical processes that are subconscious are similarly regarded as held together by the walls of the chamber of "the Unconscious."

Jung has equally overlooked the problem of integration.

Janet's Recent Development of His Theory of Integration and Disintegration

Janet, on the other hand, as we have seen, has long been interested primarily in the phenomena of disintegration and keenly aware of the need for a theory of the integrative process. He has recently made some little advance upon the too simple assumption of a synthetising energy which, when it is abundant, effects integration of all the so-called elements of consciousness and, when it is insufficient owing to exhaustion, leaves some ele-

ments wandering loose and astray. In recent publications[1] he has made some advance towards a theory of integration similar to that of my "Social Psychology." He recognises in an obscure way the human instincts[2] which he calls "tendances suspensives"; and he speaks of a hierarchy of such tendencies, and of a collaboration of such tendencies which constitutes "le caractère essentiel de ces conduites socio-personelles." Such collaborations of primitive tendencies he calls "tendances socio-personelles." Above these in the hierarchy of tendencies he places "les premières tendances intellectuelles." He remarks that, whereas at the level of the animal the tendencies operate each in turn, at the lower human level "la réflexion primitive favorise seulement la lutte de nos tendances, mais elle les évoque toutes and leur permet de se présenter avec toute leur force latente. La lutte de ces tendances constitue la délibération quand elle doit aboutir à une volonté, elle constitue le raisonnement quand elle doit aboutir à une croyance." And the following passage implies obscurely the integrative rôle of the sentiment of self-regard: "La volonté réflective s'est rattachée à la personnalité d'une manière bien plus nette parce qu'elle ne dépend pas d'une impulsion momentanée, mais de l'ensemble des tendances. De telles actions font partie de la personne, elles entrent dans son histoire, elles sont accompagnées du sentiment de responsabilité. Les impulsifs du degré précédent n'avaient qu'un sentiment vague de leur personnalité, sans doute ils obéissaient à des instincts vitaux et de temps en temps ils présentaient de l'égotisme. Mais les hommes qui possèdent la volonté réflective sont devenus capables de faire des calculs d'intérêt, ils ont inventé le véritable égoisme."

Janet is here struggling with the facts of integration, without the aid of the theory of the sentiments.[3] Having postulated a

[1] Especially the series of lectures before the University of London, "La Tension Psychologique, ses Degrés, ses Oscillations," *Brit. J. Med. Psych.*, vol. I.

[2] "Les premiers actes psychologiques dérivent des grandes fonctions de la vie animale, la protection du corps, l'alimentation, l'excrétion, la fécondation, quand celles-ci ne se bornent pas à déterminer des modifications à l'intèrieur de l'organisme, mais quand elles donnent lieu à des mouvements des parties extérieures du corps."

[3] The theory of the sentiments remains as unknown to French as to German psychology. The late Th. Ribot made a gallant effort to formulate such a theory in his "Essai sur les Passions," but, unfortunately, he went widely astray; the essential nature of the sentiment escaped him.

hierarchy of tendencies, or rather a number of tendencies of successively higher levels, and having recognised that "le véritable égoisme" plays some essential part, he still finds himself at a loss for the unifying factor, and invokes a special "tendance au travail" to fill this rôle. "Le travail est un genre d'action plus difficile et plus rare qu'on ne le croit. Il n'existe pas chez l'animal ni chez l'homme primitif malgré les apparences. . . . C'est que le travail, l'effort, appartiennent à des tendances supérieures à la réflexion, que j'ai souvent essayé de décrire sous le nom de tendances rationnelles ou de tendances ergétiques. . . . Bien des faits psychologiques dépendent de cette notion fondamentale du travail: l'attention volontaire bien différente de l'attention spontanée, la patience pour supporter l'attente, l'ennui ou la fatigue, l'initiative, la persévérance, l'unité de la vie, la cohérence des actes et des caractères, toutes choses qui ne sont pas seulement des vertus mais des fonctions psychologiques supérieures."

The important fact I am trying to bring out is that Janet is now no longer content to assume an unanalysed synthetic energy, but rather recognises in human nature a hierarchy of conative tendencies, the product of the evolutionary process, and recognises also the need for some theory of the integration of these tendencies to form character, the centre of a unified personality. And, if his invention of a special "tendency to work" as the supreme member of the hierarchy is not a very happy solution of the problem, it is perhaps as much as can be achieved without the aid of the theory of the sentiments.

Janet claims in this lecture to have presented "un tableau raccourci des diverses conduites humaines dans leur ordre d'évolution afin de vous donner le sentiment de la hiérarchie des fonctions psychologiques. Cette notion me semblait indispensable pour comprendre les oscillations de l'esprit."

Janet goes on, in the succeeding lecture, to state his theory of disintegration in the new form demanded by this more developed theory of integration. The main feature of it remains the conception of defect of energy through exhaustion; conflict being recognised as one of the various exhausting processes and emotion as another. There remains that confusion and uncertainty as to what processes are depressive and which sthenic; but

"l'abaissement de la tension psychologique" owing to "la misère psychologique" remains fundamental. The higher the tendency in the hierarchy, the greater the tension required for its activation; hence, with a falling tension, with a progressive diminution of the quantity of energy, the "tendencies" fall into abeyance in the order from above downwards. "Il me semble possible de démontrer que la plupart de ces troubles de la conduite ne sont que des degrés de la même dépression plus ou moins profonde. La profondeur de l'abaissement est caractérisée par le nombre plus ou moins grand des fonctions supérieures qui sont alterées ou supprimées et par le degré qu'occupent dans la hiérarchie les fonctions conservées et exagérées. Ce sont ces degrés de profondeur dans la dépression qui donnent aux différents troubles de l'esprit leur apparence si distincte." We are left to infer that the "tendance au travail" (being at the head of the hierarchy of functions or tendencies, and being that one which integrates all the lower tendencies and also that one whose activation requires the highest "tension psychologique" or the greatest supply of energy) is the first of the tendencies to fall out of action when exhaustion begins: hence the first effect of exhaustion is disintegration of the personality.

Two main criticisms of this new theory seem to be in place. First, the hierarchy of tendencies seems decidedly artificial; and especially is this true of the "tendance au travail" to which the supreme position and rôle are assigned. Secondly, the "tendances" are treated in too mechanical a fashion; each is regarded as a mechanism, a piece of apparatus, that is actuated by a current of energy coming from without, rather than as what it really is, namely, a vital organisation which has its own intrinsic energy. Nevertheless, it is much that so great an authority as Janet has recognised that the unity of personality is something that is attained and maintained only through the integration of many diverse tendencies; and that disintegration is the expression of a failure of the integrative function.

The Theory of Integration and Disintegration Applied

Having established the general principles of integration, we may with advantage recur to the more concrete problem of the

specific modes of disintegration, in the light of the cases we have reviewed.

A firm or strong or well-knit character, one that can resist all disintegrating influences, is one that can face all problems, all critical alternatives, and can make a decision, can choose one of the alternatives and give that line of action an assured predominance over all others; and this capacity depends upon the organisation of the sentiments in an ordered system dominated by a master sentiment; and of all possible master sentiments the most effective is a sentiment for an ideal of character, an autonomous self, a reflective self that can control, in the light of reason and moral principles, all the promptings of other sentiments as well as the crude urgings of instinct and appetite.

It would seem that, in the more extreme instances of disintegration, this master sentiment undergoes actual disruption. Its two fundamental impulses or dispositions, that of self-assertion and that of submission, became divorced; and each forms the nucleus of a partial one-sided personality. Thus, in the Beauchamp case we have the masterful aggressive personality B4 over against the utterly submissive yielding B1. In the B. C. A. case we have a similar division between the excessively dutiful scrupulous A and the self-assertive B, who takes her own way regardless of all calls of duty and obligation. In the Spanish Maria case, we have the bold self-assertive B divided from and largely dominating the timid shrinking A. The hierarchy of sentiments, no longer held together in one system, becomes divided between the two new partial personalities; and perhaps even the instinctive dispositions themselves, or some of them, go wholly over to one or other side. The clearest instance of such adhesion of an instinctive disposition wholly to one of the two partial personalities seems to be afforded by the case of Spanish Maria, where the sex impulse seems to have been strongly at work in the one B, and completely lacking in A. And it will be remembered that we are explicitly told that B was able at times to force this affect upon A.

We may suspect a similar total absorption of other instinctive dispositions in one of the two personalities: for example, the parental instinct would seem to have been active in B1 (of the

Beauchamp case) and A (of the B. C. A. case) and lacking in B_4 and B of those cases. It will be remembered that, in the latter case, B was entirely indifferent to her child and disclaimed all parental feeling towards him, whereas A continued to show a normal motherly affection.

Whether such regrouping of the instinctive dispositions themselves actually occurs must remain doubtful at present. For the facts may perhaps be interpreted on the assumption of a regrouping of sentiments only. Any one instinctive disposition may enter into the constitution of a number of distinct sentiments; and if such sentiments become regrouped in two hierarchies in place of one, each of the two personalities may continue to display evidences of that instinctive tendency. Whether the regrouping involves only sentiments, or also the deeper-lying instinctive dispositions, would seem to be a matter of the level at which the dissociative process or splitting occurs.

We may, I think, validly attempt to range the cases of dissociation in a serial order proceeding from those in which dissociation is superficial, in which it occurs at the upper levels of the total cerebral organisation, to those in which it is most profound, taking place at the level of those most ancient deep-seated functions, the instinctive tendencies.

In the class of most superficial dissociations would be all the simple anæsthesias and functional paralyses. Next would come the systematised amnesias, involving loss of memory for special tracts of past experience, but no change of the character trends or sentiments. And as the most extreme of this class we should rank those cases in which the whole of the basis of associative memory, the whole structure of the mind in so far as built up by associative links, is in abeyance (Case 5). Rather deeper are those dissociations in which not only is there amnesia for some tract of experience but in which also the amnesia involves the affective background of the forgotten events. (I remind the reader of Case 2, and of the many cases of somnambulism, fits, etc., in which such affective amnesia is manifested.) Such a case as Irene may be said to involve dissociation of one concrete sentiment together with the whole system of memories which belong to that sentiment, which have been formed under the

impulsive power of that sentiment in the service of its goals and purposes.

