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ON THE EVOLUTION OF PARANOIDAL STATES

A Thesis for the Degree of Doctor of Medicine

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ON THE EVOLUTION OF PARANOIDAL STATES.

Introduction: The Scope of the Enquiry.

In choosing to study Paranoidal States rather than the restricted clinical entity known as "Paranoia", I am guided by the desire, on the one hand, to be free of the conflicting concepts of this entity to be found in standard works, and on the other, to be able to study the paranoidal mentality wherever it may appear, and whether it be complicated by other manifestations of mental disease or not.

There would seem to be general agreement among authorities as to the essential nature of this mentality, no matter how they may disagree as to the classification of the various clinical forms it may assume. Its distinctive nature is as follows. It consists of an attitude of general suspicion and egocentricity which gives rise to delusions of persecution or grandeur, which often coexist in the same patient; which are more or less systematised; and which may or may not be reinforced by the presence of hallucinations.

It is also well recognized that while in some forms of insanity the foregoing description defines the whole, or almost the whole of the clinical picture, yet paranoidal states frequently occur as episodes in, or in conjunction with other forms of psychosis. Not only are they to be found as temporary conditions in Mania, Melancholia, Epileptic Insanity, or even occasionally in General Paralysis, but they occur so frequently and in such permanent form in certain cases of Dementia Praecox, that they are often grouped as a subclass of the

disease, under the title of Dementia Paranoides. Cases of this type, indeed, greatly outnumber the examples of "pure" paranoia to be found in Mental Hospitals. It is thus inevitable that our enquiry should centre round this subsection of Dementia Praecox.

Dementia Praecox occupies an extremely interesting position among the psychoses, - a fact which, no doubt, largely explains the tendency among recent writers to make it the battle-ground of conflicting theories. Its interest lies in its peculiarly equivocal nature, which causes it to take up an intermediate position with regard to many other mental disorders. Thus, by means of its "Dementia Paranoides" group, it forms a link in type, though not from the point of view of clinical development, with "pure" paranoia, - the most intellectual" of the psychoses, - while in its lower and more depraved varieties (i.e. in Catatonia and Hebephrenia,) it may come so closely to resemble states of Mental Deficiency that experienced psychiatrists may confuse the two on a cursory examination. There is thus hardly a type of mental disorder that cannot be paralleled by analogous phases of Dementia Praecox.

If, therefore, we make the "Headquarters" of our quest, so to say, in Dementia Paranoides, we should be able to pass by intermediate stages to any part of the psychiatric field in which paranoidal states are to be found, and further, if we should be rewarded by the attainment of any degree of clarity in our concepts of the fundamental nature of such states, no matter how small, the gain should be reflected in some degree in every part of the field.

For my own part, I was first led to the consideration of such questions by the observations I made on cases of Dementia Paranoides some years ago, in which the delusions (to be quoted later) showed the most remarkable similarity to the ideas of "primitive" men, as described by anthropologists. But the inevitably conjectural nature of the theories of such writers forbade me to draw any very definite conclusions, unless and until corroboratory evidence should be forthcoming in a more readily accessible form.

When, therefore, I found that Professor Jean Piaget, in a most painstaking and thorough study of the thought-processes of normal children,¹ had discovered many similar tendencies to those described by the anthropologists, together with a more satisfactory explanation of them, it seemed to me that my chain of reasoning was complete.

It will therefore be necessary, after considering the views of various authorities on mental diseases concerning the nature of paranoid mentality, to review what the anthropologists have to tell us about the mind of the primitive, and the child-psychologists about the mentality of the normal child.

To say that the paranoiac is "childish" or "primitive" in his mentality is mere platitude unless we have some very definite idea as to what is implied by these terms. I hope to show that the child mind and the mind of the primitive are essentially alike in certain primary associational

L) Jean Piaget: "The Child's Conception of the World."

tendencies, which differ widely from the mental attitude and tendencies of the civilized adult; and, finally that the "paranoid", as usual, occupies an intermediate or linking position between the two types of mentality.

While preserving, in the depths of his consciousness, the primordial trends of the savage and of the child, he makes a desperate though unsuccessful struggle to tear himself away from them, and to achieve an "adult" mentality. And from this conflict arise the symptoms which we recognize as characteristic of the state of Paranoia.

Chapter I.

Standard Conceptions of the Paranoid State, and the
Classification of Types.

Magnan : Krafft-Ebing : Kraepelin.

In consulting the literature of Paranoia one can hardly fail to be struck by the following curious fact. While, on the one hand, there is general agreement among the standard authorities as to the nature of the paranoid state, with its characteristic picture of stable and systematised delusions of a persecutory nature, which may co-exist along with, and tend to give place to ideas of grandeur, yet on the other hand, in the matter of the classification of types of the disease, the utmost diversity of opinion reigns.

From the mass of writers who have tried to bring order into this confusion, three names stand out. These are Magnan, Krafft-Ebing, and Kraepelin. The classifications advanced by these men have, on the whole, dominated our conceptions of the clinical varieties of the disease. Each tried to make a coherent scheme to replace the confused classification of his predecessors, but as quickly as each drove contradictions out of his own field of operations, new ones appeared when his scheme was compared with those of his contemporaries, with which it could not be got to harmonize. Let us look at these schemes in turn.

1.) Magnan. According to Magnan¹ the position facing him was

1. Magnan et Sérieux: "Le Délire Chronique à Evolution

Systematique." (Chap. I)

as follows.

As far back as 1809, Pinel had noted two opposing forms which could be taken by "Le Délire Mélancolique." One was characterised by an outburst of pride, with delusions of vast wealth and power, while the other was a state of complete despair. Our concepts of paranoia and melancholia are at present so widely separated that it is a little difficult for us at first to understand how the two conditions could ever have been grouped together, but we shall afterwards see that they are indeed closely related.

Esquirol divided the two by making them the subclasses of his great group Monomania, which was characterised by lesions either of the intelligence, the affections or the will. This group he further subdivided into two subclasses;-

- 1.) "Lypémanie", or Melancholia, and 2.) Monomania properly speaking. The latter was again split into three;-
 - a.) Intellectual Monomania, with delusions and hallucinations, but no emotional disturbance.
 - b.) Affective Monomania, in which the patient's emotions become perverted.
 - c.) Instinctive Monomania, in which the will is undermined, and actions become instinctive and involuntary.

Later, in 1852, an attempt was made, especially by Lasègue, to separate out from the melancholics and monomaniacs of Esquirol, a special type characterised by the existence of systematised delusions of persecution. Lasègue said nothing of grandiose ideas, nor did he make the presence or absence of hallucinations a diagnostic criterion.

The clinical connection between grandiose and persecutory ideas was observed by Morel in 1860, and patients of both

types were classed together by him, as "hypochondriacal-neurotics". A special chapter was devoted to those patients who begin by being persecuted and end by becoming grandiose.

