A THEORY OF NEUROTIC BEHAVIOUR,

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PREFACE.

The following paper is an attempt to put forward a rational theory of neurotic behaviour, and to indicate briefly the main lines which must be followed in treatment.

In advocating any theory of the neuroses there is one point of fundamental importance which is so often ignored that the present etiological classifications are frequently more incoherent than there is any justification for, and in many cases the more adequate the student's knowledge of general psychological and philosophical subjects is, the more difficult it is for him to follow intelligently the various theories of neurotic behaviour. This point is that a neurosis must be regarded from first to last merely as a variation from what we call normal behaviour, and this variation must be capable of being explained on grounds strictly analogous to those which we recognise as being causative of the variations from the normal which we encounter throughout life. In other words any theory of the neuroses must be consistent with a much wider theory of behaviour in general.

From this it follows that in elaborating any theory of the neuroses it is first necessary to state clearly what view we propose to adopt of the origin and course of those psychological processes which underlie or accompany normal behaviour. This task I have attempted in Part I. In the main the hypothesis which I have put forward is that which has been so clearly and convincingly formulated by Professor William McDougal in his

"Introduction/

"Introduction to Social Psychology" and "An Outline of Psychology." To these two books as well as to Professor McDougal's other works I wish to acknowledge a profound debt of gratitude.

In Part II. I have described and criticised various etiological theories. The space devoted to the Freudian psychology may at first sight appear excessive in a work of this length, but it is, I think, justified by the necessity for a fairly close examination of a theory of conduct which has taken such a grip of the popular imagination, and the ultimate implications of which are realised by comparatively few people.

In Part III. I have endeavoured to construct a theory of neurotic behaviouf consistent with the hypothesis laid down in Part I.

In Part IV. I have considered the general principle of treatment. My aim here has been to show that as neurotic behaviour is in a certain sense a matter of choice, it can only be altered by the application of the psychological laws which govern our behaviour throughout life every time we consciously or unconsciously prefer one course of action to another.

Where explicit references are possible they have been given in the text. This has not always been practicable, and a bibliography is appended. This is by no means exhaustive, but contains the names of the works to which I am chiefly indebted.

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Introductory.

After a long period during which little was known of the etiology of the neuroses and almost nothing in the way of rational treatment was attempted, there has developed in recent years an attitude of mind which contains some hope for the future. In the treatment of physical ailments it has long been recognised that the first qualification a practitioner must possess is a knowledge of the normal processes of the human body, the derangement of which constitutes disease, and during the past generation a similar recognition has been slowly gaining ground in the domain of psychopathology. It may appear most extraordinary, but until comparatively recent years the study of what may be broadly called the "functional nervous diseases" seems to have been completely separated from the consideration of normal mental processes, and yet the relation of many of these conditions to the normal mind is precisely analogous to the relation of pneumonia to the normal lung. This state of affairs is happily becoming rapidly a thing of the past, and it is even possible that at present we are witnessing a reaction from the older attitude which is not without its own dangers. The intensive study of abnormal psychology which has been on foot during the past twenty years, and which received such a tremendous impetus during the recent war, has had at/

at least one rather curious consequence in the form of an inversion in the method of psychological investigation. The rational way to approach the study of the neuroses and their etiology would seem to be by the acquisition of as thorough a knowledge as possible of normal mental processes, with a subsequent examination of how and why the processes observed in abnormal states differ from them. In some psycho-pathological schools a tendency has become very obvious to use to a very great degree the abnormal to interpret the normal, and to my mind this is particularly the case among the devotees of psychoanalysis. Without wishing to deny the undoubted fact that light may be thrown on normal processes by attention to their aberrations, and without wishing to depreciate Professor Freud's great services to psychology, I feel that certain aberrations of mentality, doubtless observable in many patients, have been utilised in his scheme to build up a very problematical conception of some aspects of normal psychology, which conception has again been used in the interpretation of other mental abnormalities. This is particularly the case in my opinion in regard to two of his fundamental conceptions, his assumption of the so-called Pleasure and Reality/

Reality Principles, and his theory of the sexual basis not only of the neuroses, but of an enormously important part of human conduct.

In dealing with any subject in a scientific manner it is essential that we should clearly understand what precisely is the problem which has to be faced, and in discussing the etiology of the neuroses the first point on which we must be clear is "what constitutes a neurosis?" This question I propose to answer as follows. "A neurosis is an abnormal method of the functioning of mind involving cognition, affection, and conation, resulting in the production of a variable complex of symptoms and physical signs, and inhibiting or impairing the bodily or mental activities of the individual affected."

In a previous paper(1) I described a condition which I termed the anxiety state, and I attempted, I think successfully, to show that this condition originated from the evocation of the instinct of escape with its accompanying emotion fear, and from the subsequent frustration of the conative aspect of the instinctive activity, and it is my present thesis that all the neuroses are capable of an interpretation along similar lines. As every mental

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(1) "The Place of the Emotion of Fear in the Etiology of the Neuroses" Glasgow Medical Journal. 1924.

or physical process involves cognition, affection, and conation in varying degrees, this is equivalent to saying that all neurotic manifestations are due to interference at some point in the cycles of activity which constitute behaviour.

From this statement it will be seen that a neurosis is not a mode of action which can be clearly demarcated from the behaviour of the average individual. All deviations from the normal which result in anti-social or anti-ethical behaviour to some extent may be regarded as impairments of mental or bodily activity. It is possible that some time in the future all perversions of conduct may be regarded as falling within the scope of psychotherapeutic treatment, but in our present state of knowledge it is useful, if not necessary, to regard some aberrations as belonging to the domain of ethics, and others to the domain of the neuroses. It must be clearly remembered, however, that the dividing line is arbitrary and only justified by its present utility. It is obvious then, that we shall meet with many modes of behaviour which are impossible to place definitely in either class. This is a fact of great importance/

importance in legal and medico-legal work where we are concerned with the fixing of motive and responsibility, but from our point of view at present it is a secondary consideration. In dealing with the classification of the neuroses we shall require to consider what aberrations of behaviour may be regarded usefully as neurotic, but at present it must be emphasised that the etiology of the aberrations of both classes must be regarded as being fundamentally similar.

It is, therefore, essential that before proceeding to the consideration of the various ways in which normal behaviour may be interfered with or modified, we should have some clear understanding of the light in which we propose to regard the causes of this behaviour and its relation to consciousness. The hypothesis which I propose to adopt is that which has been elaborated in several works by Professor William McDougal, and which is, in brief, that the clue to all human and animal behaviour is to be found in the working of instinct, and that on the various aspects of instinctive activity there have been built in the course of evolution the intellect and character of man. In the second place, I am going to assume/

assume that all the activity which may be summed up under the general term of behaviour is teleological. The adoption of this purposive theory of action involves the denial of any purely mechanistic interpretation of conduct, such as has been widely held by physiologists in recent times. This hypothesis I am adopting for certain definite reasons. To discuss in any detail the evidence in its support is obviously impossible in a work of this scope, but it may be claimed in the first place that, in my opinion at any rate, it explains the observable and verifiable facts of behaviour in a way in which no other hypothesis does. In the second place the purely mechanistic view of human and animal behaviour is in my opinion based on false premises. To adopt it we must assume that all mental processes are in a certain sense illusory. At best they are merely epiphenomenal correlates of neural activities which may in turn be explained completely by so-called natural laws. Our knowledge of the extent to which natural laws are applicable to physical phenomena is very far indeed from being complete, and certainly our present knowledge of mental processes does not entitle us to apply such laws in the psychical sphere. If we deny the validity of the mechanical laws of causation/

causation and energy in the mental sphere, the mechanistic theory of behaviour with its refinements which would make the human organism a mere collection of conditioned reflexes inevitably falls to pieces. As no successful attempt has yet been made to show the universal validity of these laws, I hold that, as a hypothesis of some kind is necessary to explain behaviour, we are entitled to make use of the one which best seems to fit in with all the facts of which we have knowledge.

Before proceeding then to the consideration of the neuroses themselves we must first make a somewhat detailed examination of the implications of this hypothesis.

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PART I.

The Foundations of Behaviour.

1. The Instincts and the Primary Emotions.

McDougal has classified and described some fourteen instincts in animals, the excitement of any of which is associated with the production of an emotional condition which is specific to the instinct involved.(1) It is necessary to enumerate these, as they all occur in the human being, however much their activity may be disguised. With regard to most of them, their existence in the lower animals will be readily recognised, although there is still considerable dispute in psychological circles regarding their applicability to the human being. They are as follows, the specific emotion associated with the instinct being referred to in brackets after the name of the instinct itself.

1.Escape (Fear). 2. Aggression (anger). 3.Repulsion (Disgust). 4. Parental or protection (tender feeling). 5.Appeal (Distress). 6.Pairing (Sexual excitement). 7.Curiosity (curiosity or wonder). 8.Submission (Feeling of subjection). 9.Assertion (Feeling of superiority). 10.Gregarious instinct (Feeling of lowliness). 11. Food seeking instinct (Appetite). 12.Acquisition (Feeling of ownership). 13.Construction (Feeling of productivity). 14.Laughter (Amusement).

It is possible that other instincts exist, but the above/

(1) "Introduction to Social Psychology."

above list includes all the more important, and it seems probable that all of these are represented in the human being. Their relative activity varies, as we shall see, both in different individuals and in the same individual under different circumstances.

The working of instinctive activity is comparatively easy to follow in the lower animals. In them we find that a more or less specific stimulus is followed by a fairly definite reaction in the form of conative activity. This reaction, however, differs very sharply from reflex action in several important ways. Firstly, although a stimulus is necessary for the initiation of the conative part of the instinct, the activity, once aroused, is inclined to persist independently of its origin. This point is, as we shall see later, of vital importance in the consideration of the neuroses. Secondly, although directed to a definite end the conative activity will vary in type in order to reach its object if in any way the path should be impeded. Thirdly, the instinctive reaction is a reaction of the total organism. Fourthly, the instinctive reaction is rendered more effective by repetition.

Primarily we must suppose that the activity of any instinct/

instinct is aroused by specific conditions, the occurrence of any one of which constitutes, as McDougal suggests, a key to the particular instinct involved, and in very primitive organisms such keys are probably relatively few and simple. In such cases the motor mechanisms which subserve the conative aspect of the instinct are also relatively simple. It is at least conceivable that the so-called tropisms which are observed in lower forms of insect life represent the working of a very primitive and undifferentiated instinct, but we may illustrate the working of a clearly differentiated instinct in animals by taking as an example the instinct of escape. The key to this instinct is undoubtedly any situation which suggests danger to the animal, and probably one of the most universal and primitive methods of its evocation is the production of a loud noise. The primitive motor mechanism involved in the conative part is flight, an activity which normally only ceases when security has been reached. The variability of method which may be adopted in the flight is an excellent example of the persistence with variability according to circumstances which/

which characterises all instinctive activity even in comparatively lowly organisms. As the cognitive aspect of the mind develops and experience begins to play its part, and more especially when sentiments are formed, the range of situations capable of evoking the instinct of escape is greatly increased and "pari passu" with this there is a great elaboration of the conative aspect of the reaction, with an increasing variety of the motor mechanism subserving it. So much is this the case indeed, that were we altogether dependant upon observation of behaviour in our fellow men we should very frequently be at a complete loss to state the instinct which had been brought into activity by any particular situation. In fact, if we were so dependent we should be unable to understand even by introspection the cause of any of our own instinctive actions. The third aspect of instinctive activity must now therefore be considered, that is, the emotional state, or affect, which accompanies all such activity.

In enumerating above the instincts whose activity results in behaviour I attached to each the name of a specific emotion which accompanies its action. It will be noticed that some instinctive activities are accompanied by a very definite/

definite emotional state, while in others the emotion is much vaguer and more difficult to define even on introspection. The instinct of escape, for instance, has as its affective aspect the emotion of fear. The pairing instinct is associated with sexual excitement. These are examples of well defined emotional states. The instincts of assertion and submission, on the other hand, present in their emotional correlates a feeling of superiority or a feeling of subjection respectively, or, as has been probably better expressed, positive and negative self feeling. These emotional conditions are by no means so definite as, say, fear, but it is essential to remember that from our point of view they are at least equally important, and, as we shall see later, these two particular emotions enter into practically every sentiment we may form with regard to objects of experience. We see, then, that every form of instinctive activity is associated with a specific emotional state which may be at once obvious, or which may require fairly close examination for its determination, and the question now arises, what is the biological function of this state of emotion? The answer to this question is, I think, the necessary sequel to/

to the statement that by the introspective examination of cognition and conation alone we are unable to determine what particular form of instinctive activity is at work in our minds. The emotion, generated during the working of an instinct, is in all cases the key by which we obtain knowledge of the instinct, and therefore knowledge of our motives involved in the action which we are performing. Emotion is then, an entirely subjective phenomenon and subserves the function of cognition of the subject. In popular language it is common to say that fear makes one fly, or that anger makes one aggressive, but this is not psychologically true. The true interpretation of the facts would rather seem to be that fear and anger are not causes but accompaniments of flight and aggression. The cause of the flight is the cognitive situation which has acted as the key to the instinct. This point is of cardinal importance, as some schools of psychopathology particularly the Freudian, have practically assumed that emotion has the power of initiating conation, and have erected wide theories on this false premise.

Before leaving this aspect of instinctive action there are two further points which must be briefly dealt with. Firstly,/

Firstly, although, as we have seen, the cognitive and conative parts of the instinctive process have undergone profound modifications in evolution and in individual development, the affective or emotional part has remained ~~receptively~~ relatively stable. It is only by reason of this fact that we are enabled to arrive at any understanding of other peoples' actions, for so changed may be the cognitive and conative aspects of, for example, the instinct of escape, that it is only by the presence of its undifferentiated affection part which we hold in common, that we may be able to identify the instinct. We must also deal briefly with the problem of pleasure and displeasure and its effect on the conative process. It will, I think, be universally admitted that successful conation is usually, if not always, associated with satisfaction or pleasurable feeling, while unsuccessful or thwarted conation is associated with dissatisfaction or displeasurable feeling. We may, I think, go further and say that in the case of conative activity which is progressing smoothly, pleasure is present and helps to sustain the activity, and in unsuccessful activity the dissatisfaction which is engendered actually exercises an obstructive influence. This is, however, a totally different attitude/

attitude from that of the psychelogical hedonist who holds that all behaviour is conditioned by the pursuit of pleasure and the avoidance of pain. This doctrine, at one time greatly in fashion, has comparatively few supporters at the present day, but it is important to notice it at this point, since it appears to have been partially revived in the Freudian psychology in the conception of the so-called Pleasure principle, which is assumed to underly primitive instinctive behaviour. The pursuit of pleasure for its own sake, quite apart from any other conative aim, does exist, but its existence implies a power of abstraction, for the existence of which in the primitive mind we have no sufficient evidence.

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2. The Secondary and Derived Emotions.

I have now enumerated the main instincts which underlie human and animal behaviour, with their associated emotions. We may follow McDougal in calling those the primary emotions. There are, however, many emotions, which we experience which are not included in this list which we must now shortly consider. These fall into two main groups, the secondary emotions, and the derived emotions. Let us first consider the secondary emotions. In the higher animals and in the human being there are very few activities which are conditioned by the working of a single instinct. In the vast majority of instances of conduct, two or more impulses are at work, helping or hindering, or in any case modifying one another, and the sum of the impulses determines the subsequent conduct. It also determines the associated emotion, which in such cases is a blend of primary emotions. One or two examples will make this clear. Thus the emotion we term contempt is probably a blend of anger and disgust with the addition of positive self-feeling. Loathing is composed of fear and disgust. Admiration consists of wonder and negative self-feeling and the addition to this of fear produces awe. Examples/

Examples of such compounding of the primary emotions can be indefinitely multiplied, and it is to be noted that the resultant emotions are as truly emotions as are the primary constituents, and serve the same biological purpose.

The derived emotions occupy a slightly different category. These are true emotions none of which is specifically associated with the activity of any one instinct. They arise during the working of an instinct and are conditioned by the apparent success or failure of its conative activity. It will be seen that the occurrence of such emotions indicates a moderately high level of intellectual development, as they imply a certain degree of imaginative appreciation. Joy and sorrow fall into this category, as do also belief and doubt. A group of emotions which have been termed by Shand[1] the prospective and retrospective emotions of desire belong to this class and are of special interest. The prospective emotions are confidence, hope, anxiety, despondency and despair. It it obvious that each of these emotions marks out a stage in conative activity at which the goal of conation is receding from possible reach. The retrospective emotions are regret, remorse, and probably sorrow should also be included. These arise when the goal of conation has passed beyond reach and the mind reflects on what might have been.

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(1) "Foundation of Character"

3. Intellect and the Sentiments.

In the lower animals it is probable that the only emotions entering into the mental processes are the primary emotions associated with the individual instincts, and it is not until we reach the human being that we find the full development of the secondary and derived emotions. In the higher animals there is probably some development of the secondary emotions; it is difficult, for instance, to deny the existence of gratitude in a dog, and gratitude is undoubtedly a secondary emotion compounded of tender emotion and negative self-feeling. But it is in man that these emotions come to fruition, and it is certainly only in man that we find evidence of the emotions of desire.

We are now in a position to consider the problem of the structure of mind. Up to the present, in dealing with instinct we have been dealing with processes, and although behaviour is essentially a process of experiencing, reacting, and feeling, it is always so with reference to an object, real or abstract, and if we are to have any comprehension of the methods and outcome of such action we must assume that the mind which experiences, acts, and feels, possesses some structural form.

Primarily, as we have seen, mental action consists of perceiving/

perceiving an object, experiencing an emotion with regard to it, and initiating a more or less specific physical movement. This is what we term instinctive action, and we must assume that it is innate. As development proceeds we have seen that the range of objects capable of initiating the action increases, and the increase is due to experience and the development of the power of memory. As this development proceeds the mind becomes capable of reacting not merely to concrete objects of sense perception, but also to objects which are at the moment beyond sense perception and exist on the plane of imagination. A step further brings us to the power of perceiving not only objects, but attributes of objects which in themselves are mere abstractions, such as virtue or courage, and of reacting to them. This vast system of cognitive potentialities is the intellect and its activity in perceiving, differentiating, and abstracting constitutes the intellectual activity which is characteristic of man.

In this connection it is important not to confuse intellect and intelligence. Intellect is a fact of mental structure. Intelligence is an attribute of intellect. Intellect may be likened to the sword. Intelligence is represented by the keenness of the blade. Just as a sword of the best steel may be of little use owing to its bluntness, so may a man possess an enormous range of cognitive potentialities without that capacity of prompt adaptability to environment which implies intelligence/

intelligence. Intelligence may exist to a large degree without the backing of a powerful intellect, but no intellect, however complex, can ultimately be of great service to its possessor or others without intelligence.

The conative aspect of mind undergoes analogous changes. The motor mechanisms of the body which subserve conation become elaborated early. In the animals, for instance, Rivers[1] described five methods of conative action in the instinct of escape - flight, aggression, manipulative activity, immobility and collapse. He tried to distinguish these as due to the working of separate instincts, but a more probable view is that they are different motor mechanisms subserving the one instinct of escape. In passing it may be mentioned that the inclusion of collapse is of very doubtful validity. The next step in development brings us to the point at which conation is largely elaborated on the mental or imaginative plane before being translated into physical action, and it is at this point in the evolution of mind that the powers of reason and judgment become apparent.

Just as the sum of cognitive potentialities or dispositions constitutes intellect, the sum of conative impulses working on the planes of both imagination and sense perception constitutes/

[1] "Instinct and the Unconscious"

constitutes character. The units of character, evolved from the working of the primitive innate instincts are termed sentiments. The word complex has also been used, but as this term has been used in a rather more specialised sense by the Freudian school we shall avoid it at present. A sentiment is an organised system of conative tendencies with an emotional accompaniment. It is built up as a result of experience of the individual and only becomes active in consciousness under certain appropriate conditions. Like all conative tendencies a sentiment is linked up to a definite end or purpose which may be an object of sense perception, a situation, or, as is frequently the case, a pure abstraction. Many forms of instinctive activity may be concerned in the establishment of a sentiment, and it is usual to distinguish a sentiment by the name of the emotion which is characteristic of the resultant of the instincts involved. Thus, in the sentiment of loathing, the instincts of escape and repulsion are involved with their affective aspects of fear and disgust, producing the secondary emotion of loathing. The sentiment of fear would seem to be conditioned by the operation of the single instinct of escape, if it were not for the fact that it is very doubtful whether this sentiment could be built up without the aid of the instinct of submission with its affective aspect of negative self feeling.

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The sentiment of love demands some special consideration at this juncture, because it is so closely associated with the pairing or sexual instinct which has been made the basis of Freudian psychopathology. Love is an exceedingly complex sentiment and it is extremely questionable if the instincts involved in its formation are at all constant. A close examination of the Freudian doctrine will show that the sentiment of love and the sentiment based on the pairing instinct, which we may call the sexual sentiment are regarded as practically identical. This I hold to be a complete mistake which has directly led to the extravagance of certain aspects of the Freudian theory. In the first place I must deny that love should be regarded as essentially, or even as primarily, a sexual sentiment. The first love of which a child is conscious is, under normal circumstances, the love of parents, and particularly of the mother, and this sentiment of maternal love is probably organised long before the child can be said to be explicitly aware of its existence. Along with the organisation of this sentiment we find the development of the love of the parent for the offspring. This sentiment is possibly the only absolutely altruistic sentiment which exists. A very brief consideration of natural history will show/

show that in the possession and development of this sentiment man is in direct evolutionary continuity with the lower animals. Now Freud holds that the sentiment or complex which has as its affective aspect this type of love is sexual. This view I cannot see any justification for whatever. He backs up his opinion by pointing to the fact that male children are normally attached more to the mother than to the father, and that female children are attached more to the father than to the mother. This fact in my opinion is not a fact at all. It is simply an "a priori" statement, or else it is founded on bad observation. In the first instance the mother is almost certainly the object of affection of children of both sexes. The love of the father comes later.

Again, Freud insists that the apparent admiration with which a child regards itself, and the pleasing emotions which accompany its early movements are sexual in origin. The apparent pleasure it derives from sucking its finger is presumed to be sexual. I cannot find any evidence which will bear strict scientific scrutiny which gives support to this thesis. Now these assumptions - for they are no more- of Freud would seriously weaken the psychoanalytic scheme of psychology if they only constituted a part of it. But they practically/

practically form the basis on which the whole scheme is erected. If then, we are to accept the Freudian theory we are certainly justified in demanding much more rigorous proofs of the validity of its basic tenets than those with which we have up to the present been favoured.

If then we are going to deny the sexual basis of these types of love, to what instincts must we attribute them? I do not think that the problem presents any great difficulty. In classifying the instincts I mentioned the existence of a definite paternal or protective instinct The acceptance of this as an innate characteristic is amply justified by a study of animal behaviour, and it is to this instinct that we must turn to find the basis of the sentiment of love of the parent for the offspring. Into the sentiment there probably enters a varying degree of self assertion. Other instincts may also enter, but this form of love is essentially the compounding of tender emotion and positive self feeling, and in it the sexual or pairing instinct has no part.

The sentiment of love of the child for the parent is more complex. The instincts involved are probably those which are represented by the emotions of negative self feeling, tender emotion, wonder, and later in development fear. Again there is/

is no place for sexual emotion, although Freud would have us believe that the act of sucking at the breast is an outcome of the sexual instinct and not of the innate food seeking propensity, developed through thousands of generations of animals and man.

The propensity of self admiration and of playing with its own parts which a child always manifests is easily explained on other than sexual grounds. It is almost certainly the first sign of the development of the great self regarding sentiment which ultimately forms the core of the adult character. This sentiment is built essentially on the instincts of submission and assertion with many other instincts playing subsidiary parts, such as, in the case in point, wonder. Similarly, throughout life we are constantly developing sentiments which are in any reasonable sense sentiments of love, and which contain no sexual element, or at most a very small sexual element, ranging from the love of a man for his dog through the love of close friends, to that love of country which we term patriotism.

I do not wish to deny or to minimise in any way the influence of that sentiment of love which has as one of its integral componehts the pairing instinct with its sexual excitement, but to attribute to it that domination of all conduct/

conduct claimed for it by Freud is in my opinion utterly against the weight of the evidence.

Interference with that cycle of activity which constitutes the working of the sexual instinct will certainly result in the production of mental abnormalities which may, under appropriate circumstances, manifest themselves in behaviour and form the symptoms of a neurosis, but this statement is equally true if applied to other instinctive activities. Because a statement is true it does not follow that the converse is true, and it is certain that we cannot found all the neuroses on a sexual basis. In the interpretation not only of the neuroses but also of the majority of the happenings of normal mental life there is one sentiment which plays a much more important part. This is what McDougal has termed the "self-regarding sentiment" and what Tansley[1] has called the "ego complex". This sentiment is in truth the very core of character. Primarily based entirely on the instincts of self-assertion and self-submission, it becomes extremely complex in development. and in the adult man embraces practically all the forms of instinctive activity. It is essentially the sentiment the existence of which enables man to appreciate the position of his empirical self in reference to other objects of sensory perception or of abstract creation. The preponderance/

(1) "The New Psychology"

preponderance of one or other of the two self regarding instincts determines to a very large extent the character of the individual, and this sentiment must be conceived as exercising a powerful influence in modifying the primitive modes of instinctive reaction, and of altering both their cognitive and conative aspects. The simplest example of this is the influence of the self regarding sentiment in the working of the instinct of escape.

Let us suppose the instinct of escape to be aroused in an animal by some situation of danger which constitutes a key to the instinct. The conative aspect of the instinct at once comes into play, and escape is attempted to the accompaniment of the emotion of fear. The activity only comes to an end when security is reached, or when conation has been definitely and finally frustrated. This is a primitive reaction. In a man, however, in whom the self regarding sentiment is developed, andin whom the self assertive instinct is powerful, this process is modified. Not only is the emotion of fear partially suppressed, but the whole course of conation is altered in order to bring it into harmony with that sense of superiority or elation which is the affective aspect of the self assertive instincts. Instances of this kind can be produced indefinitely. For example, a person in whom the self assertive f

assertive impulse is overpoweringly strong is notoriously incapable of feeling admiration and reverence.

Another characteristic of this sentiment is that it becomes secondarily extended to objects other than the self. The most primitive example of this is the extension in the case of a mother to her children. The children tend to become identified with the self in the mother's mind, and situations which provoke reactions in the offspring, tend to provoke similar reactions in the parent. In the same way in civilised man this self regarding sentiment draws into its scope the family and possessions of the individual, his friends, his professional brethren, and ultimately his nation, and in some cases the whole of mankind.

In his book "The New Psychology" Mr A.G.Tansley devotes a considerable amount of space to the discussion of the "herd complex", and a similar description is given by other writers, but it is at least doubtful how far the sense of family community, for instance, is due to the existence of the herd complex, and how far to the extension of the ego complex or self regarding sentiment.

From what I have said on this subject it will be seen that this extension of the self regarding sentiment is of vital importance/

importance in the determination of behaviour.

I have devoted this space to the description of the sentiments of love and self, because it seems to me that a large structure of false belief has been erected on an inadequate understanding of the former, while the latter, forming as it does the centre of character is of paramount importance. Many other sentiments are formed throughout life. It may be probably said that we form a more or less enduring sentiment with reference to every object or situation which produces in us an emotional reaction. Some of these sentiments are weakly organised, and can hardly be said to form part of our permanent mental structure, although it is important to realise that even the weakest sentiment probably persists as a source of potential activity for long after its existence has been forgotten. Some sentiments on the other hand persist throughout life as sources of immense driving power. Sentiments of fear, reverence, and gratitude are examples which readily come to mind. The important point to bear in mind is that the purposive activity generated in all these sentiments is influenced and to a large extent controlled by the activity of the sentiment of self regard.

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4. Reason and Belief.

We must now turn to the consideration of a mental process which plays an extremely important part in behaviour, normal or abnormal. This is the process of belief, and the methods by which beliefs are established. Belief in any proposition implies the acceptance with conviction of the proposition. In the strictest sense of the word belief is always preceded by doubt, and the important thing which we must consider just now is the process by which doubt is converted into belief.

Belief and doubt are both emotional states, and belong to the group of derived emotions. McDougal regards belief as confidence on the intellectual plane, and doubt as anxiety on the intellectual plane. They are both emotions which arise during the process of a conative activity, as do all the derived emotions, and depend on an appreciation of the success or failure of conation. They are conditioned therefore by both cognition and conation. McDougal has described three methods by which beliefs may be established, perception, communication, and by reasoning and judgment from previously held beliefs. From our point of view at present it is more convenient to consider two methods, reasoning and suggestion. All beliefs established by perception involve judgment, even although it be only implicit. In the study of psychopathology, suggestion is of very great importance/

importance and must be dealt with in some detail, and I turn for the moment to deal with the question of the establishment of beliefs by reasoning and judgment.

Reasoning is essentially the application of the process of trial and error to a proposition to determine whether or not it fulfils certain conditions which we have laid down. From this it will be seen that it implies the existence of memory, and involves both cognition and conation. The best example of developed reasoning is the logical syllogism, but this is merely a neat and compact way of reducing to its essentials a process which goes on every time we exercise judgment. For example, I may see a man coming to meet me in a street. I wonder whether this may be my friend A. I am in a state of doubt. As he approaches I notice that he walks with a limp. I know that A has a limp and my doubt is almost resolved and my mental state approaches that of belief. He comes nearer still and I see he has a beard. I know that A has no beard. Therefore he is not A. My doubt is completely resolved, and I have established by judgment the belief that this man is not A. The process could be represented by the two syllogisms:-

1. A. has a limp.
   This man has a limp.
∴ This man may be A.

2. A has no beard.
This man has a beard.
∴This man is not A.

All establishment of beliefby reasoning may be reduced in the end to this form. Now, it is obvious that false beliefs may be established in various ways. In the first place I may be mistaken in my major premise. My memory of A may be faulty; and he may have no limp, or he may have a beard. In the second place my perception may be at fault; I may have attributed to the stranger a limp which he really does not possess, or I may have mistaken his muffler for a beard. In both these cases my belief is invalid. For our purpose at present errors in perception are the most important ways in which false beliefs may be established, and it is a matter of every day experience that among the most fruitful causes of such errors are anticipation and strong desire. If I am very desirous of seeing A, and still more if I expect to see him, I am liable to errors of perception and consequently to the establishment of a false belief. The question of desire is closely connected with that of volition, and I shall return to it again. At this point it will suffice to say that desire is impulse directed towards remote objects, the term remote being used to signify something not at the moment present in sensory experience.

We/

We see then that reasoning towards a belief consists of establishing a hypothesis and applying the method of trial and error to test its validity. False beliefs may be established in various ways, but for us at present the most important way is by errors of perception, to which we are rendered very liable by the existence of any strong conative tendency of desire directed towards the object regarding which we wish to establish a belief.

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5. Suggestion.

There is, however, another way in which beliefs are established which is of great importance in everyday life and which assumes special importance in the neuroses. This is suggestion. Suggestion may be defined as "a process of communication resulting in the acceptance with conviction of a proposition in the absence of any logically adequate grounds for its acceptance."[1] A very brief consideration will show that a large proportion of our everyday beliefs are acquired by this method, and are held quite apart from any process of reasoning. The fact that many of these beliefs are true does not in any way negative the fact that they are held on logically inadequate grounds, although in the study of the neuroses, we have most frequently to deal with false beliefs established in this way. How suggestion brings about belief is a very difficult problem, but the method would appear to consist essentially of two processes, firstly the presentation to consciousness, in a more or less striking way of the system of ideas embodying the belief, and secondly in the repression or dissociation from the immediate field of awareness of any systems of ideas which would conflict with the first. As an example let us consider the case of a young/

(1) McDougal. "Introduction to Social Psychology".

young child who is told by his mother that the doctor is a bad man who will be sent for in case of misbehaviour. Experience of children shows only too well how often this suggested belief is firmly held by the child, and how it is eradicated with the utmost difficulty. The factors involved in its establishment would essentially appear to be firstly the making of the statement by a person who to the child appears almost omniscient, and secondly the want of existence of any facts of experience which would tend to establish a contrary belief. This may be considered an extreme example, but that it is not really so will become obvious if we reflect for a moment on how many things we believe to be true on no grounds other than that we have been told they are true, and that nothing has come within our experience to contradict them. It will be noticed that in the foregoing example we have assumed in the subject a mental condition in which no previous sentiment with reference to the object of belief is present, and that therefore no repression or dissociation is necessary before the belief is established. But many beliefs are established in the face of opposing beliefs for which we may even have logically adequate grounds. In such cases the opposing beliefs must be detached/

detached from our immediate awareness. This process we shall consider later in dealing with dissociation.