Still deeper is the level of the dissociation that breaks up the whole system of the sentiments into two independently functioning systems. And most profound of all is the dissociation that results in detaching one or more instinctive dispositions wholly from one of the partial personalities while leaving it or them active within the other.

CHAPTER XXXIV

INTEGRATION AND DISINTEGRATION FROM THE POINT OF VIEW OF CONSCIOUSNESS

In the foregoing chapter we have discussed the theory of integration and disintegration of personality much as the extreme behaviourist might do, a behaviourist who ignores consciousness but one who, not dominated by the mechanistic dogma, recognises the purposive nature of all human activities. But we must not shirk the more difficult task of interpreting the facts of multiple personality from the point of view of consciousness.

The cases of alternating personalities are not of critical importance here. We can interpret them in terms either of the monistic or the dualistic view of the mind-body relation. If we regard the associative links of mental structure as represented in the brain by cerebral links, as we surely must, the monist will see in such cases a division of all the neural system of the brain into two groups, each group functioning separately and alternately with the other; the two groups having in common, in most cases at least, the nervous structures and functions that are most fundamental, such as the reflexes, the motor-mechanisms, and the instincts. The dualist may hold that the self, the soul, interacts with these two cerebral systems alternately.

It is the evidences of coconscious activities that are of critical importance and offer extreme difficulty to any attempt at interpretation. The monist may say (and this is the line taken by Dr. Morton Prince) that he sees no special difficulty—the individual is a co-operative system of dispositions which may be regarded equally validly as mental dispositions or neural dispositions, neurograms, engrams, or what-not; and, when division of the whole system takes place, each part functions as an independent whole, enjoying its own psychical activities, pursuing its own purposes, and retaining its own memories. But

there is a difficulty which Prince seems to overlook in all his discussions. If to remember were nothing more than to have an idea recur to consciousness, to think again of an object previously thought of, the monistic interpretations might seem acceptable. But it is not so. To remember is to think again of an object, and to be aware at the same time that I have thought of it before, or that I have so perceived or thought or felt or acted. And this self-awareness and this recognition of the past experience as one's own is the fundamental and most troublesome fact of memory. The cases of multiple personality, and of coconsciousness especially, do but accentuate and bring out more vividly this fundamental fact. For we find repeatedly that, when one personality obtains command of the memories of another, he distinguishes between his own memories and those of that other. And, when a coconscious personality is aware of the thoughts and feelings of the other, it is not that for the time being the two personalities became merged in one common stream of thinking. Rather the coconscious personality reports the experiences of the other as something of which he becomes aware as experiences foreign to himself; he knows what the other thinks and feels, but he has also his own thoughts and feelings about the same object or topic.

It is in such facts that the dualist position seems to find its strongest support.

The dualist may argue that these facts imply a fundamental unity of the psychic self; that this unity is not something that can be explained, or can be attained by an integration of elements or factors of a lower order, that it is rather an ultimate fact which we must accept "with natural piety" (as Prof. S. Alexander says in another connection), a primary postulate or datum; and that, if we refuse to make this postulate, we shall flounder forever in a sea of confusions and obscurities. The dualist maintains that self-consciousness and true memory are functions that imply the true unity and continuity of a real being, a psychic being, self, or soul; and that such a self-conscious entity cannot in any sense be identified with the physical organism, or brain, or with any part of it; for the physical organism is a multiplicity of elements which appears more multi-

tudinous and complex the further physical science progresses in its analysis of matter.

Now this reasoning cannot lightly be set aside. On really impartial and unprejudiced consideration of the problem, it does appear that no aggregation of elements or bits of conscious stuff, or of conscious processes, call them sensations or ideas or what you will, can produce a self-conscious Ego, a self-directing being aware of itself and its continuing identity over against other similar selves and the physical world. And, though the various forms of division of the personality may seem to imply a shattering or fragmentation of the self, more careful inspection of the facts seems to show that this implication is a false reading of the facts. The evidence of fragmentation may seem strongest in the case of those minor dissociations that result in such disabilities as an anæsthesia of a limb. But, when we obtain evidence of a secondary consciousness in such cases, we seem to encounter, not a mere aggregate of sensations but a thinking purposive agent, a self which, though it may be rudimentary, undeveloped, and greatly restricted in the modes of its activity, has yet the fundamental attributes of a self-conscious entity exercising the function of true memory. In this connection I cite the words of Dr. T. W. Mitchell and attribute great importance to them; because Dr. Mitchell is not a professional philosopher, but a medical man and first-hand student of the facts; and because the arguments of professional philosophers are generally somewhat suspect to the man of science. Discussing Janet's conception of dissociation, he writes: "So, therefore, when an idea becomes dissociated, he would seem to imply that it continues to exist in a wholly isolated state and, whether conscious or unconscious, does not belong to any self. But it cannot be too often repeated and insisted on that we have absolutely no knowledge of any such isolated mental material. If normally an experience that passes out of consciousness is conserved as a psychical disposition, it is as a psychical disposition which is part of *some* personality. If it is not dissociated, it remains part of the normal personality and retains the privilege of being able to reappear above the normal threshold. But if its passage out of consciousness is accompanied by dissociation, it may con-

tinue to exist as an unconscious psychical disposition or as a coconscious experience, and forms an integral part of some personality which may or may not be wider than that which manifests in waking life." [1] That is to say, we must interpret the minor phenomena of dissociation in the light of the major cases, the extreme cases in which the phenomena lend themselves better to investigation. In all such major cases, we find the dissociated activity to be not something that can be adequately described as an idea or a group or train of ideas, but rather the self-conscious purposive thinking of a personality; and, when we study the minor cases in the light of the major cases, we see that the same is true of them. Thus the agent that carries a post-hypnotic suggestion into effect as an "automatism" is not an isolated idea or train of ideas, but a subordinate personality operating for the time being independently of the primary personality.

Another line of evidence, one of greatest theoretical interest, pointing in the same direction is afforded by a number of the extremer cases of dissociation. Perhaps the best instance of the kind is the new personality in the Hanna case (p. 484). We have seen that the new personality seemed to command the forms of knowledge without any positive content of knowledge; he could and did think very actively and effectively and self-consciously, even at the first when he had no such knowledge as depends on memory. The same seems to have been true of S. D. of the Fischer case at her first manifestation, and of secondary personalities in some other cases. How can we interpret this evidence, if not by assuming with Kant and Driesch[2] that the forms of knowledge or of thinking, the categories of thought, are innate in every mind, a character or possession of mind which is not acquired through experience but is given in the very nature of mind and to which mind owes its capacity to order the data of sense-experience in the form of knowledge of time and space and causation?

The study of multiple personalities confirms, then, the view

[1] "Medical Psychology, etc."

[2] Cf. especially Prof. Driesch's recent work, "The Crisis in Psychology," 1925, where he puts forward this view very definitely.

(derived from reflection upon normal experience) that thinking can properly be described, not as a mere juxtaposition or sequence of conscious elements, sensations, or ideas, or what-not, but only as the activity of an agent endowed with the power to order its sense-experiences under certain universal forms of thought or categories. And yet the same study of the same cases of multiple personality does unmistakably imply that normal personality, as we know it in ourselves and neighbours, is the product of an integrative process, such as we have sketched in the foregoing chapter, and is susceptible to disintegration that results in the manifestation of two or more personalities in and through the one bodily organism.

It would seem, then, that the study of multiple personalities does but accentuate and bring out more sharply the necessity of accepting both of two views of human personality which have long been held by different schools of thought and have been regarded as irreconcilably opposed. According to the one view, human personality is the expression of a unitary indivisible agent capable of self-conscious thinking and striving and of true memory. According to the other view, human personality is essentially a product of an integrative process by which a multitude of activities are co-ordinated in one harmonious system of activity.

Are we to leave these two views irreconcilably opposed? To my thinking it is impossible to reject either one in favour of the other; both are true, both must be accepted; therefore we must find some way of reconciling them. And fortunately such reconciliation is possible. I have attempted to formulate it in an address published some years ago.[1] It is not an entirely novel proposal. It consists in adopting the monadic view of human nature, long ago proposed by Leibnitz, and modifying it in the light of modern studies. I shall try to restate it here; for, after many years of grappling with this problem, it seems to me the only view that is at all capable of meeting all the facts in a satisfactory manner.

Let us provisionally put aside the issue between monism and

[1] Presidential address to "The Society for Psychical Research." *Proceedings*, 1920.

dualism; and let us accept as a working hypothesis the monadic view. Without stopping to ask whether a monad can be perceived as a material object, whether it is capable of phenomenal representation as some part or feature of the bodily organism as it appears to us in sense-perception, or to the anatomist or histologist, let us assume that a monad is an ultimate reality, a being that exists and is active in its own right; that the normal human personality is essentially a society of such monads, living in harmonious co-operation in virtue of the integration of them all in one system. Let us also assume that a monad is, potentially at least, a thinking striving self, endowed with the faculty or power of true memory; and that different monads are of very different degrees of development: some, being relatively undeveloped, exercise the powers common to all in a relatively simple and rudimentary fashion; others, being highly developed, exercise the same powers in a developed fashion.

We regard, then, the normal human personality as an integrated system of such monads; and the integrated system takes the form of a converging hierarchy. At the head of the hierarchy is the supreme monad which each of us calls "myself." And the integration of the system consists in the subordination of the monads of each level of the hierarchy to those of the next higher level. Complete integration according to this plan gives to the supreme monad control over the whole system. A close analogy obtains between such a system as I am sketching and such a social hierarchy as the Roman Church or an army in the field. And it is noteworthy that many psychologists who do not accept this monadic view of human nature, nevertheless point out the analogy between the human organism and a social hierarchy. Dr. Morton Prince is only the most outstanding of such instances.