Later still, however, in 1871, Foville once more separates out the grandiose types and forms the class of "Megalomaniacs", which includes both those who begin by being persecuted, and those whose illness has had a grandiose turn from the onset.

Magnan is not so much concerned to make a complete classification as to define clearly one particular type, or what seems to him to be a clinical type, showing all the signs of a separate and independent entity, and differing from all others in its mode of onset, its evolution, its symptomatological picture, its prognosis and its end. This entity he names "Le Délire Chronique à Evolution Systématique."

According to Magnan, this disease has four well-marked stages:

1.) A stage of incubation which often passes unnoticed, but in which the patient is nervous, ill at ease, and definitely depressed. After a variable period the patient develops definite delusions and passes into;

2.) The stage of persecution. This is the longest stage of all, that is to say, it is in this stage that the patient is most likely to come under observation. The delusions are definitely of a persecutory nature, vague at first, - the patient speaks of his persecutors merely as "they", - but later, especially under the influence of hallucinations, usually auditory in type, becoming more and more definitely fixed on to certain people.

Hallucinations invariably make their appearance in this disease

and as it becomes more firmly rooted, the hallucinations grow more definite and marked. At first, it may be, the patient only hears "buzzings", but these regularly develop into whispers, which in turn become clearly audible remarks, until the patient's most secret thoughts may be shouted aloud. His intelligence, which is usually above the average, works over all the signs of interference with him, and gathers them into a logical and coherent whole.

At first he attempts to elude his pursuers by changing his place of residence or occupation. But since this necessarily fails, he next tries to defend himself against the hostile attacks, and in doing so he may take the most elaborate and fantastic precautions. Finding these equally fruitless, he may ultimately be driven to desperation, and may launch counter-attacks against his enemies, even amounting to homicidal attempts.

Magnan therefore divides his second stage into three phases;- "Il fuit: il se défend: il attaque."
The second stage may last for years, but it ultimately passes into;-

3.) The stage of megalomania. The tone of the patient's delusions, and with them, of his whole outlook undergoes a marked change. He gradually ceases to be the object of hostile attacks, and becomes a great and important personage, often with divine or superhuman prerogatives.

We shall have much to say later about this remarkable change, which is common to nearly all paranoidal states, and which, though it has often been remarked, has not, apparently evoked all the interest it merits.

Magnan makes one or two tentative

efforts to explain it, without, however, much success. For the rest, he contents himself with describing it with lucidity and vividness.

He points out, also, that since the process is a gradual one, and one, moreover, which the patient often resists with all the strength of his failing intelligence, it is only to be expected that all grades of intermediacy will be found between the extremes of persecution and grandiosity; in other words that cases will show all degrees of mingling of delusions of the two kinds. It is thus only when the whole course of the disease is reviewed retrospectively that a clear picture is obtained of the definite and systematic evolution which characterises Magnan's "Délire Chronique." This evolution ends without fail in;-

4.) The stage of progressive and ultimately complete dementia; a rising tide which finally covers the whole delusional picture, persecutory and grandiose alike.

Magnan wishes to make a clear distinction between his "Délirant chronique" and sufferers from all other mental disorders. His chief difficulty lies with the protean class of the "Dégénérés". This is a vast heterogeneous mass which reaches from idiots and imbeciles, on the one hand, up to what we should now term psychasthenics on the other, including kleptomaniacs, dipsomaniacs, pyromaniacs, and other insanities of impulse. This class also includes the praecox demented, and among them, a type which Magnan finds considerable difficulty in separating cleanly from his "délirants chroniques". This type he calls "les délirants dégénérés systématisés". They, too, show delusions of persecution and grandeur, which tend

to be systematised, though not so logically and organically as in the "délirants chroniques".

But Magnan insists that they differ in the following points. In them, the disorder may begin at any age, and frequently does so in childhood, whereas, in his special type, there is frequently no evidence of mental disturbance in early life, and rarely before the age of thirty, while many cases do not develop symptoms until forty or fifty. Then, again, the degenerates show marked hereditary taint, which is absent, or can be shown to have little aetiological importance in the "déliquant chronique". A similar difference is to be found with regard to the presence of physical and mental stigmata of degeneracy.

One can see, in fact, that it would be quite possible to make these two types into the upper and lower limits, respectively, of one group. And, indeed, this is what has actually happened. Most of Magnan's cases would now probably be placed in the upper ranks of the paranoid demented, while the "dégénérés" would form the lower ranks of the same group, verging on frank dementia praecox.

Magnan it is true, and rightly, claims that the systematisation, regularity, and, above all, the undeviating evolution of the higher type, marks it out definitely from the lower, with its utterly irregular course, and uncertain prognosis, now developing suddenly, and again as suddenly undergoing spontaneous "cure", or again showing no constancy in its manner of transference from persecutory to grandiose; a modification which is sometimes accomplished slowly, and at other times quickly; which sometimes does not occur at all, because the delusions were grandiose from the start; and finally which may even take place in the reverse order.

All these things are, no doubt, of the utmost importance to the clinician, but do they warrant us in speaking of "Le Delire Chronique" as a separate entity? Even Magnan is occasionally betrayed into phrases like this;-

"Ces signes ont sans doute leur valeur, mais dans certains cas, ils peuvent faire défaut et alors la distinction ne laisse pas que d'être délicate."¹.

A point of importance concerning the confusion of classifications is that Magnan excludes from his "higher type", all the cases in which hallucinations are absent. As we shall afterwards see, it is precisely this absence of hallucinations which, for Kraepelin, characterises his highest type of paranoia.

If now, we turn to Germany, we find a similar process of classification at work, but here the confusion is still more marked. This was no doubt partly due to the curiously unscientific or metaphysical attitude which many German psychiatrists adopted towards their speciality, and which has been stigmatised as follows by Krafft-Ebing.

"In Germany there were many obstacles to hinder the rapid development of Psychiatry as a natural science, arising out of the one-sided metaphysic and psychologic of thought consequent on the influence of the theories of Kant, and the natural philosophy of Schilling. Working in this purely philosophico-psychologic direction of thought we find such

1. "Le Délire Chronique à Evolution Systématique." pp. 150-151.

men as Hoffbauer, Reil and Blumroder, but, before all, Heinroth Professor of Psychiatry at Leipzig.

Heinroth regarded the soul as a free force excitable to stimuli, but endowed with the power of choice; for him the body was not something independent, but, as it were, an organ of the soul. The fundamental law of the soul is freedom; the source of its life, reason. Heinroth's aetiology is of an ethico-religious nature. All human evils arise from sin; therefore mental disturbances have the same origin. The soul is responsible for its own disease. Passions and sins - that is the fall from grace - are the cause of mental disease. The principal elements in their treatment were psychic; that is a pious life and absolute devotion to God and all that is good. According to Heinroth, the only prophylactic against insanity is Christian faith.

Strange to say, this mystic and pious theory of Heinroth found adherents." ¹.