The suggestibility of any individual depends on a number of factors which we must now consider. These may conveniently be divided into two groups, the subjective, which includes those factors which are part of the individual's mental equipment, and the objective, which includes the factors involved in the source of the suggestion. I shall deal firstly with the subjective factors.

I have already referred in some detail to the existence of the self-regarding sentiment, and it is necessary to emphasise at this point the fact that this sentiment, which forms the core of personality, is organised in a more or less complex manner with reference to every object of experience. Its organisation, however, and its potentialities for action vary greatly with reference to different situations and under different conditions. A simple example will make this clear. Let us consider the position of a physician who is keenly interested in medicine, but whose interest in art is rudimentary. We may describe this condition by stating that his self assertive impulse is easily aroused, and works freely in matters connected with medicine, while in matters connected with art not only is the conative aspect of this self submissive impulse relatively strong, but through lack/

lack of interest, which is certainly a conative activity, his perceptual organisation is poorly developed in this direction, and he lacks that critical faculty which is prominent in his dealing with medical subjects. In these circumstances he will tend to accept propositions regarding artistic subjects without applying that process of trial and error which we saw constituted reasoning. In other words he is suggestible as regards art. But even with regard to medical subjects he may under certain circumstances become relatively suggestible. His mental organisation may become impaired by illness or by fatigue, and the critical faculty may pass practically into abeyance. Propositions may under these circumstances be accepted which would be unhesitatingly rejected under conditions of health. Interest in an object is conditioned largely by a self assertive impulse with regard to it, well organised and strong in both cognitive and conative aspects, and where interest is non-existent or in abeyance the power of criticism is poor and the power of suggestion is correspondingly high.

The other subjective factor of importance is the ease with which dissociation of opposing activities of thought may take place. It is obvious that the more easily dissociation/

dissociation occurs, the more suggestible the subject will be.

We shall now turn to the objective factors in suggestibility. The first factor making for suggestibility is prestige on the part of the individual making the suggestion. This is well illustrated by our previous example of suggestibility in the child. It will be noticed, however, that this is not an entirely objective factor, as the existence of prestige in the suggesting person implies the exercise, to a varying degree, of the self-submissive impulse in the subject. An excellent example of the part played by prestige in suggestion is the power which has been exercised through all ages by the priestly class of the community in dictating religious beliefs, beliefs which in great part have always been held independently of logical reasoning. Another example is the power that the community as a whole has of impressing its beliefs on the individual. There are comparatively few individuals who are capable of maintaining their own reasoned beliefs in opposition to the organised beliefs of their fellow men.

Closely associated with the prestige factor is the factor of repetition of the suggestion, and this acts chiefly, although not entirely, when the suggestion emanates from a source which already has prestige. This point is too obvious to require labouring. The effect of wide advertising is a good/

good example.

A third factor of great importance, which makes the acceptance of any proposition comparatively easy is that the proposition should not conflict with any mode of thinking to which we are accustomed. If this be the case the need for repression or dissociation of opposing systems of ideas is not present, and the proposition tends to be more readily accepted.

Suggestion is of the utmost importance in moulding the beliefs of everyday life. A very little consideration will show that the ordinary man's ethical, cultural, and religious beliefs are largely the result of a process in which authority or prestige, mass suggestion, and repeated suggestion are predominant elements. The vital importance of this lies not in the fact that these beliefs are untrue, - many of them are perfectly true, - but in the fact that they are built on an unstable foundation which is liable to be destroyed by counter suggestion, with resultant havoc in the mind of the individual. The more the process of reasoning enters into an individual's beliefs the more stable will be his mind, and the more rational his conduct. Where suggestion plays the predominant part in the formation of the beliefs that are essential to communal life there will always be a possibility of antagonistic beliefs/

beliefs arising in the mind. This condition being incompatible with normal mental activity, one belief must yield to the other. But it is important to remember that although a belief may be abandoned, yet its existence implies a definite modification of mental structure which has at least some degree of permanence, and whose effects may persist long after the belief with which it was associated has faded from consciousness.

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6. Volition.

We have seen that character consists of the organised system of conative trends of the individual, and volition or "will" consists of the activity of any or all of these trends at any particular moment. This is a wide statement, and it at once becomes obvious that at least two fairly distinct types of process are comprised in it. There is firstly a comparatively lowly form of volition which consists merely of the exercise of the conative activity of one of the instincts, and this type of volition we must grant to animals as well as to men. Used in this sense volition is practically synonymous with the term "libido" as used by Jung in his "Analytical Psychology". It is the energy or urge to action produced by the stimulation of an instinct. Primitive though this form of volition is, it is of the utmost importance, for, as we shall see, the trains of action represented by it frequently come into conflict with those of the higher type. The second and higher type of volition is probably peculiar to man and implies a high degree of organisation of mental structure. It consists of the setting in motion of conative activity after reasoning and judgment with regard to the desired goal of conation. The term "will"/

"will" as popularly used applies exclusively to the latter type, but as it differs only in its greater complexity from the former, it seems advisable to include both under the general term of volition.

It is easy to see how these two forms of volition may come into conflict. Let us suppose that a traveller meets suddenly a lion which obviously intends to attack him. The instinct of flight is aroused, and fear is felt. Two courses of action are open, one of which will be taken. Either our traveller will follow the line of least resistance, and take to flight, or he will prepare in the best way possible to meet the attack. The first course is the primitive instinctive course, the second is a course which involves the exercise of reason and judgment. It is possible, of course, that reason may dictate flight, but under these circumstances the flight is undertaken in a very different way from mere instinctive reaction. Now, it seems probable that every cognitive stimulus which results in volition and action arouses a tendency to action of both the lower and the higher type. If mental harmony is to continue, one type of action must result, and one only. It is also certain that, taken singly, our primitive instinctive tendencies are much more powerful than the comparatively recently acquired tendency[165] derived from the/

the sentiments associated with our ethical and moral beliefs. The question that at once arises is, how is it that so frequently the higher course of action is taken? This question becomes insistent when we think, for example, of the martyrs who have throughout history cast aside the means of escape and gone to the stake for the sake of a belief. In this instance some psychologists would answer that the fear on the part of the martyrs of the hell fire which they believed would follow recantation was greater than the fear of the stake, and thus determined the course of action. I do not think this answer is true. In my opinion the question has been answered already in our discussion of the self regarding sentiment. Every course of action which is determined by reason and belief is influenced by the self regarding sentiment. This sentiment, which enables us to be aware of our empirical selves, sets up standards of ideal conduct, and gives an added urge in the direction of such ideals. The instinctive tendency may be stronger than the tendency of a moral sentiment, but it is weaker in the man of character than the tendency of a moral sentiment plus that of self regard. Volition of the highest type then, consists of action initiated in a sentiment regarding a situation, directed/

directed by reason and judgment towards a definite object of belief, and reinforced by the driving power derived from the sentiment of self regard.

This at once raises the problem of the freedom of the will. This is a question that is far too large to discuss in detail here, but one point may be emphasised. The psychological determinist who denies the freedom of the will bases his case almost entirely on the applicability to mental phenomena of the so called mechanical laws, and particularly of the law of causation. But I must repeat here that even in the mechanical realm we have, and can have no proof of the universal validity of this law, and still less have we proof in the psychical sphere. The will is undoubtedly conditioned by many factors, such as the strength of the instinctive activities, and the growth of the sentiments but there is no evidence worth considering of its rigid determination.

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7. Consciousness.

Consciousness is a psychological state which is extremely difficult to define. This difficulty has been greatly increased by the somewhat loose way in which the terms conscious, subconscious and unconscious have been used, and in some psychological schools there has been, and still is, a strong tendency to use the word consciousness in the same sense as the rather clumsy term awareness. This usage is essentially that of popular language; we talk, for instance, of being conscious of the presence of a person when we mean that we are aware of his presence, but this terminology rapidly leads us into difficulties.

I propose to define consciousness as the total affective, feeling, or emotional content of the mind at any particular moment of time. It will be seen that the term thus includes both the subconscious and the unconscious of the psychoanalystic school. Now all of these emotions are not at any given moment available to introspection, and to denote those which are so available, I propose to use the word awareness.

There are now some points in connection with consciousness which must be grasped before any understanding of/

of its place in behaviour can be arrived at. The first is that as the emotions only arise during the activity of the conative part of an instinctive process, and as they vary with the course of that process, consciousness must be in a perpetual state of change. Secondly, consciousness, whether available to introspection or not with reference to any object or situation, implies the existence of conative activity directed towards that object or situation. This direction of activity we may conveniently call desire. From this it follows that the consciousness of an individual is not in itself an enduring entity. The only permanent representations of it in the mind are the facts of mental structure, cognition and conation, which we either innately possess or which we have developed in the course of experience, and which predispose us to act in certain definite ways under appropriate circumstances. Thus we see that it is not strictly accurate to talk of an emotion which we have experienced being buried outside the reach of introspection, but still existing in consciousness, or as the Freudian would say, in the unconscious mind. What actually happens is that the emotion with reference to the particular situation which excited it is no longer part of consciousness, but that a modification of mental structure has taken place owing to the experiencing of the emotion. This/

This modification is relatively stable, and will predispose to the arousing again of the emotion under circumstances resembling those which initially caused it. This is not, however, equivalent to saying that the modification of consciousness which we call an emotion is a momentary happening. One of the chief characteristics of conative activity is its persistence towards its goal of desire, and so long as that activity persists the emotion, varying probably in intensity, will persist also, whether or not it may intrude on our awareness. It is only when conation has ceased that the emotion disappears from consciousness and leaves behind it only a change of mental structure. In this way we see the absurdity of that theory of consciousness which describes it as a mosaic of ideas and sensations. Consciousness is composed of emotional reactions, and emotional reactions are not things, or entities, but methods of experience, implying the existence of something which experiences and something which is experienced. From the fact that consciousness is a process of experiencing and that such a process necessitates a subject who experiences, it follows that our own awareness of our consciousness is to us the final proof of the reality of our own unitary mental existence.

Whether/

Whether or not an emotional reaction which is for the time being part of consciousness intrude on our awareness, there can be no doubt that it modifies it in some degree. The Freudian would say that unconscious complexes modify conscious behaviour. If for a moment we liken the mind to a machine, part of which is working in darkness, this can be easily realised. Any change in the working of the machine in the dark chamber will be seen in its consequences on the part open to view. The machine works as a whole. Similarly, conative trends and emotions of which we are not introspectively aware influence, often profoundly, behaviour and awareness. This point can be illustrated not inadequately by a very brief consideration of the composition of a secondary emotion. We may feel reverence for a man, but we are not aware until we apply introspection very closely, and in a manner which may be imposible to the untrained mind, that the feeling of reverence is really a very complex emotion arising from a combination of the emotions of wonder, fear, negative self feeling and tender emotion. In this way, emotions of which we are not aware may modify profoundly the total consciousness, and sentiments of whose existence we have never dreamt may modify, and under certain circumstances dominate/

dominate behaviour.

Our awareness at any particular moment includes a comparatively small area of the field of consciousness, but by voluntary effort it may be directed and our range of introspection greatly increased. Under special conditions, such as hypnosis the area of awareness may be extended, but we must accept the fact that many vital processes take place in our minds involving cognition, conation and affection of which we have no direct knowledge by introspection.

Consciousness may be likened then to a stream flowing through time. The surface of the stream is that part of which we are aware, but below this flow masses of which we have no immediate knowledge. The molecules of water are ever changing their position, however, and surface molecules sink into the depths while deep ones rise into awareness as they flow. In making this analogy there is one point to notice. We have assumed that the stream has banks, and does not mingle its waters indiscriminately with that of other streams in the neighbourhood. This is equivalent to postulating the individual unity of consciousness. I do not propose to justify this further here except by saying that such a hypothesis seems essential at present for the interpretation of mental phenomena. The

cosmic/

cosmic reservoir theory of William James and other similar theories present difficulties when applied to behaviour which are so great as to be practically unsurmountable in the light of recent psychological research.

The problem of the relation of consciousness tothe physical organism need not detain us long. Whatever discoveries the future may hold, at present we are only immediately aware of consciousness as it manifests itself in association with the physical brain. In the beginning of this paper I assumed psycho-physical interaction, and the study of the neuroses will show how intimate the connection may be. For our purpose at present there is no need to consider what the state of consciousness may be if separated from the organism.

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8. Memory.

In the older psychological schools memory was regarded as a special faculty, but in the light of more recent work this view is no longer tenable. The first thing about memory which we must grasp is that it is a process of the mind, involving someone who remembers and something that is remembered. As far as definition is possible it may be termed that process by which the experience of the past is brought to bear on the present. In this sense memory must be granted to all living organisms, but it is only in man that this reference to the past appears to become definite and explicit. The second point of importance is that memory involves cognition, conation and affection. Cognition is involved because in order that an event may be remembered it must first be perceived, and when it is again revived in the mind it must be recognised. Conation is involved in the act of remembering, and probably every act of remembering is determined by conation or will, whether or not the act of will is present to our awareness. Emotion is involved, since the recollection of any situation is accompanied to some degree by the emotion attached to the original experience. Memories, then, are not substantive things, stored as such in the mind. The permanent factor in memory is the change/

ange in mental structure which invariably follows the cognition
the original event.

Remembering is essentially a branch of the process which we efer to under the general term of imagining, and imagining may e defined as the thinking of objects or situations not present e the senses. The most primitive form of imagining is probably anticipation, where the mental activity is directed to the future, and imagining directed to the past seems to be a comparatively late development in evolution. In children and in savages memory has not reached a high degree of development, and in many cases a child appears to have difficulty in distinguishing the recollection of past events from the fabrications of his day dreams. This may partly explain the wholesale manufacture of lies by some children, statements, which in many cases at least, are uttered in good faith.

The power of recollecting a past event is dependent on at least three factors. Firstly, there is original "memorising" of the event. Secondly, there is the potentiality for reproduction in imagination, associated with the modifications of mental structure produced by the cognition. Thirdly there is the capacity of reproduction. The importance of the first two factors may be readily recognised when we consider how, generally speaking, events which make a strong impression on the/

the mind are easily remembered. The influence of the third factor, however, is much more complex, and it is one of the fundamentally important processes in psychopathology. The effort to reproduce in imagination a previous happening is a conative activity directed towards the past, and other things being equal, the exercise of this activity will determine our remembering. Reproduction in imagination is then the result of a purposive effort. But there seems to be no doubt that forgetting may also result from the exercise of purposive effort, and this point is of very great importance. According to the Freudian school all forgetting is purposive, but this statement seems to be unduly wide. I think that we must assume that certain events are forgotten simply because they have not sufficiently strongly impressed the cognitive side of mind to produce the necessary structural changes to facilitate their reproduction. But granting this, there are undoubtedly many events which are remembered or forgotten according to the strength of the conative activity exerted to produce their revival. It is also an undoubted fact that this conative activity is largely exercised outside the field of our awareness. Now it is a well observed fact that <u>provided the initial impression has not been too intense</u>, events/

events which cause mental pain tend to be forgotten, while pleasurable happenings are usually easily recalled, and, although we have rejected the doctrine of psychological hedonism, we have seen that pleasure tends to sustain conation, and pain to hinder it. We would therefore seem to be justified in coming to the conclusion that the recollection of many events is largely conditioned by the pleasure or pain caused by the original happening.

Remembrance of an event implies awareness of the happening of the event in the past, but it does not necessarily mean that we have been aware of the event at the time of its happening. It is certain that many events occur which produce effects on cognition, and so modify our mental structure without our being aware of them or with our awareness only being affected in a very vague way. Under suitable circumstances such events may be revived in consciousness and may exercise a profound influence on our behaviour. This is a cardinal point in psychology. But only when such revival affects our awareness can we be truly said to remember.

At the risk of repetition I wish once more to emphasise the/

the fact that the act or effort of recollection is a conative activity which may or may not have its affective accompaniment in awareness. Some examples of recollecting are beautiful instances of the persistence of conative activity which we noticed before. Everybody has experienced the annoying difficulty in recollecting the name of a friend on an important occasion, and everybody has also experienced the fact that long after we have apparently abandoned the effort the name will suddenly leap into the field of our awareness. The cause of failure of the original effort to recollect may present difficulties in explanation, but the eventual recollection is an instance of the persistence of the effort to remember determining the eventual recollection.

Our recollection of an event, then, is dependent on our power of directing attention towards it, and this power varies greatly. This is equivalent to saying that our capacity for recollection is conditioned by the strength of our will or volition to recollect, provided we remember that volition is in turn conditioned to a large extent by factors which are not always present in our awareness.

How precisely in mechanical terms remembering and forgetting occur it is impossible to say, just as it is impossible to explain any other mental process in terms of/

of mechanics except by the use of very questionable analogies. Many attempts have been made, from the "psychic tension" theory of ~~Zeller~~ Taine to Freud's conception of a kind of anthropomorphic censor between the conscious and the unconscious. These conceptions may serve a useful purpose, but we should carefully remember that they explain nothing in any real sense of the word. The Freudian censorship indeed is hardly worth dignifying by calling it a hypothesis. We must then, be content to leave this problem as a mystery for the present, and direct our attention to the much more profitable task of examining the conditions which influence that imaginative reproduction of the past which we term memory. We have already seen that all conation is influenced by the presence of pleasure and pain, and that the conative activity of remembering is no exception to this rule. Events that are painful then will tend to be forgotten, while pleasurable happenings will be easily remembered. A second factor in memory is interest. Interest in an object implies some degree of development of both cognitive and conative structure with regard to it, and remembrance is thereby facilitated. It is a matter of everyday experience that it is much easier to direct and sustain attention with regard/

regard to a matter of interest, than it is to do so about an indifferent object. A third factor is meaning. Meaning is too large a question to discuss here in detail, but it should be fairly clear to anyone that what our minds react to in any situation is more than the mere sense perception which constitutes primitive cognition. We may react quite differently to the same perceptual stimulus according to the variation of meaning in the situation which is formed in the cognitive side of our mind. Now situations which have for us a clear and coherent meaning are comparatively easily remembered. An excellent illustration of this is the much greater ease with which we can recollect a verse of poetry than an equal number of nonsense syllables. The poetry has a coherent meaning for us. A string of nonsense syllables has not.

Fatigue or illhealth either at the time of the original event or at the time of attempted recollection interferes seriously with memory, in the former case by impairing the power of accurate perception, in the latter by impeding sonation.

The Freudian school lays great importance on the revival of forgotten events by their associations with other events, the memory of which may be brought to our awareness, and regards much forgetting as being due to a break in the functional/

functional continuity of associations. That this theory contains much truth must, I think, be admitted, but its complete acceptance simplifies the problem of recollection at the expense of accuracy. There can be no doubt that the recollection of part of an experience tends to bring into our awareness the whole experience, but this is not to say that the parts of the experience are merely bound together in virtue of temporal contiguity, and this would seem to be the Freudian conclusion. The binding together of the various parts of an experience is much more complex than this. Temporal contiguity doubtless plays an important part, but association by the meaning which the whole experience conveys to the mind, a meaning different and richer than the meanings which can be attributed to the separate parts, is of at least equal importance. Further, the various parts of an experience are bound together in the mind in virtue of the memory of the continuity of conative effort involved in their appreciation.

One other factor which aids recollection must be mentioned. This is suggestion. The best example of this is to be found in the phenomena of hypnosis. Hypnosis may be regarded as a state of extreme suggestibility, and in it many events may be recalled in a manner impossible in the normal existence. This/

This would seem to be due to the comparative ease by which the operator can control and direct by suggestion the conative activities of the subject.

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9. Dissociation.

In dealing with the question of consciousness we saw that it is necessary to assume that the individual consciousness is a unity, that is that it is peculiar to the individual, and is not a common possession. We must now lay stress on another fact. This is that the mind in action works as a whole under normal circumstances. Every action, in other words, is the resultant of all the activities which are represented in consciousness at the particular moment, whether these activities are present as such in our awareness or not. This statement seems to require some emphasis, because much recent writing on the subject of the conscious and the unconscious would seem to imply that that part of consciousness of which we are not at the moment aware constitutes a kind of separate personality independent of our awareness. This is only true in a very limited sense. We have seen that the memories and appreciations of some experiences are constantly sinking below the level of awareness, while others are undergoing the reverse process. It is true that some mental processes never seem to rise above a certain level, but it seems probable that those constantly affect our obvious behaviour, and may be reached by introspection under suitable conditions and by means of special technique.

Although,/

Although, however, we must recognise the essential unity of consciousness there are undoubtedly certain forms of mental activity which pursue their course affected in a minimal degree by our personal awareness, and under certain circumstances activities of which we are normally always aware may pursue such a course. The activity is split off as it were from representation in the field of awareness. Such a splitting is, by Freud, termed repression from consciousness. The word repression is ~~the results of~~ useful as indicating an active process, but it has disadvantages, and I prefer at present to refer to the process as dissociation from awareness.

Now it is obvious that everybody is to some extent dissociated. When we take a walk the movements of our leg muscles, and the conative activity which directs them are not obtruded on our awareness. Still less are we normally aware of the movements of our respiratory muscles or of the beating of the heart. In the latter case the action is, in most people at any rate, completely beyond voluntary control. It is also a comparatively common experience for a person to realise suddenly that he has been engaged in an action of which he was unaware when it was being carried out. It is an extremely difficult thing to say when dissociation should be definitely/

definitely regarded as abnormal or pathological, and it may be useful to describe a few types of cases in which conative activity is undoubtedly exercised outside the field of our immediate awareness. Such activity would seem to be an essential factor in the production of works of genius, but this is no place for the consideration of this subject. We must also pass by the vexed question of telepathy, which, if a fact, seems to involve activity of this kind.

One of the best examples of such activity is to be found in the performances of some arithmetical prodigies, individuals who are able to solve extremely complicated problems in a brief space of time, without being able subsequently to give any account of how they arrived at their results. The more or less accurate fulfilment of a resolve made overnight to waken at a certain time is another, and commoner example. Probably the most striking examples are to be found in the phenomena of post hypnotic suggestion. In these cases a person is instructed, while in hypnosis, to perform a certain act at a certain time in the future. On being aroused from the hypnotic state all awareness of the suggestion has disappeared, but the prescribed act is nevertheless carried out at the appointed time. Other examples are to be found in the apparently/

apparently supernormal control of bodily function by the mind which is found under certain circumstances. Most cases of this type fall into the realm of psychopathology, but as an example we may notice the authenticated accounts of some mediaeval saints who, after prolonged brooding over the subject, produced vascular phenomena which simulated wounds. They were not, of course, aware of the process by which the marks were produced and attributed them to miracles.

One point in this connection should be noted. In many, though not all, cases of dissociated activity, the original volition is present in awareness, although the activity itself is not. The arithmetical prodigy makes up his mind to solve his problem, and the person who determines to waken at an early hour is aware of his determination when he makes it.

Dissociated activities are of three main types. Firstly there are activities which under normal circumstances have no affective correlate in awareness. The great majority of internal bodily movements, such as the heart beat, fall into this class, and we must probably include here the working of certain instincts which may be feebly developed in any particular individual. Secondly, there are cases in which a comparatively limited number of conative impulses, normally present in awareness, are split off. An example of this is the loss of control of the movements of a limb, or the loss of the/

the power of appreciating pain which characterises certain cases of hysteria. Thirdly there are the cases where so many conative activities are dissociated, that in the aggregate, with their cognitive and affective correlates, they apparently lead to the production of a new or secondary personality.

It will be noticed that the difference between the second and third class is merely one of degree and not of kind.

There is no analogy at our disposal to enable us to describe in mechanical terms how this dissociation takes place, and all we can do is to determine as far as possible what conditions of mind conduce to its production, and generally speaking we find that the conditions are similar to those which determine forgetting, although they may work in a very much more complex way.

It will save much confusion if it is clearly grasped at this point that dissociated processes are merely split off from our personal awareness, and under no circumstances of which we have any knowledge is any process with its affective accompaniment divorced completely from the total consciousness. If we clearly understand this point, which really is a reaffirmation of the unity of consciousness, we shall be saved from the absurdity of considering the behaviour of stray "pieces of consciousness" apparently wandering in space without/

without an owner. That this precaution is necessary a very brief glance at some recent psychological works will show.

It is obvious that such a dissociation may be regarded in two ways. Let us take as an example the case in which the activity involved in the movement of an arm is dissociated from awareness. We may regard this as being due to the active expulsion or repression of the activity from the field of awareness, or we may regard it as being due to a diminution or loss of the power of attention, or in other words, to a contraction of the field of awareness. We shall see that both processes may enter into the production of the situation.

Considerable insight into the phenomena of dissociation may be obtained from a study of the changes of personality which may be induced by hypnosis. Without entering into a detailed discussion about the exact nature of this condition, we may say that it is an abnormal mental condition, induced by suggestion, and characterised by two usual phenomena. Firstly, the subject is extremely suggestible, and secondly, when the subject regains his normal condition he is unable to recall any of the events which have occurred while he was in the hypnotised condition. Whether the latter phenomenon is essential and invariable we shall discuss later. Hypnotic states vary in degree, and when this subsequent amnesia is found the state is usually termed somnambulism./

somnambulism. It is with this somnambulistic state we have now to deal. It is customary in talking of a hypnotic subject to refer to the trance and waking states, and this is a convenient nomenclature provided we remember that the hypnotic trance is not a state of sleep.

The most striking feature of the trance personality is its suggestibility. New beliefs, false or true, can within fairly wide limits be suggested, and are accepted, and the behaviour of the subject is modified accordingly. For example, in some cases the subject may be told that he is made of glass. If this belief is accepted, as it often is, he will exercise precautions to avoid breaking himself. But suggestion may also reinforce the subject's conative activity in many directions, and of them, one of the most important is in the direction of recovering memories which are not available to the subject's normal awareness. Mental processes and memories of which the subject is not normally cognisant may therefore be present in the field of awareness of the hypnotic personality. The hypnotic personality is, thus, the normal personality of the subject plus an extension of the field of awareness. Now the normal or waking personality has no memories of the experiences of the hypnotic personality, but the hypnotic personality includes the normal, and has at its disposal all the memories of the normal./

normal. It is, as we may say, "co-conscious". I use the term "co-conscious" because it is sanctioned by usage, although in my opinion "co-aware" is a better term. In some cases the hypnotic personality appears to know the waking personality as a different individual of whose thoughts he is immediately aware.

Now, on waking, all memory of the hypnotic state is lost, but conative activities set in motion by suggestion in that state are still carried on outside the field of awareness. This is the explanation of the phenomena of post-hypnotic suggestion to which we have already referred. In these cases the artificially induced co-conscious personality may be regarded as existing and functioning outside the field of normal awareness even when the subject is in the waking state.

The personality of the trance state usually bears a close resemblance to the normal except in so far as it is modified by the establishment by suggestion of new beliefs and conative trends. The extent to which new beliefs can be established varies considerably, but has, in all cases, definite limits. The gross anti-ethical conduct of the hypnotic personality is largely a creation of the ignorant novelist, and has little foundation in actual fact. When a subject is hypnotised for the first time the secondary or trance personality is usually very passive. Actions are only undertaken in consequence/

consequence of definite suggestion, and the whole cognitive side of mind seems dulled. After repeated hypnosis, however, the secondary personality becomes organised and exhibits much more spontaneity of action, and may behave in a perfectly rational way. It is important to note that the memories of one hypnotic trance are present in the awareness of the next.

By repeated hypnosis, then, we can create, in a sense, a new personality which will alternate with the normal in the control of the bodily organism, and as time goes on and experience is acquired by the hypnotic personality, the two may come to differ considerably in mental content and in character. We must remember, however, that the essential difference between the two is in the extent of memory and of the field of awareness. The total experience which constitutes the total consciousness of the individual is common to both.

One type of secondary personality occasionally met with can be readily understood by a consideration of the foregoing facts. This is the type usually referred to as the "co-conscious". In this type under conditions which we shall have to consider later, the field of awareness of the subject is narrowed and certain conative trends with their affective/

affective correlates and memories are dissociated or repressed. The behaviour of the subject in relation to his environment is now conditioned by this limited field of awareness to a considerable extent, and may differ in a marked degree from the normal. Now a slight degree of this is probably fairly common, and where the dissociated part of the field of awareness is not great, and behaviour only undergoes slight change, the condition may not be noticed, or all that may be remarked may be some slight but rather ununderstandable aberrations of conduct, and some slight impairment of memory. But in some cases the constriction of awareness is so great that the new condition can only be described by saying that there has been a change of personality, the secondary personality being the new one with the constricted field of awareness. Under certain circumstances the dissociation may be intermittent, in which case we will find the normal and the secondary personality alternating in control of the organism. When this is so we find that the normal personality is aware of the memories of the secondary personality, but the secondary personality is amnesic to the normal. The resemblance to the hypnotic condition is obvious if we correlate the hypnotic personality with the normal of the dissociated subject, and the normal condition of the hypnotic subject with the constricted condition of the dissociated subject. An

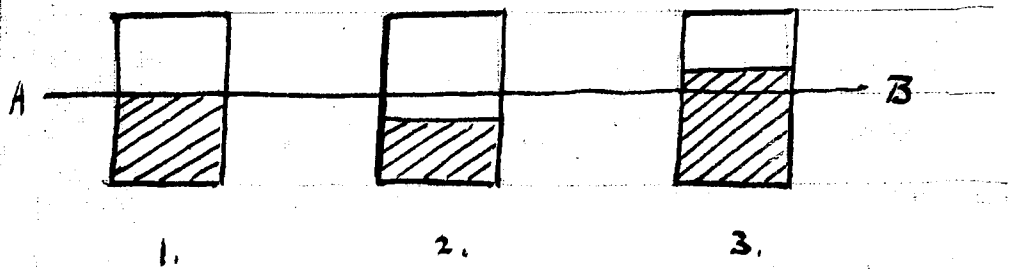
attempt/

attempt is made to represent this diagrammatically in Figure I. The resemblance to the hypnotic state is increased when we find that in co-conscious dissociation the memories of the normal condition may be recovered by hypnotising the secondary personality. In some few recorded cases the secondary personality seems to have been formed not by a constriction of the field of awareness, but, as in hypnosis, by an extension. In general then, we may express the memory relation in co-conscious dissociation and in hypnosis as follows. If A be the condition of the individual when his awareness is extended and B the condition when it is restricted, then A knows B, but B does not know A.

Now memory, or the power of recollecting past events, is essential for a person's appreciation of himself as a continuously existing being. When then, the constriction of the field of awareness is very great, the new personality may lose all sense of personal identity and may practically have to begin life afresh. The fact that his character varies little from that of his normal self until influenced by circumstances subsequent to the dissociation, is, however, an additional proof, if one were needed, that the total content of consciousness and the mental structure built up during the previous life is common to the two personalities.

The/

Figure 1.



The area within the rectangle represents the total extent of consciousness.

The unshaded portion represents the field of awareness; the shaded portion that part of consciousness outside the field of awareness.

The line A-B represents the normal boundary of the field of awareness.

1. represents the normal state.

2. represents the state of the trance in hypnosis.

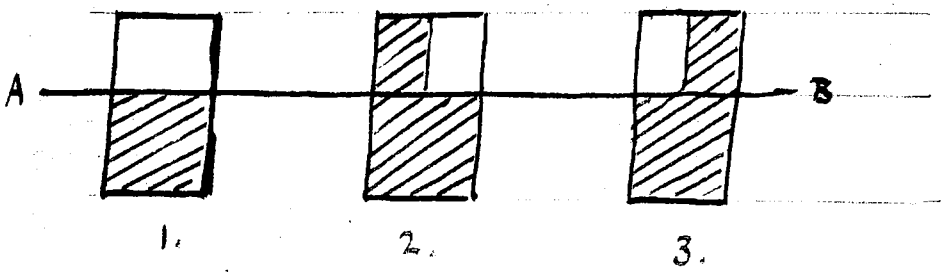
3. represents the state in "co-conscious" dissociation. In hypnosis 1. and 2. alternate. In co-conscious dissociation 1. and 3. alternate.