The commander-in-chief of the army sits at the centre where all lines of communication converge; but the items of intelligence, the messages gathered in all parts of the field, are not transmitted directly to him; rather they are transmitted through a hierarchy of officers who select and digest all such messages into condensed reports. And much of the detail of incoming information never reaches him, but is used only by subordinate

officers to guide them in the direction of subordinate operations of a routine nature. Such are the perceptual items of information that serve to guide the minor and routine operations of the human organism, in which operations only a limited intelligence and a special but restricted knowledge are displayed.

In a similar way, the commander-in-chief does not issue detailed instructions for all operations; he issues only general orders to his immediate subordinates, and these work them out in more detail and transmit the more detailed orders to their subordinates. The commander-in-chief could not, if he would, issue detailed orders, because he is ignorant of the details of the whole organisation. In a similar way the chief monad, ignorant of the details of the organisation over which he presides, issues only general orders, commands that the whole organisation shall move in this direction or in that, or that certain parts such as the limbs shall execute certain movements; whereupon the movements, involving the nice co-operation of a multitude of subordinate members of the system, each with his special place and function in the whole system, are executed in a way that conforms to the general order. This is literally what happens when the ordinary man sees a certain situation and takes intelligent voluntary action to meet it. His appreciation of the situation requires the co-operation of a multitude of facts and processes of which he knows nothing, facts of perspective, of disparation of retinal images, of accommodation and convergence, of light and shade, and so forth. And in a similar way the execution of his intention requires the co-operation of a multitude of processes of adjustment of which also he knows nothing. He merely becomes aware of the general nature of the situation, conceives and wills the general nature of his response to it; and all the rest is left to his subordinates. If any of them do not know their job, or are in any way inadequate to their tasks, the supreme command can only very imperfectly compensate for their defects by concentrating his attention upon the neglected details.

Hence, as I said in the address mentioned above, "the obvious and, I believe, inevitable inference from the facts is that I who consciously address you am only one among several selves or

Egos which my organism, my person, comprises. I am only the dominant member of a society, an association, of similar members. There are many purposive activities within my organism of which I am not aware, which are not my activities but are those of my associates. I am conscious at any moment only of those processes within the organism, and of those impressions from without, which it is most necessary that I should take cognisance of. And I consciously control and adjust only a few of the executive processes of my organism, those only which are of primary importance for my purposes. But I and my associates are all members of one body; and, so long as the whole organism is healthy, we work harmoniously together, for we are a well-organised society, the members of which strive for a common good, the good of the whole society. My subordinates serve me faithfully in the main, provided always that I continue to be resolute and strong. But, when I relax my control, in states of sleep, hypnosis, relaxation, and abstraction, my subordinates, or some of them, may continue to work and then are apt to manifest their activities in the forms we have learned to call sensory and motor automatisms. And if I am weak and irresolute, if I do not face the problems of life and take the necessary decisions for dealing with them, then conflict arises within our system, one or more of my subordinates gets out of hand, I lose my control, and division of the personality into conflicting systems replaces the normal and harmonious co-operation of all members in one system. And in extreme cases such a revolted subordinate, escaped from the control of the dominant member or monad, may continue his career of insubordination indefinitely, acquiring increased influence over other members of the society and becoming a serious rival to the normal ruler or dominant. Such a rebellious member was the famous Sally Beauchamp, and such was, I suggest, the childish phase of the Doris Fischer case. All such automatisms imply literally a disassociation of the society or association."

But what is the nature of the process of communication between the members of the society, those communciations by means of which the chief monad receives his information and those by means of which he directs the operations of his subordi-

nates? The study of multiple personalities seems to suggest only one answer to this question. We have seen that in cases of coconsciousness the one personality can sometimes force his cognitions upon the other personality in the form of hallucinations and of dreams; and we have seen how he claims to become at will directly aware of his fellow's thoughts, without confusing them with his own; and we have seen also that one of two coconscious personalities can sometimes force his affects and his volitions upon his fellow, who then experiences emotions and impulsions that seem foreign to his nature, or finds himself executing automatic actions, or suffering inhibitions of his own volition and efforts, in a way that he cannot understand. And in at least one case (the Fischer case) we have seen that one of several coconscious personalities claims to become directly aware of the thoughts of one of her fellows, and indirectly aware of the thoughts of another through reflection of them in the consciousness of the former. All the facts of this order point to the view that the communications between the monads are direct or immediate, that is to say unmediated or, as we may say, telepathic.

There is one kind of experience which we all have, and in which something of this direct communication is indicated, namely dreaming. Each of us feels that the dream is not made by himself, but rather is fabricated by some other mind and thrust ready-made upon him, and all that we have learned of dreaming bears out this view. My dream, as I remember it, may be full of significance and purpose of which I know nothing. To quote again from my address: "In sleep, I, the dominant member of my system, become passive and inert; I cease to send out controlling messages. My subordinates, released from my control, may continue to be alert and to think their own thoughts;[1] and these are more or less reflected in my passive self as dream-images and dream-thoughts. Since the modes of activity of these subordinates are more primitive, nearer to the purely organic and instinctive, than my own (for we must suppose that

[1] Just as we have seen in cases of dual personality in which one personality deliberately concocts a story and forces it upon the consciousness of his sleeping fellow as a dream (p. 495).

the mental functions are delegated to them in an order corresponding to their positions in the hierarchy, the most primitive to those lowest in the scale, the less primitive to those nearer to myself), the dream shows those archaic primitive and intuitive qualities which have been so well pointed out by Dr. C. G. Jung. And they come to my consciousness as something wholly foreign to myself, in the shaping of which my purposes and my thinking have had no share.[1]

"In hypnosis also I am passive and my subordinates work independently of my control. They may receive and understand, retain and execute, suggestions of which I remain unconscious. And, if they carry out these suggestions in the post-hypnotic period, I may be surprised to find myself performing actions of which I have no intention and no prevision; and, if I attempt to inhibit or prevent such actions, I may be aware of a real difficulty in doing so, *i. e.*, a difficulty in controlling and subduing the efforts of my subordinates.

"Frequently I form an intention and initiate a train of action for its execution, and then I may turn my attention to other topics, while my faithful subordinates continue to work towards the end prescribed. To take a very simple instance, I form the intention to go to a certain place and start out; then, though I may be wholly occupied with thoughts of other things, my purpose is duly achieved by my organism, *i. e.*, my subordinates. Or, a more complex instance, I may set out to play a piece of music, and, having begun, may engage in conversation on other topics, while the execution of my purpose nevertheless continues to unroll itself through processes which involve a great amount of mental activity, including the appreciation at every step of the complex musical sounds which my fingers call from the instrument."

I shall not attempt to cite here any of the evidence in support of the reality of telepathy between distinct organisms. I must

[1] I cite (after Jung) a peculiarly instructive statement made by one of Janet's patients: "Il y a toujours deux ou trois de mes personnes qui ne dorment pas, cependant j'ai moins de personnes pendant le sommeil; il y en a quelques-unes qui dorment peu. Ces personnes ont des rêves et des rêves qui ne sont pas les mêmes: je sens qu'il y en a plusieurs qui rêvent à d'autres choses."

confine myself to remarking that such evidence is very extensive, and much of it is of high quality. Further, there is a vast number of what seem to be excellent instances which have never been recorded in print or writing. It is surprising to find how many men, of sober judgment and good education, can recite instances within their own observation or experience, and how many (including many medical men) have been convinced by such cases of the reality of telepathy. Now the point I wish to make here is that, in a large proportion of the best instances of seeming telepathy, the receiver of the telepathic impression has been either asleep (and has received the impression in the form of a dream) or in hypnosis, or in some kind of trance (as in such cases as Mrs. Piper and Mrs. Leonard). That is to say, the condition of quiescence of the primary personality, the chief monad, seems to be peculiarly favourable to the reception of telepathic impressions. And in normal sleep, it would seem, all of us are susceptible to the passive reception of such impressions. A feature of dreams of which I said nothing in earlier chapters may here be pointed out, namely, the fact that in much dreaming there are sudden breaks of continuity: the dreamer seems to dream a fragment of one story, and then a fragment of another that has no connection with the former, and then a third and perhaps more fragments, each unrelated to the others. If we attribute the dream-making to some one entity, called "the Unconscious" or "the Subliminal Self," this fragmentary nature of the continued dreaming remains inexplicable. But it is just what may be expected if we are right in assuming that the dream is the telepathic reflection by the chief monad of bits of the mental life of many subordinate members of the hierarchy of monads.

I suggest, then, that in cases of multiple personality we get a glimpse of the system of reciprocal influences between many monads which constitute the life of the whole personality. In dreaming, which occurs in a state of slight general dissociation, the normal personality reveals his composite nature; in hypnosis (when the dissociation is deeper) the evidences are clearer; and in well-marked cases of multiple personality (in which the dissociative cleavage is not general but rather very profound as be-

tween two systems of monads) the evidence becomes unmistakable, being expressed in conflict of wills for the control of the motor mechanisms and sense-organs by means of which our relations with the outer world are maintained.

This view enables us to account satisfactorily for such extreme examples of independent secondary personalities as Sally Beauchamp, Margaret Fischer, and Leopold of the Hélène Smith case. Sally is a monad who has become dissociated, has escaped from the control of the dominant monad, or has been displaced from her place in the developing hierarchy at a very early age, and then has undergone independent development, securing control of a limited system of subordinates. Thus she remained, until the induction of deep hypnosis rendered the chief monad more completely passive and unresistant than hitherto and so gave Sally the opportunity to control the organs of expression more completely than she had previously been able to do. Further, Sally's long course of independent development had rendered her insusceptible to control by the chief monad, or incapable of fitting into the system that constituted the main personality of Miss Beauchamp. Hence, when Miss B. was restored to health by the synthesis of B1 and B4, Sally continued to remain outside the system, but "squeezed" as she said, *i. e.*, denied all control over the subordinate parts of the hierarchy.