Now Heinroth is closely connected with the development of the paranoia concept in Germany. He was one of the first to use the word. But for him it denoted certain types of acute confused thinking. We thus see at once a fruitful source of misunderstanding. Little wonder that, when to this was added the mystifying effects of Heinroth's philosophy, the confusion was thrice confounded.

According to Magnan, the German writers use the terms "Wahnsinn" and "Verrucktheit" in a loose and confusing sense, which, moreover, frequently varies in different writers, but the broad usage roughly corresponds to that of "Monomania"

1. R. von Krafft-Ebing: Text-Book of Insanity. p.43.

by the older French alienists. But so great was the confusion that Mendel in 1881, and Werner in 1889 replaced these words by the term Paranoia. Again the fundamental symptom-complex is the presence of persecutory ideas which tend to become grandiose.

In 1888 Krafft-Ebing attempted a further classification.

2.) Krafft-Ebing. Here, first of all, is this author's conception of Paranoia in general.

"In contrast with those of Melancholia and Mania, the delusions in this disease, devoid of all emotional foundation, are primary creations of the abnormal brain, and, in contrast with those of primary hallucinatory insanity, are, from the beginning, systematised, methodic, and combined by the process of judgment, constituting a formal delusional structure. This capability of combining and reasoning activity, in contrast with the psychic processes in primary hallucinatory insanity, is possible owing to the relative freedom from damage of the intellect, at least on its formal side (judgment): so that on superficial observation, one is struck by the clearness and logic of such patients (monomania).

Notwithstanding the apparent lucidity of consciousness, this is, however, disturbed in a peculiar way, in that, in spite of the absence of emotion, in spite of the clearness of apperception, the patient cannot correct his imagination, hallucinations. &c., and rather, devoid of the power of criticism, - accepts them as facts. Thus his judgments are necessarily based on false premises, and the creation of delusional

conceptions is the necessary result, the foundation and keystone of which, notwithstanding the correctness of the logical creation, are fictions."¹.

"The delusions in content are concerned either with ideas of injury or of furthering the vital relations of the patient, (delusions of persecution and grandeur.) Much more frequent than grand delusions are those of persecution. Both may occur one after the other, or together, in the same disease-picture; or one may exist alone. Where the delusion begins as an idea of persecution, not infrequently in the later course of the disease, ideas of grandeur become so powerful and numerous that they quite overcome the delusion of persecution. The persecuted person becomes a distinguished personality, (transformation), and then both series of delusions are brought necessarily into relation; and, even though those secondarily developed are predominant, yet those that were primary, in the further course of the disease, will make their appearance now and then.

"When paranoia commences with predominating delusions of grandeur and runs its course, no transformation occurs, though there may be episodically and occasionally primordial delusions of persecution."².

So far as the general outlook on paranoia is concerned, there is, then, no difficulty in making Krafft-Ebing's teaching square with what we have learned from Magnan. So soon, however,

1. Krafft-Ebing: Text-Book of Insanity: pp. 368-369.

2. ibid: pp. 374-375.

as we turn to classification of clinical types, we slip back once more into chaos and contradiction. Here is Krafft-Ebing's scheme:-

Paranoia

1. Original Paranoia.
2. Late (Acquired) Paranoia.
 - a.) Persecutory Paranoia.
 - 1.) The typic form of acquired paranoia.
 - 2.) Querulous insanity with mania for lawsuits.
 - b.) Expansive Paranoia.
 - 1.) Inventive paranoia.
 - 2.) Religious paranoia.
 - 3.) Erotic paranoia. (Erotomania.)

Krafft-Ebing's Original Paranoia begins early, either before, or at least during the period of puberty, and it is, without exception, associated with profound hereditary taint. It would therefore seem, at first sight, that we were dealing with Magnan's "Délire des Dégénérés", until we learn, to our surprise, that it is much more infrequent than the acquired form, whereas Magnan insists that the degenerate type of paranoia is by far the commonest. Therefore a great number of these cases must be classed by Krafft-Ebing amongst the acquired forms. Of them he writes as follows.

"The outbreak of this form of paranoia always takes place after the period of puberty, not infrequently first in the fifth decennium, and in females especially in connection with the changes of the climacteric. But in any earlier period of life the outbreak may come.....the nucleus of the delusions of these patients lies in ideas of persecution and grandeur.

In many cases the disease-picture is made up exclusively, or almost exclusively of one or the other form of these primordial delusions. More frequently, however, it happens that seemingly in accordance with a law, one form develops out of the other, overcoming that which first appeared; and under such circumstances the persecutory ideas are always those that first manifest themselves. In this case the disease-picture is made up of persecutory content (persecutory insanity), yet episodically manifestations of complimentary but abortive ideas of grandeur are not excluded."¹.

Here again, the age of onset and the general symptomatological picture suggest at first that we may be dealing with Magnan's "Délirants Chroniques". But this idea is soon dispelled when we consider the manifold discrepancies between the two classes. There is no regular and dependable evolution in Krafft-Ebing's cases, and this regular and logical development is, according to Magnan, the very essence of his type. For him, such things as "episodic manifestations of complimentary but abortive ideas of grandeur" certainly are excluded. Moreover, we have seen that Magnan also rigidly excludes all non-hallucinated types, while Krafft-Ebing speaks of such forms as being within the ranks of the acquired variety of paranoia.

There exist, he says, "a few cases in which, at the height of the malady the development of delusions is essentially primordially ideational (Paranoia Combinatoria); but cases

1. ibid.pp.381. -382.

are more frequent in which, during the origin and course of the disease, the sensorial hallucinatory domain is almost exclusively implicated. (Paranoia Hallucinatoria.)¹.

It is obviously as we suspected; the lines of demarcation are drawn differently by the two authors.

3. Kraepelin².

As regards classification, Kraepelin's views - for he has revised them once or twice - differ radically from those of the two former writers. Ultimately, however, they have won more general acceptance.

To begin with, in 1889, Kraepelin contented himself with criticising the classifications put forward by his fellow-psychiatrists, and would not commit himself further than an admission of two types of paranoia, the depressive and the expansive. (vide Magnan, loc. cit. Chap. I.)

Later, however, he made a complete classification. For him, pure Paranoia consists of a fairly small group, in which hallucinations do not occur. The disease is a chronic incurable psychosis which follows a regular and logical course, which is thoroughly and organically systematised, and in which there is no diminution of the intellectual faculties; so that, unlike Magnan's disorder, it does not end in dementia.

All Magnan's cases, and most of Krafft-Ebing's, he would

1. ibid. p.370.

2. I am given to understand that Kraepelin's "Psychiatrie" is not translated from the German. It is therefore inaccessible for me, and I am indebted for this account to William A. White's "Outlines of Psychiatry".

throw into a new group which he created and named "Paraphrenia". This group contains a large number of cases which he had formerly placed in the upper ranks of his class of "Praecox Dements", under the title of "Dementia Paranoides".