The other type of dissociation leading to the formation of secondary personalities, is usually known as the alternating type. In this type two (or more) personalities may alternate as in the co-conscious type, but with this difference that there is mutual amnesia. Neither personality knows the other. In such a case it would seem that there is, as before a narrowing or constriction of the field of awareness. A secondary personality is thus formed with the help of the conative processes having their affective correlates in the residue of the field of awareness. But the dissociated activities with their affective correlates may be sufficiently complex to constitute a field of awareness, constricted, but independent of the first. These two personalities may alternate and dominate the organism in turn. Figure II is an attempt to represent this state of affairs. It will be noted that in this case the two personalities are both secondary. Together they constitute the normal.

The majority of cases of fugue and most of the cases of lost memory reported in the newspapers probably belong to this type of alternating personality.

In both co-conscious and alternating types of personality the state of affairs may be much more complicated than I have described. A single individual may present as many as four or five personalities, some of which may be conscious and others reciprocally amnesic, and in some cases two of the personalities/

Figure II.



Shaded and unshaded parts and line A-B as in Figure I.

1. represents the normal state.

2. represents the state after narrowing of field of awareness and the formation of the first secondary personality.

3. represents the second secondary personality formed by the dissociated part of the field of awareness.

personalities may act independently at the one time, one for example by controlling the voice, and the other by writing. Many of the cases of automatic writing so often reported in connection with psychical research are instances of this, and many of the phenomena of trance mediumship are to be explained on these grounds.

For a further discussion on these questions and for detailed descriptions of secondary personalities I must refer the reader to the literature of the subject, which is extensive. Our object here is to consider how such dissociations may throw light on the minor dissociations which produce so many of the symptoms of functional nervous disease.

How, precisely, dissociation takes place is, as I have already said, an unsolved problem, which is closely bound up with the question of the unity of consciousness. For after all, the question of the disintegration of consciousness is nomore difficult than the more fundamental one of what holds consciousness together at all. This problem brings us at once into the region of metaphysics, and its solution is not essential to us at present. In some cases of dissociation, particularly those which result in the formation of secondary personalities with reciprocal amnesia, it would seem almost certain that there is, as well as a psychical dissociation,

a/

a dissociation in the physical neurones which subserve mind. In cases of the co-conscious type this is not always so obvious.

I have already said that everyone is in a certain sense, and to a certain degree dissociated, but we find all degrees of dissociation from comparatively trivial and temporary lapses of memory to those cases which we have just considered in which a complete change in the apparent personality takes place. Now it seems probable that many, if not all, cases of neurèsis are ultimately dependent in some way on the exclusion from awareness of a conative tendency, or of a group of conative tendencies, and we must turn now to the consideration of the conditions under which this may occur.

In dealing with the problems of memory I emphasised the fact that both remembering and forgetting are conative activities and like all other conative activities are influenced bythe mental states of pleasure and pain. We may now go further than this. A pleasurable affective state appears to be essential for the smooth functioning of that integrated system of conative tendencies which we have called character, and of which consciousness is the affective correlate. Any obstruction of, or disharmony in, the working of these conative tendencies will be at once represented in consciousness as pain, and if this is of sufficient intensity it will rise above the threshold of awareness. Now the commonest cause of mental pain/

pain is the simultaneous functioning of two groups of conative tendencies towards incompatible ends. Such a state of affairs is obviously inconsistent with the effective working of character as a whole, and if mental life is to proceed smoothly some solution of the difficulty must be found. The usual circumstances under which such a conflict occurs are when a strong system of desire ~~occurs as when a strong system of desire~~ based upon primitive instinctive tendencies rises in opposition to the ethical and social lines of behaviour developed in connection with our moral and self regarding sentiments. Freud states that analysis shows that all these opposing systems of desire are formulated in childhood, and are derived from the sexual instinct. It is impossible to deny that many disadvantageous systems of desire are formed in childhood, and it would be foolish to repudiate the fact that the working of the sexual instinct may run counter to our ethical and moral codes, but to state that all mental conflict involves the reviving of infantile sexual tendencies is a generalisation which I do not think is warranted by the observable facts, and this extreme position has been given up even by men who have accepted many of the broad principles of the psychoanalytic psychology, notably by Jung. We shall see later that many instincts besides/

besides that of sex may be involved.

The mental conflict may terminate in several ways. In the first place we may get the ideal solution. In this case the aware mind recognises the conflict for what it is, applies reason and judgment to the situation, establishes a belief that the ethical line of conduct is right, follows it, and diverts the energy of the opposing line of action into other channels. In such a case the personality is left the richer by the conflict by the increased knowledge of its tendencies and its increased power in dealing with them. This diversion of the opposing tendency may be termed sublimation. In the second place reason and judgment may be applied to the situation as it is conceived, but owing to errors as to the premises, or by false logic, or by the aid of suggestion, a false belief may be established that the two courses of action are not incompatible. In such a case the individual may pursue his two ends alternately. This is the position of the man who is a pillar of the church on Sunday and an unscrupulous man during the rest of the week. It is to be noticed that such a person is not in the real sense of the word a hypocrite. He believes in the righteousness of both his aims.

This process may be termed rationalisation.

Thirdly we may have the case in which both sublimation and rationalisation fail, but in which the problem to be solved is still recognised. In a case of this kind conduct

conduct will be indeterminate and spasmodic, the individual will vacillate between his two opposing lines of action and will have pleasure in neither.

Fourthly we find the case in which neither sublimation nor rationalisation can take place, but in which the conflict produces so much pain that the conative force of the mind is utilised to exclude the opposing process from awareness. But, as we have seen, conative processes once initiated are persistently directed to an end. The opposing tendency therefore pursues its course outside the field of awareness, influencing and modifying conduct, while the conative force involved in the act of forgetting persists in its effort to keep the process outside the cognisance of the individual.

This is the process of dissociation, extreme instances of which result in the formation of secondary personalities.

Lastly there is the case where in spite of reason and judgment showing the right path of conduct, the opposing path is chosen for reasons which seem adequate to the individual. This case need not delay us here.

It will be obvious that in all cases except the first the result of the conflict is to leave the mind functioning in an abnormal way, by which a maximum of efficiency can never be/

be obtained, and in the ideally organised mind all conflicts would be resolved by logically adequate reasoning from correct premises. Such a mind does not exist, and in every individual the other methods of solution are frequently adopted. To this extent then every mind is abnormal. It is only when his conduct deviates considerably from that, not of the normal person, for no such person exists, but from that of a hypothetical average person, that an individual can be said to be the subject of a neurosis.

In the very nature of things then, there can be no sharp dividing line between neurosis and mental health.

The fundamental factor, then, in the production of a neurosis is mental conflict between incompatible tendencies to action, tendencies either primitive and innate, or acquired in development. To this extent we may agree with the psycho-analytic school, however much we may differ with regard to the precise methods of production of the conflict. The neurotic symptoms or group of symptoms whether it be an anxiety state, a hysterical fit or a motor or sensory paralysis, is the sensational indication of the method by which solution of the conflict has been attempted, with or without some degree of success.

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10. Dreams and Fantasy.

I have attempted to describe the conditions under which systems of conative trends may be dissociated or repressed from awareness, and I have laid some stress on the fact that conative activity, once aroused, tends to proceed to its desired end by means which vary according to circumstances. We must now consider briefly one important manifestation of this persistence of conation, the dream or fantasy. The nature of sleep, with which this subject is closely allied, I do not propose to discuss here. It is enough to say that it is a condition apparently essential for both physiological and psychological rest, in which our powers of sensory perception are reduced to a minimum, and in which aware control of conative activity, including reason and judgment, is largely in abeyance.

According to the Freudian theory the dream is the manifestation in awareness of a conative tendency which has either never been present in awareness, or which has been repressed owing to its incompatibility with normal mental life. Owing to the weakness of the conative force involved in forgetting the tendency makes its way into the field of awareness and achieves its end in imagination. A dream is then the imaginary gratification of a repressed wish. As, however, the original/

original cause determining the repression has been the mental pain which would be involved by its appearance in awareness, and as the revival of this in sleep would at once awaken the subject the conscious correlates of the activity appear in awareness in a disguised or symbolic form. A dream therefore consists of two parts. the manifest content which is the dream as remembered by the dreamer, and the latent content which is the real significance, and which is only as a rule discovered by elaborate analysis. Now, there can, I think, be little doubt that this theory is true with regard to many dreams, and particularly with regard to those dreams which form such a prominent feature in certain types of neuroses. I do not think, however, that it can be maintained that all dreams fall into this class, and it is at least very doubtful if repression of a conative trend is a necessary antecedent to its manifestation in dream form. Without admitting, however, the universal validity of the Freudian theory, there are many dreams which conform to this type, and as they are the manifestations of repressed or dissociated conative activity, their importance to the psychotherapist as a clue to the nature of these dissociated processes is obvious.

Fantasy is day dreaming. Like desire, it is conative activity/

activity with reference to a remote object, with this difference, that while in desire the object is one of belief, and which may conceivably be attained, in fantasy there is no real belief in its attainability. Now fantasy is so universal that it must be regarded as a normal process of the human mind. At times the great majority of men shut their minds to the realities of this world and create new worlds in fantasy. It is perhaps commonest in youth, but the tendency never wholly disappears. The cause of its almost universal persistence is obvious, for it serves the purpose of enabling the individual to escape temporarily from the realities of life, and to find rest and refreshment. It is only when the tendency becomes so strong that the individual is dominated by it, and lives in fantasy, refusing to return to face the facts of life, that it can be called pathological.

Fantasy plays an important part in life, and in the definitely pathological aspect it may play an important part in preparing the way for neurotic manifestations by unfitting the individual for contact with reality. Like many habits, it is a good servant, but a bad master.

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11. Psycho-physical interaction.

I have already stated that in my opinion all behaviour, as we know it is dependant on the interaction of mind and body. With the exception of pure reflexes which do not constitute behaviour in the real sense we have no direct knowledge of the behaviour of the body or the mind independently of one another. Cognition and emotion are primitively sensory and motor phenomena and are dependant on the relative integrity of the bodily organism, and they remain so whenever contact with the outside world is required. At some point in the neural process which is concerned in activity, however, the psychic power is brought into action in a way which modifies and controls behaviour. At what anatomical point in the nervous system this occurs we do not know, and it is not at present necessary to speculate.

The important fact which we have to note in this connection is that behaviour is conditioned by both mental and physical factors. Variations in our hypothetical mental structure will modify it, but so also will changes in the physical brain. In dealing with disease which manifests itself wholly or in part in aberrations of behaviour we must therefore expect to find that sometimes the primary cause is in the mental sphere, while at other times the physical brain is the seat of the abnormality. This is found in actual practice.

The importance of this fact, which is often strangely overlooked/

overlooked, will become very obvious when we consider the question of treatment, for to treat a lesion of the physical brain by methods of psychotherapy or vice versa, is to court almost irretrievable disaster.

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PART II.

The French School and the Psychoanalytic Theory.

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1. The Theories of Babinski and Janet.

During the past generation the neuroses have been classified and reclassified, and described from so many points of view that it has become extremely difficult to find any satisfactory starting point from which to commence their study. The main difficulty in the way of classification has always been the strong divergence of view among psychologists with regard to their etiology, and until this important point has been settled, no classification can hope to be permanent.

When bringing forward any new theories with regard to the production of abnormal conduct it is necessary first to survey the work which has already been done, and this I propose to do very briefly in this section. I shall first of all mention the work of the French School as represented by Janet and Babinski; and I shall then deal at rather greater length with the theories of Professor Freud, which have such an enormous vogue at the present time. Having done this we shall be in a position to discuss whether or not it is possible to construct a theory of the neuroses which will be consistent with the theory of behaviour which I have stated in the previous section.

Ever since functional nervous disease has been recognised as a special branch of study, there has been a strong tendency to divide it into two great groups of conditions, Hysteria and Neurasthenia. As we shall see later this division has certain merits/

merits, and is probably necessary, but in the past its usefulness has been greatly impaired by the inadequate definition of its terms. It ~~has~~ a classification ostensibly based on etiology, but in actual practice resting on symptomatology. Hysteria was conceived as a condition without any organic basis, and characterised by the occurrence of convulsive attacks or "fits," paralyses, anaesthesias, and by attacks of amnesia which might or might not be associated with any or all of these symptoms, and which might result in the production of changes of personality. Neurasthenia was originally conceived as a state of nervous exhaustion, physical or mental in origin, but it rapidly became used as an inclusive term describing all functional conditions which could not at first sight be classed as hysterical.

The fact that the great majority of the symptoms which characterise hysteria can be faithfully reproduced by suggestion in the hypnotic trance, and can be similarly removed, was observed by Babinski. From this observation he was drawn to the conclusion that the two states were identical, and that hypnosis was merely artificially induced hysteria in an already susceptible subject. From this he concluded that hysteria was a special psychical state, the nature of which remained a mystery, with symptoms which were entirely dependent on suggestion. This theory has two radical defects. In the first place we are left without any adequate explanation of the special psychical state which really constitutes the disease of which the fits and paralyses are merely the symptoms. In/

In the second place it was claimed by Liébeault and Bernheim of the Nancy School that ninety per cent. of normal persons are hypnotisable, and this has been confirmed by many other observers. Now, within certain limits the more hysterical an individual is the more easily can he be hypnotised, but this statement is not universally true, and in any case, in no useful sense of the word can ninety per cent. of the human race be said to be hysterical. It may also be added that certain conditions which, although they would not fall within Babinski's definition of hysteria, are of essentially similar etiology, are certainly not produced by suggestion, and cannot be cured by it.

The first great advance towards a rational view of the neuroses was made by Pierre Janet. Like Babinski Janet regarded suggestion as a factor of prime importance, but he first laid emphasis on the factors of dissociation and amnesia. He regarded the mind as a system of functions held together to form a unity by an inherent "psychic tension." Functional nervous disease was produced by the relaxation of this psychic tension with the result that certain functions dropped out of the unity of consciousness and proceeded to pursue a quasi-independent existence outwith the control of the normal personality. This tension might be relaxed in two ways. There might be a general relaxation resulting in the loosening of the mental synthesis, with impairment of the higher functions which governed the relations of the individual to his environments. This condition was termed Psychasthenia, and was characterised by a general mal-adjustment to life, with anxieties/

anxieties, phobias and a tendency to dominant ideas and impulsive acts as its chief symptoms. The unity of the mind was, however, preserved to such a degree that the patient was usually able to recognise the irrational nature of his tendencies, and to some extent, to combat them. There was no gross dissociation of individual and specific functions.

When such gross dissociation took place the condition was termed Hysteria. The tension was relaxed to such a degree that certain specific ideas or memories were definitely dropped out of the synthesis, and being beyond control tended to develop to excess. With this development to excess came a tendency to dominate the field of awareness, and according to the extent and nature of the dissociated part of the mind, hysterical symptoms were produced varying from a paralysis of a limb or hysterical fits to complete alterations of personality.

Janet's theory of mind is intellectualistic. He bases his theory of psychic tension on the cognitive side of mind, and the coherent synthesis of the processes which constitute awareness is dependent on their appreciation by the personality. The loosening of the synthesis which results in psychasthenia or hysteria is caused by defective appreciation of psychological processes with consequent failure to assimilate them to the aware personality. The process must then be regarded as analogous to, if not identical with, fatigue of the cognitive side of mind. The part played in the production of the neuroses by the emotional and conative aspects is ignored if not explicitly denied. If we admit that remembering/

remembering and forgetting are essentially conative activities this is a very serious criticism of the whole theory. To Janet dissociation is a passive process acquiesced in by an enfeebled mind. This is certainly at variance with the theories I put forward in Part I, and I think is completely refuted by the study of the neuroses themselves.

There are, however, other criticisms which must be advanced. This theory leaves largely unaccounted for the nature of the hysterical symptoms in any given case. In the Freudian theory the symptoms have a definite purposive meaning, but in Janet's theory this idea of purposiveness is excluded by his conception of their origin. Why then should a paralysis of a leg appear rather than an anaesthesia of an arm? This question has never been answered satisfactorily, and in my opinion cannot be answered without assuming that these symptoms are purposive and represent aberrations of conative activity.

Although we cannot accept Janet's theory of the cause of dissociation in hysteria, to him largely belongs the credit of its recognition. The dissociation of Janet and the repression of Freud are similar conceptions though the investigation of their causes has led to widely divergent results.

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2. The Psychoanalytic Conception.

It is to Freud that we owe to a very large extent the discovery of the causation of neurotic symptoms by factors working outside the field of awareness. I disagree entirely with many of his theories, but the fact that many neuroses have been cured by the application of these theories in psychotherapy is strong evidence that there is in them a large substratum of truth. We must therefore consider what precisely is the Freudian point of view, and subsequently decide what of it we propose to accept and what to reject. In this connection I propose to adopt for the moment the Freudian nomenclature.

What I have termed the total consciousness of the individual Freud divides into three parts. There is first of all the "conscious" which includes all the happenings of which the individual is at the moment aware. There is secondly, the "preconscious" which includes all the memories which can normally be recalled by the individual. And there is thirdly, the "unconscious" which includes the affective correlates of those activities which under no normal circumstances can enter consciousness in the adult at any rate. Between the preconscious and the unconscious there is a barrier termed the censor, which may be conceived as a repressive conative activity whose function is to keep in the unconscious any of the tendencies of that part of the mind which may attempt to reach consciousness. Another censor with an analogous function is postulated as existing between the preconscious and the conscious.

Freud/

Freud recognises the existence of instinctive activity as the basis of behaviour, and he divides the instincts into two groups. The first of these comprises the "ego" tendencies which serve man in his relations with the world, and to which Freud does not seem to have directed a great deal of attention. The second comprises the "sex" tendencies. Much controversy has arisen over the use of the word sex, but it is sufficient to state here that Freud classes as sexual all those tendencies which, if they were exercised in the adult person, would be recognised as either normal or perverted sexual manifestations, together with some other tendencies whose inclusion in this group is of more doubtful validity, such as narcissism or self-admiration. The psychic energy concentrated in these tendencies he terms the "libido."

Freud conceives the mind as something analogous to a system of reflex arcs with sensory or perceptual and motor ends. The excitation of such an arc results in an appropriate reaction and in the production of emotion or affect. It will be noticed that emotion is regarded as an energy or at least a source of energy, a conception radically different from that which I formulated in Part I, where I stated that emotion was a mode of experience. This energy of emotion, however, is capable of being displaced and diverted into channels other than that in which it was originally generated. In this scheme of things then it would seem that cognition acts by producing emotion, and emotion in turn initiates and/

and sustains conation. This emotionally coloured conative trend is what Freud has called a "wish."

In the ante-natal state a child may be regarded as having no wishes, or only wishes for comfort and nourishment which are satisfied at once. Whenever it begins existence as a separate individual, however, this state of affairs is altered, and a certain amount of activity is required for the gratification of any wish. We shall suppose now that the food seeking impulse is aroused. According to Freud, if this is not at once satisfied, the excitation travels backward to the sensory end of the arc and gratification is obtained in imagination with hallucinatory vividness. For a brief interval this satisfies the child, and this process is termed "regression." In a longer or shorter time, however, the increasing need for nutriment is felt and the excitation travels back to the motor end producing those movements of the muscles of limbs and vocal cords with which we are familiar. Not until the appetite is satisfied do these movements cease, and Freud regards their cessation as due to the attainment of pleasure and concludes that the pursuit of pleasure is the causal factor underlying the whole process. All infantile activities may be regarded as being determined in the same manner and this method of action Freud has described as conforming to the "Pleasure Principle." It will be noticed that at this stage all these activities are fully represented in consciousness. Now Freud regards the instincts which he terms sexual as being the most important constituents of this infantile mind. Even the desire to/

to suck at the breast he regards as a sexual manifestation. In the course of development sentiments or complexes are built on these instincts, highly charged with emotion, and two of these he regards as of supreme importance. One is what he terms the "Oedipus complex" which is a sentiment of sexual love for the mother on the part of a son with corresponding jealousy of the father, the other is the "Electra complex" which produces an analogous relationship between daughter and father. Other so-called auto-erotogenous complexes may be formed in relation to the individual's own person, such as the Narcissistic complex. Now the wishes embodied in the activities of these various complexes are surcharged with emotion and demand fulfilment which is obviously incompatible with the relations of the individual to society as a whole. To deal with this problem Freud has assumed the development of a secondary system of mental activity governed by what he calls the "Reality Principle." The function of this system is to adjust behaviour so that it will be in accordance with the individual's environment. To do this it must fulfil certain conditions. We have seen that the primary system is governed wholly by the pursuit of pleasure. But the secondary system must face pain even if it be only to acquire the experience to enable it to avoid it on future occasions. It must also be able to inhibit the activity of the primary system in so far as it manifests itself in behaviour. This inhibition is what is termed by the psychoanalist "repression" and the conative activity by which the repression is maintained is what is meant by the censor. The/

The secondary system, becoming organised in its turn, eventually constitutes the conscious and preconscious mind. The primary system forms the true "unconscious."

But, though banished from unconsciousness the primary tendencies are not inactive. They are continually trying to evade censorship, and under suitable circumstances their emotional energy may be diverted to the service of activities which form part of the secondary or conscious system. In this way they may still help to determine conscious action, without themselves obtruding on consciousness.

We must now examine one or two characteristics of the Freudian unconscious. This must be regarded as a quasi-independent mind functioning outside the field of awareness. Its content to commence with is composed of the primitive instinctive trends whose appearance in adult consciousness would be disastrous to the subject in his relations with his fellow-men, and particularly of those trends which have been grouped as sexual. These trends are constantly seeking their goals of activity and are completely uninfluenced by the development of moral or ethical sentiments. The unconscious is a-moral and non-ethical, and its only activity is "wishing."

In Part I we saw that association by meaning of a total experience played an important part in remembering the constituent parts of an experience.(1) This process must be regarded as proceeding ~~to~~ in the unconscious, but owing to the fact (which Freud asserts) that the unconscious is devoid of all power of reasoning and judgment the associations formed are often of the flimsiest and/

(1) See Part I, pages 57 and 58.

and and most superficial character. It is a little doubtful to what extent Freud regards remembering by association as being due to the meaning of a total experience and to what extent ~~by~~ *to* similarity and temporal contiguity.

The process of association, then, results in the formation in the unconscious of complexes of emotional tendencies, capable of bringing within their scope any other tendencies which bear even the remotest superficial resemblance to those constituting the complex, and the emotional energy pertaining to the individual tendencies now becomes a common possession of the complex. When we remember that these unconscious tendencies are ever trying to force their way into consciousness by reason of the emotion with which they are charged, it becomes obvious that their organisation into groups or complexes with a common emotional content will become a powerful aid to their attack on the censor.

To understand the further content of the unconscious we must grasp the fact that Freud regards all forgetting as due to repressions by the censor of activities charged with painful emotion. Under certain circumstances the memory of painful experiences are repressed and appear in the unconscious. But again, though repressed, these emotionally charged activities do not cease but continue functioning, and attempting to force their way back into consciousness. But we have seen that conative trends in the unconscious tend to cohere into complexes bound together by very superficial associations, and so these recently repressed activities become incorporated into the existing complexes/

complexes composed of sexual activities, and receiving additional energy derived from these sexual sources they renew with increased vigour their struggle with the censor. But the revival in consciousness of these newly repressed activities would now, in virtue of newly formed associations revive the intolerable primitive sexual tendencies as well, and this provides an additional reason for strong censorship.

The more strongly toned with emotion a repressed complex is, the more difficult is the work of the censor, and in comparatively few cases is it completely successful. In order, however, to be tolerable to consciousness the activities which evade the censor must appear in a disguised form, and this process of disguising is regarded as one of the functions of the censorship. An instance of this from normal life is the fact that the sexual tendency technically known as exhibitionism may appear in consciousness as a tendency to self display or love of fine clothes. Our concern at present, however, is with the definitely abnormal.

The sexual tendencies, reinforced by the emotion derived from newly repressed activities strive to enter consciousness. The fulfilment of conation is ~~prevailed~~ prevented by the censorship and regression takes place, producing a revival in unconscious fantasy of acts associated with the infantile working of these tendencies. These fantasies may represent actual occurrences in childhood, or the occurrences may only have existed in imagination. Now the censor will not allow these fantasies to appear in consciousness, and a struggle ensues between the two forces, that of the primitive sexual tendency on the one hand, and that of the censor or guardian of/

of consciousness on the other. This struggle, according to Freud, is the basis of the neuroses, and on the way in which it terminates Freud bases his classification.

Freud divides the neuroses into two broad classes, the "psycho-neuroses," whose origin is entirely in the mental sphere, and the "actual neuroses" whose origin is in the physical sphere. We shall deal firstly with the psycho-neuroses.

The psycho-neuroses include three types of mental abnormality. The first, known as Conversion Hysteria, consists of the cases where the condition is manifested in physical symptoms such as paralyses and anaesthesias and paroxysmal attacks or fits. The second and third, known respectively as Anxiety Hysteria and Compulsion Neurosis, present symptoms which are largely mental and subjective, although they may be associated with certain physical signs, and correspond together more or less to the Psychasthenia of Janet.

In CONVERSION HYSTERIA the struggle is brought to an end by a compromise in which both tendencies achieve a partial satisfaction. The emotional energy associated with the repressed complex becomes displaced and transferred to the reinforcement of a conative tendency already in consciousness, while the censor so directs the transfer of energy that the resultant activity in consciousness manifests itself in behaviour which expresses symbolically the disapproval of the conscious personality of the repressed fantasy. This behaviour constitutes the hysterical symptom. It is exceedingly difficult to understand the precise relationship in many cases between a particular type of unconscious

fantasy/

fantasy and its corresponding physical symptom, but this will become clearer when we study in rather more detail than we have done the Freudian theory of dreams. In the meantime we may notice that the manifest content of a dream bears to the latent content exactly the same relation that the hysterical symptoms bear to the repressed infantile sexual tendency.

Another point of great importance emerges here. It will be noticed that the actual cause of the neurosis is the repressed sexual tendency. The repression from consciousness of any subsequent painful trend only acts as an exciting cause by placing additional energy at the disposal of the sexual complex.

In ANXIETY HYSTERIA the origin of the neurosis is essentially the same as in conversion hysteria, but for some reason the symptoms remain subjective, instead of being converted into objective physical signs. The physical signs which do occur in anxiety hysteria, such as ~~tumor~~ fumor and tachycardia, are not, as in conversion hysteria, symbolical of the repressed fantasy and the repressing force, but are merely the physical correlates of the mental condition of anxiety. The typical symptom of anxiety hysteria is the phobia. The subject develops a specific fear of certain objects or situations. Examples frequently met with are agoraphobia, the fear of open spaces, and claustrophobia, the fear of closed spaces. The intense fear of being buried alive is another example. As in conversion hysteria the symptom is regarded as a compromise formation. I have already emphasised the fact that the/

the unconscious mind is capable of forming extremely flimsy and superficial associations, and the painful emotion which would be aroused by the appearance of the repressed sexual tendency in consciousness is displaced to some apparently associated object in consciousness which comes in a way to symbolise the repressed fantasy. Although the subject's ethical and moral senses are not disturbed by the appearance of the substitute for the fantasy, yet the painful affect associated with it is sufficient to produce acute anxiety which becomes more intense if the subject is compelled to face his phobia.

In COMPULSION NEUROSIS the solution of the conflict, as in anxiety hysteria, ~~lies~~ in the mental sphere, but the end product is a reaction rather than a compromise. The characteristic symptoms in this class are doubts and obsessions and impulses to action. The subject is easily thrown into a state of doubt, between alternative courses of action under circumstances in which a choice is of no importance. He experiences powerful impulses, which may be restrained only with great difficulty, towards the performance of trivial acts. Occasionally the impulses are towards anti-social acts from which his conscious mind revolts and the contemplation of which fills him with horror. The difference between a compulsion neurosis and an insanity lies in the fact that in the former the subject retains the power of recognising the nature of the act towards which he is impelled, and retains, though with difficulty, some control over his actions.

The/

The root cause of the compulsion neurosis is the state of doubt into which the mind of the subject is thrown by the opposing tendencies in his unconscious. As in the previous cases this emotion is displaced and transferred to situations in consciousness. His obsessions and impulses are over-compensations for his doubts, manifesting in a similar way.

The foregoing three conditions form the group of "psychoneuroses." In them the symptoms are of mental origin and symbolise trends of unconscious mental activity. In the remaining group, the "actual neuroses," the symptoms are not explicitly symbolical of any particular mental trend, and they further differ from those of the psychoneuroses in having their origin in the present rather than in the past. The actual neuroses are, Anxiety Neurosis, Neurasthenia, and Hypochondria.

ANXIETY NEUROSIS is conceived as a condition in which there is over-excitation of the sexual instincts with inadequate outlet for the emotion which is generated. Prolonged and passionate love making in the absence of sexual intercourse may be cited as an example. Regression of the libido takes place with unconscious fantasy formation, anxiety is produced which is displaced and transferred to situations in consciousness, and a constant feeling of apprehension is produced with all the physical accompaniments of the emotion of fear. Specific phobias are not, however, present unless a revival of infantile sexual tendencies has occurred, in which case the condition merges into one of anxiety hysteria.

In/

In common with most other writers Freud regards NEURASTHENIA as a condition manifested by lassitude, inability to concentrate the attention, general weakness, dyspepsia, constipation, and various subjective symptoms such as vague pains and headaches, and due to exhaustion of the psychophysical organism. He regards this exhaustion, however, as being primarily and essentially due to the presence of excessive discharge of energy associated with the sexual system, in the absence of adequate stimuli, the process being associated with intense, though unconscious moral conflict. Onanistic practices are regarded as being the essential cause. He admits that debilitating physical disease may play a part, but regards the onanistic factor as essential.

HYPOCHONDRIA is a condition of undue solicitude about the functioning of the internal organs, and would appear to be due to abnormal sensitiveness of these organs, making their working unduly prominent in consciousness. Here again Freud finds that investigation shows that such abnormal sensitiveness is due to the reinforcement of afferent stimuli from these organs by energy derived from a highly charged sexual system, the displacement of emotional energy being due, as before, to the superficial associations so easily and unconveniently formed in the unconscious mind.

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3. The Psychoanalytic Theory of Dreams.

In order to complete our very brief survey of the Freudian theory of the causation of the neuroses it is now necessary to amplify what has already been said in Part I with regard to the causation of dreams, for it is on the interpretation of dreams that Freud largely bases his therapeutic system.

According to Freud the process of production of a dream is identical with that of a hysterical symptom. The manifest content of the dream, that is, the dream as remembered by the subject, represents the gratification of an unconscious wish derived from the primitive sexual tendencies. During sleep the activity of the censor is somewhat relaxed, and exactly the same processes which we saw at work in considering the production of the hysterical symptom are gone through. Activity of the sexual impulse, regressio fantasy formation, and transformation of the fantasy into some emotional-conative trend which is not repugnant to consciousness are the essential features.

The manifest content of a dream has certain characteristics. In the first place it is always to a certain extent made up of recollections from the occurrences of the day preceding the dream. Secondly, by means of a process of dramatisation and nationalisation a general effect of continuity of action and coherence is obtained. Thirdly, by what is termed condensation, several repressed wishes may be represented in the one manifest content.

More important, however, than these are the phenomena of displacement and symbolism. Displacement is the term applied to the/

the transfer of emotional tone from an object closely related to the latent content to an object which is more or less indifferent. The purpose served by this is, of course, the more efficient disguise of the repressed tendency. For example, in a dream based on the activity of the Oedipus complex the incestuous love of a son for his mother may be transferred from that part of the manifest content representing his mother to some other person or object in the dream, love of which would not be regarded by the dreamer as offending his ethical sense. The ease by which this takes place is explained by the facility with which emotional energy may be exchanged between activities bearing the most superficial resemblance to one another. This phenomenon of displacement is of the utmost importance not merely in dream synthesis, but in the production of hysterical symptoms. The functional paralysis of a limb may be due, for instance, to the displacement of emotional energy associated with the inhibiting tendencies of the censorship, the displacement to the particular function being determined by superficial associations between that function and the repressed wish which has brought the censorship into action. In anxiety hysteria the phobias so frequently encountered are of similar origin.