I suggest that Ireland affords a parallel to Sally. The organisation which is the British Empire may be likened to the organisation of a normal personality: Ireland has never been brought into willing subordination to the whole system; like Sally, she has remained rebellious from an early date in the development, when she was estranged by an act of violence; like Sally, she has struggled for her independence; and, during the shocks and distractions of the Great War, she has been able to assert herself successfully. Sally was the Ireland of Miss Beauchamp's body politic.

It is necessary to consider more nearly the memory functions. As I have indicated in Part I, I hold that Prof. Bergson's distinction between habit and true memory must be accepted as valid. Habit is a matter of cerebral connections. True memory is of a different order; it is a function of each monad. The chief

monad remembers, claims as its own, only its own former experiences; but the memories of its subordinates are in various degrees at its service; they may be reflected to it. And in hypnosis there seems to be no limit to the extent to which this reflection of the memories of subordinate monads may be carried; their past experiences are reflected as dream-like images and thus become the property of the reflecting monad.

But what shall we say of such cases of synthesis of two personalities to form one as we seem to have in the restoration of Miss Beauchamp by the synthesis of B1 and B4, and in the Hanna case? Shall we say that two monads become one? By no means.

The facts seem to be entirely compatible with the view that in such cases what happens is that the one of the two personalities becomes entirely subordinated to the other, ceases to exert independent control of any of those subordinate systems that we call instincts and sentiments, and is restored to such intimate *rapport* with the chief monad that all her memories are at the command of the other. This I suggest is the essential nature of the synthesis of two alternating personalities with reciprocal amnesia or independent memory-trains.

What other view of the memory functions can be reconciled with such an account as Dr. Cory gives of the relations of personalities A and B in the case of Spanish Maria? "B's memory is in some respects good, even remarkable. Her memory of A's early life is much better than A's. During these descriptions by B, A sees these scenes of her childhood pass before her, reproduced much as they might be in hypnosis. . . . Unlike many, perhaps most, cases of dissociation, each of these two selves is conscious of what the other does, that is, when either appears she is aware of what the other has done. . . . But the inner thought that lies back of the act is known only as much as the other sees fit to reveal."

I have argued in my address that this view of the memory functions has the further advantage of enabling me to interpret many of the effects upon memory of organic lesions of the brain, effects which upon any other view remain inexplicable.

"There is one class of facts which it seems impossible to interpret in terms of any other hypothesis. I refer to the effects

upon sense-perception produced by destruction of certain parts of the sensory cortex of the brain, as recently demonstrated by the brilliant researches of Dr. Henry Head. These researches seem to have shown that, when certain sensory areas are destroyed, leaving intact the basal ganglia of the brain, the patient does not lose altogether the capacities of sensory experience with which the destroyed areas are concerned. Rather he retains the capacity for the corresponding qualities of sensation; but these sensory experiences are now of a crude undiscriminating kind. The change may be roughly expressed by saying that impressions on the sense-organs, which normally initiate delicate intellectualised perceptions, evoke in such patients only crude sensations. On the view I am putting before you, we may interpret such facts as follows: The sense-impressions are normally transmitted through a hierarchy of monads, undergoing further elaboration at each level, until they are reflected to the dominant in a highly elaborated form, conveying delicate spatial, temporal, and other meanings. The injury to the brain throws the higher members of this hierarchy out of action. In consequence the lower members must now report directly to the dominant; just as when, in an army, the superior officers of a division are thrown out of action, reports to headquarters must be sent forward by subordinate officers of the division, who, lacking the special experience of their incapacitated superiors, will report crudely and inadequately, so that their reports will reach headquarters lacking the intellectual elaboration and condensation which normally characterise them. That seems to be a quite satisfactory interpretation of the facts of this order, and I can conceive of no alternative; and I find in these facts strong confirmation of the hypothesis.

"You will observe that I take the spatial relations of the parts of the brain to be significant of some real and important relations. But I do not mean to bind myself to the view that the material world and its spatial relations as perceived by us are exactly what they appear to be. Nor do I apply to the monads any metaphysical adjectives, such as timeless or eternal or immortal or indestructible or indivisible; to do so would be to go beyond the warrant of the facts, it would gratuitously involve us in

difficulties, and it is quite unnecessary. For the purposes of science we may with advantage leave the metaphysical questions on one side; we need not inquire whether what we call the body is merely the appearance to us of the system of monads, *i. e.*, we need not attempt to choose between a dualistic and a monistic, or a pluralistic metaphysic. It is for the metaphysicians to adapt their speculations to the results of scientific research as these are brought to light and formulated in far-reaching hypotheses.

"The hypothesis which I sketch in vaguest outline brings before our minds a host of new questions to which we cannot at present return any definite answers. But this does not in any sense detract from its value or raise any presumption against it. Any such far-reaching hypothesis must have this result, which is indeed evidence of its value as a guide to research."

Upon the very obscure question of the structural basis of true memory, I will add only a few words. We do not know how the fertilised germ-cell embodies the history and all the multitude of qualities, bodily and mental, proper to the species; but if we attribute to it all this rich endowment of potentialities, I do not see that we make any very greatly extended demand upon our imaginations if we assume that a cerebral cell is the manifestation in the perceptual order of a monad endowed with true memory. Whether such memory is represented by, or in any sense correlated with, the electronic or minute spatial structure of the cell must remain for the present an open question. In any case we must, I think, suppose that the logical structure of the intellect and the categories of understanding are properties of the monad; whereas the content of historical knowledge depends upon the continued harmonious interplay of the associations between all the monads of the system, and is therefore liable to be gravely impaired by both functional and organic disorder of the brain.

The monadic view of personality I have sketched has this advantage—it does not commit us to any one metaphysical theory. We may refuse to concern ourselves with the deeper questions; or we may combine the monadic hypothesis of our psychology with a monistic pluralism, that is to say a pluralism which postulates real beings of one kind only, namely the mo-

nads; or we may combine it with a dualistic pluralism, one which postulates two (or perhaps more) kinds of real beings, those that appear in processes of mechanistic form and those which manifest purposive behaviour. Either view leaves us with many difficulties unsolved. But this is true of every metaphysical theory from the crudest materialism to the most shadowy and elusive idealism.

APPENDIX

[*Reprinted from the Proceedings of the Royal Society of Medicine*, 1914, *vol. VII* (*Section of Psychiatry*)]

THE DEFINITION OF THE SEXUAL INSTINCT

There is no topic of greater interest and importance to both the societies that have joined their forces on this auspicious occasion than the sexual instinct. For the psychologist the study of this instinct is supremely instructive, because, on the one hand, it sometimes operates in us after the most direct, crude, and blind fashion, and, in doing so, reveals more clearly than any other fact of human life the relation of man to the animals—the essential similarity of the foundations of mental life in man and in the animals; and because, on the other hand, it often operates in the most obscure and subtle fashion, playing an essential but hidden part in the highest and most complex mental processes—in those intellectual, moral, and æsthetic activities which mark most clearly the immense width of the interval that separates man from the animals in the evolutionary scale.

For the psychiatrist the study of the sexual instinct is of the first importance, because it is the greatest of all the mental forces, the derangement or disharmony of which is a leading feature, and perhaps the principal ætiological factor, in so much mental disorder. Surely on this ground, if anywhere, the pure and the medical psychologist may hope to meet together with mutual profit. In fact, it would almost seem that in such co-operation lies the only hope of attaining to a proper understanding of the sexual instinct and the sexual life of human kind. For the medical writers, like Moll and Krafft-Ebbing, Bloch and Freud, have added very greatly to our knowledge of the facts; yet they are very far from having reached agreement in the interpretation of the facts; and most of these medical authors, in attempting to interpret the facts, seem to vacillate uncertainly between a number of rival and ill-defined hypotheses, in a way which reveals a lack of sufficient consideration of the more general problems of life and mind. And among the academic psychologists the state of affairs is still worse. The medical investigators might fairly have turned to the standard works on psychology, in the expectation of finding some authoritative statement of the nature of instinct in general, and of its rôle in human life. But if any have done so they must in the main have been sadly disappointed. They will have found some descriptions of instinctive behaviour in animals, and a general agreement to the effect that animals behave instinctively; but the most industrious study of the leading treatises on the human mind would have left the medical inquirer astonished at the lack of agreement, and perhaps still more astonished to find that very few of the recognised authorities on normal psychology assign any important place to instinct in human life or attempt to grapple with the problems of sex. He would probably have arrived at the conclusion that the consensus of opinion (so far as any consensus exists) re-

gards instinct in man as responsible only for some of the early modes of bodily activity of the infant; and that, according to the best opinion, when the student of the human mind has recognised these simple facts, he may dismiss the notion of instinct and proceed to show how intelligence or reason has completely supplanted instinct in the governance of human conduct. Even William James, who alone among the leading psychologists of the nineteenth century seems to me to have made any adequate recognition of the human instincts, hardly touched on sex, and hardly attempted to bring his many true and penetrating observations on instinct in human life into intelligible relation with what he had to say of volition, attention, feeling, and imagination; and if Professor Stout may now be reckoned among the exceptional few who recognise human instincts as involving anything more than certain simple motor aptitudes, that has been only since the recent publication of the third edition of his excellent "Manual." Yet it is difficult to suppose that even the purest psychologist could avoid seeing the essential points of similarity between the sex-behaviour of animals and that of men, if his attention could be drawn to the more obvious of the facts.