The truth seems to be, that as with paranoia, so with dementia praecox, we are dealing with a class which certainly appears to correspond to an observable reality, but whose limits it is surprisingly difficult to define. The very name, "Dementia Praecox" has been adversely criticised by many authorities, since all cases are not "precocious", either in their time of onset, or in their progress towards dementia.

Yet, on the other hand, there seems to be an unbroken line of connections between Kraepelin's pure paranoia and frank dementia praecox, and this line leads through the group of "Dementia Paranoides".

In the eighth edition of his "Psychiatrie", Kraepelin has therefore split up this group, leaving only two paranoid forms, a mild and a grave, definitely within the bounds of dementia praecox, and removing all the others into his "Paraphrenia" group, which occupies an intermediate position between "praecox" and paranoia proper.

Patients in the paraphrenic group do not show the characteristic disorganisation of the personality, nor the defects of will and emotion so common among the praecox dements. The main disturbance is intellectual. Kraepelin divides the paraphrenic group into four subdivisions:-

- 1.) P. systematica. - This is practically co-extensive with Magnan's "Delire Chronique," except that certain mild cases of praecox deterioration are not excluded.
- 2.) P. expansiva. - Unlike Krafft-Ebing's paranoid class of

similar name, this occurs only in women, and consists of an exuberant megalomania.

3.) P. confabulans. - In this type there are both persecutory and grandiose ideas, but they are largely founded on confabulations and falsifications of memory.

4.) P. phantastica. - This is essentially the group which Kraepelin formerly described as paranoid dementia. The delusions are luxuriant, fantastic, disconnected and changing.

Kraepelin's final attempt did not, however, oust his former one from popular favour. Rather, the two tend to coexist, and to be used somewhat indiscriminately. Thus a recent authority, Professor Sigmund Freud, writes as follows.

"I am of opinion that Kraepelin was entirely justified in taking the step of separating off a large part of what had previously been called paranoia, and merging it, together with catatonia and certain other varieties of disease into a new clinical unit - "dementia praecox" - though this was a particularly unhappy name to choose for it. The designation chosen by Bleuler for the same group of varieties - "Schizophrenia" - is also open to the objection that the name appears appropriate only so long as we forget its literal meaning. For otherwise it prejudices the issue, since the name connotes a theoretically postulated characteristic of the disease - a characteristic, moreover, which does not belong exclusively to it, and which in the light of other considerations, cannot be regarded as the essential one. However, it is not on the whole of very great importance what names we give to clinical pictures. What seems to me more essential is that paranoia should be maintained as an independent type clinically however frequently

the picture it presents may be complicated by the presence of schizophrenic features.....It would seem to me the most convenient plan to give dementia praecox the name of paraphrenia. The term has no special connotation, and it would serve to indicate a relationship with paranoia (a name which may be regarded as fixed) and would further recall hebephrenia, an entity which is now merged with dementia praecox."¹.

If this is the best that Freud, with his flair for systematic classification, can do with paranoia and allied states, we may well despair of arriving at a satisfactory schema. How, then, are we to explain this resistance on the part of paranoidal states, to arrangement in neat compartments?

It seems to me that, at least provisionally and for the sake of clearing the ground for further discussion, we are driven to make the following assumptions.

In paranoia and allied states we are dealing not with a clinical entity, not with a disease, but with a type of mentality. The essential characteristics of this mentality are the tendency to develop delusions of persecution, which, in turn, tend to become grandiose, or the delusions may be grandiose from the start. Such delusions frequently show a considerable amount of systematisation, but since this is variable, and apparently depends upon the level of mental development in the individual concerned, we should regard such systematisation and logical coherence in the delusions as of secondary, though still considerable importance. The basic characteristics of the paranoidal mind, then, are the types of delusions and

1. Freud: Collected Papers on Psychoanalysis. Vol. III, p. 463.

their tendency to evolve from persecutory to grandiose.

If we take this point of view, and do not insist too much upon systematisation, we shall find our class of paranooids enormously extended, -to such an extent, indeed, that paranoidal trends may be found, at least temporarily, in almost any form of mental disorder. Thus, we find Krafft-Ebing commenting:-

"A point of great importance in the estimate of the clinical case and its course,....is the occurrence of other psychoses in the course of paranoia. Repeatedly I have seen dementia paralytica develop. Alcoholic and epileptic insanity are not very infrequent, and also periodic forms of mental disturbance, episodic melancholia, and hallucinatory insanity.

It is also worthy of remark that one clinical form of paranoia may have an abortive course, in that another form takes its place. Thus, for example, original paranoia is abortive and late paranoia takes its place." 1.

White expresses a similar idea as follows:-

"The adjective paranoid of paranoiac, meaning like paranoia, is applied specifically to mental states showing more or less systematised delusions of persecutions and hallucinations of hearing. Many different mental disorders may present paranoid conditions and not infrequently paranoid states are met with that are quite difficult to definitely diagnose, so that the term is in frequent use.

These paranoid states are met with in dementia praecox, paresis, the toxic psychoses, hyperthyroid and hypopituitary

1. R.von Krafft-Ebing: Text-Book of Insanity. p.375.

states, the psychoses of the involutory period, manic-depressive psychosis, and in fact, in practically all the types of mental disease. In general, these states are transitory, and while presenting the various symptoms of the disease in which they occur, are usually further characterised by a less stable and coherent organization of the delusional system which is endogenous in origin. The paranoid states that occur in hypomania are particularly difficult to diagnose, while those which follow the other psychoses, especially the toxic and infectious, as from alcohol, cocaine, and typhoid, are particularly persistent, often lasting for many months. These conditions have given origin to the term secondary paranoia.¹.

All this becomes immediately comprehensible when once we are reconciled to the idea that the paranoid state is a type of mentality which may be thrown into relief by any form of mental disturbance, whether it be of toxic or other origin. And we begin to understand why the various authorities we have consulted should have had no difficulty in describing paranoidal mentality with a fair degree of general agreement, whereas, when they come to classify the types, their arrangements at once appear confused, contradictory and arbitrary.

But the extreme frequency of paranoidal states in all kinds of psychoses is bound to awaken in our minds a growing suspicion that we are dealing with a type of mentality which is not confined to the insane. We ought to suspect that it

1. William A. White: Outlines of Psychiatry: p. 119.

may have a common basis in the minds of all of us, and that it may lie submerged in the minds of the sane, prevented from rising to consciousness by the various forces of control and correction which are in abeyance in the insane. Or if this is not exactly warranted, we should at least expect to find certain trends in the background of all human minds, which in suitable circumstances can be built up into the typical picture of Paranoia.

In either case, our quest would seem to be definitely setting towards this mental background which we now call the "Unconscious Mind", so that our next business must be to consult the psychologists who have attempted to map out this field, and especially to learn their views as to the nature of paranoidal states.

Chapter II.

Psychological Interpretations.

Freud : Adler : Jung.

1.) Freud.