Symbolism is the representation in the manifest content of a dream of repressed activities by certain appearances or situations which have no apparent connection with the activity. Symbols are regarded as being more or less constant for the individual, and evidence/

evidence has been adduced that many symbols are constant for the whole human race. Hats and gloves are often regarded as being symbolic of sexual activities, and such dream acts as walking up stairs are sometimes similarly interpreted.

The importance of the dream in the psycho-analytic theory lies in its resemblance to the hysterical symptoms. If the Freudian theory of the production of such symptoms is true, and if every symptom is indicative of the attempt to attain consciousness on the part of a repressed tendency, then it is not too much to suppose that during sleep, when the censorship is relaxed, this tendency will manifest in dream form. The dreams of a patient will then provide a fresh avenue of approach to the determination of the nature of the tendencies which are dominating the patient's waking behaviour.

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4. The Psychoanalytic Method.

I think that the foregoing is a fair, and as far as possible, an unprejudiced statement of the fundamentals of the Freudian theory of the neuroses. In order, however, to be in a position to offer any adequate criticism of the conception, it is necessary now to consider the facts on which it has been built, that is to say the process of psychoanalysis as distinct from psychoanalysis as a psychological doctrine.

Psychoanalysis is the process by which the primitive instinctive factors which underlie behaviour, normal or abnormal, are traced out. We have seen that an immense amount, if not all of mental activity has determinants which lie outside the field of personal awareness, or as Freud would say, which lie in the unconscious. By no ordinary means are we able to discover by introspection those trends to action which constitute such determinants. We have seen that by the aid of hypnosis the field of awareness may be extended, and lost memories may be recovered, but for various reasons this method is limited in its applicability, and the psychoanalytic method was devised to overcome the difficulties which hypnosis could not deal with.

In considering the psychoanalytic theory of the origin of the neuroses we saw that the primitive activity which is conceived as underlying all neurotic manifestations takes place in the Freudian unconscious, and the neurotic symptom itself, whether it be physical or mental, is caused by the transfer of emotional energy from the primitive system to conative trends already in consciousness/

consciousness, this transfer being largely determined by resemblances or associations, often very superficial, between the unconscious and conscious trends. Further, the repression or dissociation of any activity normally conscious leads by the use of similar associations to the reinforcement of the emotional energy of the tendencies of the primitive system. Thirdly, we have seen the close resemblance of the hysterical symptom to the dream. Taking as its starting point memories which are present in consciousness, psychoanalysis uses the existence of those superficial associations to trace out the connection between the conscious and the unconscious activities. A very brief and simple example will illustrate the nature of the process. Let us suppose that the repressed activity is connected with the taking of medicine, but that the representation of this in consciousness takes the form of beliefs with regard to, say, a bible. We can imagine the associations proceeding as follows:- Bible - book, book-case, - case, - patient - doctor - medicine. It seems at first sight a far cry from bible to medicine, and it will be noticed that the chain of associations is dependent for its integrity on the double meaning of the word "case." This is a very simple example, but it may be taken as illustrating the method by which associations are formed between situations in the unconscious, and between situations one of which is unconscious and the other conscious. Between situations both of which are conscious such associations are not so readily formed because the subject's critical activity rejects the associations between the two meanings of the word "case." The unconscious, however/

however, has no critical powers.

This method of determining unconscious activities or complexes is termed "Free Association,"(1) and it is the fundamental method of psychoanalysis. In order, however, that the associative connection between conscious and unconscious may be demonstrated it is necessary that this process should be carried out without the intervention of the subject's critical faculty. Otherwise the association is not free but is determined immediately by the conscious personality. The constant tendency on the part of the subject to select consciously his associations is very difficult to overcome, and is technically known as the "resistance." This resistance is of course greatly aided by the activity of the censor, whose duty it is to keep the repressed activities out of consciousness. In actual practice the subject is told to relax as far as possible both body and mind, to think of any part of his dreams or symptoms, and then to repeat without criticism or reservation all thoughts which come into his mind, no matter what they may be. Until he has learned to do this, that is to say until the resistance is overcome, his associations will not be free, and will not point in the required direction. The difficulty in following such instructions is obvious when we realise by actual trial that many of the thoughts that enter our minds are not such as we would consider fit for public utterance.

It is stated by Freud and his followers that no matter what part of the dream or symptom complex may be selected as a starting point, the associative processes all eventually converge upon one/

(1) The term "Free" only implies that the associations are not determined by conscious volition.

one unconscious system of ideas associated with a repressed sexual tendency, which is then assumed to be that which underlies the neurosis. Empirical evidence of the truth of this is obtained by the alleged fact that when this repressed tendency has thus been brought to consciousness and integrated with the consciousness of the subject, the pent-up emotional energy associated with it can find an outlet by being transferred or sublimated to suitable activities, and the neurosis is cured.

In the course of every analysis there comes a time when the subject seems incapable of producing any further free associations. In other words an especially strong resistance is encountered. When by patient work this resistance has been overcome it is found that the erotic energy associated with the repressed complex has been displaced to the person of the physician. This process is known as the "transference," and unless it occurs, according to Freud, no cure will result. The last part of the analysis is carried out in the transference relationship, and finally the transference is itself analysed, and the subject recognises it simply as a displacement of erotic energy. When this happens the therapeutic process is finished, the subject is free from any dependence on the physican, and is left in a position to face life with the new knowledge of his previously unconscious tendencies obtained by the analysis.

We have seen that the free associations may have as their starting point any part of the neurotic syndrome. In actual practice Freud appears to rely mainly on the interpretation of dreams.

Although/

Although the psychoanalytic method was primarily devised for the treatment of the neuroses, it is obvious that it can equally well be used to trace out the ultimate causes of all behaviour, and the information yielded by the analysis of many hundreds of individuals has, in recent years, been utilised to construct educational schemes which should in theory at least prevent the development of unconscious infantile tendencies which may become sources of danger in adult life.

It is unnecessary to discuss in detail the elaborations of the Freudian theory which have recently grown up, but we must examine briefly one offshoot of the Freudian school. The attitude of Jung, although superficially resembling that of Freud, differs from it in several important respects.

In the first place although Jung regards the relationship of the hysterical symptom or the manifest content of a dream to unconscious activities essentially in the same manner as Freud, he differs sharply from Freud in his conception of the unconscious. The unconscious is the primitive mind of man, and its activities are not merely sexual. Its mode of expression, as seen in the dream, is man's primitive method of thought, fantasy and symbolism. Symbolism is used by Jung as practically synonymous with metaphor. But though the language of the unconscious is primitive, it deals with the facts of everyday life, just as does the conscious mind. The two are complementary. Together they can face and deal with life; apart, their reaction to environment is faulty. The unconscious is not so much repressed as overlaid by the development throughout/

throughout the ages of the higher type of mind which we call the conscious. Repressions from consciousness take place, but the hysterical symptoms which result are symbolic of unconscious activity and represent a striving on the part of the unconscious towards the proper orientation of the total mind towards life. A neurosis then, is a mal-adjustment of the organism towards its environment, and the solution of the problem lies in firstly interpreting the symptoms in order to find the nature of the unconscious striving, and secondly in recognising that this unconscious process is not really opposed to the needs of the subject, but is in fact complementary to the processes of consciousness, and thirdly in directing behaviour in such a way that it is in harmony with both classes of process.

With the general technique of psychoanalysis Jung is in agreement, although he has added methods of his own which we shall consider when dealing with treatment.

Jung further assumes the existence of a racial "unconscious" as well as a personal "unconscious." This racial unconscious must be regarded as part of the inherited content of the mind, and to its existence must be attributed the primitive modes of thought, and those fantasies which occur in every mind and which bear such a close resemblance to the fact of racial mythology which Jung regards as a product of the racial unconscious.

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5. Criticism of the Psychoanalytic Theory.

Ever since Freud enunciated the principles of his psychoanalytic psychology it has been subjected to very severe criticism, much of which has been due to the inherent scepticism of the human mind with regard to anything new, and much of which has been due to "a priori" dislike of the theory of the sexual basis of behaviour. In other words, much of the criticism has been absolutely unscientific, and inspired by pure prejudice. We must recognise at the outset that the theory must stand or fall on its own merits, and the fact that its dependence on sexual activities makes it repugnant must not be allowed to bias our judgment as to its truth. On the other hand a study of the more popular literature which purports to spread the Freudian gospel reveals the undoubted fact that many of the most enthusiastic devotees of psychoanalysis have adopted the theory as the result of a process which is indistinguishable from pure suggestion, and have little idea of its full implications.

In offering any criticism it is necessary, to commence with, to distinguish clearly between the psychoanalytic psychology and the psychoanalytic method. About the latter I shall have some objections to offer, but there can be no reasonable doubt that in many ways it has justified itself as a method of exploring that part of the mind which lies beyond the range of introspective activity. Whether the results of the exploration are to be interpreted on the Freudian basis is another question.

With/

With regard to the Freudian conception of the conscious, preconscious and unconscious mind, there need be no great difficulty. I think myself that the terms are unfortunate, since they are apt to convey the impression that the mind is not a unity, and I prefer to use the term consciousness as including the total affective content of the mind, using the term awareness to signify that part of the process of which we have direct and introspective knowledge. This, however, is not an important point in reality, so long as we clearly understand the implications of the terminology. The censorship also we may accept if by the censor we mean that conative activity the exercise of which within or without the field of awareness results in the dissociation from awareness of certain mental processes.

The conception of the primary and secondary systems of mental activity may, I think, be accepted in their broad outlines, the primary system representing the working of the primitive, innate, modified instincts, and the secondary system representing the activity dependent on the formation of the sentiments, and particularly of the moral, ethical, and self-regarding sentiments. Although, however, this differentiation into primary and secondary systems may be useful there are certain points with reference to it where I must differ from the Freudian view.

In the first place the two systems overlap. All sentiments, whether "conscious" or "unconscious" are formed on the basis of instinctive activity. Some are ethical, some are merely non-ethical, while others may be anti-ethical. Doubtless the ethical sentiments/

sentiments which dominate so largely our relation with the world are comparatively late in development, and there can be no doubt that many of the sentiments which are formed from the primitive working of an instinct conflict with ~~which~~ what we term normal behaviour, but I cannot see justification for a hard and fast division between the two systems. Further, Freud regards the primary system as capable only of "wishing," and apparently of wishing only in its primitive, ~~im~~ unmodified way. Now, it is one of the chief characteristics of instinctive activity, even when not complicated by the formation of complex sentiments, that its cognitive part becomes rapidly educated in the recognition of different "keys" or stimulating situations, while its conative part develops an infinite variety of methods of attaining its end. At first sight this would appear to lend support to the Freudian hypothesis, but this is not really so because pari passu with the development of the complexity of motor mechanism subserving conation, there develops, as the result of experience, an appreciation of the goal of activity in relation to the total personality, which modifies the cognitive structure of mind and exercises a profound influence on any repetition of the instinctive reaction.

Any instinctive activity may function either within or without the field of awareness according to circumstances, and it must, I think, be admitted that the primary system may under perfectly normal circumstances manifest in that field.

We/

We must therefore conceive the Freudian primary system as composed of tendencies which are primitive, which become organised into primitive sentiments or complexes very early in life, and which thereafter undergo no modification as the result of experience unless they are definitely brought into the field of awareness, from which they tend to be permanently excluded. Such a conception is of very questionable validity.

We have seen that the essential constituents of the primary system are regarded as the sexual tendencies. We are told that the term sexual is used in a wide sense, and as a matter of fatt the sense in which it is used is so wide as to deprive it of any specific meaning. I have dealt with this question in some detail in Part I and need not recapitulate my arguments here against Freud's conception of sexuality, but we must note that if the hypothesis of a primary system is to have any validity at all such a system must include instinctive tendencies which cannot be termed sexual, no matter in how wide a sense the term is used. The emotions of fear, anger, hunger and amusement are essential constituents of any primary system built on instinctive behaviour, but they are in no sense sexual emotions. But it is certain that fear in particular may be the root cause of a neurosis.

According to Freud the primary system is ~~diminished~~ dominated entirely by the pursuit of pleasure. Now this is rank psychological hedonism. But when we examine his conception of the secondary system we find that its inhibitory influence on the primary system is exercised largely, if not entirely, in order to gain experience/

experience whereby pain may be avoided, so that the activity of this system also is conceived on a hedonistic basis. Now the doctrine of psychological hedonism has fallen into such disrepute that there is hardly any occasion to deal with it in detail here, but there is one point to be noted. The acceptance of this doctrine implies the complete negation of the possibility of any purely altruistic action of any kind whatsoever. It is of course open to anyone to make such a denial, but I venture to think that few of the enthusiastic upholders of the psycho-analytic theory are prepared to do so. It is quite certain that altruistic motives are not so common as some idealists would have us believe. Many of our actions which appear purely altruistic prove to be anything but altruistic when they are carefully analysed, and our determination of our own motives is only too often reached by a process of rationalisation. But although we must grant this, it is a very different thing to say that no actions are altruistic, and if we grant the possibility of any such actions we ipso facto deny the hedonistic doctrine, and with it a not unimportant part of the psychoanalytic hypothesis. Now the protective or parental impulse which we have noted as part of the innate equipment of both animals and man is in my opinion essentially altruistic. If it were manifested in man alone we might cast doubt on this by pointing out the enormous complexity of all his motives and finding plausible substitutes for any appearance of altruism, but I submit that animal behaviour which is often characterised by extreme instances of sacrifice on the/

the part of the parent for the sake of the offspring cannot be conceived as being governed by such complexity of motive. In any case, if such apparently altruistic actions are to be explained by the hedonistic doctrine, ~~one~~ our definition of pleasure must be so extended that it exceeds in breadth even Freud's definition of sex.

Now this protective impulse enters into the composition of many of our formed sentiments, particularly the moral and ethical, and this fact seems to me to cast very grave doubt upon this part of the Freudian theory.

When we come to the consideration of the part attributed to emotion by the Freudian school we arrive at a difficult subject. It will have been noted that Freud regards emotion as the motive power which initiates all activity; this at any rate is the only conclusion that can be drawn from his writings. In this respect he follows the popular conception. It is usual for us to say that we run because we are afraid, or we strike because we are angry, but the truth of these statements is questionable. William James regarded emotion as being a direct consequente of conative activity, and so inverted the popular conception. According to him we are angry because we strike. Now it is very doubtful if either view is entirely correct. We know that conation and emotion are very closely cprrelated, and it seems fairly certain that emotion is never experienced without an impulse to action being set in motion on the mental plane if not on the physical. On the other hand when an action is repeated often/

often the associated emotional experience tends to diminish in intensity, although the action itself may be more powerfully and adequately carried out. This would seem to be against the theory that the emotion itself supplies the driving power. It is true that we have seen that pleasure and pain influence conation, but in the first place this is not the same thing as saying that they initiate action, and in the second place, though these are undoubtedly affective states, they are not true emotions in the same sense as anger, fear, or love. The balance of probability seems to point to the conclusion that conation and emotion, though closely associated, are both directly dependent on cognition. Those who look upon emotion as a motive force support their argument by one undoubted fact: a neurosis which is dependent on a repressed or dissociated memory associated with profound emotion, is often cured or at least ameliorated when the memory has been restored to awareness, the experience lived through again and the emotion "worked off." This process is termed abreaction. According to this school the tendencies associated with the repressed memory lose their power owing to the dissipation of emotion. Now the facts of a case like this are beyond doubt but it is open to us to assume that the real cause of the cure is not the dissipation of emotion but the integration of the repressed tendencies with the normal awareness, and the bringing of them under control of the critical faculty. A case of this kind is not then conclusive. The relationship/

relationship of emotion and conation, then, cannot be regarded as definitely settled, but the weight of the evidence is not by any means in favour of the Freudian hypothesis. If we go far enough back in the evolutionary scale, and if we regard the so-called tropisms of primitive organisms as rudimentary instincts, we must, I think, admit that here conation follows directly on cognition. The introduction of emotion as an additional causal factor implies a break in the evolutionary series for which I can see no adequate justification.

The denial of emotion as a motive force would necessitate a complete revision of the psychoanalytic theory, for this theory necessarily assumes the reinforcement of primitive tendencies by the emotional energy derived from other repressions. This may not appear an important point at first sight, since one may say that it is necessary to postulate energy of some kind in conative activity, and even if this energy is not emotion it is quantitatively associated with emotion and its effects on conation vary directly with the emotion produced. This statement, however, is not strictly true, for there are some instincts which are undoubtedly powerful, such as the gregarious instinct, and which are not associated with any specific and strong emotion. The instinctive energy and the emotion involved in the working of the sexual instincts probably do vary more or less directly with one another, and so long as we admit the validity of the sexual theory of behaviour the conclusions based on the identification of emotion with energy may be correct. When, however, we turn/

turn to other instinctive activities for an explanation of conduct this identification may lead to quite erroneous findings.

The psychoanalytic theory of the neurosis and its extension to explain all behaviour depends ultimately on the alleged fact that by the method of free association all conduct can ultimately be traced back to its origin in the early fixation of some instinctive tendency. This tendency reacts in a mechanical way with the tendencies produced by later environment and results in behaviour as it is manifested to our awareness. From this it follows that our awareness, or what Freud would call our consciousness, or what may be termed our personality is reduced to the position of a mere sense organ whose only function is to appreciate the behaviour of the organism it inhabits. In other words, the psychoanalytic conception involves the theory of rigid psychological determinism. Everything in conduct is the result of the reaction of pre-formed, innate tendencies and environment, and there is no room left for the exercise of free will. That Freud recognises this and indeed claims it as part of his system will be readily grasped from reading his "Psychopathology of Everyday Life." Now, I have already pointed out in Part I, that the theory of determinism involves the acceptance of the universal validity of the mechanical law of causation, an assumption we have at present at any rate no right to make. But there is at least one other objection which may be urged against accepting the conclusions of the psychoanalytic process of free association. It is that it is very questionable whether such associations are ever really free. In the/

the first place it is, I think, impossible to be quite certain that in the process of recalling associations the critical faculty is entirely dormant. If it is not, then the associations are to some extent determined by the critical faculty, a process which involves the exercise of will. In the second place, even if a first series of associations from "conscious" behaviour to an "unconscious complex" be correct, the following series of associations will tend to be determined to some extent by the first, and if they lead back to the same complex they are not necessarily free, even though the critical faculty has been almost entirely suspended. It has been said that the final proof of the influence of the discovered repressed complex on a neurosis is the fact that when the complex is unearthed the patient is the first to realise its past influence. In making this statement I think that Freud has deliberately ignored the influence of suggestion in establishing beliefs.

Freud's article on determinism in the "Psychopathology of Everyday Life" is probably chiefly remarkable for the fact that of all the cases which he adduces to prove his theory there is not a single one in which the exercise of free will was possible. No modern psychologist has ever denied that behaviour may occur independently of aware volition. From this position to the negation of all free will is a long and, in the present state of our knowledge, an unwarranted step.

In commencing my criticism of the Freudian doctrine I stated that it was necessary to distinguish between the psychoanalytic psychology and psychoanalysis as a method in treatment. My/

My comments hitherto have been largely confined to the former. The latter I shall return to when dealing with the treatment of the neuroses. It is sufficient to say here that in my opinion the method leads to important results with regard to the discovery of processes which take place outside the field of awareness even although I cannot admit that associations are always free or that they are susceptible of an interpretation along orthodox psychoanalytic lines.

Other points of criticism of the Freudian doctrine will emerge in the course of further discussion but I may here summarise what I consider to be the principal weaknesses of the theory.

1. The conception of the primary and secondary systems of mind as stated by Freud involves adhesion to the doctrine of psychological hedonism.
2. Carried to its logical conclusion the psychoanalytic theory ends by postulating psychological determinism in its most extreme form.
3. It is at least extremely questionable whether emotion can be regarded as a force, playing the part attributed to it by Freud.
4. The theory of the sexual basis of the neuroses is too narrow, on the one hand, and on the other the term sexual is made to include activities which in my opinion at least cannot be regarded as such.

The fourth weakness is the one which has aroused most criticism, but which does least to impair the validity of the system. If we are prepared to grant the truth of all the other aspects of the doctrine, it would be comparatively easy to broaden the basis of the neuroses by bringing in other forms of activity to the primary system and without necessitating any alteration of the psychoanalytic theory except in details.

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PART III.

A Theory of the Neuroses.

I. Introductory.

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All disease has both physical and mental aspects, where ever and what ever its primary cause may be, and it would be possible to classify diseases according to whether physical or psychical symptoms predominate. Such a classification is, as a matter of fact, largely apparent in the popular conception of disease. Pneumonia is a condition primarily affecting the physical organism, but no one would contend that the mental state of a pneumonic patient is normal. A broken leg is a typical physical injury, but in a man of active habits it may be the precipitating cause of an abnormal mental condition. Similarly, abnormal psychical states bring physical symptoms in their train, such as hysterical fits or functional paralyses, which the untrained mind will regard as indicative of organic disease. The fact that an immense proportion of our actions have causes wholly or in part outside the field of awareness not only makes the distinction between organic and functional disease sometimes very difficult, but has always placed obstacles in the way of the observer who is trying to determine the relative importance of the physical and psychical factors in any given condition. Few intelligent people will deny today the profound influence of the mental condition on the physical state of an individual, and/

and every physician or nurse knows how advantageous it is to inculcate a hopeful spirit into a patient, no matter from what he may be suffering.

It may, I think, be taken as a proved fact that the psychical reaction to a belief, however the belief may have been established, exercises a profound influence on bodily metabolism. Of the exact methods by which this influence is exercised we are still largely ignorant, but we know enough about the conditions under which it is exercised to regard it as a normal function of the psycho-physical organism, and not as the occasional and sporadic manifestation of the power of some transcendental entity whom we have postulated to explain otherwise incomprehensible facts. Faith Healers and Christian Scientists sometimes get remarkable results in the treatment even of organic disease, but their explanation of the production of such results is an eloquent testimony to their complete ignorance not only of the nature of psycho-physical interaction, an ignorance we all share, but of its causes and results, and of the conditions under which it takes place. To say that a broken leg or a pneumonia is an illusion may be a metaphysical truth, but in that case the physical body is also an illusion, and those two illusions bear a definite relation to one another, and are modified in accordance with certain causal laws,/

laws, which may not be of universal validity, but which have never been replaced by any other hypothesis which will explain the facts of the case.

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2. Innate Etiological Factors.

In the first place then, we must be prepared to find, in any neurosis that the workings of the mind are modified according to the state of the bodily organism. This is particularly the case in diseases which are associated with toxaemia which may affect the physical neurones subserving mental functions.

Leaving out of account, however, the question of the presence of physical disease, I wish to enquire in what way the aberrations of behaviour which we term the neuroses are produced, and to see if it is possible to answer this question in a way which will be consistent with the general theory of behaviour outlined in Part I. If my statements in this section appear to be dogmatic, I must ask the reader to believe that this attitude is only assumed for the sake of simplicity. I am fully conscious that I am only putting forward a theory which may be invalidated by subsequently ascertained facts.

I have already stated that there is no hard and fast line between the neuroses and normal behaviour, and from this it follows that we must look for the causes of functional nervous disease among processes which are strictly analogous to those which cause the variations of behaviour which we commonly regard as normal. Such causes may be divided into two groups, which probably always are associated. The first comprises/

comprises the innate and inherited dispositions of the mind, and the second includes those circumstances of environment regarding which we form sentiments. In consistence with the theory advanced in Part I, I am assuming that all behaviour is ultimately based on the primitive innate instincts, and not on any single one or group, but on all. If this be granted it becomes at once obvious that the behaviour of individuals under given circumstances will vary according to the relative strengths of the instincts involved. That the relative strength of instinctive activity varies in different persons, and that this variation is an innate peculiarity is, I think, certain. Education and training will do much to modify the working of any given instinct, but the fact that the degree of training necessary to produce modifications varies so greatly seems evidence that there is a certain intensity of every instinctive reaction given in the constitution of the individual, and that this intensity is not the same for all. The importance of this is obvious. If we were, for instance, to accept the view that in a certain proportion of the human race the sexual or pairing instinct was immensely strong, and not only strong but disproportionately so, and that this peculiarity was innate and inherited, we should be compelled to admit the truth of at least part of the Freudian view, and to assume that in these persons conduct was largely determined/

determined by the interplay of environment with the sexual instinct. That cases of this kind occur there can be no reasonable doubt, but there are other inherited instincts which may play just as important a part in conduct, and of these one of the most important is that of escape, with its emotional correlate of fear.

The profound importance of this variability in innate instinctive activity lies not so much in the working of the primitive unmodified instinct, as in the nature or strength of the sentiments which are built up on the instinctive basis. It is evident that the stability of the self regarding sentiment, which largely dominates our outlook on life, will be profoundly affected by the strength or weakness of any given instinct. It will be impaired by undue excitability of the submissive impulse or of the impulse of escape. On the other hand undue predominance of the self-assertive impulse will lead to mal-adjustments to life of another type. I shall show later that any lack of balance in the constituents of this sentiment plays a vital part in the etiology of the neuroses. But undue excitability of almost any instinct will tend to colour all our developed sentiments, and as these sentiments dominate behaviour the instinctive variation will tend to manifest itself in conduct in a fashion which, taking the average person as our standard/

standard of comparison, we may say is abnormal.

Activity may vary in more than intensity and ease of excitability. It varies in persistence. One man may commence a course of action vigorously and with enthusiasm, but although intense at first the energy is soon exhausted. Another man will follow the same ends consistently over long periods, always returning to their pursuit in spite of even prolonged interruption. Activity varies also in different individuals in its affectability by pleasure and pain. Now, although all these variations are profoundly modified by education and training, there is good reason for supposing that fundamentally the differences are innate, and to a certain degree transmissable.

As a first factor then in the innate etiology of the neuroses we must recognise the possibility of the existence of an instinct whose excitability, strength, persistence and affectability vary from the average of the race.

Are there any other mental attributes than the instincts in man's innate equipment? The answer to this question is still very obscure, but the evidence at present available leads us to believe that there are. It is a well known fact that marked ability may run in families. This fact alone might lead to the conclusion that the innate factor was merely strength and persistence of an instinct, say that of curiosity/

curiosity, but when the hereditary ability is of a specific type, such as genius in music or mathematics, this answer is not so satisfactory, and to account for the facts we are almost compelled to assume that during the evolutionary process certain other tendencies have been acquired as heritable characteristics. Such acquisitions could take place according to the generally admitted laws of spontaneous variation and natural selection. I have no desire at this point to enter into a discussion on the vexed question of the transmissibility of acquired characters. The facts are probably best expressed by the statement that in addition to the instincts each individual inherits a tendency to a certain type of mental structure. This statement receives additional force from the consideration of such undoubtedly hereditary qualities as feeblemindedness, idiocy, and epilepsy.

The importance of innate abnormal mental structure in the genesis of mental disease must be obvious. At present, beyond the probable fact of its occurrence, we know little about it. In recent years Jung[1] has suggested that men can be roughly divided into two great groups, the members of which he terms extroverts and introverts. In the extrovert the instincts react freely to situations in the outside world, interest in environment is keen, and conation tends to be largely dependent on, and affected by, the individual's surroundings./

(1) Analytical Psychology.

surroundings. In the introvert there is a tendency for the mental processes to fulfil themselves in the mind of the individual, affected by environment to a much lesser degree. Now these characteristics appear to be innate, and what is more they seem to be to a certain extent racial. The typical Frenchman or Irishman of fiction may be regarded as the typical extrovert, while the introvert is represented by the dour Scot. In the extrovert the emotions which accompany behaviour have free play. In the introvert the physical manifestations of emotion are to a certain extent suppressed. Situations which in the extrovert would lead to quick physical action with emotional manifestations, produce in the introvert action on the mental plane, keenly criticised by introspection, with the outward appearance of little emotion. Now no person is wholly introverted or extroverted, and the terms are only valid when used to convey an impression of the general tendency of the mind, but within this limit they describe very real mental attitudes. As in the case of other innate tendencies they are modified by education, but it is probable that no amount of training or discipline can eradicate completely the inborn tendency. Neither tendency can be said to imply superiority on the part of its possessor. Both types of mind have their uses.

It cannot be said that either type of mind predisposes to/

to the formation of a neurosis, but the possession of either in a marked degree undoubtedly influences the form which a neurosis will assume.

The innate factors in the production of the neuroses, then, may be summarised as follows:-

1. The existence of any one or more than one of the instinctive tendencies in an abnormal degree, whether the abnormality be one of excitability, strength, persistence or affectability.
2. Certain innate tendencies governing the development of mental structure such as lead to the production of genius at the one extreme and of idiocy at the other. Of these tendencies we know comparatively little at present.
3. An innate tendency to an introverted or extroverted type of mind.

Variations under all three headings occur in all individuals, and any variation can only be regarded as predisposing to a neurosis when it is so marked as to produce a complete lack of balance in the relations of the subject to his environment. And I must emphasise again the fact that there can be no sharp dividing line drawn between/

between the various forms of behaviour which result from the presence of these variable tendencies. Some variations lead to the neuroses, some produce genius and some idiocy, while in the majority of men they are so slight, though definite, as to produce behaviour which can be termed normal, meaning by normal a condition which does not deviate markedly from the average of the race.

A person in whom these variations tend to produce behaviour which we classify among the neuroses we term the possessor of a neurotic diathesis.

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3. Environmental or Exciting Factors.

In the great majority of persons who suffer from the neuroses there is probably an innate predisposition. If we study carefully the family histories of patients who suffer from definite functional nervous affections it is possible in many instances to discover either the presence of a neurotic manifestation in other members of the family, or to discover tendencies which under appropriate circumstances would have given rise to such manifestations. In all cases, however, exciting factors drawn from the environment of the patient are found.

In the preparation of suitable mental ground for the development of a neurosis Freud lays great stress on infantile fixation of the sexual tendencies, such fixation, for instance, as results in the formation of the so-called Oedipus complex. If we extend Freud's statement considerably I think we must admit its truth. In infancy, youth, and adolescence in a great degree, and to a lesser degree throughout adult life the general foundations of character are built up. The instinctive reactions are modified in both cognitive and conative aspects by education and experience, and the sentiments are formed, and particularly the self-regarding, moral, and ethical sentiments. Any

educational/

educational tendency that will either weaken these or interfere with their development will render the subject correspondingly liable to aberrations of conduct. A child for instance who is never allowed to "think for himself" but who is invariably treated as being under authority will, other things being equal, in time suffer impairment in his self-assertive impulse which will detrimentally affect his sentiment of self regard. It is during the period of mental growth also that we look for the correction, as far as this is possible, of variations in the instinctive tendencies which would adversely affect the subject's behaviour. As an example we may take the case of a child in whom the instinct of escape is strongly developed and easily excited. If left to himself the child will form sentiments of fear about all sorts of objects, and the behaviour initiated in these sentiments will almost certainly conflict with his proper courses of action throughout life. If the formation of such sentiments is not checked they may become so well organised as to be practically unremovable in later life, so that the subject's existence becomes an almost perpetual conflict between tendencies based on these sentiments of fear and the other tendencies which ought to control normal behaviour. Such a person is the victim of a potential neurosis/

neurosis, and a very small additional factor may precipitate a breakdown. I have indicated in Part I how such a conflict may be resolved[1] but it cannot be too strongly insisted upon that it is in early life, before sentiments are rigidly formed, that the ideal solution of the problem should be found. To discuss educational systems is not within the scope of this paper but from our study of the foundations of normal behaviour it becomes obvious that the smooth and efficient working of the mind of a man is dependent to no small extent on the development in youth of strong and well balanced ethical and moral sentiments, based as far as is possible on reason and judgment, on the development of a judicial self-respect which is a product of his self-regarding sentiment, and on the development of a power of reasoning which will enable him to form his sentiments regarding objects in his life on logically adequate grounds. For sentiments influence beliefs just as beliefs influence sentiments, and belief is an integral factor in behaviour, normal or abnormal.

In the predisposing causes of a neurosis we see, then, that there are firstly the innate factors, and secondly educational/

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(1) Part I. Page 77.

educational factors which, as far as the individual is concerned may modify in many directions the hereditary tendencies. This of course, is not to say that the modified tendencies may be inherited as such. At present we must keep an open mind regarding the possibility of the transmission of acquired or modified characteristics. The evidence, however, is not all on one side.

We come now to the consideration of the exciting factors proper.

In Part I. I have stated that a neurosis is the result of the mental conflict induced by the existence of two or more incompatible trends to action, and we have now to consider, firstly, how such incompatible trends may arise, and secondly how they give rise to neurotic symptoms and signs which constitute abnormal behaviour.