Two of the great psychological errors, two of the classical errors of psychology, still have sufficient vitality to retard very seriously our progress towards a true and generally accepted theory—namely, (1) the error that instinctive action is merely compound reflex action; (2) the error of psychological hedonism, the doctrine that pleasure and pain are the prime movers of all human and animal behaviour. The combined influence of these two errors is discernible in much of the discussion of the problems of sex (even in the discussions of those who recognise that the human species possesses a sexual instinct) and determines the most widely held conception of the sexual functions. According to this most widely held conception, peripherally excited sensations, which are said to possess or to be endowed with pleasurable or painful feeling tone, excite by way of reflex action the fundamental sex-activities; and all the complications of human sexual life arise through the intellectualisation of the desire to get rid of the disagreeable sensations, and to prolong or renew the pleasurable sensations. The simplest form of this doctrine regards the pressure of the seminal fluid upon the walls of the *vesiculæ seminales* as the stimulus that excites disagreeable sensations, which in turn excite to copulatory movements; and it regards the pleasurable sensations which result from such movements as prolonging the bodily activity, and as giving rise to the desire for their renewal. But there seems to be a strong tincture of the same errors in the doctrine of "erogenous zones" of Freud and others, according to which the sex-organ proper is only *primus inter pares*, a number of sensory surfaces being endowed with similar potentialities.

The inadequacy of any such doctrine becomes obvious as soon as we ask how it can account for the attraction of one sex to the other (to say nothing of all the higher manifestations of sexual love which are rooted in this attraction). For it is committed to the proposition that the male is attracted by the female (and conversely) because he, in one way or another, acquires the knowledge that the sex-organs of the female are instruments better suited than any others for enabling him to get rid of his disagreeable sensations, and to enjoy the pleasurable sensations that result from appropriate stimulation of his own sex-organs. The ridiculous inadequacy of explanations of

this kind should be sufficient refutation of all those allied doctrines which may be classed together as the "sense-stimulus theories" of sex.

At this point I will adduce only one or two of many convincing arguments against all these "sense-stimulus theories." It is a well-known fact that many women are entirely frigid in sexual relations, experiencing neither pleasure nor passion, in spite of repeated stimulation of all erogenous zones. Yet such a woman may, perhaps after years of married life, have her sex-instinct effectively aroused, and become a passionate lover, knowing both the pleasure and the satisfaction of yielding to a passionate impulse, and also the pain of unsatisfied desire rooted in the same impulse. This and similar facts show clearly enough that the sense-pleasure is not the cause of the impulse, but that the strong impulse is the ground of the pleasure which attends its operation; and indeed it seems clear that the intensity of the satisfaction or pleasure that attends the indulgence of the sex-impulse runs parallel with the strength of the impulse as felt and manifested before the gratification begins. The falsity of the sense-pleasure theory, and of all the theories which see in the peripheral factors, such as stimulation of the *glans penis*, distention of the *vesiculæ seminales*, or internal secretions of the sex-glands, the essential conditions of sexual activity, is further shown by the fact that in some cases the sexual instinct continues to make itself felt with but little modification after complete castration.[1]

The error common to all these "sense-stimulus" theories is that, failing altogether to grasp the essential facts of instinct, they conceive the innate basis of the sexual life altogether too narrowly.

The teaching of a number of influential writers on sex is characterised by the opposite error. Postulating a sexual instinct, but without delaying to define their notion of instinct, or to discover what part an instinct *is*, or *is not*, capable of playing in our mental life, they hasten to attribute to the sexual instinct a large number of mental and bodily activities which are rooted in other instincts than the sexual, or are highly intellectualised processes determined not by any one instinct, but rather by highly complex sentiments, in which perhaps the sex-instinct has no part. To illustrate first the latter point—the desire for children is sometimes regarded as essentially rooted in the sex-instinct, which is then called the reproductive instinct. I have no time to discuss the ways in which such desire may arise, or to argue that it often is quite independent of the sex-instinct. It must suffice to point out that this desire is strong in some women who seem to be devoid of all sex-instinct, or in whom that instinct is very weak, or has never been awakened to activity.

More common is the attribution to the sex-instinct of each and every manifestation of love or affection, not only of love between adult persons of opposite sex, but also of the affection of parent to child and of child to parent, of children to one another, of man to man, and of man, woman or child

[1] A striking warning against the tendency to over-estimate the importance of the sexual glands and their internal secretions (a tendency which is very much in fashion at the present time) is afforded by several well-attested instances, in which the sexual impulse has been strongly manifested in spite of congenital absence of the sex-glands. (Cf. Havelock Ellis, "Studies in the Psychology of Sex," vol. III, p. 11.)

to any animal; and some authors even go so far as to attribute to it every trace of whatever can be called altruism. This, perhaps, is the most serious error that pervades much of the contemporary literature of sex. The error, as it seems to me, arises in the first place from the failure to distinguish between the sentiment of love for any object or person and the emotions and impulses that we experience from moment to moment, of which some are, and some are not, rooted in those enduring dispositions that are properly called sentiments. I have endeavoured elsewhere (following in this Mr. Shand) to make clear this distinction, but with little success; and I cannot hope to bring it home to your minds by anything I have time to say now. I will only say that it seems to me of the utmost importance for our present topic.

A second source of this error is a further ambiguity and looseness in the popular use of the word *love*, even when it is properly used to denote an enduring sentiment of personal attachment of some kind—namely, we apply the word *love* to every variety of sentiment of personal attachment; and then, because sex-love is the most striking, violent, and in many ways most interesting variety of the sentiments of this kind, we allow ourselves to be misled by language into taking sex-love as the type of all love, and into assimilating all other types of love to it, and regarding them as rooted in the same elements of human nature. Those who, yielding to this error, regard all personal love as containing the sexual element should reflect that this looseness of language is not peculiar to those novelists who fail to distinguish between lust and sexual love, but that common speech recognises also love of home, love of one's fatherland, of one's school or university, love of honour, of liberty, of truth, and even of mathematics. If, then, the usage of common speech is to determine our psychological theories, we shall have to attribute even the love of truth or of the differential calculus to the sexual instinct.

This error commonly takes the form of attributing to the sex-instinct those mental and bodily processes which are the expressions of the parental instinct. Now this instinct, like the sex-instinct, subserves the perpetuation of the species; but that is no reason for regarding it as indistinguishable from the sex-instinct; just as there is no sufficient ground for the utterly unscientific procedure of lumping together a number of other distinct tendencies which make for the preservation of the life of the individual under the head of an assumed "instinct of self-preservation." The tendency of the parental instinct is primarily to protect and cherish the young offspring. In the animals its distinctness from the sex-instinct is generally obvious; the two instincts operate at different periods of the life-cycle and quite independently of one another; the males of many species seem to be devoid of the parental instinct, though their sex-instinct may be very powerful in its due season.

There are three principal reasons for the confounding by many writers of the manifestations of these two instincts in human beings. First, the two instincts are normally combined in the sentiment of sexual love for any person. It is notorious that in many women the maternal element is very prominent in their love for their husband or lover. And it is no less obvious that the same tender emotion and the same protective impulse (which are the essential manifestations of the parental instinct) are elements in the normal love of man for woman. And, if any one instinct is an essential ingredient of all love, it is this parental instinct. A great authority has told us that

"pity is akin to love," thus concisely expressing the truth that pity is essentially that tender protective impulse (though tinged in pity with sympathetic distress) which, when it becomes habitually directed towards any one object, is the main element of the sentiment of love.

A second ground of this confusion is intimately related to the former—namely, it would seem that there is in the constitution of normal human nature some degree of innate connection between the sexual and the parental or protective instinct; such that the excitement of the sex-instinct by the presence of any person, and its direction towards that person, are very apt to be accompanied or immediately followed by the excitement of the protective instinct, and its direction towards the same person. The evidence of this is perhaps not very clear; but it consists in what I believe is a fact—namely, that even the most casual embracing of a woman, induced purely by the sexual instinct, is seldom accomplished by a man whose character has not been brutalised without his experiencing in some degree the excitement of the tender emotion and impulse. Such an innate connection would account for the fact that in the sentiment of sexual love these two instincts are almost invariably conjoined. Whether this innate relation that I suggest is reciprocal seems to me a very difficult and obscure question. I am strongly inclined to think that it is not, that it is one-sided, so that while the excitement of the sex-instinct tends naturally to lead on to the excitement of the protective, that of the protective has no such natural tendency to awaken the sex-impulse. Certainly, I can discover no reason of any weight for regarding the normal love of a mother (or of a father) for the child as comprising any sexual element; nor can I see any ground for recognising such an element in the normal affection of a child for its parents; but to that question I shall have to return.

The third reason for this common failure to distinguish the operations of the protective from the sex-instinct is that the bodily manifestations (or natural tendencies to expression in bodily movement) of the two instincts are in certain respects very similar—namely, both impel to close bodily contact with and to embracing of the person to whom they are directed. Yet, in spite of partial coincidence in respect of the actions which they prompt, the actual ends in which the two impulses find their satisfaction are quite distinct, and the emotions which accompany the two modes of behaviour are very different. The parental or protective impulse is concerned only for the welfare of its object, it is wholly altruistic; and the quality of its emotion, the tender emotion, is one of the most distinctive and easily recognisable of all the qualities of emotion. The sexual impulse, on the other hand, when evoked in its crude primary form—*i. e.*, not qualified and redeemed by the protective impulse—appears as sheer lust, which, as is generally recognised, is utterly and brutally regardless of the welfare of the object to which it is directed.

Other manifestations erroneously attributed to the sex-instinct by many authors are modesty (especially the feminine coyness), jealousy, and masochistic and sadistic tendencies. All these, I submit, are attributable to other instincts, rather than to alleged "components" of the sex-instinct. I have not time to attempt to show the instinctive roots of all these; I will only throw out the suggestion that sadism and masochism are due to the co-operation with the sex-impulse in abnormally intense degree of two entirely different instinctive tendencies—namely, the tendencies to self-assertion or display on the one hand, and to self-abasement on the other. Both these ten-

dencies are normally brought into play in all personal intercourse. In sexual intercourse between persons who have acquired the sentiment of love for one another, they are kept in check by the impulse of the tender emotion. But where the sexual impulse operates without this check it is apt to be complicated by one or both of these two impulses in great strength; for to inflict pain upon, to domineer brutally over, the partner in the sexual act yields the intensest gratification to the impulse of self-assertion; and passively to submit to brutalities brings the greatest satisfaction to the impulse of self-abasement. The cultivation of these gratifications is, I submit, the essence of sadism and masochism; and in this way, without regarding them as "components" of the sexual instinct, we may explain whatever truth there is in the statement that all men exhibit traces of these tendencies.[1]

In a similar way, jealousy, modesty, coyness, and other alleged components of the sexual instinct may be shown to be rooted in distinct instincts, and to be exhibited in other relations than the sexual. And it is to be noted that the unjustifiable assumption that these and other tendencies are components of the sexual instinct leads, by way of an argument in a circle, to an undue extension of the sphere of sexuality. For those who are obsessed with the sex-theory, having made this unwarranted assumption, find in it their justification for seeing in every manifestation of love, of tenderness, of modesty, of jealousy, of cruelty, and of subordination, such as that of the hypnotic subject to the operator, and even in curiosity, evidence of the sexuality of the relations in which these tendencies appear.