From Freud's point of view all mental disturbance is the result of the repressions and distortions which the Libido Sexualis has been made to undergo in the course of the patient's development from infancy. This is as true, according to him, of paranoidal states as of any others. But what distinguishes paranoia is the type or aspect of sexual libido that has been repressed. This condition is due to the repression of homosexual libido, or, to put it another way, behind the symptoms of paranoia, and submerged in the unconscious, there always lies a homosexual wish-phantasy, against which the symptoms are a reaction and a defence.

Freud has expressed himself with his customary clarity on this matter in an essay entitled "On the Mechanism of Paranoia"¹, in which he continues the discussion which he had commenced in the foregoing essays, of the case of Dr. Schreber, who was a most interesting example of dementia paranoides.

1. Freud: Collected Papers on Psychoanalysis: Vol III. p.444.

Fortunately for Freud's view, Dr. Schreber has stated that between the two outbursts of his illness, he recollects that on one occasion, when just waking from sleep, he was aware of the thought that "after all, it really must be very nice to be a woman submitting to the act of copulation." Such an idea, of course, was quite foreign, and even repulsive to his ordinary frame of mind. Yet, during his previous attack, when he was in the persecutory stage of the disease, his chief accusation had been that his physician, Flechsig, was committing sexual outrages upon him, while, on the other hand, when his illness later developed a grandiose phase, his main contention was that he was destined to be the Saviour of the world, but only at the price of his being transformed into a woman, in order that he might be impregnated by God.

We may, therefore, with good conscience, grant Freud his point, so far as this particular case is concerned. Moreover, every psychiatrist could parallel this case with others from his experience of paranoids. Such cases undoubtedly show homosexual wish-phantasies, along with reaction against them. When, however, this statement is generalised so as to include all cases of paranoia, it calls for much critical investigation before we accept it. Freud, indeed, has not overlooked the difficulty, and notes that in paranoia, "a sexual aetiology is by no means obvious."¹ Yet he believes that, even in those cases in which the causative factors seem rather to be of the nature of social slights and humiliations, the

1. Freud: ibid. p.445.

underlying cause is nevertheless repressed homosexuality.

In order to understand this point of view, we must refer to Freud's theory of the development of infantile psycho-sexuality. Freud claims to have observed several distinct stages in this development.

"Recent investigations have directed our attention to a stage in the development of the libido which it passes through on the way from autoerotism to object-love. This stage has been given the name of narcissism. Its nature is as follows. There comes a time in the development of the individual when he unifies his sexual instincts, (which have hitherto been engaged in auto-erotic activities), in order to obtain a love-object; and he begins by taking himself, his own body, as his love-object, and only subsequently proceeds from this to the choice of some other person as his object. The point of central interest in the self which is thus chosen as a love-object may already be the genitals. The line of development then leads on to the choice of an outer object with similar genitals - that is to a homosexual object-choice - and thence to heterosexuality. Persons who are manifest homosexuals in later life have, it may be presumed, never emancipated themselves from the binding condition that the object of their choice must possess genitals like their own; and in this connection the infantile theories which attribute the same kind of genitals to both sexes exert a considerable influence."¹.

1. Freud: ibid. p.446.

Freud then goes on to point out that even after the stage of heterosexuality has been reached, the homosexual tendencies are not abolished. They are merely deflected from their sexual aim, and turned to fresh uses. They now contribute an erotic factor to friendship, to esprit de corps, and to the love of mankind in general.

All this applies to normal development, but if for any reason there has been a lagging behind at any of the stages, this retardation creates a disposition towards future illness.

"...Each stage in the development of psychosexuality affords a possibility for a "fixation", and thus for the laying down of a disposition to illness in later life. Persons who have not freed themselves completely from the stage of narcissism, who, that is to say, have at that point a fixation which may operate as a disposing factor for a later illness, are exposed to the danger that some unusually intense wave of libido, finding no other outlet, may lead to sexualisation of their social instincts, and so undo the work of sublimation which they had achieved in the course of their development.Since our analyses show that paranoics endeavour to protect themselves against any such sexualisation of their social instinctual cathexes, we are driven to suppose that the weak spot in their development is to be looked for somewhere between the stages of auto-erotism, narcissism, and homosexuality, and that their disposition to illness.... must be located in that region." ¹.

1. Freud: ibid. pp. 447 - 448.

Starting from this initial fixation, the paranoid state develops as follows. To the passive lagging behind, which is the essential precursor to every repression, there is added the active process of repression proper, which is carried out by the more highly developed systems of the conscious mind. This process Freud designates by the name of "after-expulsion."

The psychical derivatives of the original lagging instincts are thus repressed into the unconscious, and along with them, other psychical trends which have also aroused aversion in consciousness, may share in the repression. But such trends would not undergo repression on account of the aversion they arouse alone, unless they were connected or allied in some way with the components of the lagging instincts.

Both these sets of tendencies are now relegated to the unconscious. The third phase now occurs, in the form of the "irruption" or "return of the repressed." It is to this process that the formation of symptoms is due. The repressed tendencies now come back into consciousness in a disguised or distorted form. In paranoia, this distortion takes the form of a change of sign. In other words, the emphasis is placed on the denial of the patient's unconscious wishes, which, in this condition, are of a homosexual nature.

Thus, all the symptoms may be explained as an emphatic denial of the proposition:—"I (a man) love him (a man). Delusions of persecution contradict the verb in the proposition. They assert as loudly as possible, "I do not love him. On the contrary, I hate him, because he persecutes me." The imaginary persecutions can also be made to serve as symbolical sexual attacks, in accordance with the patient's uncon-

scious wishes. Sometimes, as in Schreber's case, the persecutions actually take the form of sexual or homosexual assaults.

Delusions concerning the infidelity of the marital partner, which are so common in paranoia, deny the subject in the proposition. "It is not I who love him. It is she who loves him." And the object is contradicted by the delusionary love-affairs which are enacted in erotomania. "I do not love him. I love her."

And finally, the proposition as a whole is contradicted by megalomania, which asserts, "I do not love anybody at all." But since the positive urge of libido can make no use of such a negative statement, what megalomania ostensibly asserts is, "I love only myself, since I alone am worthy of love."

Such, then, are the main lines of Freud's theory. Obviously it has many attractive features. If we accept it, we have a clear and intelligible explanation of the puzzling symptomatology of the condition in all its chief manifestations. But it is equally evident that it stands or falls, as a whole, with the author's general theory of infantile sexuality and the development of the libido sexualis, and, as we shall afterwards see, it is precisely here that there is room for the gravest doubt.

Freud also notes the curious fact, which is not confined to paranoia alone, that the patient seems to have no difficulty in regarding his subjective thoughts as external realities, and he explains this as being due to the mechanism of "projection." We shall afterwards have to discuss this term, and to consider whether it is really the most appropriate one.

In the meantime we may note that the whole theory demands a suspicious amount of stretching of our concepts, and this

not only with regard to sexuality.