The behaviour of every man is conditioned by the existence of sentiments of belief, whether the belief be implicit or explicit. Even such an act as walking is conditioned by the fact that there is an implicit belief that we have legs to walk with and ground to walk on. If anyone should doubt this statement let him consider what his explanation would be of a refusal, say, to walk across a frozen pond on which the ice was cracking. I think the explanation would be that he believed the ice would not bear him. The belief here is explicit and founded on reason and judgment, but the great majority of the beliefs which dominate our every action are implicit or are not held on logical grounds.

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In the course of individual development sentiments are built up regarding every fact of experience. Some of these sentiments are strong, and well organised, as is the case when their formation is associated with interest. Others are so loosely formed that if it were not for the fact that they are developed on lines identical with the strong sentiments we might not recognise them as such. But every sentiment, strong or weak, implies the existence of a belief, however the belief may have been occasioned, and whether the belief be present in awareness or not.

So long as an individual's beliefs are compatible with one another his sentiments will all form parts of a harmonious character, and his behaviour will correspond to what we regard as normal. If, however, a belief be established which is not in harmony with the beliefs already held, the balance of the sentiments will be disturbed, and behaviour will vary accordingly. These new beliefs may be of various kinds. They may conflict with the self regarding sentiment or with the ethical and moral sentiments, or they may be in comparative harmony with these but nevertheless conflict with beliefs that are necessary to normal existence. For example, a belief that it is impossible to move the right arm cannot be said to conflict with any ethical sentiment, but it most emphatically conflicts with the implicit belief in the power of movement and if the mind insists on holding on to it the latter belief must give way and a functional paralysis results.

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If my statement that all activity is determined by beliefs be true, it follows that every conative trend which is inconsistent with normal behaviour is determined by a belief and that the neuroses are therefore determined by the arising in the mind of beliefs which are incompatible with those ordinarily held. In Part I. I have suggested various ways (1) in which incompatible trends to action may be dealt with. With sublimation we need not at present concern ourselves, for the essence of this process is the recognition that one course of action is wrong, as far at least as the subject is concerned, and subsequent behaviour is based on the recognition of this fact and no neurosis results. The essence of the process of rationalisation is a refusal to admit the incompatibility of the trends to action and of the beliefs on which these are based, and so long as this refusal can be maintained and the two beliefs do not dictate opposing action with reference to one specific situation, behaviour may be anti-ethical or a-moral but it is not neurotic in any useful sense of the word. The possessor of a mind in this condition, however, is constantly living under the danger of discovering the incompatibility of his aims. When this occurs unless sublimation can take place he either becomes the victim of a neurosis or he deliberately takes the last solution I suggested and follows the line of conduct which he believes to be wrong, diverting the energy hitherto devoted to the pursuit of right into the new channels. Leading as this does to the ultimate disintegration of/

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(1) Part I, page 77.

of character it is at least doubtful whether this condition should not be classed among the neuroses. Mental aberration of a kind it certainly is, but as it implies definite volitional choice, and for the time being at any rate, leads to behaviour which is that of the character as a whole, we shall leave it aside.

The neuroses, then, result when sublimation and rationalisation both fail, and when the opposing tendencies are left to fight one another without successful issue to either, within or without the field of awareness.

Freud places his anti-ethical or as he would probably say his anti-egoistic determinants of a neurosis in the "unconscious." With this I cannot agree. We have seen that all behaviour has determinants which lie outside the field of awareness, but in my opinion the opposing trend which is the neurotic determinant is often as fully represented in awareness as are the trends which constitute normal behaviour. If the opposing process is outside the field of awareness its discovery may enable the subject to apply his reasoning powers to the solution of the conflict, but these reasoning powers may fail and the problem remain unsolved.

It is necessary at this point to state a fact which is usually slurred over. To produce abnormal behaviour it is not necessary that the normal beliefs which govern conduct should be true, and the incompatible belief false. The reverse may be the case. A savage tribe, to take an extreme example, might have an ethical and moral code widely differing from our own, and founded on/

on false beliefs. The introduction of a true moral belief into the mind of a member of such a tribe would certainly tend to produce abnormality of behaviour and the resultant conduct would be abnormal not only to his own tribe but to the whole human race unless the new beliefs were so extensive and powerful as to constitute a new moral and ethical code replacing the old and false one. Further, we shall see that each of two incompatible lines of action may be determined by a belief which is true or by a belief which is false. The truth or falsity of such beliefs is of considerable importance in treating neurotic conditions. It is of much less importance in ~~this~~ their determination.

The beliefs which are thus the fundamental determinants of neurotic processes may be of several types.

Firstly they may be true beliefs within or without the field of awareness, and they may have been established either by a logical process of reason and judgment or by suggestion.

Secondly they may be false beliefs within or without the field of awareness, and they may have been established by suggestion, or by a quasi logical process of reasoning from false premises.

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4. Classification.

In order to describe coherently the neuroses it is necessary to adopt some classification, and in the present state of our knowledge a strictly scientific classification based purely on etiological factors appears to be an impossibility. Any attempt at present must then be tentative and must be based on expediency, and it must be clearly recognised that any classification we may adopt is merely a temporary framework erected to facilitate description. Probably the least objectionable division of the neurosis is into the two old conceptions of Hysteria and Neurasthenia, provided we have some clear understanding as to what is meant by those terms, and provided also that we recognise that the two conditions may be, and often are co-existent. Up till comparatively recent years, as I have said, Neurasthenia was simply in effect a general term covering all neurotic conditions which did not fall within the classical definition of Hysteria, and the relative meaninglessness of the term was greatly accentuated during the late war by its indiscriminate application to all sorts of conditions of unknown etiology.

The term Hysteria I propose then to apply to those aberrations of conduct which result from the establishment of conflicting beliefs in the mind, and where the symptoms are ultimately entirely dependent on the resultant conflict. The term Neurasthenia I shall restrict to a condition where the basic factor is the etymological significance of the word - nervous exhaustion, - whether/

whether this exhaustion be caused by mental and physical over-strain, by the products of physical disease such as Toxaemia, or by both. This conception of Neurasthenia is a restricted one, but I think that the restriction is justified since it includes a fairly well defined group of clinical conditions. It is obvious, however, that the two conditions will overlap, since many of the symptoms presented by the neurasthenic patient are dependent on reaction to beliefs established in an essentially similar way to those of the hysteric. Hysteria may be regarded as a condition where the symptoms are of purely psychical origin, neurasthenia as a state where symptoms depend partly on physical changes, and partly on psychical factors which have been predisposed to or induced by the state of the physical organism. This division of the neuroses is on more or less conventional lines, which, however, have not always been followed by those who have laid them down. According to this classification Janet's "Psychasthenia" falls into the hysterical group. Although in my opinion the difference between psychasthenia and certain forms of hysteria is one of degree rather than one of kind, the term is extremely useful, and I propose to apply it to a hysterical condition characterised by a more or less definite symptom complex conforming to Janet's description.

Before leaving this question of basic classification there is one possible criticism which must be answered. Is not all mental disorder ultimately traceable to physical causes, in so far/

far as it is dependent for its exciting cause on reaction to situations in environment? To this the answer is yes, but we can nevertheless usefully distinguish between conditions which are dependent on a purely mental reaction to environment, and those which are initiated by a pathological condition of the organism which subserves the mind. Further, it may be pointed out with truth that a hysterical paralysis of a limb may be determined to some extent by injury or disease of the limb, in which case we have an instance of physical disease producing a hysterical symptom. To this the reply is that although the disease or injury may determine the nature and extent of the hysterical symptom and may even in a certain sense be its cause, we shall see that it is merely the cause of the form which the symptom takes, and not of the underlying conflict on which the production of any symptoms at all ultimately depends.

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5. Hysteria.

Hysteria may be divided into types corresponding to the kinds of belief which underly the condition and their method of production. This would be a strictly scientific classification, and when we are considering the radical treatment of the condition, which deals with these beliefs, we shall see that it is necessary to deal with it from this point of view. For clinical purposes, however, such a classification in impracticable for many reasons, and we must adopt another.

The condition may be broadly divided into two classes. Firstly we have that class in which dissociation and amnesia always occur to some degree, and in which the psychical conflict results in the production of physical symptoms as an end product. To this class belong the cases of functional paralysis and anaesthesia and of hysterical fits. In the second class is included those conditions in which there may or may not be dissociation, but where the end product of the conflict is a purely mental condition, usually that of anxiety, and where any physical symptoms are merely the physical correlation of an emotional state. In the matter of nomenclature I propose to follow Freud in the first class by calling it "Conversion Hysteria." The second class I shall refer to as the "Anxiety State." Psychasthenia is intimately connected with the second group, but I shall deal with it separately.

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6. Conversion Hysteria.

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We shall best begin the study of this condition by considering an actual example, and the simplest cases are to be found in the neuroses of war. The following is a fairly typical case. A soldier had been serving in France in the line for some months without feeling more than the discomfort and dislike of the circumstances experienced by the average man. One day he was blown up by the explosion of a shell, and on recovering consciousness six hours later in hospital found that he was unable to move his legs. The condition of the reflexes was unaltered, and the paralysis was not one which could be explained by any lesion of the nervous system itself. It corresponded to his conception of the meaning of his legs as instruments subserving the function of walking rather than to any strictly anatomical and physiological entity. He was also suffering from bruising of the back and limbs. In a few days the effects of the concussion and the bruising cleared up completely, but the paralysis of the limbs persisted until cured by psychotherapy some months later. The mental condition of the patient throughout the duration of the paralysis was placid and unemotional, but he could not recall any events between a period shortly before the shell explosion and his wakening in hospital.

The explanation of such a case may be as follows. Throughout his experiences in the line two incompatible conative trends were/

were present in this man's mind. The first was derived from the beliefs underlying the sentiment of self regard with its extension to his comrades, his battalion and his nation, coupled with a trend derived from the instinct of aggression, and probably with trends derived from the ethical and moral sentiments. This trend kept him facing the enemy and doing his duty. The second trend was the conative aspect of the instinct of escape derived from the belief of personal danger. For months the energy derived from the self regarding and ethical sentiments was sufficient to swing the balance in favour of the path of duty. The conative trend to escape was to a large extent dissociated and its energy sublimated to assist the trends to duty. But the energy was not wholly sublimated and the instinct of escape was continually struggling, largely outside the field of awareness, to gain control of the organism, and as time went on, with continual repetition of stimulation it gained in force. Now it must be accepted as an empirical fact that the strength of the instinct of escape always increases at the expense of the instinct of self assertion, and weakness of this instinct is always associated with increased suggestibility. The addition therefore of the terrifying experience of being blown up was in the end all that was required to increase the tendency to escape to such a degree that the path of duty was no longer practicable, and at the same time to bring the man into an extremely suggestible condition. But the overpowering impulse to escape had by training and education become an exceedingly displeasurable or painful impulse and was therefore dissociated

from awareness and had to secure its end by surrogate means. The means it adopted was the production of a paralysis which effectively prevented the soldier from resuming active service. The production of the paralysis was, then, an example of a motor mechanism subserving the instinct of escape, and it served a double purpose. In the first place it secured escape from immediate danger, and in the second place the dissociation which accompanied it secured the mental tranquillity of the subject by removing from awareness the emotional aspect of fear. This second object was further fulfilled by the amnesia regarding the circumstances of the shell explosion. These circumstances had a definite and coherent meaning, the remembrance of which would at once have reproduced the painful emotion of fear in the field of awareness. They were therefore dissociated.

(ii)

It remains to consider why the motor mechanism subserving escape should take the specific form of a functional paraplegia. Here, I think, we have an instance of the reaction of the organism to a belief established by suggestion. A physical abnormality was a necessity of the case, and the bruising of the back and limbs attracted the patient's attention. In the lay mind injury to the back or spine is closely associated with the idea of paralysis, and the establishment of a belief that such a paralysis existed was an easy matter, and the organism reacted accordingly. It will be remembered that the circumstances producing the mental conflict had already greatly increased

the suggestibility of the subject. The precise form which the paralysis took was then to a certain extent accidental. If the last straw had been gassing with a laryngitis instead of a shell explosion, a functional aphonia might have been the result.

In this case we have the presence of several beliefs of different types. Firstly there were the beliefs involved in the structure of the self regarding and moral and ethical sentiments. These were largely present in awareness and had been produced during the patient's past life, partly by reason and judgment, but very largely by mass and prestige suggestion. Secondly there was the belief which activated the instinct of escape. This belief was a true belief held largely on logically adequate grounds and functioning both within and without the field of awareness, until it became so powerful and painful that it was completely dissociated. Thirdly there was the belief resulting in the functional paralysis, a false belief, established purely by suggestion. These beliefs determined the dissociation of the emotional correlate of the instinct of escape, of the memories of the attendant circumstances of the explosion, and finally of that part of awareness involved in the voluntary movement of the limbs. It will be seen that although suggestion was the determining factor in the production of the hysterical symptoms, it played no part in the production of the underlying condition except in so far as it had, as in all men, influenced the development of the ethical and self regarding sentiments.

This is a simple example of the production of a conversion hysteria/

ysteria but it is, I think, typical of the method of origin of unctional paralyses, anaesthesias and contractures. The physical ymptoms must be regarded as part of the motor mechanism of a ental activity which has become more or less dissociated from wareness, and the precise form which the symptom takes is determined by suggestion directed to a limb or organ already associated n the subject's mind with some abnormality, real or imaginary, ast or present. According to this view there is truth in the ssertion that hysterical symptoms of this type are produced by uggestion, but in the example which I have given the statement s only true of the actual production of the symptom. The mental onflict which is the root cause of the symptoms is largely ndependent of suggestion. In such a case the symptom is comparatively easily removed by counter suggestion, but it is obvious hat such a process can in no sense of the word be called a cure, since the conflict is left untouched.

The abnormalities which serve as focal points for suggestion to work on in the production of hysterical symptoms are many and varied, and in dealing with individual cases they may be extremely difficult to determine. Many of them are memories of the past which have long ago faded out of the field of awareness. Some go back to early childhood, giving a superficial plausibility to the theory that all the neuroses are determined by infantile tendencies. An infantile paralysis of which aware memory has been lost, and which has been almost completely recovered from, maybe the factor determining the paralysis of an individual limb.

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In one of my cases I rather hastily assumed that bruising of the back consequent on a shell explosion furnished the abnormality for suggestion to act upon in the production of a paraplegia with intense pain in the back. Further investigation, however, showed a period of amnesia in the patient's life about ten years before, relating to a time when he had sustained a comparatively slight spinal injury under singularly distressing circumstances. There was no doubt that this earlier injury, of which all memory had been lost, was really the determining factor in the condition.

I have said that the abnormality may be real or imaginary. The truth of this statement will appear when we remember that what is reacted to is not the abnormality itself but the belief in the meaning of the abnormality. A functional aphonia, for instance, may have as its determining factor an utterly false belief acquired through suggestion in childhood, and long since forgotten, that the throat was "weak." The throat is not, of course, the organ of speech, but in the lay mind the meaning of the throat and of the voice producing organs belong to the same system of beliefs.

The form of abnormality which constitutes the hysterical symptoms is thus determined by suggestion acting in relation to a pre-existing belief whether this belief be maintained on logically adequate grounds or not, and whether or not it is present in awareness, and this is the case whether the symptom takes the form of a paralysis, a contracture, or an anaesthesia. Once/

Once the symptom is established it is extremely easy to produce other symptoms in ~~relation~~ addition to it by suggestion. For instance, there can be no doubt that in many cases the anaesthesia so frequently found in a functionally paralysed limb is produced by suggestion on the part of the physician during examination.

The same reasoning applies to the production of hysterical fits. These also can be regarded as motor mechanisms subserving a dissociated conative activity, and the form which the fit takes is determined by beliefs similar in type to those responsible for paralyses and anaesthesias. In the more complex fits, however, we must recognise that the dissociated tendencies may together form a very complex and coherent unit. Janet (1) gives a description of a series of fits or "motor automatisms" in a young girl who had spent a long time nursing her dying mother to whom she was deeply attached. The fits consisted essentially of a violent repetition of the incidents connected with her mother's death. In the intervals between the attacks there was complete amnesia not only for the events during the fits, but also for the events connected with the death-bed scene. The explanation of such a condition is I think as follows. The mother was included in the self regarding sentiment of the daughter so that danger threatening her affected the daughter by the activation of the instinct of flight. The prolonged stimulation of this impulse resulted in the weakening of the self assertive impulse and in a corresponding increase in suggestibility. The events of the death-bed scene constituted an intolerable and painful/

(1) "Major Symptoms of Hysteria."

painful memory and were dissociated from awareness. The impulse of flight was still, however, powerful, and any slight stimulus was sufficient to reinforce its energy to such an extent that it usurped the field of awareness, and constituted what was really an alternating personality, the behaviour of which was determined by suggestion acting in association with the dissociated memories of the death-bed scene. The apparent obliteration of the normal personality during the fits is difficult to explain, but as a tentative hypothesis we may assume that the total organism has at its disposal a more or less limited amount of psychical energy, and the development of any system of conative activities in excess, as in the production of such fits, actually drains all the available energy from other activities, resulting in their temporary quiescence.

Though not very uncommon on the Continent, fits of this type are not often found in this country, but I recently had under my care a girl of eighteen years of age who, two years ago, had the distressing experience of being crowded off the pier at a seaside resort, and who was saved from the water with some difficulty. At intervals varying from one to three months she went into a fit in which she reproduced the struggles associated with her accident and evinced all the signs of extreme terror. The fits occurred in series of three or four following each other at a few minutes interval. Between the attacks she was amnesic both for the fits and for the original accident. The first time I saw her was one morning about three o'clock when I witnessed a series of four fits. The/

The explanation of this condition was, I think, essentially similar to that of Janet's case which I have referred to.

It seems probable that all hysterical fits are susceptible of a similar explanation. They are to be regarded as motor mechanisms subserving a conative activity which has become dissociated or repressed from awareness, the precise form which the mechanism assumes being determined by suggestion associated with some previous experience. A hysterical paralysis and a hysterical fit have, then, precisely the same ultimate significance, and their function is the same. To this function we must now briefly turn.

In Part I. I emphasised the fact that conative activity, once aroused, tends to continue persistently until a definite goal of activity has been reached. If for any reason this activity is obstructed we get the development of anxiety. This I shall deal with more fully in considering the anxiety form of hysteria. Now the presence of anxiety is repugnant to the individual, but it can only be avoided provided that some end is found for the presently thwarted activity. In conversion hysteria one of the most notable features is the comparative mental tranquillity of the patient, and I think that this is due to the fact that the hysterical symptom fulfils the function of a substitute end to the activity which is incompatible with those of normal life. In the case which we considered first, that of a war neurosis resulting in a functional paraplegia, the desired end of conative activity was escape from danger, and/

and it is obvious that the development of the paralysis, by unfitting the subject for further service, provided this escape. The close analogy between conversion hysteria and malingering will at once be noticed. The essential difference is that in malingering the production of a symptom is a deliberate process, taking place within the field of awareness, while in hysteria the process is beyond the control of the aware personality.

In many of these war neuroses treatment by the method of abreaction was apparently eminently successful. In these cases the memories which had become dissociated were recalled, either by an analytic process or in hypnosis and the patient was made to re-live in fantasy the experiences which had culminated in the production of the hysterical symptom. When this had been done successfully it was found that in many cases the symptom disappeared. The explanation commonly given is that the symptom in the first place is dependent on the "bottled-up" emotional energy which has been denied an outlet by the obstruction of the instinct of escape, and that in the second place this energy is liberated during the re-living of the experience. Now I have at least tentatively denied that emotion is an energy at all,(1) and the emotion displayed during the process of abreaction appears to me to be simply the normal accompaniment of the conative activity of the instinct of escape, which has been reactivated by the recalling of the dissociated memories. The real cause of the disappearance of the symptom would rather seem to be that during the re-living of the experience the energy of conation is exhausted/

(1) Part II, page 116

exhausted temporarily, the end of activity is no longer demanded, and the symptom is no longer necessary to the subject's peace of mind and so disappears. But this treatment is essentially symptomatic, for if the underlying conflict be not solved, and if the subject is placed again under conditions similar to those which resulted in the breakdown, the symptom, or another like it, or an anxiety state, will reappear in the majority of cases.

Where permanent cure resulted from abreaction the cure was dependent on the recovery of the lost memories which were at the root of the symptoms and the consequent power of criticism of the situation recovered by the patient. In the case of hysterical fits we have, I think, a process which is essentially the same in abreaction. It is the means by which the energy of conation of an incompatible tendency is exhausted and mental conflict avoided for the time being. The fit is possibly not an end of conation in exactly the same sense as a paralysis may be, but it is produced in the same fashion and subserves the same purpose.

The hysterical symptom in conversion hysteria may then be regarded as a substitute end of conative activity, and its function, paradoxical as it may appear is to adjust the relations of the subject to his environment. This adjustment is, of course, apparent and not real, and is secured at the cost of a constriction of the subject's personality in so far as certain functions normally present in awareness have become dissociated.

The step from hysterical fits to ~~fugues~~ fugues and alternating personalities is a short one. The underlying causes of ~~fugue~~ fugues are/

are the same as those of a fit or a paralysis - mental conflicts with dissociation of the activity of the instinct of escape, and increase in the strength of this impulse until at last it dominates t he organism. In such a case the hysterical symptom takes the form of behaviour which is not controlled by the normal field of awareness of the subject, such as the temporary adoption of a new form of life during which period the subject is amnesic for his normal existence. As these periods are as a rule much more prolonged than the ordinary hysterical fit, the stimuli of environment may modify behaviour very considerably, and as the individual has at his disposal the total experience of the original personality, since there is no detachment of any part of the total consciousness, his conduct may be perfectly rational. On investigation, however, the activity of the personality in the ~~fatigue~~ fugue or alternating state is found to have as its object the escape from conflict with environment. We have seen that the form which a hysterical symptom takes is dependent on suggestion acting in association with the processes involved in the formation of conceptions of altered or abnormal functions of the physical organism. The processes upon which suggestion acts in the production of the ~~fatigue~~ fugue or alternating state would appear to be those tendencies which throughout life are manifested in fantasy which we considered briefly as a normal occurrence throughout life.(1) The connection between a fantasy and a ~~fatigue~~ fugue is not, however, so easily traceable, as, say, the connection between an/

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(1) Part I, page 81.

an old laryngi~~s~~tis and a functional aphonia, and this for at least two reasons. In the first place our fantasies are legion; for example, a novel is a work of fantasy, and in reading a novel we make this fantasy our own, and even when all memory of the story has faded from awareness there is left a slight but definite change of mental structure which may assist in the determination of a ~~fatigue~~ fugue. Anyone who has been boys playing at soldiers, or a girl playing with her dolls must realise the profound influence that such fantasies must have on mental structure, an influence in many cases much greater than that of the experience of a disease of the physical organism which may determine a functional paralysis.

In the second place, in the ~~fatigue~~ fugue state the individual is in receipt of frequent and continuous new stimuli in the form of changes of environment. To these he reacts and thus gains experience which modifies his further behaviour. In this way, in a comparatively short time all resemblance between the ~~fatigue~~ fugue state and the original fantasy which determined it may be lost.

Cases of ~~fatigue~~ fugue and of alternating personality are not very common, but the experience which I have had of these states leads me to the conclusion that this explanation is at least plausible in all cases and is certainly correct in many, particularly in those which were the result of war conditions.

Multiple personality of the co-conscious type is closely allied to the normal process of forgetting. If an individual suffer from a functional paralysis of a limb the conative trends which/

which initiate movement of that limb are dissociated and the personality is restricted by the amount of those trends. In a sense a secondary personality has been formed, although we do not recognise it as such since all the features of the normal personality are present except this one function. If the paralysis be intermittent there will be an alternation of personalities in which the normal is co-conscious with the restricted or secondary one. But if the dissociation involves not merely a single function but many, and particularly if it involves the loss of the memories of much past experience, the restricted field of awareness will react in a limited and incomplete way to environment and the behaviour of the individual may vary so far from the normal that we may with some justification talk of the formation of a secondary personality.

The essential factor in the production of such a condition is the dissociation from awareness of a trend incompatible with normal life. This trend must, however, be closely bound up by associations with other trends, excitation of any of which would result in bringing the dissociated trend back into the field of awareness. These become as it were secondarily incompatible with normal life, and are likewise dissociated, thus robbing the field of awareness of a larger part of its normal content. (1)

(1) Certain cases of co-conscious personality are with difficulty explained on these grounds. Such are the cases of Sally Beauchamp recorded by Dr Morton Prince in "Dissociation of a Personality" and of Doris Fischer recorded by Dr Walter F. Prince and Dr James Hyslop in "Proceedings of American Soc.for Psychical Research." Vols.IX, X, XI. In the latter case the explanation offered by the observers is frankly spiritistic, and in the former even such a cautious critic as Professor McDougal appears to keep an open mind with regard to the possibility of such an interpretation. ("Body and Mind," page 387).

(iii)

We have now considered at some length the reasons which determine the form which a symptom in conversion hysteria may take, and it is necessary now to return for a short time to the more fundamental factors in the production of the hysterical condition. I shall consider the condition at work in the first example which I gave (page 126). The state of affairs here was, as we have seen, a struggle between tendencies based on beliefs associated with the self regarding and moral and ethical sentiments, and the beliefs activating the impulse of escape. Whether or not a neurosis developed was dependent on the relative strength of the two groups of impulses. Now this relative strength is dependent on three factors. Firstly, the strength of the innate tendencies; secondly training and education; and thirdly on those circumstances of the moment which are exciting the two groups to activity. In the example which I quoted the third factor comprised the events of active service and the final shell explosion, and constituted the exciting cause of the breakdown by providing the additional stimulus to the impulse of escape necessary to strengthen this impulse to the degree which enabled it to dominate the organism. Such an exciting factor is always necessary for the production of a hysterical state, but it may be very inconspicuous in cases where the two opposing groups of tendencies are so evenly matched that victory is hanging in the balance. In such a case the exciting cause which sways the balance towards escape may be so trivial as almost to be unnoticed.

The/

The first two factors are extremely difficult to separate from one another in practice, and there can be no doubt that education and training modify greatly the relative strengths of the two groups. We saw in Part I (1) that true volition in choice of one of two lines of action was dependent on the additional urge in a given direction which was initiated in the self regarding sentiment, and which was dependent on the recognition of the empirical self in its relation to environment. Hysteria is a condition ~~to~~ in which true volition has fallen into abeyance, and we may conclude that not only will excessive and uncontrolled development of the impulse of escape tend to the production of hysteria, but the same result will be reached in the presence of a perfectly normal instinct of escape if the development of the self regarding sentiment is faulty. The development of this sentiment is an educational problem which is beyond the scope of our present discussion. But weak organisation of the self regarding sentiment results also in increased suggestibility, and as the production of the hysterical symptom is dependent on the suggestibility of the subject the state of this sentiment will influence symptom formation in two ways. In the first place the past training and education of the subject may have resulted in the formation of a weak self regarding sentiment governing the subject's relations with certain situations concerning which he will be suggestible. The converse of this statement is equally/

(1) Page 43.

equally true. A man displays a minimum of suggestibility with regard to subjects to which his self regarding sentiment is well developed, and in which his interest is keen. It would, for instance, be difficult to induce by suggestion a functional paralysis in a physican whose interest in neurology was keen. In the second place there seems to be no doubt that however well organised this sentiment may be, the development to excess of any conflicting sentiment tends to weaken it, and thus to produce a general suggestibility. In the case quoted this was done by the excessive development of a sentiment of fear.

(iv)

Up to this point I have dealt exclusively with hysteria in which the origin of the condition is directly traceable to the working to relative excess of the impulse of escape. I believe that this is true of the majority of hysterical conditions. In making this statement, however, it is necessary to bear in mind the important fact that in the course of development the cognitive side of the mind comes to recognise a vast multitude of situations which provoke this instinct. Other instinctive activities working inharmoniously with the rest of mental activity cause hysterical conditions, but an essential step to the formation of such a condition is the awakening of the instinct of escape from a situation produced by such inharmonious working. Let us consider the course of events in what would be termed a Freudian case. We shall suppose that a functional paralysis of the arm/

arm has resulted from the excessive development of the tendencies involved in the formation of an Oedipus complex, that is, an incestuous love complex dominating a son's relations with his mother. That such a complex may arise is undoubted. Under normal circumstances this complex is completely repressed or dissociated and influences aware life in a minimal degree. If, however, for any reason it becomes abnormally activated one of two things will happen. In the first place it may burst into awareness, breaking down all attempt at repression. This is not a neurosis and constitutes a problem for the educationalist or the criminologist. In the second place it may threaten to enter awareness and so produce an immoral and anti-ethical situation. Now such a situation is, in the average individual, certainly an exciting cause of the impulse of escape which thus becomes secondarily involved, although outside the field of awarensss. The paralysis must be regarded as an end result of the activity of this instinct, which serves the purpose of attracting the attention of the aware mind and turning it from the recognition of the incestuous impulse.

The same reasoning can be applied to conditions resulting ultimately from abnormal activity of other instincts.

(v)

One important problem remains. Why in some cases does mental conflict result in physical symptoms as end products; and not in others? This question I shall deal more fully with after considering the anxiety state. It is sufficient to say here that it/

it seems to depend on a "capacity for conversion" which is innate or acquired, or more probably both.

(vi)

Summary of etiological factors in Conversion Hysteria.

1. The establishment of a belief, true or false, which produces abnormal activity of the impulse of escape. This belief may belong to the environment of the subject or may relate to a mental condition or tendency produced by the abnormal activity of another instinct.
2. Conflict between the impulse of escape thus aroused and the impulses depending on the self regarding and moral and ethical sentiments.
3. Relative weakening of the self regarding sentiment producing increased suggestibility.
4. Dissociation or repression of the impulse of escape.
5. A real or imaginary condition of mind or body, past or present with which suggestion may act to produce an alteration of behaviour which constitutes the hysterical symptom, and which may be regarded as the goal of activity of the impulse of escape, and which brings about the temporary security of the individual.

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7. The Anxiety State.

(i)

We commenced our discussion of conversion hysteria by describing a typical case and considering a possible explanation of the various symptoms, and I propose to follow the same plan in dealing with the anxiety state. Every practitioner of medicine is familiar with the middle aged woman of the working classes who complains of "nervousness." On investigation it is found that she is jumpy and excitable and probably suffers from palpitation and tachycardia. Sleep is deficient, and there is marked inability to concentrate the attention on any definite form of work. Emotional crises are frequent and result from the most trivial causes. Apparently groundless fears occur, amounting sometimes to definite phobias, and there may be a tendency to impulsive acts which, however, are usually capable of being inhibited by voluntary effort. As a general rule no very definite amnesia for the ordinary happenings of every-day life is found, although the power of memory may be generally impaired. The whole mental attitude of the patient is, in fact, one of anxiety. The physical signs found are often indefinite and vary not only in different individuals, but in the same individual from time to time. Tachycardia and palpitation we have mentioned. The reflexes are extremely variable. They may be exaggerated but are never completely lost. Some dilatation of the pupils may occur from time to time. Tremors of the limbs are common. The whole clinical picture is that which we are accustomed/

accustomed to associate with the experience of fear or anxiety if we can imagine that this experience is persistent.

But one of the most marked features of the case is the ease with which subjective symptoms can be suggested to the patient. She often complains of pains, frequently referred to as "rheumatism" or "neuritis" and similar pains can be produced by suggestion at the will of the physician. So suggestible is the patient, indeed, that in the course of ordinary case taking it is difficult to avoid the production of other symptoms which she has not previously noticed.

The situations provocative of such a condition are precisely the same as those which cause conversion hysteria, and up to a certain point the psychological processes which bring about this result are also the same. The prime factor is a situation, or a series of situations which arouse the instinct of flight or escape. In such a case as I have described the situation is frequently the possibility of uneconomic conditions of life threatening the subject or those near and dear to her. It would be more correct to say that the exciting cause is a belief in such a situation, for the belief may or may not be well founded. But such an anxiety state is not confined to any sex or age or class, and the cause for this is easy to realise when we consider how many stimuli there are in our complex modern life which may activate the impulse of flight. Business and domestic worries are typical examples, and many cases of the anxiety state are traceable to the effects of war experience.