The Freudian doctrine is peculiar in that, while exaggerating the sphere of sex in this way, it extends it also by regarding the sexual instinct (inconsistently enough) as essentially *the* pleasure reflex from the sex-organs, and by then representing other pleasure-bringing activities of a very simple nature, such as thumb-sucking, or rhythmic swaying of the body, as somehow mysteriously connected with the sexual impulse just because they are attended by pleasure: a conclusion which would be justified only if we accepted the obviously false premise that all pleasure is sexual in nature.

[1] In support of this suggestion I cite the following passages from the autobiography of a literary man who seems to have been an indisputable instance of innate inversion. Referring to a sexual incident, in the course of which his partner thrashed him, he wrote: "One of the few pleasurable memories this intimacy, extending over years, has left for me is that moment of abject abasement to one who, with no warmth of feeling, had yet once had sufficient energy to be brutal to me. It must have been from this incident that the calculated effect of flagellation began to have weight with me when I indulged my imagination. A wish to be repulsed, trampled, violated by the object of my passion took hold of my instincts. . . . My enjoyment now was to imagine myself forced to undergo physical humiliation and submission to the caprice of my male captors." Of his relations with another brutal youth he wrote: "I was conscious that he experienced sexual pleasure . . . and, though loathing him, I would, after I had suffered from his kicks, throw myself into his imaginary embraces and indulge in a perfect rage of abject submission." Writing of the masochistic tendency, Havelock Ellis (from whose book I cite the foregoing passages) says: "Such a state of feeling is by some regarded as almost normal in women." ("Psychology of Sex: Sexual Inversion," vol. II, pp. 95, 100, 105.)

I will not delay to examine the doctrine[1] that the sexual instinct really comprises two distinct impulses (detumescence and contrectation); I will only point out that the principal ground for this view is found in the facts which Havelock Ellis groups under the head of auto-erotism; yet, as is generally recognised, this auto-erotism is commonly a pseudo-auto-erotism, the imagination supplying the object towards which the sexual excitement is directed. The strong impulse of the sex-instinct is a primary fact of our innate constitution—*i. e.*, like every instinct, the sex-instinct of man involves as its most essential constituent a strong tendency or impulse to bodily and mental activity, a conative disposition, a great spring of psycho-physical energy. Since in man it comes into operation only when the individual has acquired large power of intelligent and voluntary control of bodily movement, it is impossible to say in what degree the actions to which it impels are defined in the constitution of the instinct; but the general character of these innately prescribed actions seems clear, namely, approach to the object which excites the instinct, followed by close bodily contact, and the specifically sexual movements; that is to say, like many other instincts, it impels not merely to some one simple action, but to a train of actions which naturally succeed one another as the situation develops. But that is no reason for regarding the instinct as compounded of, or as comprising, two or more specific impulses; the whole train of actions is rather to be regarded as carried out under the driving power of the one impulse, as energised from the one source, the conative disposition of the instinct.[2] Of any such conative disposition we can offer no further explanation than to say that it is one of the primary differentiations of the will, or of the power of striving, which is the fundamental attribute of living things. In its operation it is not dependent upon pleasure or pain; for though pleasurable and painful experiences may modify it to some extent, it may, and often does, override and defy the natural promptings of pleasure and pain.

On its efferent or executive side, then, the sex-instinct is complex. I wish now to insist that it is complex also on its afferent or receptive side.

Physiologists (and many psychologists also) are wont to assume that each instinct is normally excited through some quite simple sense-impression or stimulus; for this is a natural corollary of the dogma that instinct is essentially reflex action. But the animals afford many illustrations of the fact that purely instinctive action may be initiated by perception of a complex object, by an act of perception which involves the synthetic apprehension of a manifold of sense-stimuli. That fact should prepare us to accept the view which seems to me indisputably correct—namely, that the perception by the eye of the human form is one, and the principal one, of several innately provided roads of excitement of the sex-instinct. And not only so; but also

[1] Propounded and defended by Dr. A. Moll in his "Untersuchungen über die Libido Sexualis," and in his "Sexual Life of the Child."

[2] Havelock Ellis rightly insists (supporting the contention with a wealth of facts) that both in animals and in man, under natural conditions, the activities which Moll ascribes to the impulse of contrectation normally precede the more specifically sexual actions which that author ascribes to the impulse of detumescence, being in fact necessary for the production of the state of tumescence which is presupposed by the activities of detumescence (op. cit., vol. III, p. 45).

we are, I submit, compelled to believe that the instinct is differentiated in the two sexes on its afferent side; in such a way that for the normal male the presentation of the female form is an effective excitant, for the female that of the male form.

I am fully aware that in laying down these propositions I am going far beyond the generally accepted views as to the character and extent of our innate mental endowment. I shall be told by shocked colleagues that I am seeking to reintroduce the discredited principle of innate ideas. That reproach will leave me quite unmoved. I will merely point out that there is a difference, perhaps of degree only, between anything that can be called an innate idea and an innate disposition for the perception of a particular kind of complex object, such as, I suggest, forms the principal afferent channel of the human sex-instinct. I will adduce only three arguments in support of this proposition:—

(1) The perfectly innocent boy (ignorant of all facts of sex, and who has never experienced excitation through or in the sex-organs) feels the mysterious and powerful attraction and the emotional significance of the female form.

(2) The development in man and throughout the higher animals of secondary sex characters that appeal to the eye implies, as its necessary correlate, the corresponding development of this innate capacity for the apprehension of these secondary sex-characters, and for the visual discrimination of the two sexes, and the instinctive sex-reaction to the one sex only; for without such innate power of perceptual discrimination and discriminative reaction, all those secondary sex-characters which differentiate the outward appearance of the two sexes of so many species would be of no biological utility.

(3) In no other way can we account for the fact that the male is sexually attracted by the female, the female by the male. This is not a matter of experience. Consider for a moment the most notable attempt to explain the fact of this specific direction of the sex-impulse to the opposite sex as a product of individual experience—namely, that of Freud. Freud tells us that the direction of the man's sex-impulse towards woman is determined by the sexual pleasure he experiences in taking milk from his mother's breast. I will not dilate upon the extravagance of this suggestion. I will merely ask, How then does the sex-impulse of woman become directed towards the male? The only consistent answer open to Freud is to assert that it is through pleasurable experiences of the female infant connected with her father's genital organs—an answer which is more manifestly absurd than the suggested explanation of the male's attraction by the female. One might add that, if this fantastic notion of Freud's were true, we should find among the rising generation a majority of both sexes whose sex-impulse was directed primarily to feeding-bottles; the feeding-bottle must be fast becoming an almost universal fetich-object. Woman in fact would be but one of many fetich objects for man, and man for woman.

One might add in general that sexual inversion and perversion would necessarily be far commoner than they are, if Freud's notion were true. On the view I suggest, the frequency of acquired inversion is easily understood as a consequence of the relatively slight differentiation of the external sex-characters of the human species; and this view is in full harmony with the fact that those male inverts whose peculiarity is clearly due, in part at least, to experience are most commonly attracted by youths who exhibit many points of external resemblance to the female type.

It may be added that if it can be shown that sexual inversion is in some cases congenital (and many authorities of great experience, notably Moll, Kraft-Ebbing, and Havelock Ellis, are convinced of this) we should have in this fact further decisive evidence in support of the view I take.

Age at Which Maturation of the Sex-Instinct Normally Occurs

Under this head I have to criticise the Freudian view which attributes active sexuality to the young infant. I have already shown reason for rejecting some of the grounds on which this attribution is made, and have rejected others by implication, including the whole doctrine of infantile erogenous zones, which is bound up with the pleasurable sense-stimulus theory of sex. If we ask what direct evidence is advanced in support of this doctrine of infantile sexuality, it appears, so far as I have been able to become acquainted with it, to be of the flimsiest kind.

It is to be expected on general biological grounds that the date of coming into action of the sex-instinct should be subject to wide variations; and so it is possible that in some cases of infantile masturbation we really have to do with a sexual activity; but if so, there is very good reason for regarding these cases as abnormal and quite exceptional cases of premature maturation, paralleled by rare cases of infantile development of the secondary sex-characters. It must be admitted also that occasional erection of the penis is not very uncommon in infants. But I have satisfied myself by careful observation that this is, in some cases at least, a purely physiological condition, having no mental accompaniment or significance.

Freud assumes certain common infantile activities, such as sucking the breast and thumb-sucking, to be essentially sexual, and to yield sexual pleasure. But if we ask—On what ground? the only answer discoverable is a statement of this sort: "He who sees a satiated child sink back from the mother's breast, and merge into sleep with reddened cheeks and blissful smile, will have to admit that this picture remains as a guide for the expression of sexual gratification in later life."[1] And in regard to thumb-sucking, the only evidence of its sexual nature offered us is the fact that it conduces to sleep, and the remark, "No investigator has yet doubted the sexual nature of this action."[2] On the other hand, we have much positive evidence that the sexual instinct first awakens in the majority of mankind about the eighth or ninth year. In a great proportion of the autobiographical descriptions of the sexual life,[3] we find the subject remembers the first stirring as having occurred about that age; my own retrospection agrees with this, and emphatically denies any earlier stirrings. But perhaps of more importance is the fact that, in a number of these autobiographical accounts, it appears that the subject clearly remembers having been subjected in childhood (in some cases as late as the tenth year) to the attempts of others to excite him sexually, and that these attempts proved wholly unsuccessful, although a few years later the sexual impulse manifested itself in full strength. Now Freud puts aside all this positive evidence by asserting that there normally occurs repression of all mem-

[1] "Three Contributions to the Sexual Theory" (English translation), p. 42.