On the other hand, there are certainly cases in which it seems to fit admirably, and we shall undoubtedly have to take these into account in framing any alternative theory. What would seem to be needed is a concept which shall be sufficiently wide to embrace all cases, without necessarily cramping them into a sexual or homosexual mould, but into which those cases which show unmistakably sexual or homosexual features in their delusional systems, may be fitted as special examples of a general law.

It will be well if we defer any further consideration of Freud's view until we are equipped with some such body of ideas.

2. Adler.

If now we turn to the works of Alfred Adler, we find a conception from which the rôle of sexuality has been completely dethroned. Where Freud sees Sex, Adler sees "Will to Power", and the striving to compensate for an inner feeling of inferiority, as the root cause of all mental disturbance.

For Adler, the neurotic or the psychotic is always a person whose feeling of inferiority, originating in childhood, has unfitted him for the struggle of life. What is dearest to him, as to all men, is the sense of power, even if it be illusion. But his "Inferiority Complex" makes him continually fear reality, with its fatal propensity for unmasking shams, and exposing illusions. After the manner of Don Quixote, he fears to bring his cherished feeling of superiority to the test, because, deeper than this feeling,

lies the unadmitted sense of weakness. Consequently, his whole life becomes a pretext for evading precisely such a test, - a long tissue of excuses for avoiding reality, - so that he may remain in undisturbed possession of his dreams of power. Here, then, once more, we have paranoia explained as a particular example of a general theory of the neuroses and psychoneuroses.

First of all, it is interesting to note that Adler has seen the connection between paranoia and melancholia, a connection upon which we have already remarked, and to which we shall return. Adler studies them together. Here are his "Preliminary Remarks."

"The following are the forces conditioning neuroses and psychoses discovered and described by me:- infantile feeling of inferiority; safeguarding tendencies; automatically tested methods; characteristic traits, affects, symptoms and attitudes taken towards the demands of communal participation; the employment of all these methods for the purpose of an imaginary increase of the feeling of personality as against that of the environment; the search for a circuitous method and for the creation of "distance" between themselves and the expectations of the community in order to evade... personal responsibility... and finally the neurotic perspective and the purpose, at times insane, devaluation of reality."¹.

1. Adler: "Melancholia and Paranoia": "Individual Psychology":

Adler then proceeds to present the psychological structure of paranoia and melancholia in accordance with these conclusions.

From infancy the melancholic has regarded life as a "difficult frightful game of chance in a world full of obstacles and in which the majority of men are hostile. We recognize in this attitude of antagonism to the community-feeling an intensified sense of inferiority, one of the contrivances that lie at the basis of the neurotic character as described by me. When protected by their special aggressive tendencies which are transformed into traits of character, affects, preparations and acts (crying) - these people feel themselves able to cope with the facts of life....By letting their subjective feelings of inferiority take a concrete shape they are in a position to insist from childhood either openly or secretly, upon an increase of their "disablement grant" ¹.

Thus all the symptoms of melancholia are simply cunning contrivances to make capital out of the very feeling of inferiority itself, and by means of dejection, the inability to do anything, and the feeling of utter unworthiness, to bind all the people round the patient in willing servitude. And this plan of winning ascendancy by the deliberate exaggeration of self-depreciation may be carried to its logical limit in suicide. The act of suicide is, indeed, but the extreme case

1. Adler: ibid. p. 248.

of "the early acquired deficiency of the social activity (which) "conditions that peculiar attitude of attack which, resembling suicide, proceeds from an injury inflicted on oneself to a threatening of the environment or to acts of revenge."¹.

"Since his fellow-man merely serves him as a means for heightening his own personality-consciousness....the melancholic individual recognizes no limits to the extension of his tyranny over others,...and will proceed either to suicide itself or to the thought of suicide if compelled to surrender his main object of being freed from the demands of others, or actually commit suicide when he comes upon invincible obstacles."².

In paranoia, while we have the same basic problem, the reaction is somewhat different.

"This attitude both in toto and in individual questions is prepared early in childhood, tested, blunted, and protected against the most serious objections of reality. That is why the paranoiac system possesses, to a greater degree than other psychoses, definite methodical traits and can be influenced only at the beginning and under propitious circumstances. In paranoia neither the communal feeling nor its function, the "universally valid" logic of reality, is ever entirely destroyed." ³.

1. Adler: ibid. p. 254. 2. Adler: ibid. pp. 254-255.
3. Adler: ibid. pp. 255-256.

"This activity whose goal is that of an ideal of superiority, must, in its development, automatically lead to an attitude of criticism and hostility toward the patient's fellow-men, an attitude that in the last analysis, is directed against others, against influences and situations behind which humanity, as such, is suspected of being concealed. In this way, others are made responsible for that part of the patient's over-emphasised plans that did not succeed. In paranoia, the anticipation of the goal of superiority (megalomania) also serves to put on a firm basis the feeling of superiority and permit the patient to evade responsibility for failure in society by creating secondary regions of activity."¹.

What strikes one first about Adler's interpretation is the apparently unwarranted distortion of the obvious facts of the disease. It may be true, as he says, that the melancholic is merely consolidating his own sense of power by means of his symptoms, but where is the evidence for such a conclusion? The plain fact that stands out in melancholia is that the patient is not successful, that he is miserable, and not at all reassured by his symptoms. To twist that fact round, and to say that he makes himself miserable in order to attain a heightened sense of his own importance and power, is, to say the least of it, a suspicious procedure. It is true that we often feel that the hypochon-

1. Adler: ibid. p. 256.

driac is enjoying his fancied ill-health, but no one ever felt like this about a true melancholic. Nor, indeed, does Adler claim so much. He admits that the melancholic does not enjoy his illness, but nevertheless, maintains his conclusion.

"The question why, nevertheless, he does not enjoy this condition, is unnecessary. The fact is that melancholia does not permit any other mood to arise and since the patient's object is success, there is no place for any feeling of joy that might interfere with his compulsion attitude of depression."¹.

Once again, we can only marvel at the assurance which can permit a psychologist to offer such an interpretation, solely, it would seem, on the strength of his ipse dixit. Behind this, however, there really lies an unspoken faith in a principle which the "New Psychology" has brought greatly to the fore. I refer to the idea that every symptom in a psychosis is really an attempt, on the patient's part, to effect a "cure". This, indeed, has been an extremely valuable conception, and has enabled us to understand many things which formerly were incomprehensible. But it would now seem as if the "New Psychology" were bent on exalting it into what William James would call "an a priori synthesis, of the most perfect sort, needing no proof but its own evidence."

Yet if we may judge at all by the analogy of physical disease, we should expect to find that while in many mental

1. Adler: ibid. p.255.

disturbances the patient does react in a positive and therapeutic manner, there might be others in which such reaction does not occur; just as, for instance, in pneumonia, the patient usually reacts by means of pyrexia, leucocytosis, etc., which are aimed at combatting the infection, yet, in certain enfeebled patients, this reaction does not occur; and in such cases the disease is naturally fatal, since the patient does not resist.