As in conversion hysteria this impulse of flight is incompatible with normal conduct. For some time it may be repressed or dissociated, but if the activating stimuli remain it will gather strength until it threatens to dominate behaviour. In many cases there is no true dissociation, the trend being kept at the margin of the field of awareness by deliberate and voluntary effort. In conversion hysteria the impulse, as we have seen, is kept from manifesting itself in awareness by the fact that it attains a definite end, such as the production of a paralysis, which provides security, either by unfitting the patient for the pursuits which lead to the activation of the impulse, or by distracting the patient's attention from it. But in the anxiety state no such "conversion" can occur. The reason for this is at least twofold. In the first place, in many of the situations in which the anxiety state occurs no useful end would be attained by such conversion. If the exciting cause is a business worry, the problem will not be solved, even temporarily, in most cases at least, by the production of a paraplegia or an aphonia. In the second place, the production of conversion symptoms seems to be dependent on a "capacity for conversion" to which I have already briefly referred, and to which I shall return.

If the impulse manages to dominate the organism completely flight occurs and no neurosis in the real sense of the term arises. The anxiety state results when the attainment of security becomes more/

more and more apparently impossible. This impossibility may be absolute and due to outside circumstances altogether, or it may be due to the possession of a self regarding sentiment, the influence of which is not sufficient to dominate behaviour completely, but which is strongly enough organised to fight every inch of the path to flight. In such a case, then, we get obstruction of conation. In Part I I referred to certain emotions termed "prospective emotions of desire."(1) These emotions we saw to be true emotions which only arose during conative activity, and which were dependent for their production on the success or failure of conation. Now anxiety is one of these emotions and becomes manifest when the goal of conation is receding from the possibility of attainment, and we have already seen that the physical manifestations of what I have termed the anxiety state are merely the physical correlates of the mental experience of anxiety. We have here, then, a very definite contrast with the condition in conversion hysteria. In that state the physical symptoms are the end products of a dissociated conative activity. In the anxiety state the physical symptoms are merely the by-products of a mental condition which is established by the frustration of activity which may indeed be dissociated, but which is frequently present in awareness, or is at least easily recognised by introspection.

In describing the clinical aspects of the anxiety state I remarked on the extreme suggestibility of the patient and the ease with which symptoms such as pains and aches can be produced. This/

(1) Page 17.

This suggestibility has the same origin as that of conversion hysteria, that is to say it is attributable to weakening of the self assertive impulse during mental conflict. In the anxiety state, however, these suggested symptoms fulfil no useful end which can be likened to the protective function of the phenomenon of conversion. They serve merely to increase the physical incapacity and mental misery of the patient. We thus see that the part played by suggestion is quite different in the two conditions. In both, the beliefs which arouse the incompatible tendency may or may not be established by suggestion, but while in conversion hysteria the symptoms are directly established by suggestion, in the anxiety state such symptoms as are due to suggestion are only developed after the neurosis has become fully established. Certain of these symptoms, however, are of very considerable importance such as the somewhat vague and irrational fears of certain situations which may arise, and which in some cases may amount to definite phobias. A phobia is a completely irrational aversion to some object or situation, and on analysis it will be found to have been determined by suggestion. It is typically found when the incompatible trend at the root of the neurosis is dissociated from awareness. The object or situation which produces the phobia is determined by its associations either in meaning, or by similarity or temporal contiguity with the situation which acted as the excitant of the incompatible trend. In the war neuroses claustrophobia was a very frequent sequel of the experience of being buried in

a/

a dugout. In some cases the previous existence of a fear of being buried seemed to determine claustrophobia after an anxiety state was established, without the actual experience having been gone through, and determination of this kind is found in many other phobias. A phobia, however, like the symptom in a conversion hysteria has a protective function. The situation which excites it would, if reacted to normally, tend in virtue of its associations to bring into awareness the original exciting cause of the neurosis. This is avoided by the fear which has been secondarily established turning the mind of the subject from any rational consideration of the situation. Distressing, therefore, as these phobias are, they are more tolerable than the situations which would arise in their absence.

The anxiety state is extremely common and the reason for this will be clearly seen when it is realised that it is produced to some degree by the occurrence of any situation towards which an aversion is felt, but from which no means of escape offers at the moment. It is only, however, when the mental condition induced is prolonged, and interferes with ordinary behaviour that it can usefully be termed a neurosis. In some cases this interference with normal behaviour is extreme, and the subject is quite incapable of exercising the functions of everyday life. The explanation of this is probably that the functioning of one group of instinctive tendencies to excess demands all the reserve mental energy of the subject, which thus ceases to be available for/

for other activities. The powerful excitation of the instinct of escape in particular seems to be peculiarly potent in inhibiting other forms of activity.

(ii)

In dealing with conversion hysteria we saw that while other instincts besides that of escape might lie at the root of the condition the instinct of escape was in most, if not in all cases, aroused secondarily and was the determining factor in the neurosis. This statement cannot be universally applied to the anxiety state, although in probably the majority of cases it might hold true. Anxiety, however, may result with all its physical and mental sequelae from the obstruction of any instinct. Striving towards any strongly desired situation, the attainment of which is uncertain, either because it is out of harmony with other trends of action or, more simply, because it is out of reach, may result in the production of a condition indistinguishable from the anxiety state based on the instinct of escape. In many such cases, fear cannot be said to play any part in the condition unless we say that the situation is provoked by the fear of not attaining the desired end. Such a use of the word fear is however, illegitimate, for fear is being used synonymously with anxiety.

It may be said that an anxiety state induced by the continual obstruction of a desire, say, to attain a certain social position, is not, properly speaking a hysteria, since there is apparently no mental conflict between opposing tendencies. This, however, is/

is not so. We must assume that the aggregate of our moral, ethical and general social tendencies leads us to live a life within the limits of our innate and acquired capacity, and any attempt to transcend these limits will produce mental conflict since the attempt is strictly incompatible with our normal behaviour. A case like this then, is no exception to our general rule that hysteria is based on mental conflict. It is, of course, true that our normal capacity may be so increased as to make the previously incompatible ambition harmonious with the personality, and under such circumstances no neurosis will result.

We have examined and denied the Freudian dogma that all hysterical conditions are dependent on the excitation of the sexual tendencies, but there can be no reasonable doubt that many anxiety states are so produced. The sexual instinct, using this term in a much narrower sense than that accorded by Freud, is an extremely powerful one, and the growth of civilisation and the development of moral and ethical codes have rendered many of its manifestations quite incompatible with normal behaviour. Its activity is, however, frequently evoked under circumstances where its ends would be utterly repugnant. Such activity is therefore rigidly repressed by the whole force of the aware personality, and this obstruction of conation leads to the production of anxiety just as does the obstruction of any other conative activity. In cases where early training and education have resulted in the development of abnormal objects of sexual desire this repression will be doubly strong, and if the instinct be powerful a correspondingly/

correspondingly high degree of anxiety will be reached. While admitting, however, that abnormal development of the sexual instinct either in its strength or in its objects will lead to the production of hysterical conditions, it must be emphasised that such conditions only constitute a comparatively small proportion of the cases of the anxiety state.

8. Capacity for Conversion.

We have seen that whether the type of mental conflict which we have been considering results in a conversion hysteria or an anxiety state depends to some extent on what I have called a "capacity for conversion" and it is necessary now to consider what precisely is meant by this phrase. What it implies in its possessor is the presence of a tendency, innate or acquired, for instinctive activity to fulfil itself on the physical plane subject to a minimum of criticism on the part of the aware personality as to the precise meaning of its ends. The presence of such a tendency is in part an innate and hereditary characteristic and is in part the result of education, using this word in its widest possible sense as signifying the total of acquired modes of reaction to environment.

The innate factor in this tendency is, in my opinion, the existence of an extroverted type of mind. The pure extrovert reacts fully and freely to environmental conditions, and we must remember that a condition such as a bodily injury, or the memory of a bodily injury, which so often determines a conversion symptom is essentially, as far as the cognitive side of mind is concerned, an/

an objective or environmental circumstance. If the mind is strongly predisposed to react feeely to environment it is comparatively easy to understand how an already powerful conative trend such as that of the abnormally excited instinct of escape may become associated with such a situation, and by means of suggestion so alter the belief in its meaning as to make it subserve the instinctive end.

This thesis is borne out by the fact that conversion hysteria is much commoner among members of races which are typically extroverted. It is comparatively common among the so-called Latin peoples, but except under the very exceptional circumstances of war, it is not by any means so frequent in this country. It is, of course, a very dangerous thing to generalise about such an obscure subject as the characteristics of race, and in making the above statement we must remember that no race or even individual is completely extroverted or introverted, and that only a general tendency of mind is present; and in the second place that the results we might expect to find in a person of extroverted mind may be profoundly modified by individual education.

With regard to the educational factor in the capacity for conversion it is a well observed fact that functional paralyses and anaesthesias are much commoner among the less educated classes of the community. The reason for this is obvious. A functional paralysis is merely a physical reaction to a false belief established by suggestion. It implies an almost complete absence of critical power towards the foundations of such a belief. Now, education/

education in the true sense of the word means limitation in the number and types of belief which may be established by suggestion, and the development of a power of criticism towards any beliefs which are in process of formation. In an educated person, therefore, it becomes increasingly difficult to establish beliefs except by means of reason and judgment which if applied successfully to a conversion symptom reveal at once the falsity of the whole situation. A functional paralysis of the common type in a physician would presuppose the existence of a trend of escape so strong that it had resulted in enormous weakening of the self regarding sentiments and in complete dissociation of all power of criticism towards the circumstances of life in which he possessed the keenest interest. To all intents and purposes this would mean the formation of a new personality. It is conceivable, of course, that without such disintegration of the mind a neurologist might under certain conditions develop a paralysis which closely simulated an organic condition corresponding to his own knowledge of certain nerve distributions, although I confess that I am unable to find any record of such a case.

In persons of defective education on the other hand suggestion is a very much more powerful factor in the establishment of beliefs. This can be readily seen in the everyday behaviour of such people, and in the study of hysteria it is obvious not only in the frequency with which conversion symptoms can be produced but in the comparative ease with which by suggestion they can be at least temporarily abolished. A conversion symptom which has become established in the/

the mind of an educated man is a much more difficult problem to deal with.

The innate and educational factors co-operate so closely in the production of this capacity for conversion that it is a matter of the utmost difficulty to assess their relative importance. They are probably never found separately. In some cases the power of extroversion seems to be completely absent but in such persons the condition leads to the production of states which fall among the insanities rather than among the neuroses.

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9. Psychasthenia.

The term psychasthenia was first used by Janet to denote a condition characterised by a loosening of the personal synthesis and by the presence of obsessions and imperative ideas. The condition is fundamentally related to the anxiety state but it is advisable to consider it separately since its symptoms form a fairly well marked clinical group.

The outstanding symptoms of the psychasthenic state may be divided into three main groups.(1) Firstly, there are the mental and physical stigmata. The mental stigmata comprise irresolution in action, morbid hesitation and doubt about comparatively trivial problems of conduct, difficulty in fixing the attention on a specific subject for any length of time, and often profound anxiety which seems unaccountable for by the ordinary circumstances of environment. These symptoms are not constantly present, but vary from time to time, and seem to be produced by trivial causes. The physical stigmata include clumsiness of gait, mannerisms, stammering, and the "tics" of various kinds. Like the mental stigmata these are very variable.

The second group of symptoms is constituted by the presence of systematised obsessions or dominant ideas. These obsessions are of many and various types, and tend to occur in paroxysms, leaving the subject fairly normal in the intervals, and vary greatly in/

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(1) In this division of symptoms I have followed Purvis Stewart "Diagnosis of Nervous Diseases," 1920.

in their tendencies towards dominating behaviour. They differ from those which are present in the insane in that they are recognised by the subject as being abnormal and morbid. Thus there may be obsessions which if acted on would lead to suicide or murder, but these are recognised by the subject as morbid and are seldom if ever translated into action. Kleptomania and dipsomania are typical products of the psychasthenic condition, and in these conditions, although the subject usually fully realises the significance socially of his actions, the impulses activating them become uncontrollable by the personality. Many professional tramps are probably psychasthenics dominated by an obsession which impels them to wander about and which destroys or impairs their social utility, and such individuals have their analogues in higher social levels.

The third group of symptoms is closely related to the second, the difference indeed being one of degree rather than of kind, and consists of more or less uncontrollable tendencies to action, frequently referred to as imperious acts and ideas. To this group really belong the multitudinous variety of "tics." A tic is an action, originally voluntary and purposive which reappears at intervals in the absence of the original exciting cause. Head nodding, grimacing and blinking of the eyelids are very common examples. In the psychasthenic who is the victim of any of these the movement can for some time be inhibited by voluntary effort, but sooner or later the power of inhibition fails and the typical movement breaks forth. With regard/

regard to the impossibility of complete voluntary control I can speak feelingly, for as a boy I was subject to some very violent tics affecting the muscles of the head and face, and occasionally got into severe trouble at school for "making faces." The ordinary teacher can hardly be expected, I suppose, to distinguish between insolence and psychasthenia. All stages between such comparatively simple movements and very complicated psycho-motor actions are found. A not uncommon example is to be found in the gentleman who insists on placing his feet, when walking, exactly on the divisions between the paving stones, and who becomes acutely uncomfortable if by any chance he is prevented from doing so.

Other imperious tendencies falling into this third group include the mania for asking questions, the mania for perpetually counting things, the mania for excessive tidiness and many others which will suggest themselves, and we must also place here the uncontrollable and irrational impulses to flight consequent upon the development of phobias such as we described in treating the anxiety state.

Psychasthenic individuals vary, of course, enormously in their symptoms. In some persons the condition may be very pronounced, while in others it may amount to little more than a general tendency discoverable only after close and careful examination. But the average psychasthenic will be found to present some symptoms which can be placed in each of our three groups. It must be noted, however, that the presence of psychasthenia does/

does not imply impairment of intellect. The intellectual side of mind may be far above the average. It is in the conative aspect, on the side of character in action, that the ineffective behaviour is manifested, and the greater the intellectual development of the individual the profounder is his misery, as he sees himself the sport of tendencies he is powerless to control. A glance into the pages of history will reveal many men of apparently great potentialities whose psychasthenic constitution prevented the flowers of their intellects from coming to fruition, and psychasthenia has been the secret of many of the tragedies of genius. The psychasthenic is not adjusted to the realities of everyday life.(1)

Like the victim of the anxiety state the psychasthenic may be extremely suggestible, especially with regard to situations towards which his cognitive dispositions are not strongly organised, and this may lead to the production of many other symptoms besides explaining some which we have already noticed.

It has been said the psychasthenic is born and not made, but this statement is probably only true in the sense that it is true of many other neurotic conditions. It is probable, however, that the condition never arises without some innate predisposition in the form of disproportionate strength and excitability of various instinctive tendencies. The early recognition and guidance of these trends, however, will do much to prevent the development of the psychasthenic constitution, and/

(1) Historical psychasthenics would certainly include most of the Stewart Kings of Scotland and Great Britain. As a reigning family they can hardly be accounted successful, but many of them were far above the average in intellect.

and probably early environment plays almost as important a part in the formation of the condition, as do the innate tendencies. Once the psychasthenic constitution has been established, however, it is persistent, and exciting causes which would never produce neurotic symptoms in an ordinary person may precipitate a full blown neurosis.

As in all the hysterical conditions the underlying cause of the symptoms of psychasthenia is conflict between the tendencies which constitute the individual in his relations to life, and the tendencies associated with disproportionately strong instinctive reactions of a more or less primitive kind. Whereas, however, in the anxiety state these primitive and incompatible tendencies exercise close to the margin of the field of awareness, in psychasthenia they function much further beyond the reach of introspection.

As in the anxiety state the instinct of escape plays a very prominent though not exclusive part in psychasthenia. In a majority of psychasthenics it would seem that in the first place this impulse is innately strong and easily excited. In the second place, however, what seems equally necessary to the production of the condition is the development throughout early life of an abnormally large number of cognitive dispositions capable of exciting the impulse. In some cases this may arise from inevitable environmental conditions, but in many is undoubtedly the result of misdirected training. We cannot stop here to consider the question of child education, but there can be little doubt that an elaborate system/

system of taboos applied to conduct in early life, especially if these taboos appear completely irrational to the child, results in the production of a cognitive aspect of mind which is continually on the outlook, though possibly not expressly, for situations to guard against. As a result of this an immense range of situations in everyday life become capable of provoking the instinct of escape, which may almost be said to pass into a continual state of sub-excitation. The full development of the conative aspect of the impulse is continually checked by the trends forming the aware personality and we get the production of the anxieties, hesitations, and doubts about apparently trivial situations so characteristic of the psychasthenic state.

This abnormal excitability of the impulse of escape is responsible also for many of the more or less uncontrollable tendencies to which the psychasthenic is subject. The phobias which are so common have already been discussed in dealing with the anxiety state, and need not again be referred to. The temporary effect of alcohol in holding in abeyance the emotion of fear must, I think, be regarded in many cases as the cause of dipsomania, which may then be considered self protective in a certain sense, however disastrous the ultimate effects may be. The bouts of drinking occur when the emotion of fear has reached such an intensity that the flight impulse may be regarded as threatening to dominate behaviour. The impulse to suicide which sometimes occurs is probably also a pseudo-self protective reaction.

In/

In many psychasthenics, however, other instincts besides that of escape may be abnormally excitable and may lead to impulsive acts. Aggression may lead to acts of violence on very slight provocation, and acquisition to kleptomania. The variety of manifestations is almost infinite.

Now the impulsive tendencies of the psychasthenic are to some extent controllable and in considering the reasons for this it is important to remember that there is no necessary impairment of the intellectual side of the mind. Unlike the lunatic the psychasthenic fully recognises the anti-social or anti-egoistic nature of his impulses, and whether or not these impulses are carried into action depends on the balance of power between the primitive impulses and the organised force of character in action which we have called volition, and which is dependent to such an extent on the development of the self regarding, moral and ethical sentiments. In considering normal behaviour we saw that conflict between opposing tendencies was ordinarily resolved by the throwing into the balance of the forces derived from these self regarding and moral and ethical sentiments, and in psychasthenia the problem is exactly the same with, however, this difference, that the scales are already weighted against the choice of what one may term the proper line of conduct by the presence of abnormal force activating the primitive impulses.

The result of the conflict is just what we ought rationally to/

to expect. The more an impulse offends our moral or ethical sense the less likely is it to be translated into action. Thus impulses to suicide and acts of violence are not uncommon, but actual suicide is very rare, and violence usually vents itself in fits of irritation and temper rather than in physical acts. Kleptomania and dipsomania are not so offensive as suicide or murder, and are more common, while the great majority of impulsive acts which are only inconvenient, and do not in any way offend our moral sense are barely inhibited at all. But weakening of the moral, ethical and self regarding sentiments will impair the inhibition of impulses. Now there can be no doubt that the repeated success of anti-ethical impulses will in itself seriously weaken the ethical sentiments, and so we find in practice that every time such an impulse is yielded to the inhibition of a similar impulse in the future becomes more difficult, and if this inhibition fails there is still further deterioration in the ethical sentiment involved. The importance of this is very great, since it means that every time temptation is yielded to character becomes the poorer. In dipsomania, and indeed in all excessive alcoholism and drug taking this is very marked. The inefficiency and degradation of the chronic alcoholic is due, not so much to the physical effects of alcohol as to the weakening of self respect and of moral and ethical ideals consequent on the repeated performance of an act which he recognises himself to be wrong, the standard of wrong being fixed largely by public opinion. A century ago, when drinking to excess/

excess was thought little of, a man might debauch himself habitually and yet remain a comparatively efficient member of society while he retained his physical health. The social inefficiency of the drunkard is to some extent the result of public opinion.

It remains to consider the mode of production of the ties which form such a prominent group of symptoms in psychasthenia. Now a tic is originally a purposive act. Such a tic as blinking and screwing up of the eyes may originally depend on an error of refraction. Head nodding may have had as its exciting cause the wearing of too tight collars. But the feature which is characteristic of the psychasthenic tic is its repetition throughout life, after the movement has ceased from serving any useful purpose. Under these circumstances I think that a tic must be regarded as the physical correlate of an emotional state, produced in an essentially similar way to the conversion symptoms of hysteria. All conative activity tends to realise itself in physical action, and the more primitive and undifferentiated the activity is, the greater is the tendency. Now the repressed instinctive activities in psychasthenia are both primitive and powerful, and being denied by the personality their proper physical outlet they tend to make use of any possibility of physical activity which presents itself. Now the movements involved in, say, head nodding are predisposed to by the establishment of lowered lines of resistance in the physical neurones, a process essential to the formation of purely physical/

physical habits, and these quasi-habitual movements are seized on by the conative aspect of the instinct involved, and appear as its physical expression. Observation shows that unusual prominence of tics is always associated with some emotional disturbance which serves as an indication of the increased activity of some instinctive trend.

To sum up then, psychasthenia is a condition in which the primitive instinctive activities remain so powerful as to be able to carry on a more or less successful war with the developed tendencies which ought to control the behaviour of the individual in his relations to environment. As a result of the struggle the individual is imperfectly adjusted to his daily life, and is the subject of impulses over which he has only partial control. But the factors which determine the innate strength of his instincts often also lead to the production of intellectual capacities which may not be below normal and which are often far beyond it.

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10. Neurasthenia.

Neurasthenia is primarily a physical disease and is, as the term implies, an exhaustion of the nervous system. As has been said before, however, the term neurasthenia has commonly been used to include within its scope many conditions which are really hysterical, although in many cases the hysterical symptoms are superimposed on, and to some extent determined by a pre-existing neurasthenic condition. Pure neurasthenia is an extremely rare condition, and if this term is to be of any real use to us we must apply it not merely to the condition of nervous exhaustion itself, but also to those cases, which form the vast majority, where there is a hysterical element present, dependent, however, on the neurasthenic state.

The usual text book description of neurasthenia states that the condition is one of depression and morbid introspection. The patient is hypochondriacal and worries over trifles, especially when these affect himself, and is abnormally irritable. Headache and insomnia are common and vague generalised pains are frequently found. The gastro-intestinal functions are disturbed, and constipation is the rule. Palpitation and tachycardia are common, and impotence is frequent. The patient is easily tired and is miserable, but nevertheless seems to find a morbid satisfaction in gloating over his symptoms. In some cases definite phobias are found.

Now these symptoms include a number which are quite definitely hysterical/

hysterical, and which are determined by the establishment of beliefs, true or false, on the part of the patient with regard to his physical condition. To these we shall return after considering what symptoms can be attributed to neurasthenia proper.

The exhaustion and irritability of the nervous system which constitute neurasthenia as by Freud ascribed invariably to the existence of excessive sexual activity in the absence of adequate sensory stimulation. There is absolutely no justification for such a sweeping generalisation unless the presence of this etiological factor is made essential to the definition. Many other causes may lead to profound nervous exhaustion. Prolonged mental and physical work, especially in combination, will often bring about this result. It is often a sequel of severe illnesses such as enteric fever, and oftener still influenza. In some cases it probably results from autointoxications from the alimentary tract, and it occurs in victims of alcoholism and drug habits. There seems also to be no doubt that some individuals are hereditarily predisposed to the condition by an innate irritability of the nervous system. Among accessory factors in the production of the disease eye-strain must be mentioned. The irritable exhaustion of the neurones seems frequently to be associated, probably in a causal relationship, with perversion of function of the ductless glands, particularly of the thyroid and suprarenals.

The most prominent symptoms of neurasthenia are lassitude, abnormal/

abnormal fatiguability, and insomnia. Considering the nature of the condition their origin is obvious. The insomnia is the most important of the three. There is often great delay and difficulty in getting to sleep and the patient is easily aroused after sleep has come. Any normal man is tired after a sleepless night, and it is therefore easy to understand how a patient whose nervous system is already exhausted will, after many nights of insomnia, arrive at a condition of profound languor and fatigue. The insomnia thus, besides being in itself a distressing symptom, tends to aggravate the others.

The excessive tiredness of the bodily musculature results in pain and aches and in loss of muscle tone. This loss of tone in the abdominal muscles accounts in great degree for the viscer-optosis so frequently found, and as all the muscles of the body share in the debility gastrointestinal and cardiac symptoms may arise. Fatigue of the ocular muscles leads to difficulty in accommodating and aggravates the headaches already present. Anorexia, especially in the morning, is frequent and in some cases considerable weight is lost.

The increased irritability of the nerves leads to the undue prominence of visceral sensations. Functions of which the patient normally knows nothing are obtruded on the awareness, such as the peristalsis of the intestines or the beating of the heart.

Depression of the sexual functions is a fairly common but by no means invariable occurrence.

On/

On examination the patient presents no obvious signs of organic disease. A general loss of tone is found, and there may be some tremor of the eyelashes, tongue and extended hands. The reflexes are very variable but are usually increased, probably from defective cerebral inhibition.

The above symptoms may be regarded as directly due to physical exhaustion of the nervous system, and when we consider the intimacy of the relation between body and mind it is easy to see how such a symptom complex may lead to the formation of symptoms of a hysterical nature. The physical disabilities of the patient largely unfit him for contact with the outside world, and he tends to direct all his attention to himself and his troubles. This introspective tendency often becomes very marked. His powers of criticism are weakened by physical fatigue and he becomes abnormally suggestible. His visceral sensations become starting points for the establishment of erroneous beliefs, founded partly on suggestion and partly on false judgment, regarding the cause of his symptoms, which may then be attributed to the most varied organic causes. These beliefs again act as excitants for the instinct of escape. The conative aspect of this instinct being continually thwarted by the persistence of the symptoms an anxiety state is produced. We now find the symptoms of the anxiety state superimposed on the neurasthenic condition, and with the now immensely increased suggestibility of the patient almost any symptom may be produced. In a predisposed person/

person a profound psychasthenia may occur. As all the original neurasthenic symptoms are now greatly exaggerated by suggestion it may be practically impossible to decide the exact nature of the case without prolonged and careful study.

In the ordinary case of neurasthenia then, there is almost always present an anxiety or psychasthenic element which both exaggerates and masks the symptoms of the neurasthenic condition proper, and this is a point of fundamental importance in treatment. The majority of the symptoms which the patient usually presents are definitely hysterical in that they represent reactions to abnormally held beliefs. But in neurasthenia these beliefs are directly dependent on abnormal functioning of the physical nervous system, and not on psychical mal-adjustment to environment.

If the patient be placed under suitable conditions the neurasthenic condition proper tends to spontaneous cure. The physical basis of the condition disappears, but the symptoms may nevertheless persist. In other words the condition tends to change from one of combined neurasthenia and hysteria to one of pure hysteria. The cause of this persistence of symptoms is the tendency of beliefs which have once been established to remain in the mind even though the circumstances which originated them have disappeared. This tendency is, of course, a feature of normal mental life and is in no sense pathological. A belief may be true to-day and false to-morrow, but the demonstration of its falsity may be a matter of considerable difficulty. To take a very simple example my friend A may on a certain day be alive and/

and well and the belief in this conditions my behaviour with reference to him. He may die on the following day, but until this fact is realised by me my behaviour will still be conditioned by the implicit but false belief that he is still alive. The persistence of neurasthenic symptoms as hysterical manifestations is on exactly the same level. Abnormal physical conditions have established beliefs which influence behaviour, and this behaviour will persist not merely until the abnormal conditions have been removed, but until the fact of their removal has been completely realised. There is no spontaneous cure of hysteria. The beliefs on which the symptoms depend must by some means or other be altered.

A glance at any of the older text-books of medicine will show that the term neurasthenia was almost invariably employed to include not only neurasthenia itself but also what I have described as the anxiety state and psychasthenia. Janet was the first to recognise that this large group included conditions which were of purely psychical origin, and a great advance was made when psychasthenia was separated from the rest. But after all, the older classification had a certain justification, for there can be no doubt that a considerable number of anxiety and psychasthenic conditions are built on a neurasthenic basis and persist after this has disappeared. This was particularly the case in many of the war neuroses. During the war the term neurasthenia was used in a completely reckless and frequently unjustifiable way, but although often used in ignorance, it probably hit the mark oftener than might/

might be supposed. The trouble which so often arose was due to the failure to recognise the hysterical nature of many of the symptoms and the fact of ~~this~~ their persistence after the removal of the original cause.

In the case of the war neuroses, however, the common condition was not a neurasthenia with superimposed and dependent hysterical symptoms, but a neurasthenia of this kind with an anxiety state or a psychasthenia existing side by side with it and largely independent of it.

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11. Physical Disease and the Neuroses.

We have seen that neurotic conditions are the result of mental activity which is perverted or obstructed, and we have considered some of the causes which may lead to the production of such conditions. We have now to consider briefly the influence which actual gross physical disease may have on the production of neurotic conditions, apart from the influence of exhaustive processes on the nervous system which result in neurasthenia.

Some of this influence is obvious enough. A physical injury or illness which prevents a man from attending to his business will be an essential factor in the production of an anxiety state if the man believes, with or without reason, that his personal supervision is essential to the success of that business. In many cases, of course, the mental disturbance is so slight that we can hardly dignify it with the name of hysteria, but every physician in general practice is familiar with the patient who gets "worked up" mentally over his inability to look after his affairs. This state of anxiety may have a disastrous effect not only on his mental processes but on his physical condition. We know comparatively little of the processes underlying psycho-physical interaction, but we have sufficient empirical evidence to convince us that mental processes may under certain circumstances exercise a profound influence on the physical organism.

The/

The production of the emotion of fear, for example, is associated with alterations in the innervating processes of muscles and ductless glands which lead to the physical picture of fear. But there can be no reasonable doubt that mental processes can produce physical results much more definite and specific than this. Alterations in the quantity of the blood supply to different organs can be brought about by the establishment of corresponding beliefs, and if this be granted the influence of belief on the progress of physical disease becomes obvious. It is, of course, absolutely absurd to say that belief in the absence of disease will abolish disease. No amount of belief will oppose the ends of a fractured bone or will annihilate the typhoid bacillus or will, as far as we know, convert a healed cicatrix into living tissue, but the authentic records of treatment by suggestion of various organic conditions should make us very wary about setting definite limits to the possibilities of the influence of psychical factors. Everyone who has had much experience of the nursing of disease knows what a priceless asset to a patient is an optimistic frame of mind, and how some patients sink steadily and eventually die from nothing apparently but the absence of the will to live.

But without dealing further with the effect of psychical factors on the actual processes of disease, I wish to turn for a moment to the influence of such factors on the progress of various symptoms, and the type of disease I wish to mention particularly is/

is organic disease of the central nervous system such as tabes dorsalis or disseminated sclerosis. These diseases are characterised by symptoms which are the result of certain degenerative processes involving destruction of nervous substance and consequent impairment of the physical organism, and this degeneration and impairment tend to be progressive at a very variable rate. Now it is an almost universally accepted belief that tissue of the central nervous system, once destroyed is never replaced, or at best is replaced to a very minor extent. Bearing this in mind we should expect to find that in diseases such as tabes or disseminated sclerosis the symptoms and disability of the patient would get progressively worse, or at best would at times remain stationary. We should certainly not expect to find sudden improvements and relapses. Now we find in actual practice that while the general tendency in these conditions is progressive and downward there do occur phases of improvement which are difficult to account for if we hold to our hypothesis that destroyed nervous tissue cannot be replaced. In both tabes and disseminated sclerosis re-education may do much to make organs take up the function of others which are destroyed. In tabes for instance the eyes may take up the function of the lost muscle joint sense. But admitting this, many cases of improvement occur which are not explainable in this way. Now on investigation we find that the functions which vary in this apparently inexplicable fashion are those which are normally under voluntary control. Walking and movements of the hands, and to a lesser extent control of the bladder/

bladder and bowels are examples. Changes in functions which are not normally controlled by volition are usually permanent. The Argyll-Robertson pupil of tabes is permanent, as is the extensor plantar reflex of disseminated sclerosis.

The explanation which I wish to offer is one which is admitted by almost every physician of experience, but which has been strangely but persistently ignored in text-books and in the teaching of students. It is simply this. In these diseases, as in many others, there is a hysterical element of the conversion type, the symptoms being produced by suggestion acting in association with the already existing physical disabilities. Thus a paresis of the legs may become a paralysis owing to the superimposition of a hysterical symptom. Difficulty in writing may become impossibility, and bladder and bowel trouble may be exaggerated. In some cases these may be purely hysterical additions, in others the toxic element at work in the physical disease may provide an underlying neurasthenic basis.