[2] Op. cit., p. 41.

[3] I refer more especially to the many cases published by Moll and Havelock Ellis, op. cit.

ories of infantile sex-experience; but he offers no good reason why this alleged amnesia should extend just over the period in which all objective signs of sexuality are normally lacking. This is a coincidence which urgently demands explanation by those who accept the Freudian views.

But there is other evidence bearing on this question, which, though indirect, is, I believe, trustworthy—namely, the evidence afforded by bashfulness. I have offered an analysis of bashfulness, which I believe to be substantially correct[1]—namely, that it is essentially a struggle between the two opposed tendencies of self-display and self-abasement, each being a primary instinctive tendency. Whatever accentuates self-consciousness tends to evoke these two tendencies; and the stirring of the sex-impulse produces this effect in the highest degree, because it essentially demands the approach of the self to other personalities. Now bashfulness is not confined to sexual situations only; it is displayed often enough independently of all sex-stirrings, and by young children. But the evidential point to which I wish to draw your attention is this: Young children, say at 3 or 4 years of age, often exhibit strong attachments either to persons of their own age or to elders, and to those of their own or the opposite sex. Since the question-begging term "love" is applied to such attachments, the Freudians regard themselves as justified in seeing in them expressions of sexuality. Now, it is characteristic of these infantile attachments that the display of affection is generally made in the most unreserved and open manner without any trace of bashfulness. But in the boy and girl attractions, which are so common a little later—*i. e.*, in children aged 8 and upward—bashfulness complicates the relation and not uncommonly absolutely dominates the scene, especially as far as the boy is concerned, so that the outward manifestations of the strong attraction he feels are apt to be completely suppressed and to be replaced by the characteristic expressions of bashfulness.[2] This profound change of behaviour and expression is perfectly explained by the assumption that it is due to the stirring of the sex-instinct having begun. Without that assumption it remains mysterious and unexplained.

The absence of bashfulness in relation to the opposite sex is then, I submit, strong evidence of the absence of the stirrings of sex in the normal child.

Let me in conclusion say that, although I have had occasion to criticise severely some of Professor Freud's assumptions, I am not one of those who fail to see in his doctrines any truth or profit for psychology. I believe that Freud has done and is doing a great work for the furtherance of psychology. If the view I have taken of the sex-instinct is substantially correct, the Freudian doctrines require very considerable modifications; but it is, I think, by stringent psychological criticism, rather than by any expressions of feeling in regard to the moral or æsthetic aspects of those doctrines, that their exponents may best be led to make the modifications that seem to be necessary.

[1] "Introduction to Social Psychology," p. 146.

[2] Common observation in this matter is borne out by the extensive study of Sanford Bell, "A Preliminary Study of the Emotion of Love between the Sexes," *Amer. Journ. of Psychology*, 1902.

INDEX

Abreaction, 261, 451
Acquisitiveness, 164
Adler, A., 22, 429
Affects, 26
Alcohol, 66, 442
Alcohol a narcotic, 73
Alkaloids, 66
Allegory in dreams, 148, 193
Allport, G., 207
Alnaschar, 207
Alrutz, S., 86
Alternating personalities, 482
Amnesia, 235, 245, 458
Anæsthesia, 113, 245
Anæsthetics, 66
Anal-eroticism, 164
Angst, 263
Anima, 198, 202
Anxieties, 263
Anxiety and fear, 317; state, 269
Archetypes, 193
Aristotle, 19
Association-reaction, 232
Asthenia, 265
Autistic thinking, 208
Autognosis, 457
Automatic movements, 253
Automatic writing, 256
Auto-suggestion, 122

Bad language, 278, 313
Badouin, 123
Bagby, E., 305
Balance of functions, 47
Bashfulness, 387, 566
Battle-dreams, 138
Baynes, 4, 24
Behaviourists, 5, 17
Belief and dissociation, 242
Bell, Sanford, 566
Bennett, Hughes, 114
Berman, L., 353, 519
Bernheim, 81
Bjerre, P., 319
Bleuler, E., 51, 55, 208, 336, 342, 355
Brain in hypnosis, 103, 108
Brain in sleep, 78, 107
Brain lesions, 354
Branwell, Milne, 97, 115
Breuer, 131
Brill, A. A., 179, 185
Brown, W., 24, 64, 452, 458
Bruhl, Lévy, 209
Bull as symbol, 196

Campto-cormia, 243
Cannon, W. B., 45
Carpenter, W. B., 209, 253
Cartoons and dreams, 148
Case 1: Conflict without repression, 218
Case 2: Irene, 235
Case 3: Mutism, 237
Case 4: Paralysis of arm, 242
Case 5: Simple amnesia, 244
Case 6: Stocking anæsthesia, 245
Case 7: Amnesia with repression, 245
Case 8: Amnesia with repression, 248
Case 9: Repressed fear, 251
Case 10: Automatic poetry, 257
Case 11: Fugue, 258
Case 12: Rou, 258
Case 13: Somnambulism, 259
Case 14: Hysterical fit, 260
Case 15: Repressed remorse, 265
Case 16: Repressed remorse, 265
Case 17: Amnesia and return of symptoms, 266
Case 18: Morbid fear, 267
Case 19: Ritual action, 272
Case 20: Symbolic symptoms, 273
Case 21: Stutter, 278
Case 22: Symbolic giddiness, 278
Case 23: Symbolic giddiness, 279
Case 24: Regression, sudden, 285
Case 25: Regression, gradual, 289
Case 26: Tic, 300
Case 27: Spasm, 300
Case 28: Forced movement, 301
Case 29: Pursued by shell, 301
Case 30: Stereotyped movement, 302
Case 31: Claustrophobia, 304
Case 32: Phobia for splashing water, 306
Case 33: Phobia, 306
Case 34: Railway-train obsession, 312
Case 35: Phobia for storms, 318
Case 36: Morbid scrupulosity, 319

Case 37: Sexual obsession, 319
Case 38: Homicidal impression, 320
Case 39: Foot-fetichism, 324
Case 40: Homicidal paranoiac, 339
Case 41: Simple morbid delusions, 342
Case 42: Morbid exaltation, 358
Case 43: Manic-depressive, 364
Case 44: Incipient Schizophrenia, 372
Case 45: Schizophrenia, 374
Case 46: Schizophrenia, 377
Case 47: Schizophrenia, 378
Case 48: Epileptoid seizures, 398
Case 49: Hystero-epilepsy, 399
Case 50: Schizophrenic boy, 414
Case 51: Mary Reynolds, 483
Case 52: T. Hanna, 484
Case 53: Léonie, 488
Case 54: Félida X, 489
Case 55: Marcelline, 489
Case 56: B C A, 491
Case 57: Spanish Maria, 495
Case 58: Beauchamp, 497
Case 59: Doris Fischer, 501
Case 60: Hélène Smith, 520
Censor, 164, 172
Character, 216, 525
Character defects, 392
Charcot, 10, 81, 300
Charon, 204
Claparède, 77
Claustrophobia, 304
Coconsciousness, 113, 255, 350, 490, 503, 504
Coffee, 66
Collective Unconscious, 190, 193
Compensatory day-dreaming, 207
Complex-formation, 230
Complex indicators, 231
Complexes, 159, 227
Concussion, 3
Condensation, 171, 380
Conditioned reflex, 6
Confession, 335
Conflict, 21, 49, 215
Conflict of exhaustion, 220
Constitutional defects, 371
Contracture, 250
Conversion, 275
Convulsions, 398
Coprophilia, 164
Cory, E. C., 495, 529
Coué, 123
Crichton, Miller, 24, 64
Crystal-gazing, 344
Culpin, M., 24, 320
Curiosity, 163
Cyclo-thymic type, 353, 439

Day-dreaming, 205
Day-dreaming, its dangers, 213
Delbœuf, 97
Delinquent children, 325
Delusions, 333
Dementia Præcox, 41
Depression, 353
Dermographia, 241
Diagram of complex, 229
Disgust, 163
Disintegration, 54, 537
Displacement, 171, 312
Dissociation, 234, 456
Dissociation and repression, 235, 307
Dissociation in hypnosis, 90, 108
Dissociative barriers, 252
Divided personality, 96
Dizziness, 278
Dostoievsky, 214
Dream condensation, 148, 171
Dream punning, 152
Dream recording, 144
Dream symbols, 152
Dream theory, 155
Dreaming, 137
Dreams, ready-made, 143, 155
Dreams, reproductive, 137
Dreams and repression, 144, 146
Dreams and sense-impressions, 141
Drever, G., 317
Driesch, H., 509, 544
Drunkenness, 68
Drunkenness, stages of, 70
Dubois, 476
Dynamic psychology, 17
Dynamometer records, 246

Ego and Censor, 172, 179; -centricity, 291; ideal, 163, 165; instincts, 161
Eidetic imagery, 207
Elation, 357
Elation, morbid, 359
Ellis, Havelock, 559, 562, 563
Embarrassment, 334, 357
Emotional energy, 456
Emotions and exhaustion, 14
Emotions as energies, 61
Emotions as morbid, 13
Endocrines, 45
Energies and instincts, 62, 75, 104
Epileptoid seizures, 397
Exaltation, 356
Excitement, 352

Exhaustion, 59
Exhaustion and neurosis, 12
Exploration, 664
Extroversion, theory of, 441
Extroverts, 435, 441