If, with this idea in mind, we were to search for possible examples of the same thing in psychiatry, we could hardly do better than to take paranoia as an instance of the positive (pseudo-psychotherapeutic) reaction, and melancholia as its opposite.

There is no difficulty at all in following Adler's exposition of paranoia. The initial suspicion, groundless in fact, can hardly be explained unless we suppose that the patient really does feel an inner sense of weakness; and the fact that he ends by covering this sense of inferiority by an illusion of increasing power, shows that he is trying to overcome his "complex" and thus to treat himself.

But with regard to melancholia, the simplest and most direct interpretation would seem to be that the patient has never had the strength or courage to try to vanquish his weakness, even in his own mind, by means of delusional ideas. He has simply allowed his sense of inferiority to sweep over him unchecked. There is one exception, however, to this attitude on the part of the melancholic. In certain cases of melancholia there is observable a kind of pseudo-megalomania, which is an added proof of the connection of this condition with paranoia, - a fact which we must thank

Adler for bringing to our attention in the following passage.

"From the incessant attempts made from early childhood to gain prestige it can be inferred that their self-assessment is quite low and yet all their actions seem to suggest) and these disguised hints disclose the psychical affinity with paranoia -that some neglected opportunity for an extraordinary development had some-how been missed. They indicate familiar unfavorable circumstances (as the source of their failure) or betray in their maniacal-melancholic ideas the ineradicable assumption of superhuman, even divine powers. It is on such an assumption that are based the complaints in which the sick individual bewails, in what really represents a disguised idea of greatness, the terrible fate which will overwhelm his family when he is gone; or he speaks in a self-accusatory way about his part in the destruction of the world."¹.

Such ideas are certainly to be found among melancholics, and we shall discuss them later. But though they have the same significance as the grandiose ideas of paranoia, and represent an attempt on the patient's part to deal with his inhibiting inferiority, the whole process is much more abortive than in the latter condition, and the melancholic reaction on the whole, is much more passive and negative than the paranoic.

We should, then, be much more inclined to agree with Adler

1. Adler: ibid. p. 248.

in his interpretation of paranoia than of melancholia, but in both cases, we should accept his idea that there is an underlying feeling of inferiority.

In this essay, Adler makes no attempt to explain the reasons for this feeling of inferiority, but he has done so elsewhere. It is a general assumption with him that every child must inevitably experience this feeling owing to his weakness, ignorance, and lack of adaptation to his environment, as compared with those of most of the adults with whom he comes into contact. When to this factor there are added feelings of inferiority arising from organ defects, (such as short-sightedness) or from unfavorable position in the family, (e.g. the younger brother who is always being discouraged by the recital of his elder's triumphs), the child's reactions tend to be intensified and distorted. It is, indeed, upon factors such as these that the onus of responsibility must be thrown for those cases which develop neuroses, since the inferiority-feeling arising from his mere childishness is shared in common with all children, yet all do not become neurotics.

But in fact, Adler knows that none of these factors is, in itself sufficient to cause a neurosis. Or, to quote his own words:-

"The actual inferiority of a child, important as it is for his psychic economy, is no criterion of the weight of his feeling of inferiority and insecurity, since these depend largely upon his interpretation of them."¹.

1. Adler: Understanding Human Nature: p. 74.

It would therefore seem as if there might be another factor to consider, which causes the child to interpret everything in a light unfavorable to his own feeling of strength and security, in which case the feeling of inferiority itself would be seen to be as much an effect as a cause. Before we reach the end of our quest, we may perhaps catch a glimpse of this other factor.

3. Jung.

In Jung's works we meet with an outlook which differs radically both from Freud's and from Adler's. It is not that Jung wishes his theory to supplant those of his fellow-psychologists. Rather he would include their views, and, at the same time, go beyond them.

One of his main contributions to psychology is his recognition that there are two main types of mentality towards one of which, speaking broadly, each individual tends. These two abstract types he names the Extrovert and the Introvert respectively. They are the two opposing poles of psychology.

Jung makes no claim to have discovered these types. On the contrary, he points out that they have frequently been described under different names. Thus Nietzsche speaks of them as the Apollonian and the Dionysian, Ostwald uses the terms "Classics" and "Romantics", while William James calls these two types the "tender-minded" and the "Tough-minded"

Jung then paraphrases James as follows:-

"James says that the tender-minded are characterised by rationalism; they are men of principles and of systems

they aspire to dominate experience and to transcend it by abstract reasoning, by their logical deductions, and purely rational conceptions. They care little for facts, and the multiplicity of phenomena hardly embarrasses them at all: they forcibly fit data into their ideal constructions, and reduce everything to their a priori premises. This was the method of Hegel in settling beforehand the number of the planets. In the domain of mental pathology we again meet this kind of philosopher in paranoiacs, who, without being disquieted by the flat contradictions presented by experience, impose their delirious conceptions on the universe, and find means of interpreting everything, and according to Adler "arranging" everything, in conformity with their morbidly preconceived system."¹.

"The tough-minded man is positivist and empiricist. He regards only matters of fact. Experience is his master, his exclusive guide and inspiration. It is only empirical phenomena demonstrable in the outside world which count. Thought is merely a reaction to external experience. In the eyes of these philosophers principles are never of such value as facts; they can only reflect and describe the sequence of phenomena and cannot construct a system. Thus their theories are exposed to contradiction under the overwhelming accumulation of empirical material. Psychic reality for the positivist limits itself to the observation and experience of pleasure and pain; he does not go beyond that, nor does he

1.) Jung: Essay on "Psychological Types" in Collected Papers on Analytical Psychology. p. 290.

recognise the rights of philosophical thought. Remaining on the ever-changing surface of the phenomenal world, he partakes himself of its instability; carried away in the chaotic tumult of the universe, he sees all its aspects, all its theoretical and practical possibilities, but he never arrives at the unity or the fixity of a settled system, which alone could satisfy the idealist or tender-minded. The positivist depreciates all values by reducing them to elements lower than themselves: he explains the higher by the lower, and dethrones it, by showing that it is "nothing but such another thing," which has no value in itself."¹.

Thus we get a picture of the two types; the tender-minded, or introvert, withdrawing into himself to think his thoughts and neglect reality, and the tough-minded or extrovert, throwing himself outward into the sensations obtainable from external stimuli, and regarding the world of thought with open contempt and secret fear. And these two types are to be found among psychologists as in other men, and the type is reflected in the psychological system.

"On the one side we meet with a theory which is essentially reductive, pluralist, causal and sensualist; this is Freud's standpoint. This theory limits itself rigidly to empirical facts, and traces back complexes to their antecedents and their elemental factors. It regards the psychological life

1. Jung: ibid. p. 291.

as being only an effect, a reaction to the environment, and accords the greatest rôle and the largest place to sensation. On the other side we have the diametrically opposed theory of Adler which is an entirely philosophical and finalistic one. In it phenomena are not reducible to earlier and very primitive factors, but are conceived as "arrangements", the out come of intentions and of ends of an extremely complex nature. It is no longer the view of causality but of finality which dominates researches: the history of the patient and the concrete influences of the environment are of much less importance than the dominating principles, the "fictions directrices," of the individual. It is not essential for him to depend upon the object, and to find in it his fill of subjective enjoyment, but to protect his own individuality and to guarantee it against the hostile influences of the environment.