But what suggestion has produced suggestion can abolish, and treatment of any kind is a therapeutic suggestion. In the variation of the hysterical part of the symptoms, then, we can find at least a partial explanation of improvements and relapses, and particularly of improvements in these conditions. Those symptoms purely dependent on organic changes may become stationary but do not improve.

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PART IV.

Diagnosis and Treatment.

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1. General Considerations.

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The treatment of all disease, physical or mental, may be regarded from two points of view. It may be radical, in which case the whole ultimate cause of the condition is cleared away, or it may be symptomatic, in which case, although the ultimate cause is not completely removed, symptoms are largely abolished and the patient's relationship to his environment is improved. Radical cure is, of course, the ideal object in treatment, but even in physical disease this is often impossible, and it is well to commence our consideration of the treatment of the neurosis with the recognition of the fact that the same limitations apply here. In some cases the impossibility of radical cure is absolute. This is particularly so in conditions where the strength of the opposing tendencies involved in the production of the neurosis is largely innate. In such conditions, psychasthenia is a frequent example, an immense amount can often be done to abolish the neurotic manifestations and to educate the patient in such a way that the chance of relapse becomes remote, but the innate factors remain and under suitable circumstances may again manifest themselves. This cannot be regarded as radical cure.

In other cases, although radical cure is theoretically possible, its occurrence is dependent on circumstances over which neither the physician nor the patient has any control. In the case of an anxiety state for example, where the exciting cause is/

is uneconomic conditions of life, it is frequently impossible to obtain cure without placing the patient in circumstances where the stimulus to the instinct of escape will no longer be present. This is, of course, frequently impossible. In general it may be said that the prospect of radical cure is good in proportion to the extent to which the basic causes of the neurosis, innate or environmental, are removable.

Purely symptomatic treatment is rarely if ever justifiable. Any success which it may have is usually very temporary. Relapse follows and the last state of the patient is often worse than the first. This was very frequently seen in the treatment of conversion symptoms in the earlier neuroses of the war. A functional paralysis of a leg would be abolished by suggestion in the hypnotic state - an easy performance. The underlying and dissociated trend whose end product the paralysis constituted, was, however, not dealt with. The only result was that the unhappy patient was deprived of his defence reaction and either passed into an anxiety state or promptly developed another conversion symptom.

The early treatment of hysteria was almost purely symptomatic and was dependent on suggestion. This state of affairs followed directly from the theory of Babinski that hysteria was entirely dependent on suggestion for its production. Counter-suggestion was obviously the corrective method. The fact that many apparently permanent cures resulted from this practice is at least partially accounted/

accounted for by two circumstances. In the first place, in many cases of conversion hysteria the exciting cause of the symptoms disappears owing to changes in the patient's environment, but the symptom itself remains. A functional paralysis of an arm originally produced as a defence reaction in war may remain long after the war is over. The instinct of escape is no longer active, but while it was active a belief was established that there was loss of power in the arm. So long as the case was left untreated this belief remained uncontradicted and the paralysis persisted. Suggestion in a case like this would merely complete the cure by removing a persistent symptom. But this cannot be called the radical cure of a neurosis by suggestion. In the second place relapse was made more difficult by more general suggestion against relapse in any form, and by the establishment by suggestion of beliefs incompatible with further hysterical manifestations. This did good in some cases but it is not cure. It is a mere repression of the conflict which under certain circumstances may lead to disastrous results.

Babinski and Janet, however, almost always combined with suggestion a certain amount of mental exploration, directed towards the clearing up of any amnesia which might be present. This exploration was usually undertaken in the hypnotic state, in which memory is more extensive, and the degree of permanence obtained in the cure was largely dependent on the extent to which any amnesia existing was resolved. There can, I think, be no doubt that in certain selected cases complete and permanent cure/

cure can be obtained in this way, but in many instances the nature of the dissociated activity can not be ascertained in hypnosis. Freud and his colleague Breuer originally used hypnosis for the determination of the repressed complexes in the neuroses, but eventually abandoned it for this reason, and the psychoanalytic technique was invented to meet the difficulty. However much we may disagree with the Freudian theory of the neuroses, there can be no doubt that psychotherapy owes a very great debt of gratitude to Freud for his elaboration of the technique of psychoanalysis. The method when used in suitable cases gives results of great value even though we may differ from Freud in their precise interpretation.

The names of Déjerine and Dubois are associated with the psychotherapeutic method of persuasion. The essential feature of this process is the application of reason and judgment to the hysterical condition. If a patient with a functional paralysis of an arm has his condition explained to him, and if logically adequate evidence is adduced to show that the paralysis has no organic basis, the symptom will tend to disappear. If, however, the underlying conflict is not resolved there cannot be said to be true cure of the neurosis. If this is not done the treatment is merely symptomatic. In fact, unless the conflict is brought more or less completely into the field of awareness this method has little advantage over suggestion, with which in many cases it is identical. It is of little use to appeal to the reason of a/

a patient to assist in the cure of a condition the determinants of which lie completely beyond the reach of introspection. In many cases the condition persists in spite of the application of reason and judgment, which, indeed, are usually on the side of the physician from the beginning. Déjerine and Dubois abhorred hypnosis and so were deprived of even the help it might give in the exploration of mental processes.

(ii)

As in the case of all disease the neuroses consist of symptoms and ultimate causes. The symptoms are in themselves of comparatively small importance regarded from the point of view of psychotherapy. They tend to persist in some form or other so long as the ultimate causes are at work, and they are easily dealt with if they do not spontaneously disappear when the causes are removed. The cause of a neurosis is mental conflict, and this conflict is produced by the activity of an impulse the fulfilment of which is opposed to the behaviour dictated by the self regarding, ethical, moral, or social sentiments, and which is dependent on the establishment in the mind of a belief or system of beliefs. We have seen that this opposing activity may or may not be present in awareness, and we have also seen that the extent to which it may dominate behaviour is dependent on a balance of power between the impulse and the activities dependent on these sentiments which dictate our normal behaviour. For brevity I shall refer to the latter as the "ego" sentiments.

At/

At the beginning of the investigation of any neurosis then, we must settle the following questions.

1. What is the nature of the opposing activity and the beliefs on which it is founded?
2. Is this activity dependent on instincts which are innately abnormal, or is it entirely dependent on instincts which have become abnormally stimulated owing to circumstances of environment?
3. Are the beliefs activating the instincts true or false?
4. If false, is it possible to demonstrate their falsity to the patient and so rob the activity of its stimulus?
5. If true is it possible to alter the circumstances of the patient in such a way as to make them false and then convince the patient of their falsity?
6. ~~It~~ Is it ~~is~~ possible by education to increase the power of the "ego" sentiments to such an extent that they will be placed in a position to overcome the opposing tendencies completely even if these should persist?

The formulation of these questions in a sense clarifies the problem confronting us when we commence treatment, but at the same time it gives an indication of the complexity of the factors which have to be faced.

The solution of question (1) is of course the first step which is essential to the understanding of the neurosis, and until/

until it is at least partially answered all treatment is bound to be purely symptomatic. The answer to question (2) will tell us to what extent the so-called "neurotic diasthesis"(1) is involved in the condition, and will give some indication of the possibility of permanent and radical cure. The importance of questions (3), (4), and (5) in treatment is at once obvious. With regard to question (6) it must be remembered that there are far more potential than actual neurotic persons in the community, and in many cases the development of neurotic symptoms is prevented by the stability and strength of the ego sentiments. But the establishment of such sentiments may be a method of cure as well as of prevention.

(iii)

Before proceeding to the consideration of these questions in detail there are one or two points of fundamental importance which must be emphasised. To a very large extent diagnosis and treatment go hand in hand. No neurosis can be regarded as being adequately diagnosed until the ultimate cause of the underlying conflict has been discovered. In many, although not in all cases this discovery, and the integration of the mind of the patient consequent upon it, is sufficient to bring about cure. This is particularly the case in conversion hysteria. In some cases a neurosis may be falsely assigned to a particular cause, and apparent cure may result, but this cure will not, in all probability be permanent, and is really due to suggestion. Although the statement may be indignantly denied, some of the psychoanalytic cases are/

(1) Part III, page 133

are not entirely free from this suspicion.

In the second place the presence of physical disease of any kind must be excluded or recognised and treated. If a man is suffering from an anxiety state which is dependent on fear of heart disease it is of vital importance that the physician at least, should thoroughly understand any cardiac signs and symptoms which may be present. Failure to do this will almost inevitably be followed by failure to appreciate the true place of the neurotic symptoms, in the patient's economy. Under such circumstances adequate treatment is impossible. It must also be remembered that many neurotic patients are convinced that they suffer from organic disease, and that they are extremely suggestible. Any statement, then, about the purely psychical nature of the illness must be preceded by a thorough physical examination. A cursory examination will merely suggest carelessness to the patient, and will gravely prejudice treatment. In most cases a thorough examination will impress the patient by its very thoroughness, and if an assurance can subsequently be given that no organic trouble is present a definite step towards cure will have already been taken.

This warning is especially necessary in dealing with neurasthenic patients. Many of the war neuroses were anxiety states superimposed on neurasthenia and dependent on it, and no little harm was done by the treatment by suggestion of hysterical symptoms without any real attempt being made to deal with the underlying neurasthenic condition. Relapse was the usual sequel.

Another/

Another factor of prime importance in all psychotherapeutic work is the relationship between physician and patient. Unless the patient has confidence in the physician's ability and trust in his character little progress will be made. Confidence is essential in order that full weight may be given to all suggestions and directions, some of which may at first sight and for the time being appear irrational. The patient must be prepared to accept the belief that the physician knows his business. The effect of this confidence is very manifest when we compare the immediate results of treatment by a physician of established reputation with those of a comparatively unknown man who may, however, be equally skilful. The former starts with a very great advantage. Even in organic disease this confidence is very desirable. In neurotic conditions it is essential.

The necessity for trust in the physician's character becomes clear when we consider the subjects which have to be dealt with. Whatever may be the precise nature of the treatment, it involves unreserved discussion of the patient's hopes and fears and wishes, and of his ethical and moral points of view. A patient may be willing to trust the care of his heart or his liver to a skilful man of doubtful character, but he will hardly tell his innermost thoughts to a man whom he feels he cannot trust completely.

In addition to feeling that the physician understands his case it is important that the patient should feel that he is being treated sympathetically. The physician must be capable of, ostensibly/

ostensibly at least, entering into and sympathising with the patient's tendencies. It is often said that sympathy is bad for hysterical patients, but this statement is based on a wrong interpretation of the word sympathy. The sympathy which consists in lamenting the patient's unhappy condition in unison with him is, of course, merely a suggestive process which will result in the accentuation of symptoms. Sympathy to be helpful must be hopeful and understanding.

The fulfilment of these conditions of the relationship between physician and patient results in the formation of a bond of union which is frequently known as "rapport," and which is, in reality, identical with the Freudian "transference" which we previously noted while discussing the psycho-analytic method.(1) Freud holds that the transference is a condition in which the patient's erotic impulses are projected on to the physician, and that it is identical with sexual love (or in some cases with hate), but while this may be true in some cases it is certainly not true in the great majority. Esteem and even a degree of affection are essential to the production of the transference relationship in its fully developed form, but there is no justification for identifying this with sexual love.

The conditionsnecessary then for the development of the transference are confidence, trust, and sympathy. Other things being equal the more this is developed the easier will be the determination of the conflicts which are going on in the patient's mind, and the greater will be the power of the physician in their/

(1) Part II, page 105

their solution. The object of psychotherapy is to give the patient a rational view of his own mental processes, to place him in such a position that the beliefs which dominate his behaviour are founded on reason and judgment as far as is possible; in fact to reorientate his mind towards its environment. But although in the end the patient must live his life according to his own rational judgments, suggestion plays a most vital part in the scaffolding with the help of which the new orientation is produced.

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2. The Determination of the Conflict.

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We have seen that the beliefs which excite the impulses which are antagonistic to the "ego" sentiments may lie either within or without the field of awareness. In conversion hysteria they are always dissociated, but in the anxiety state and psychasthenia they are frequently within introspective reach. In all cases then it is essential to obtain a complete history of the illness. This is frequently a lengthy process involving the listening to much irrelevant detail, which however cannot be disregarded for the patient rarely distinguishes between relevant and irrelevant facts. It is probably best to allow the patient in the first place to tell his story in his own way, and subsequently to make further enquiries on special points. In a fair proportion of cases the mere talking over of the situation brings about improvement, this being due to the fact that a considerable number of vaguely held beliefs which excite the instinct of escape will not survive the criticism which is inevitably applied to them by the patient when he is compelled deliberately to formulate them. In other cases certain exciting causes will become immediately obvious. A man's financial or economic position may have a direct bearing on the question, and the connection between this and the neurotic symptoms of anxiety may not be realised until it is pointed out. Frustrated ambitions may be found which act in the same way. Anti-social sexual/

sexual tendencies may be found, although these are usually beyond the reach of direct introspection.

By far the commonest anti-egoistic impulse working within the range of introspective activity is that of the instinct of escape. If the beliefs activating the impulse are false their mere formulation will in some cases demonstrate their falsity, and in most cases a thorough discussion on the lines of persuasion rather than suggestion will solve the difficulty. If, however, the beliefs are true the matter is much more difficult. The striking feature of these "fear beliefs" is that as a general rule the patient does not realise that they are in any way the cause of his symptoms. A woman of the working classes in a profound anxiety state due to the fear of starvation threatening herself and her children rarely realises the connection between the cause and the effect, and this cannot be wondered at when we remember that many of her symptoms are due to suggestive working after the anxiety state itself has been produced. If, however, the cause of the fear be removed the condition improves at once. Symptoms may remain, but these are due to suggestion predisposed to by the weakened self regarding sentiment which has become impaired when the instinct of escape was active. Such symptoms can easily be removed by suggestion.

Because, however, determinants of the neurotic condition are found within the field of awareness it does not follow that there are no others which are beyond the reach of direct introspection, and if it is at all possible some form of analysis should/

should be applied in all cases to determine the content of that part of the mind of which the patient has no direct awareness. Such a process is, of course, absolutely necessary when no exciting cause has been found in the description of the illness and the facts connected with it.

The result of a successful analysis, whether it be carried out in hypnosis or by the psychoanalytic method, is to increase the field of awareness of the patient, or in other words to increase the range of his introspective activity.

It is important to realise that this is the object in view, for unless it is attained, and unless the exciting causes of the anti-egoistic impulses are brought within the reach of introspection the procedure is useless. In a considerable number of cases the physician can make a fairly accurate guess at the impulses which are at work, but mere demonstration of this to the patient is of comparatively little value. The patient's introspective power must be so increased that these impulses are recognised by him as part of his own personal experience. If a patient is suffering from a functional paralysis of a limb as the symptoms of a war neurosis it may be quite correct to assure him that the paralysis is a defence reaction, and represents the motor mechanism of the instinct of escape. This assurance may be accompanied by a complete psychological explanation of the condition, but any cure which results is symptomatic and due to suggestion or persuasion. If a radical cure is to result the patient must remember and realise the specific excitants of the instinct of escape/

escape in himself with their consequences in action. When this is done he is in the same position as if these excitants and impulses had always been within the field of awareness, and he can apply his critical powers and his reason to the situation. During the late war considerable success in the treatment of conversion hysteria was obtained by the method of abreaction.(1) In this method the patient was made to relive, usually in hypnosis, the events which culminated in the production of the hysterical symptom, and which usually included a period of amnesia. The most prominent objective sign manifested during this process was a profound emotional reaction, and when cure resulted it was attributed to the freeing of "bottled-up" emotion. This view I cannot accept. The process of "re-living" is merely the remembering in detail of a forgotten painful experience, and the emotional reaction is the uninhibited behaviour which one would expect to accompany in some degree the impulse of flight, even when exercised in retrospective imagination. The actual cause of the disappearance of the symptoms is, to my mind at least, the bringing into the awareness of the patient of his forgotten beliefs and impulses, so that his critical powers could once again be applied. If the events recalled in the hypnotic state were not remembered in the waking state as part of the personal experience of the patient no permanent cure resulted. In some cases also the emotional reaction was comparatively slight, and the one constant feature/

(1) See particularly William Brown's "Psychology and Psychotherapy."

feature in successful cases was the abolition of the amnesia.

The use of hypnosis to increase the range of introspection and to recover lost memories is fairly successful in some cases. In my own experience the more recent the conflict is the easier is it to discover in the hypnotic state. In the great majority of war hysterias, especially of the conversion type, the conflict was very recent, and mental exploration in hypnosis was successful in many cases.

In some cases, however, and especially when we turn to the neuroses of civil life the value of hypnosis is strictly limited. In the first place not everybody can be hypnotised to the extent which is necessary if far back memories are to be recovered. Even if a patient is in the somnambulistic stage of hypnosis when the power of recollecting is greatly increased, there are frequently certain painful memories which cannot be recalled. When dealing with these it would seem as if the repression kept pace with the extension of the hypnotic field of awareness. And it is precisely these memories the integration of which with the waking personality is necessary for the resolution of the mental conflict. In the second place, and this is more important than may appear at first sight, a considerable number of patients are strongly prejudiced against hypnosis and regard it as an unclean thing. This attitude is very difficult to combat, and militates strongly against success even if the patient ultimately consents to be hypnotised. An attitude of active scepticism may bring suggestions to bear on the course of the treatment which may establish beliefs which are inconsistent with cure.

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In psychotherapy then, hypnosis may be used in two distinct ways. It may be used to increase the suggestibility of the patient and permit of the abolition of symptoms, and it may be used for the purpose of mental exploration. It is with the latter use we are concerned at present, and we have seen that its value is definite but limited.

In many cases, then, we must turn to other methods of mental explanation, and of these the most famous is psychoanalysis. It cannot be denied that this method has yielded very valuable results in competent hands, and in dealing with selected cases, and it must be emphasised that in using it we are not necessarily in any way committing ourselves to a Freudian interpretation of its results. In Part II (1) I have described the essential features of the process of free association, and there is no need to recapitulate them here, but there are one or two further remarks which must now be made.

To begin with it will be recognised that the full and free discussion of the symptoms and history of an illness by a patient differs only in degree and not in kind from free association. The main difference is that in the psychoanalytic process the patient's mental reservations are, or ought to be, fewer, and his expressed thoughts appear at first sight to be less relevant to the question at issue. This lack of relevancy is only, of course, apparent if we accept the deterministic theory.

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(1) Part II, page 25.

The first great difficulty in applying the method of free association is the breaking down of the resistance, and success in this can only be obtained by the intelligent co-operation of the patient. This fact in itself at once limits the number of cases to which the method can be applied. This limitation in the applicability of the psycho-analytic method has not been fairly faced by the disciples of Freud. A multitude of books, good, bad and indifferent, on psychoanalysis has been poured out in the last few years, and these abound in records of successful cases. Few failures, except in cases of definite insanity, are recorded, and with some of the works it is only charitable to suppose that no failures occurred. But the important point is that the cases are all selected. A large proportion consists of successful and well-to-do business and professional men and women whose intellectual capacity is distinctly above the average, and who can afford a prolonged and expensive form of treatment. Those of the poorer classes who appear in the records are deliberately selected because of their intelligence and the interest of their symptoms. In very few cases do we find that unremunerated time and trouble have been devoted to the unravelling of the complexes of a dull and stupid hysteric. In a very large percentage of the class of patient which is habitually seen in the out-patient department of a general hospital the psychoanalytic procedure is impracticable even if time permitted its application.

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Even in selected cases, however, the process of free association is long and difficult, and there are many dangers to be guarded against. As the analysis proceeds, and as forgotten facts and fantasies are brought to memory, emotional situations develop indicating the presence of powerful conative trends. When such a situation occurs it is easy to suggest that a trend of this kind is the root cause of the neurosis. It is, in fact frequently difficult to prevent such a suggestion rising in the patient's mind, and it may be utterly false, and any improvement which follows is symptomatic only. The analysis must be steadily carried on until such trends come to light as the patient recognises without any suggestion to be associated with his symptoms. This exclusion of suggestion is probably the most difficult part of the whole procedure, and it is more than doubtful if it is ever entirely successful.

Another frequent source of trouble is that the free associations lead into numerous blind alleys, and the process has to be started over again each time. If the theory of psychological determinism were correct a blind alley would, of course, be an impossibility, since every association would be determined and relevant, but in actual practice we must recognise that we not infrequently come to the end of a chain of associations, not because the resistance of the patient is too great, but because there is nothing further to discover.

Even with these difficulties the psychoanalytic method

is of undoubted value, and may yield an immense amount of useful information about the mental processes which are going on beyond the normal introspective reach of the patient. It involves much time and almost infinite patiente on the part of both patient and physician. It means utter and absolute frankness and honesty on the side of the patient, and on the side of the physician it demands ability. and judgment of no ordinary kind in sorting out the mass of relevant and irrelevant detail which comes to light.

As in the case of integration of the mind in hypnosis it is not sufficient for the physician to discover and reveal the opposing or anti-egoistic tendency. It must be remembered and realised by the patient as part of his own personal experience.

Jung supplemented the method of free association with his "word association" procedure.(1) In this a list of words is compiled, most of them commonplace, but some chosen after a preliminary survey of the case which is to be analysed. This list is slowly read out to the patient who is instructed to reply to each word with the first word or phrase which comes into his mind. The answers are written down, and the time between the stimulus word and the answer is noted. Normally this reaction time varies from one to two seconds. The theory underlying the procedure is that if the stimulus word tends by association to recall to memory a repressed emotional complex the reaction is altered both in type and time. The commonest alteration in the reaction is a lengthening of the reaction time, which may extend

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(1) "Studies in Word Association."

to twenty or thirty seconds, but there are many others such as over elaboration of the answer and failure to answer at all. The list is read over again and any differences in the reactions noticed. The stimulus words producing abnormal reactions are known as "complex indicators" and are utilised as the starting points for further associations. In some cases this method yields quicker results than the pure process of free association, but there are so many possible fallacies in the interpretation of abnormal reactions that it is only useful in practical hands.

(ii)

Having determined as far as is possible the nature of the conflict and the precise anti-egoistic impulses which are active, it is necessary to discover to what extent the excitability of such impulses is innate, to what extent it has been fostered by early training, and to what extent it is purely dependent on recent environment. The answers to these questions will give us some idea of what we may expect to accomplish in the way of treatment. If the instinct involved is innately strong and excitable, and if it has further been strengthened by early education as is so often the case in psychasthenia, it is obvious, that whatever may be the immediate prospect of relief, complete cure in the sense of the production of a completely normal mental outlook will be difficult or impossible. If, on the other hand, the neurosis has no roots in the far past the outlook may be very different. The information necessary for the formation of an opinion can only/

only be obtained by a very full and detailed investigation of the manner of life of the patient from his earliest days, of his hopes and fears, of his ambitions and of the reasons which underlie them. His aptitude for games, his tastes in reading, his relations with school companions, all yield important data. In many cases a very fair opinion may be formed as the result of prolonged conversations, and important information may be obtained from parents if one can learn to discount the bias with which they invariably view the activities of their own children. In many cases a good deal of this ground will be covered in the investigation of the determinants of the neurosis and a further psychoanalysis may yield details of childish activities which may bear on the question. Hypnosis is, in my experience at least, of very limited value at this stage of the proceedings.

The investigation of these accessory factors in the neurosis is of very considerable importance. The results obtained help to indicate lines of treatment, and provide the possibility of estimating the ultimate prognosis of any given case. If the physician can arrive at a comprehension of the normal mental processes of the patient much time may be saved, and much useless labour in the attempt of impossibilities may be avoided.

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3. The Nature of the Belief and its Treatment.

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When, by means of discussion, hypnosis or analysis the nature and the exciting causes of the anti-egoistic tendencies have been determined the question at once arises whether the beliefs on which these tendencies are based are true or false. The answer to this question will largely decide our subsequent course of action. Where the beliefs are true, and especially when they are held on rational grounds, it is clear that the cure of the neurosis is an extremely difficult matter. In fact its radical cure is an impossibility unless the circumstances on which the beliefs are founded are so modified as to abolish them altogether. It is also of very great importance to distinguish clearly between true and false beliefs, since the treatment appropriate to one may be disastrous when applied to the other. If a man is in an anxiety state founded on a true belief that his business is not in a satisfactory condition, it is obviously absurd to assure him that there is no cause for anxiety. Such an assurance will merely add irritability to the neurosis. And yet such statements are frequently made, or directions such as "don't worry" which make the statements by implication are given. It must be clearly grasped that the whole object of the determination of themental conflict is to lay the whole situation in its naked truth before the patient so that he can bring his own reason and judgment to bear and decide for himself/

himself as to the truth or falsity of the beliefs to which he is reacting. The patient is in every case the ultimate judge of his own behaviour. Man is at bottom a fairly rational being and will very seldom react to a situation which he knows to be both false and inconvenient, provided the whole circumstances of the situation are known to him. There has in the past been a strong tendency to regard the patient as playing a passive part in treatment. This is utterly wrong. The physician is only an assistant, though often a necessary one, and the ultimate decision as to mental health or illness lies always with the patient.

Whether we are dealing with the neuroses or not it may be generally said that when the circumstances involved in the establishment of a false belief are thoroughly understood the belief disappears and the behaviour consequent upon it is modified. A man may believe with good reason that his business affairs are very unsatisfactory. This belief may throw him into an anxiety state or may impel him to extraordinary efforts to retrieve his position. But the belief may be due to deception on the part of an unscrupulous partner, in which case it may be false. The moment the falsity is realised the man's whole behaviour in relation to his pursuer will alter. In such a case as this, supposing an anxiety state to have developed, the cure obviously depends far more on the patient himself than on the physician. A very brief discussion will show the patient the connection between his business and his neurosis. Symptoms caused by suggestion acting in conjunction with a self regarding sentiment/

sentiment impaired by the activity of the instinct of escape may be relieved or abolished by means of counter suggestion or reassurance as to his physical condition, or by an analysis, but the fundamental conflict can only be resolved by the patient finding out for himself the unsubstantial nature of his fears.

The fact that a critical survey of the complete situation abolishes symptoms dependent on false beliefs is illustrated very well in some of the phobias. We may take the case of an irrational fear of darkness dependent on the fact that some time previously the patient had been buried in a dug-out by a shell explosion. We will further suppose that he is amnesic for the period of the burying. Now his phobia is essentially dependent on the belief that there is something in darkness to be afraid of. The patient may recognise that the belief is irrational, but judged by our only criterion, his behaviour, it is there. An analysis with the bringing back to memory of the original happening reveals the fact that darkness is only a part of a total terrifying experience, and only excites fear in that it tends to bring to awareness the memory of the whole situation. Once the situation has been recalled and faced, darkness is seen in its true proportions and the fear vanishes.

False beliefs which may result in the activity of antiegoistic impulses are many and varied, and any systematic classification of them is impracticable. They are all established either by suggestion or by a quasi-logical process in which/

which suggestion or false apperception plays a part in the formation of the premises on which the belief is founded. Two cases came into my charge fairly recently which illustrate this point very clearly. The patients were both girls of eighteen years of age, and both were domestic servants. Each had been in a first situation, one for about a year, the other for six months, where the work was extremely hard and conditions of life very disagreeable. One had developed an anxiety state of a severe type, the other a functional paralysis of the right arm. An analysis showed that both girls had been dominated by a fear impulse, the conflict of which with the ego impulses had led in the one case to the production in an anxiety state, and in the other to a conversion hysteria. The exciting cause of the impulse in each case was a perfectly rational belief in the unsuitability of the environment, but at the time when they came under my care the belief at the root of the escape impulse was a false one established by suggestion and false logic, to the effect that all domestic service involved situations of a similar kind.(1) In the patient with the anxiety state there was no definite amnesia present, although she was not immediately aware of the process of generalisation which had resulted in the formation of the false belief, in the other patient there was a definite amnesia for a short period immediately preceding the onset of the conversion symptom. The existence of this amnesia

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(1) Put to the form of a syllogism the belief was established as follows:- "I am a domestic servant." "I am badly used." "therefore all servants are badly used." The absurdity is obvious.

was not discovered during the initial case-taking but only after very careful investigation.

The treatment adopted in the conversion case was as follows. As the girl displayed complete scepticism with regard to cure of the paralysis, and as this attitude was shared by her mother, who accompanied her, the use of the limb was immediately restored by suggestion in hypnosis. This impressed the patient considerably, and produced a much more favourable attitude towards treatment. She was seen a week later, at which time some weakness of the limb had returned. She was again hypnotised, and I suggested that the events immediately preceding the onset of the paralysis should be recalled and should be remembered in the waking state. There was a considerable emotional reaction and several new and important facts came to light. On waking, the paralysis had again disappeared. The process of persuasion was then resorted to, and the patient was taken through the history of her situation at great detail. The truth of her fears was frankly recognised, but the logical errors by which she had arrived at a general belief in the terror of domestic service from particular instances were carefully pointed out and insisted on. Being an intelligent girl she eventually arrived at an understanding of the production of her condition. She went back to service, and when seen six months later was in perfect physical and mental health and had had no recurrence of symptoms.

This case illustrates one or two important points. In the first place it is extremely doubtful if the functional paralysis could/

could have been permanently abolished by any means which did not involve the clearing up of the amnesia. The method adopted was not very important, but as time was a very definite consideration the quickest method, that of hypnosis, was used and proved effective. In the second place the use of suggestion is clear. It was essential that the patient should recognise the errors by which she had arrived at a general false belief from correct premises, and eventually she did recognise these errors, but there can be little doubt that this recognition was largely aided by suggestion on my part. Further, this suggestive influence was possible in virtue of a certain degree of confidence which had already been established by the initial alleviation of symptoms, and this confidence was itself initially a product of suggestion. Thus both reintegration of the mind and suggestion were necessary for cure.

The other case only presented an amnesia in so far as there was no explicit awareness of the process of generalisation of belief. This was cleared up by one or two full and free discussions of the whole circumstances. In this patient, however, insomnia, headaches, and a general feeling of illhealth were present. These were dealt with early by post-hypnotic suggestion, the successful results of which undoubtedly gave the patient confidence to approach the full discussion of her condition.

I have referred several times to the weakening of the self regarding sentiment which in some degree always accompanies the prolonged/

prolonged excitation of the instinct of escape, and which by increasing the susceptibility to suggestion paves the way to the establishment of additional false beliefs which result in the production of further hysterical symptoms. It is found in a considerable number of cases, especially of the anxiety state, that the original fear producing belief has ceased to exist, and the symptom complex is entirely composed of these secondary symptoms. This is particularly well seen in cases of post war hysteria of the anxiety type. The impulse of escape, excited by the circumstances of the war was founded on beliefs which are no longer effective. But the prolonged reaction to these beliefs when they were true had so weakened the sentiment of self regard that suggestion, often of the most insidious kind had produced new objects of belief capable of exciting the flight impulse. In such a case we have really a double neurosis, the first serving as a scaffolding on which the second was built. After the war in many cases economic circumstances were such that an escape impulse, rendered easily excitable by relative weakening of the ego sentiments, found very readily a multitude of effective stimuli, rational or other.

The treatment of these secondary states is usually a matter of great difficulty. The same general rules apply as in the case of the simpler states, but the analysis which reveals the patient's own mind to him is much more difficult and protracted. Hypnosis in such cases is of comparatively little use except for dealing with/

with such accessory symptoms as insomnia. As a general rule the full range of discussion, persuasion and prolonged analysis must be resorted to.

Such a condition as this closely resembles psychasthenia, in which a combination of innate and educational circumstances has resulted in the undue excitability of various instincts with consequent weakening of the self-regarding sentiment, with the result that a multitude of beliefs, false and true, have been established which serve as excitants to these instinctive tendencies. A full and successful analysis will, of course, lay bare the beliefs to which the patient is reacting, and where these are false the reaction may cease. But it is not sufficient in such a case for the false beliefs to be brought to awareness, for the constitution, partly innate and partly acquired, of the individual is such that suggestion will easily establish new beliefs which will take the place of the old ones as stimuli to the hyperexcitable instincts. It is, I think, doubtful, if in actual practice we ever get a real radical cure of psychasthenia, but certainly we cannot admit the existence of even an approximation to cure until this suggestibility has been decreased; that is to say until the sentiment of self regard has by some means or other been reinforced.