Falling asleep, 61
Fantasies and regression, 283
Fantasies, too real, 393
Fantasy or fugues, 258
Father surrogate, 314
Fatigue, 58, 64; and free energy, 76; local and general, 66; sensation, 64
Fear and anxiety, 264; and depression, 360; dreams, 139, 181; of death, 219
Ferenczi, 123, 132, 163, 407
Fetichism, 8, 320, 322, 324
Fits of fear, 261
Flight of ideas, 363; with disease, 51
Flournoy, T., 507
Flügel, G. C., 49, 418
Forsyth, D., 41, 414
Fox, P., 224
Free association, 466
Freud, S., 18
Freud and Lamarckism, 158
Freud on causation, 402; coconsciousness, 523; compulsions, 313; delusions, 409; dream-analysis, 171; dream Censor, 170; dream symbols, 173; Ego, 164, 534; fear, 402; fear dreams, 181; heredity, 404, 418; homosexuality, 411; infantile sexuality, 165; instincts, 20; latent period, 165; *libido*, 167; love, 162, 163; Œdipus complex, 418; *paranoia*, 340; phobias, 215; regression, 281; repression, 21; resistance, 167; sex, 161; suggestion, 130, 134; the preconscious, 166; "the Unconscious," 21, 165; therapy, 422
Freud's dream-theory, 169; pansexuality, 426; psychology, 18, 130, 157
Frink, H. W., 312
Fugue, 257
Functional disorder in machines, 36
Functional disorders, 1, 30

Gibson. R. S., 24, 268
Glover, G., 159, 162
Godlikeness, 430
Goodhart, S., 397
Grave's disease, 45, 264
Green, G. H., 208
Guilt repressed, 334
Guilt, sense of, 305, 307, 310, 341, 412
Gurney, E., 97

Hadfield, G. A., 24, 101, 466
Hallucination, 319, 344
Hallucinations, negative, 92, 112
Hamilton, Sir W., 6
Harrington, M., 24, 372, 375, 477
Hart, B., 24, 64, 231, 472
Hartmann, von, 21
Head, H., 297, 554
Healy, W., 24, 324
Hedonism, 20, 159
Heidenhain, 253
Herbart, 21
Herbart and Freud, 168
Hinkle, B., 24, 450
Hitschmann, E., 408
Hollingworth, H. L., 5
Homicidal impulsion, 320
Homosexuality, 322, 341, 410
Hooper, S. E., 318
Hormé, 27
Hormic psychology, 19
Hormic theory, 63
Hormones and temperament, 442
Horton, L. H., 142
Hudson, W. G., 26
Humour, lack of, 391
Hurday, G., 295
Hurday, T. H., 253
Hurst, F. A., 243
Hyperæsthesia, 93
Hypnosis, 81, 103, 464, 472; and crime, 91; induction of, 83
Hypnotic anæsthesia, 89; *rapport*, 82, 109; hysteric type, 3, 28, 252, 440
Hysterical fits, 260

Illusions, 344
Incentives, 59
Incubation, 221, 242
Infantile patient, 285; personality, 484; sexuality, 282, 480
Infection delusions, 343
Inferior constitution, 3
Inferiority complex, 430, 433
Instincts, 19, 62, 158
Integral psychology, 24
Integration, 54, 396, 524
Introversion, theory of, 441
Introverts, 435, 441; and alcohol, 443; and schizoids, 391
Intuitive functions, 198, 201

Inversion, innate, 323
Involuntary movements, 250

Jackson, Hughlings, 296
James, Wm., 60, 509, 518
Janet, Pierre, 10, 448; exhaustion, 12, 536; Freud, 18; hypnosis, 85; integration, 534; psychic forces, 11; on psychic hierarchy, 14; suggestion, 127; on tendencies, 12, 535; on therapy, 15
Jealousy, 410
Jones, E., 181, 315
Jung, C. G., 22; *Abreaction*, 460; on archetypes, 22, 190, 193; compensation, 192; dreams, 188; instincts, 189; *libido*, 168; myths, 195; Œdipus complex, 191, 282; psychogenesis, 41; regression, 281; sexuality, 282; Schizophrenia, 377; temperament, 438, 449; transference, 468; "the Unconscious," 22, 189, 194

Kabyr, 199
Katharsis, 451, 479
Kempf, E., 54, 417
Kleptomania, 327
Kraepelin, 2, 40, 335
Kretschmer, E., 367, 371, 376

La Bruyère, 508
Laplace, 508
Lee, F. S., 59
Libido, 21, 26, 162
Liconor Bay, 186
Liébault, 81
Long, Constance, 24
Love and sex, 162

MacCurdy, A. T., 13, 317
Malays, 388
Malingerers, 2
Mania and anger, 359
Manic-depressive, 352, 353; energy, 361
Masculine protest, 432
Masochism, 331
Master sentiment, 526
Mayo, E., 206
McDougall, A., 398
McKendrick, 253
Mechanisms, 27, 171, 276
"Mediums," 508
Melancholia, 355
Memory, 552, 555; and feeling, 224
Mental hygiene, 476
Mesmer, 81
Milly P., 504
Misère psychologique, 11
Mitchell, T. W., 24, 98, 160, 504, 528, 543
Mithra, 196
Moll, A., 408, 563
Monism, 520
Moods, 266, 353, 355
Moore, T. V., 129
Motivation of neurosis, 10
Motives, 215; and fatigue, 60
Mott, Sir F., 41, 43, 370
Müller, G. E., 111
Multiple personalities, 482
Mutism, 237
Myers, F. W. H., 26, 116

Nancy school, 81, 131
Narcissism, 383, 408
Necrophilia, 164
Negativism, 390
Neural dispositions, 105
Neurasthenic symptoms, 220; type, 328, 440
Neurokyme, 27, 104
Nicol. M., 24, 148, 203, 284, 296

Obsessions, 308
Occultism, 508
Œdipus complex, 132, 166, 313, 410, 417
Opium, 443
Organic disease, 3
Orpheus and Eurydice, 202
Osler, Sir W., 205, 241

Pain, functional, 277
Paralysis, flaccid, 242
Paranoia, 335
Parental instinct, 162
Persona, 198
Persuasion, 476
Perversions of sex, 321; neurotic, 324
Pfister, O., 452
Phobias, 304
Pierce, Clark, 400
Piper, Mrs., 516
Planchette, 257
Pleasure principle, 20
Post-hypnotic phenomena, 94, 122
Post-hypnotic time appreciation, 97
Prestige, 117, 125
Prideaux, E., 24
Prince, Morton, 24, 25, 34, 63; on

anxiety, 308; bell-tower case, 309; on coconsciousness, 308; coconscious personality, 505; dissociation, 494; hallucinations, 347; hypnosis, 466; integration, 527; on obsessions, 307
Prince, W. F., 501, 504
Psychic forces, 11
Psychoanalysis, 480
Psychoanalysis and suggestion, 427
Psychoanalysts, 17, 34
Psychogenesis, 38
Psychological school, 23
Psychophysical parallelism, 520
Psychotherapy, 451, 464
Purpose and mechanism, 38; neurosis, 52
Pylemic type, 440

Rank, O., 332
Rapport, theory of, 118
Rationalisation, 335, 338
Readjustment, 470
Reality principle, 160
Reciprocal amnesia, 483
Recurrent sensation, 346
Redintegration, 6
Reede, E. H., 24, 400
Reflected consciousness, 503
Reflexes reversed, 240; disordered, 241, 289
Regression, 281, 503; theory of, 294
Remorse, 265
Repression, 217
Repression, dreams, 155
Repression and dissociation, 245, 248
Repressive forces, 223
Resistance to cure, 245
Respect, 427
Revaluation, 226
Reverie, 206
Ribot, Th., 535
Ritual acts, 272
Rivers, W. H. R., 24, 25, 138, 180, 182, 304

Sadism, 331
Sagacity of neurotics, 9
Salpêtrière school, 81, 131
Schizoid personalities, 376, 439
Schizophrenia, 370
Schizophrenia and introversion, 382
Schizophrenic splitting, 395
Schopenhauer, 19, 21
Scrupulosity, morbid, 319
Self-assertion and sex, 280
Self-criticism and alcohol, 69
Self-knowledge, 216, 477, 480
Self-regard, 164, 366, 526
Self-sentiment, defect of, 364
Sensation, flux of, 10
Sentiments, 159, 525; and instincts, 162; repressed, 228
Sex instinct, 557
Sexual obsession, 319
Sexuality and fear, 315
Shell-shock, 2, 3
Sherrington, Sir C., 111
Sidis, B., 116, 464, 486
Simmel, E., 300
Sleep, 76, 107; and movement, 80; instinctive, 78
Smith, Eliot, 193
Smith, May, 445
Somnambulism, 235, 259
Spiritism, 508
Springthorpe, J. W., 24
Stekel, 9, 23, 278, 316, 476
Stereotyped movements, 302
Stevenson, R. L., 257
Stratton, G. M., 255
Structure *v.* function, 30
Stutter, 278
Subconscious conflict, 222
Sublimation, 473
Submission, instinct of, 117
Submissive instinct, 332
Suggestibility, 124
Suggestion, theory of, 115
Suggestion and transference, 424, 427
Suggestion of organic effects, 100, 114
Sulking, 387
Supranormal, the, 507, 509
Symbolic symptoms, 273, 302, 312
Symbolisation, 272, 318
Synapses, fatigue, and drugs, 66, 72
Synaptic resistances, 79, 106

Telepathy, 348, 515, 517, 549, 551
Temper, 438
Tics, 299
Trance "mediums," 509
Trance personalities, 507, 516
Transfer, 8
Transference, 422, 467
Traumatic symptoms, 276
Traumatic theory, 451, 460
Trembling, 264
Tremor, 265, 458
Trophic changes, 250
Trotter, W., 117

Vague fears, 263, 267
Van der Hoop, 450
Vogt, O., 27, 103

Waking state, 105
War strain, 2
Waxy plasticity, 88
Williams, T., 24, 417, 420
Wingfield, H., 24, 275
Wohlgemuth, A., 224
Woodworth, R., 13
Wounds and conflict, 221

Yealland, 243
Yellowlees, H., 24
Young, P., 93