The anxiety state which almost invariably complicates neurasthenia is as a rule largely dependent on false beliefs about the functioning of the body or mind of the patient. The removal/

removal of these beliefs is essentially a matter of suggestion, using this word in its widest psychological sense. A man may have some slight gastric disturbance which has, through suggestion, produced a belief in carcinoma of the stomach which has in turn led to the production of anxiety. Analysis will reveal the fact of the belief, if this does not appear in discussion of the symptoms, but only assurance by the physician after an extremely careful examination will remove the belief. As the patient is usually ignorant of the symptoms of cancer this removal is not accomplished by reason and judgment on his part. It is removed by prestige suggestion (1) on the part of the physician.

It is ~~fully~~ truly stated in some works in psychoanalysis that suggestion should not play any part in treatment. Such a statement is absurd, and is based on a very limited application of the term suggestion. No man could exist in our present conditions of life if all his beliefs had to be founded on reason and judgment on his own part. We all recognise that certain individuals have special knowledge of certain subjects which entitles them to speak with authority, and the recognition of this is just as important in dealing with the neuroses as it is in everyday life.

In general then, we may say that when the beliefs activating the anti-egoistic impulses have been laid bare and when they are false in many cases the patient will at once recognise their falsity and the anti-egoistic impulse will cease to function. In other cases the recognition must be aided by logical argument by the/

(1) See Part I, page 38.

the physician. This process we may properly call persuasion. In other cases, and particularly where beliefs are held about the functioning of the bodily organs, the patient has at his disposal no adequate data on which to base his judgments, and the removal of the belief must be completed by suggestion. The immense value of what has been termed the transference relationship is that it supplies those conditions of interaction between patient and physician in which suggestion is most effective.

(ii)

Up till now we have been dealing with the methods by which false beliefs may be overcome and we must now consider what we can do when the beliefs underlying the anti-egoistic tendencies are found to be true. This occurs in many cases. The anxiety states which are dependent on unsatisfactory economic circumstances or on business worries have often true beliefs at their roots. Many of the neuroses of war, whether of the anxiety or the conversion types were founded on true beliefs established by reason and judgment. The worries of everyday life have often their origin in perfectly true beliefs, and a worry prolonged and intensified fades imperceptibly into a neurosis.

It is obvious that a neurosis founded on a true belief must be much more difficult to deal with than one which has a false belief which can be dissipated at its origin, and in some cases it must be frankly admitted that radical cure is impossible. This is, however, not equivalent to saying that a great deal cannot be done to ameliorate the patient's condition.

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To begin with, whether the belief be true or false a discussion of the whole situation with, if necessary, an analysis, enables the patient to see all the facts of the case in their proper perspective. A belief may be fundamentally true but its effect may be out of all proportion to its actual importance. It is a commonplace that difficulties which seen from far off seem insuperable, often disappear to a great extent when actually faced, and the result of the analytic process is essentially a facing of the facts of the situation. There is always an ultimate accession of relief from the knowledge of where one exactly stands, and the mere laying bare of the patient's mind often works wonders. There is much truth in the old saying that confession is good for the soul.

In the second place the weakening of the self regarding sentiment which is always present will almost invariably be found to have led to the establishment by suggestion of numerous secondary beliefs, all of which result in impulses which cause neurotic symptoms. The process of analysis should at least enable the patient to apply his critical judgment to these and deal with them as they deserve.

Theoretically then it is possible to strip the neurosis of all its secondary appendages, to bring the real cause of the trouble into broad daylight, and to reduce the conflict to one between the ego tendencies and one or more clearly recognised anti-egoistic impulses, and in ~~adult~~ actual practice this result can usually/

usually to a large degree be attained.

Once this result has been reached the further history of the neurosis depends on two main factors. Firstly there is the relationship between the strength of the ego impulses and anti-egoistic tendencies. It not infrequently occurs that when the problem is fairly faced and reduced to its essentials the ego impulses are found to be capable of dealing with it, or it may be possible to reinforce the self regarding and other ego tendencies in such a way as to give them the upper hand in the conflict. With this possibility I shall deal in the following section. The second factor is the extent to which the circumstances underlying the anti-egoistic tendencies can be altered. To a certain extent these two factors are inseparable. It is clear that the greater the strength of the ego sentiments the easier it will be for the patient himself to make efforts to change the circumstances of his environment. In many cases the second factor is outwith the control of the physician but its importance is very great. Its neglect was undoubtedly responsible for much of the lack of success that attended the treatment of war neuroses during the period of hostilities, and was, of course, due to the ignorance and stupidity of people in authority who, to quote a not uncommon phrase "did not believe in neurasthenia" The fear of an immediate return to active service undoubtedly delayed the cure of many sufferers who were in no useful sense of the word malingerers. Late in the war an attempt was made to rectify/

rectify matters by providing that no neurotic case should be sent overseas within six months of his discharge from hospital as cured, and by substituting special neurological boards for the totally unsuitable travelling medical Boards which had hitherto dealt with these cases, but the change came too late, and the country is now paying the penalty by supplying pensions to inefficient men who should and could have been cured before they were discharged from the army. The opportunity of curing these men was lost when they were treated with the certainty of immediate active service as a reward for their recovery; and when they did not recover they were sent out uncured into a world the industrial conditions of which provided innumerable stimuli to their already active instinct of escape.

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4. The Reinforcement of the Sentiment of Self Regard.

According to some writers on psychoanalysis, the laying bare of the patient's mind so that he can estimate at their true value his behaviour and his motives constitutes cure of the neurosis. This may not be explicitly stated by some but seems to be implicitly accepted. If a neurosis be defined exclusively in terms of "sub-conscious" conflict this statement is of course true, but unfortunately a patient cares little for definitions, and to him it matters nothing whether the abnormal behaviour which often persists even after a full analysis be termed a neurosis or not. In any case he wishes to be rid of it. Jung (1) has emphasised very strongly the importance of synthesis in cure, and in many instances there is no doubt that a process of building up and adjusting the mind to its environment must take place before the patient is fit to face life.

We may say that a neurosis is cured only when the trends whose conflict was at its roots are brought under the control of the will. In many cases this control becomes established during the analytic process. Certain false beliefs are rejected whenever they are explicitly stated, and certain true beliefs when clearly realised are seen to have produced effects out of all proportion to their importance. But when all these cases have been dealt with there remains a large number of patients who are not so fortunate. There may be true beliefs initiating impulses/

(1) Analytical Psychology.

impulses which when subjected to a dispassionate survey are still strong enough to dominate the organism, and there may be false beliefs which defy all our efforts towards removal. And it may further be impossible to modify the patient's environment so as to rob these beliefs of their applicability. If we cannot modify or abolish these beliefs with their resultant trends to action, the only thing left for us to do is to attempt to reinforce the will power of the patient so that the anti-egoistic trends will no longer manifest themselves in behaviour.

In Part I[1] we considered the part which the self-regarding sentiment played in the exercise of explicit volition, and we saw that the power derived from it was the main factor in determining behaviour when two opposing kinds of action were possible. The problem with which we are now faced, therefore, is whether or not we can so develop the strength of the sentiment of self regard that it can be brought effectively to bear when a choice is necessary between a normal and a neurotic line of conduct. A complete answer to this question would involve a discussion of the fundamentals of education, for it is essentially in childhood and adolescence that such a development should take place. Such a discussion is impossible and would be out of place here, and we must confine ourselves/

(1) Page 43.

ourselves strictly to considering what may be done to repair a self regarding sentiment which has been damaged by the existence and activity of strong antiegoistic tendencies.

The following statements are, I think, in the main beyond dispute.

Firstly, the greater the innate strength of the anti-egoistic impulses is, the more difficult will it be to restore the self regarding sentiment to its proper place in the economy of the mind.

Secondly, a self regarding sentiment which was strongly organised before the production of the neurosis, will be more easily restored than one which was initially weak.

Thirdly, the longer the neurosis has been in existence the more difficult will it be to reinforce the self regarding sentiment.

To these we may add a fourth statement which may be disputed, but which is, I think, equally true. Other things being equal, the younger the patient the more favourable are our chances of helping him. The problem is not easy in young people, but after middle age it becomes increasingly difficult, and in old age is practically impossible.

In any attempt to build up the self regarding sentiment there is one fact of paramount importance that must be borne in mind. Success in the application of the power of the will predisposes to further success. Every time a man is faced with/

with opposing lines of action and chooses deliberately and correctly his power of explicit volition is increased. Our first object then, must be to induce the patient to face his troubles and make a definite effort to overcome them. In this it is the first step which counts. Even a very small success will bring some definite improvement and will stimulate him to further efforts. According to the circumstances of the case assistance can be given not only by the physician, but by the patient's family and friends if these are judicious and well balanced, but it must be constantly impressed on the patient that he must learn eventually to do without assistance and stand on his own feet.

It is in the building up of this self regarding sentiment that we find the tremendous value of suggestion. If during the analysis a satisfactory transference relationship has been established the patient will be inclined to listen favourably to suggestions on the part of the physician, and this fact must be used incessantly in the attempt to establish beliefs in the patient's mind in his own ability to overcome his anti-egoistic tendencies. This process of establishing beliefs which, totalled up, result in what we may call self confidence is in reality a combination of suggestion, persuasion and encouragement. Suggestion is applied by the continued assurance that certain efforts are within the patient's/

patient's power, and by a judicious appeal to the example of others. Persuasion consists in pointing out to the patient the urgent necessity for such an effort. An appeal may be made to his own self respect which the patient is unlikely to admit to be impaired, or to the effect of his present neurotic behaviour on others. In each individual case circumstances will be found which may be appealed to in order to stimulate effort. In general it may be said that so long as the patient retains a degree of self respect there is a possibility of persuasion being effective. Whenever self respect is lost, that is to say whenever the patient can truthfully say to himself that he no longer cares what the outcome of the conflict may be, hope is lost. This is particularly noticeable in the case of alcoholism. So long as a man can feel shame at being seen in a debauched condition by those near and dear to him there is hope for his case. Hope disappears when he no longer cares by whom or in what condition he is found.

The tremendous effects of a combination of prestige and mass suggestion with persuasion in establishing beliefs which result in complete alteration in conduct is very clearly seen in some cases of so-called religious conversion. Such a process results, often with extreme suddenness, in immense strengthening of the self regarding sentiment with the ethical and moral sentiments in relation to certain environmental situations/

situations, although it resembles the production of hysteria in that it involves weakening of the sentiment of self regard in other directions, in this case towards a suggested omnipotent deity, and any suggestions purporting to emanate from that source are received and acted on in a fashion which is far removed from normal, and may not be invariably beneficial.

In employing therapeutic suggestion for the building up of the self regarding sentiment we can hardly hope to employ forces equal to those which result in religious conversion, but it is remarkable what may be done with patience and perseverance. There is, however, one important precaution which must be observed. No course of action must be suggested which is obviously beyond the patient's powers. I have already stated that success brings success and the converse is equally true. Complete failure in an attempted course of action leaves the patient worse off than he was when he commenced.

Encouragement is of great importance. Failures must be recognised, their causes sought for and their effects minimised. Every success must be a matter for congratulation, and must be made an inspiration to further effort. This is of particular importance in the earlier stages of treatment. At this stage it is of vital importance that the patient should feel that his hopes and fears are being realised and as/

as far as possible shared, that his difficulties are not being underestimated, and that his efforts are being appreciated at their true value. Few things will do more damage than an impression in the patient's mind that his difficulties are being made light of. At the same time they must not be exaggerated.

In many cases suggestion and encouragement patiently persisted in result in the accomplishment of much that is quite impossible at the commencement of treatment, and the power of explicit volition is greatly increased. Under these circumstances it may be possible for the patient to face life again with his neurotic symptoms definitely under voluntary control. Such a process cannot be properly termed a radical one, for the belief at the root of the anti egoistic tendency has not been destroyed, and the tendency may be reactivated by comparatively small additional stimuli, but at least it gives the patient a chance of a comparatively comfortable existence, and is as close an approximation to cure as we can sometimes obtain.

It is, however, important to recognise that no neurosis can be regarded as cured, even if the underlying beliefs have been rendered ineffective, so long as the sentiment of self regard is left so weak as to make the patient unduly suggestible. Whatever, then, analysis may find out regarding the nature of the anti-egoistic belief, and however it may be/

be possible to deal with these beliefs, the successful process of psychotherapy necessarily involves the education of this vital sentiment on which rational conduct ultimately depends.

To discuss religion is to venture on very dangerous ground, and such discussion should never be entered on lightly, but it must be recognised that in certain cases the moral and ethical sentiments which are in most men established on religious beliefs, however obscure the connection may apparently be, may be brought in as powerful adjuvants in psychotherapy.

In the earlier part of this section I deprecated the unaided use of suggestion in the abolition of symptoms, but its use in the building up of the sentiment of self regard is very different. For here it is used to establish beliefs which are true, and the truth of which the patient will ultimately be able to demonstrate to himself on logically adequate grounds, the grounds of their successful application in action.

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5. Physical Factors in Psychotherapy.

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In the foregoing part of this section I have considered the general principles which must direct the purely psychological aspect of the treatment of neurotic conditions, and it is now necessary to discuss one or two factors in treatment whose bearing on the neurotic conflict is rather less direct.

I have already emphasised the importance of treating any physical disability which may be present, and this question is of very special importance in the preliminary treatment of neurasthenia. Neurasthenia is primarily an exhaustion of the nervous system, physical as well as mental, and the first thing necessary for its cure is rest. In hysteria also, and especially in the anxiety state there is frequently an element of exhaustion, and here also rest is indicated. In the great majority of cases the attainment of rest is sought by advising the patient to give up business temporarily and to spend much of his time in bed, or to go for a prolonged holiday. Sea voyages figure prominently in the advice given to well-to-do patients. Advice of this kind is suitable in only a small minority of cases. In the first place it is frequently impracticable on economic grounds. In dealing with the psychological aspect of treatment I said that more harm than good was done by encouraging the patient to attempt impossibilities/

impossibilities, and this statement is equally true when we come to advising rest. In the second place, while complete rest may be economically impossible, its strict enforcement may do more harm than good in other ways. An active man in whom business worries have produced an anxiety state, will receive no benefit from rest from business if he remains convinced his worries are due to real causes. He will rather tend to become worse, for his anxiety will be increased by the knowledge of the absence of whatever control he possessed over his affairs. In such a case advice as to rest must be limited to prescribing regular hours of leisure and sleep, regularity in meals, and in encouraging the patient to occupy his leisure fully with as interesting pursuits as can be found. A brief period of complete physical rest may be possible, but undue compulsory prolongation is usually inadvisable.

In cases of neurasthenia relatively uncomplicated by superimposed hysterical symptoms, or where the beliefs underlying the hysterical manifestations are easily removed, rest alone should restore the patient to his normal. It is in such cases that a prolonged holiday, if circumstances permit, is of the utmost value, but it must be remembered that neurasthenics are extremely suggestible, and before proceeding on a holiday the patient must be assured that his business affairs are in competent hands, and that any happenings of serious importance will be at once communicated to him. Otherwise there/

there is considerable risk of an anxiety state developing which will undo all the good he is receiving. The rest also, should consist essentially of recreation and change of occupation. As full play as possible should be given to the patient's interests, and it is in securing this that there is often great difficulty, for in a considerable proportion of individuals who "break down" with neurasthenia the ordinary daily work seems to be not merely the dominant but the only interest. In such cases every effort must be made to develop latent possibilities. Rest in bed for more than a short time is rarely advisable. It is seldom needed, unless grave organic disease is present, and, if prolonged, is apt to act as a suggestion of physical ill health.

In hysterical conditions rest from the routine of ordinary life without definite occupation is absolutely harmful. If there is much physical exhaustion a short complete rest in bed may be necessary, but it should be as short as possible. Enforced idleness not only acts as a suggestion of illhealth, but gives the patient an unnecessary opportunity for brooding over and thereby accentuating his symptoms. A complete change of occupation if it is economically possible will usually supply all the rest that is required, but it must never be forgotten that one of the main objects of treatment is to strengthen the self regarding sentiment in relation to its actual daily environment. This cannot be done it the patient is completely divorced from his/

his normal surroundings. His efforts of will, whose importance we saw in the last section, must be made in relation to situations of his everyday life.

The value of the Weir Mitchell treatment has been much debated. This form of treatment consists in isolating the patient completely from the outside world. He is kept in bed, and fed on a nutritious diet which increases in variety and palatability as his condition improves. No correspondence or visits are allowed, no newspapers are permitted and literature is either prohibited altogether or is of a very mild and unstimulating type. Treatment of this kind can only be beneficial provided the patient can be reasonably assured that his outside interests are being adequately looked after. Otherwise he will either rebel after a few days, or become progressively more and more anxious. If this condition is satisfied some improvement may result. This is usually due to two factors. Firstly, there is frequently definite improvement in the physical condition owing to rest and regular and judicious feeding. Secondly the extremely unpleasant nature of the treatment may stimulate the patient to make a real effort towards improvement in order to escape from his surroundings. I have seen fairly good results from a modified Weir Mitchell treatment in war hysterics when the will to get better was deficient or absent, but probably the best results have been obtained/

obtained in the treatment of neurasthenic women whose condition was largely the result of prolonged social activities with their attendant worries and morbid excitements, and long and irregular hours of pleasure which in many cases was harder than work.

Weir Mitchell treatment, then, is sometimes of value, but it can only be of service in certain carefully selected cases.

(ii).

At the present time massage and electricity are in some danger of becoming panaceas, not merely in physical disabilities but in the neuroses. Their value is very strictly limited, and it is fairly safe to say that in the treatment of neurotic conditions they have both been grossly abused. Both are occasionally useful, neither is ever necessary, and both are frequently harmful. If a patient is weak and debilitated as is sometimes found in neurasthenia, or if he is confined to bed, massage is useful in regaining or preserving the tone of the muscular system, but it should cease whenever the patient is able for active exercise. The same applies to electrical stimulation of the muscles in a lesser degree. General massage done in the evening sometimes promotes sleep, and may do good in this way if insomnia is a prominent symptom. The other effects of massage and electricity are mainly due to suggestion. The application of massage and electricity is a more or less impressive proceeding, and in some cases undoubtedly/

undoubtedly gives assistance to therapeutic suggestions, but except for this it is of little value. When, however, either is used as an adjuvant to suggestion certain very definite precautions must be taken. A patient who has a functionally paralysed arm may be told that he is to have massage to the arm on two consecutive days, after which the physician will apply electricity and restore the power. At the end of this time movements of the arm are produced by stimulation from a Faradic coil, and it is pointed out with emphasis that power has now been restored and that all that remains to be done is the application of that power by the patient. In many cases the patient rapidly regains control of the limb. This is, of course, purely symptomatic treatment, but it is occasionally justified. But the therapeutic part played by the massage and the Faradic current only differs from that which could have been taken by the administration of a bottle of coloured and tasted water, in that it is more impressive to the patient's uncritical mind. The danger of massage and electricity occurs when they are not associated with definite and specific therapeutic suggestion. Only too often such a patient as I have instanced is simply turned over to a masseur with directions for massage of the limb for a week or a fortnight. The effect of this is usually the very reverse of what was intended. The patient, not unnaturally/

unnaturally, cannot conceive why this elaborate treatment is being directed to a limb which is organically sound. His attention also is more and more directed to his arm, and the net result of treatment is a powerful reinforcement of the belief in his inability to use the arm. The disability is, in fact, well rubbed in. The same remarks apply to routine electrical treatment.

It has been freely stated that the general application of electricity in the form of high frequency currents and in other ways produces sleep and relieves headache by lowering the blood pressure. Of the truth of this statement I am very doubtful. The form of application of which I have most experience is the sinusoidal bath. In the case of this I am convinced that the good effects which frequently follow are due entirely to suggestion. H.C.Marr (1) recommends ionization with potassium iodide or salicylates for the relief of the pains which are so frequent in hysterical and neurasthenic subjects. I can testify as an eye witness to the relief, but except possibly in a few cases where the pains are rheumatic in origin, I see no reason to doubt that the main factor in the production of relief is suggestion.

In general then it may be said that massage is useful in its own legitimate sphere of restoring and maintaining muscular/

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(1) Psychoses of War. 1919.

muscular nutrition, and occasionally in producing sleep. Except for these purposes its value, and the value of electricity, lies purely in the extent to which they may help therapeutic suggestion. This help is sometimes very marked when invoked under appropriate conditions. Indiscriminate massage and electricity are not only useless but positively harmful.

(iii)

Drug treatment occupies a minor place in psychotherapy but nevertheless one of occasional importance. In neurasthenia where there is exhaustion of the nervous system tonics containing strychnine may be used, sometimes with advantage. Whether or not such a drug is helpful must be empirically settled with each individual patient. Its administration as a routine is very undesirable. It may disturb sleep, which is usually precarious enough, and it is hardly rational to administer a stimulant to an exhausted and already irritable nervous system.

The bowels must be carefully regulated, as much by diet and habit as by drugs, and it is needless to say that any organic disease which may be present may require drug treatment.

With regard to neurotic conditions themselves, it is obvious from what we know of their etiology that there can be no specific drug treatment, and the use of drugs falls under two heads. We may employ them to palliate definite symptoms which for the moment we cannot deal with by psychotherapy, or we may employ/

employ them solely for the suggestive effect of their administration. The latter employment is anathema to many, and we are all familiar with the lay jokeabout the use of coloured water, but this joke, like many others levelled at the medical profession, is based on a complete lack of understanding of the situations with which a physician has often to deal. Many people, especially of the working classes, will simply not believe that they are being treated at all unless they are getting medicine of some sort, and in some cases at any rate it is quite impossible to eradicate the belief to begin with. In such a case it is absolutely essential to prescribe something in order to give the patient some confidence. It matters little what is given provided it is innocuous. The suggestibility of the average person is of course the reason of the successful appeal of most patent medicines, the majority of which contain little which is of therapeutic value, but which undoubtedly produce temporary results in many cases.

When proper psychotherapeutic treatment is carried out the use of drugs for the relief of symptoms should, theoretically, be unnecessary. As a matter of fact, however, in many cases circumstances are such that they are occasionally required. This is particularly so in the anxiety state and in neurasthenia. Many sufferers from anxiety are periodically in such states of mental perturbation that it is extremely difficult, if not impossible/

impossible, to get to close quarters with them in order to discuss their symptoms rationally. Under such circumstances the administration of bromides is, I think, of undoubted value. This is particularly marked where there is much excitability, "general nervousness" and tremor. It must never be forgotten that a neurosis is an affection of the psychophysical organism and must be attacked from both sides. It is no more reprehensible to use bromide to allay the tremors of an anxiety state than it is to use heroin to allay the cough of a pharyngitis. Provided that psychotherapeutic treatment can be undertaken, however, the patient must not be led to imagine that the good effects of bromide constitute cure.

The other conditions which sometimes call for drug treatment are headache and insomnia. Both of these occur chiefly in neurasthenia. With regard to headache, any organic cause such as toxaemia or eye strain must be attended to, but if the headache persists as a purely neurotic manifestation I think that less harm than good is done by the administration of aspirin, phenacetin or caffeine. Provided the patient does not know the composition of his medicine the active drugs can usually be rapidly dispensed with and relief obtained by the suggestive influence of the mere taking of a draught or powder.

With regard to insomnia the position is more difficult, and in spite of the well recognised risk of forming drug habits there/

there can be little doubt that drugs are still too freely used. Before resorting to sleeping draughts every other method of producing sleep should be tried. Hot milk or hot water, or a bath last thing at night often helps, largely by suggestion. I have known of a case in which an apple eaten before going to bed produced sleep in the same way. In a considerable number of patients I have found post-hypnotic suggestion extremely effective. If for any reason all these fail drugs may have to be resorted to but under no circumstances should either morphia or alcohol be prescribed. There is one thing which must be recognised when attempting to relieve insomnia with drugs, and this is that in many cases sleeplessness is largely a habit, and the cure lies in breaking the habit effectively. The initial doses of whatever drug is used must therefore be sufficiently large to be effective, and the drug must be used over a sufficient period of time to reëstablish the sleep habit. After this the strength of the draught should be gradually reduced, if possible without the knowledge of the patient. It is needless to say that active psychotherapeutic treatment must be carried out at the same time.

The disadvantage of the use of drugs in the treatment of any special symptom lies in the fact that it is apt to direct the patient's attention in such a way that the symptom assumes an undue importance in his mind. Severe headache and severe insomnia are however so commanding in themselves that their/

their persistence is usually more detrimental than any additional importance which may be ascribed to them through specific treatment.

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6. The Role of the General Practitioner.

In recent years there has been seen an increasing tendency towards specialism in the treatment of disease. Heart specialists, lung specialists, stomach specialists and nerve specialists abound, and it is frequently said that the day of the general practitioner is past. Even people who will not make this sweeping statement have become apt to regard general practice as a lower form of occupation and a less skilled one than specialism. Nothing, I think, could be further from the truth, and this attitude is particularly unjustifiable in considering the relation of the general practitioner to neurotic conditions. There can be no doubt that the neuroses are on the increase, and unless the great majority of them can be dealt with by the general practitioner the outlook is black indeed. There are certain ways, also, in which he is more fitted than the specialist for such work. Probably no man acquires such a wide knowledge of "human nature" as a conscientious doctor in a busy practice. If he is able and kindly as well as conscientious he can start the investigation and treatment of a case with the immense advantage of already possessing the confidence of his patient. He is, in many instances, already familiar with the environmental condition, and the previous mode of life of the sufferer, and he is far less likely than the specialist to prescribe methods of treatment/

treatment that are beyond the patient's power or means. If he has been obliged to reckon up the cost of a mixture prescribed for a bronchitis, or to compromise with his ideas of the proper treatment of a gastric ulcer because the patient's circumstances would not allow him to leave his work unless the issue were one of life and death, he is unlikely to give impossible advice about complete rest and sea voyages which merely serves to convince the patient that his condition is, under the circumstances, beyond hope. For these reasons not only is the general practitioner often singularly suitable for dealing with neurotic conditions, but it is absolutely essential that anyone purporting to be a specialist should have had some experience of general practice.

Psychology is the most universal of the sciences, and to undertake to form a rational opinion of the motives underlying a patient's actions it is not necessary to possess a profound knowledge of epistemological theory. A knowledge of human nature, common-sense, and kindliness go a very long way.

The commonest neurosis in this country at least, is the anxiety state, whether it be superimposed on a neurasthenic condition or not, and it is the one for which the general practitioner can do most. As I have pointed out, many of the beliefs, true and false, which underlie this condition can often be determined by a full and free discussion. These are cases in which it is easier for the patient to discuss everything/

everything with a comparative stranger, but in most cases this is not so, and it is to the family doctor that he looks first for help.

I am not arguing that the general practitioner is, or ought to be, capable of dealing fully with all neurotic manifestations with which he may meet. It would be as reasonable to expect him to have at his finger ends the technique of the estimation of blood sugar or the working of the electrocardiograph; but just as a competent physician can without these aids treat diabetes or cardiac disease, so ought he to be able to recognise functional symptoms, and within certain limits to treat them.

The great disadvantage under which the general practitioner labours is lack of time, for psychotherapy occupies the time of both patient and physician as no other form of treatment does. Unless then, in very exceptional cases, it is unreasonable to expect him to be familiar with the technique of psychoanalysis or hypnosis, and some of the more effective methods of treatment by suggestion are impossible. But much is possible without invoking these aids and many a patient has had good reason to be thankful for a recovery from illness where the good sense, knowledge of humanity, and kindliness of the physician played a far more important part than the administration of drugs or massage or dieting.

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In the severer cases the specialist becomes essential. He alone has had the time and the opportunity to study the technical details of mental exploration. and his experience of previous cases makes the interpretation of fresh ones easier. But the road to specialism in the neuroses is not an easy one. The specialist must first of all be a competent physician. He must also have a thorough knowledge of the normal processes of the human mind as far as they are known. Both these qualifications may be acquired, but he also needs a tolerant sympathy with suffering humanity which will enable him to enter into the hopes and fears of his patients with understanding. Such a disposition is largely innate, and is probably commoner in the ranks of the general practitioners of medicine than in any other class of the community.

Conclusion.

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It is now necessary to summarise briefly the results of these investigations of the neuroses.

All behaviour consists of the expression of the activities of one or more innate instinctive tendencies. As the development of mind proceeds the range of situation provocative of instinctive activity increases, and as the result of experience the methods of activity become profoundly modified, as we have seen in Part I. Normal behaviour is the activity which occurs when the instincts are balanced, and no single one is developed to excess. When there is development to excess of any one form of activity, such as the instinct of flight, mental conflict ensues between the excessive instinct and the organised tendencies which govern normal behaviour, which in Part IV. I have called the "ego tendencies". A neurosis results when the excessive or "antiegoistic" impulse becomes relatively so strong as to dominate the organism, and the symptoms of the neurosis are the manifestations of the progress or outcome of the conflict, which may proceed either within or without the field of awareness of the subject.

In the case of conversion hysteria the conflict is beyond introspective reach and the symptoms which result, whether they be paralysis, contractures, or anaesthesias, represent the temporary victory of the antiegoistic tendency, and are in reality motor mechanisms subserving the conative aspect/

aspect of the instinct, as when, in a war neurosis, the functional paralysis of an arm provides security by incapacitating the subject for active service.

In the anxiety state and in psychasthenia the conflict may or may not be within introspective reach, but the anti-egoistic tendency is unable to find even such a substitute goal of conation as a conversion symptom, and the result is the production of anxiety, doubt and obsessions and phobias such as I have described in Part III, together with those symptoms which constitute the physical correlates of the emotion of anxiety.

Neurasthenia is a condition of exhaustion and irritability of the physical nervous system, and its true symptoms are physical in origin. In the vast majority of cases, however, an anxiety or psychasthenic state coexists or is superimposed upon the neurasthenia, and the symptom complex is modified accordingly.

Like all other tendencies these anti egoistic activities depend for their existence on beliefs in the mind of the subject. The only radical method of treating a neurosis is, therefore, to discover the belief which is activating the antiegoistic tendency, and to deal with it according to its nature. The belief may be discovered by a full and frank discussion of the whole situation, or it may have passed out of reach of the subject's introspective activity, in which

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case special methods such ashypnosis or psychoanalysis may be necessary for its discovery. In any case the primary object of treatment is to enable the patient to understand the motives and reasons underlying his actions. When this has been successfully done tendencies based on false beliefs either disappear entirely or are so weakened that the ego tendencies have no difficulty in reassuming their controlling position. When the beliefs activating the anti-egoistic tendencies are found to be true the position is more difficult. Either the environment of the patient must be altered in such a way that these beliefs lose their effect, or the ego tendencies must be built up and strengthened so that they can hold their own in the conflict and keep control of the organism.

In Part II. I devoted considerable space to the consideration of the Freudian theory of neurotic behaviour. This theory resembles the one which I have put forward in Part III in recognising the existence of the primitive instincts, and in emphasising the importance of the conative aspect of mind which has largely been neglected by the French intellectualistic school. This theory appears to me, however, to be radically unsound in several important particulars. From the philosophical point of view it comes to grief over the doctrines of psychological determinism and psychological hedonism, while

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I am unable to find any evidence to justify the enormous and exclusive importance which it ascribes to the working of the sexual instincts.

The time is far away, if indeed it will ever come, when finality in the answer to psychical problems will be reached, but in the present state of our knowledge any theory of behaviour must satisfy certain conditions, and as the neuroses are merely special examples of behaviour any theory of their origin must satisfy the same conditions. The first of these is that the theory must provide an explanation of human behaviour which will keep it in evolutionary continuity with that of the lower animals. In the second place it must explain the facts of behaviour as they are seen both by observation of others and by introspection, and it must do so by taking into account the processes of consciousness and volition. The tendency of the mechanistic psychology which has gained so much prominence during the past century has been to regard consciousness as a mere epiphenomenal correlate of neural activity, or to abolish its importance by regarding it as a phenomenon parallel to but completely independent of behaviour as we observe it, and several of the so-called idealistic philosophical systems lead in effect to the same results. Such systems of course imply determinism and reduce volition to illusion, or to the mere observation of cause and effect. This view I cannot accept for reasons which have been/

been partially stated, and in the preceding pages I have attempted to outline a theory of neurotic behaviour which regards consciousness as a reality additional to and interacting with neural processes, and which regards volition as being one of the main determinants of human activity.

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