Whilst Freud's psychology has for its predominant note the centrifugal tendency, which demands its happiness and satisfaction in the objective world, in that of Adler the chief rôle belongs to the centripetal movement, which tends to the supremacy of the subject, to his triumph and his liberty, as opposed to the overwhelming forces of existence. The expedient to which the type described by Freud has recourse is "infantile transference," by means of which he projects phantasy into the object and finds a compensation for the difficulties of life in this transfiguration. In the type described by Adler what is characteristic is, on the contrary

the "virile protest", personal resistance, the efficacious safeguard which the individual provides for himself, in affirming and stubbornly enclosing himself in his dominating ideas."¹.

Thus Freud's psychology applies to the extrovert while Adler's is applicable to the introvert. But, in fact, these are abstract, that is to say, nonexistent types. The perfect type would be a harmonious combination of the two, and all of us show a mixture in which both types are present, though one or other may be predominant. Furthermore, this predominance may be of one kind at one time and of the other at another time, in the same individual. It is all a matter of the direction taken by the libido at any particular moment. It may now be centrifugal, and again centripetal.

But the nearest attainment to "pure" types in actual individuals is to be found in mental disorders. Thus hysteria provides us with the purest example of extroversion, while pure introversion is most nearly attained by the praecox dement.

"It is well known that in their general physiognomy hysteria and dementia praecox present a striking contrast, which is seen particularly in the attitude of the sufferers towards the external world. The reactions provoked in the hysteric surpass the normal level of intensity of feeling

1. Jung: ibid: pp. 297-298.

whilst this level is not reached at all by the precocious dement. The picture presented by these contrasted illnesses is one of exaggerated emotivity in the one, and extreme apathy in the other, with regard to the environment. In their personal relations this difference is very marked. Abstraction creates some exceptions here, for we remain in affective rapport with our hysterical patients, which is not the case in dementia praecox.

The opposition between these two nosological types is also seen in the rest of their symptomatology. From the intellectual point of view the products of hysterical imagination may be accounted for in a very natural and human way, in each individual case by the antecedents and individual history of the patient; while the inventions of the precocious dement, on the contrary, are more nearly related to dreams than to normal consciousness, and they display, moreover, an incontestably archaic tendency, wherein mythological creations of primitive imagination are more in evidence than the personal memories of the patient." (Italics mine)¹.

I shall return to the consideration of the italicised passage later. Meanwhile let us follow Jung's description further.

"From the physical point of view we do not find in dementia praecox those symptoms so common in the hysteric, which simulate

1. Jung: ibid. 287.

well known or severe organic affections.

All this clearly indicates that hysteria is characterised by a centrifugal tendency of the libido, whilst in dementia praecox its tendency is centripetal. The reverse occurs, however, where the illness has fully established its compensatory effects. In the hysteric the libido is always hampered in its movements of expansion and forced to regress upon itself; one observes that such individuals cease to partake in the common life, are wrapped up in their phantasies, keep their beds, or are unable to live outside their sick-rooms, etc. The precocious dement, on the contrary, during the incubation of his illness, turns away from the outer world in order to withdraw into himself; but when the period of morbid compensation arrives, he seems constrained to draw attention to himself, and to force himself upon the notice of those around him, by his extravagant, insupportable, or directly aggressive conduct."¹.

Hysteria, then, until it is compensated by the opposite tendency, is essentially a disease of extrovert psychology, while dementia praecox, including its most "psychological" form, dementia paranoides, is as definitely a disease of the introvert. Consequently Adler's psychology should be more applicable to the paranoid dement than is Freud's. And indeed Jung comments on Freud's analysis of Schreber's case, and shows how generally unsatisfactory it is, because; -
"This reductive analytical process did not...furnish such enlightening results in regard to the rich and surprising symbolism in patients of this kind as we had been accustomed

1. Jung: ibid. pp. 287 -288.

to expect from the same method in the realm of the psychology of hysteria."¹.

The causal, reductive, psychology of Freud may be applicable to the hysteric, since he is, by nature, himself, causal, reductive and a sensationalist, but it does the greatest violence to the introverted paranoid psychology, with its synthesising, individuating, finalistic tendency. Therefore, to interpret Schreber's case, for instance, in terms of repressed homosexuality, even though such an interpretation may be true, is to miss the whole point of the psychosis. It is like describing the music of a violin as "a noise made by scraping stretched horsehair over stretched catgut", or expressing the meaning of a cathedral in terms of bricks and mortar.

But now let us turn once more to the passage I have italicised above, and try to follow Jung's meaning when he speaks of the archaic and mythological features to be found in the symptoms of dementia praecox. This brings us to the second of Jung's great contributions to psychology. I refer to his conception of the Collective Unconscious.

Freud had described the unconscious as the result of repression, and as the sum of all those wishes, (chiefly sexual in nature) which had undergone repression from consciousness. The unconscious of Freud is therefore entirely a personal matter, consisting of the tendencies which the individual has repressed, and which therefore belong to him.

Jung claims that beneath this personal unconscious, there lies the collective unconscious, which contains all those

1. Jung: "The Content of the Psychoses," in;-

Collected Papers on Analytical Psychology. p. 337.

primitive tendencies and archaic forms of thought which have been enshrined in the great mythologies and religions. And just as, in certain circumstances, the repressed material in the personal unconscious may reappear in consciousness, under the disguise of neurotic symptoms, so, in certain other conditions, the material from the collective unconscious, or as Jung calls it, the Racial Psyche, may also rise into the consciousness of an individual, with whom, as such, it has nothing whatever in common.

In his essay "Mind and the Earth", Jung gives us a beautiful example of a neurosis in which elements from both layers of the unconscious appear in the clinical picture. The case was that of an officer, aged 37, who suffered from "globus hystericus", pains in the heart, and an acute pain in the heel. Under analysis it transpired that the two former symptoms were simply expressions of his repressed grief, on account of the fact that he had recently been jilted. He would not admit, even to himself, that he had been hurt by this occurrence, and his grief therefore appeared as physical "heartache" and a "lump in the throat", which is the usual result of swallowing one's tears. So soon as he realised this, these symptoms disappeared. The repression had been released.

"But now for the third symptom! The pains in his heel did not disappear. They do not belong in the picture sketched above. The heart is not connected with the heel, and one does not express sorrow with the heel."¹.

1. Jung: "Mind and the Earth" in;-

Contributions to Analytical Psychology. pp. 101-109.

Nothing in the patient's life history could explain this symptom until Jung sought for an interpretation from the patient's dreams. He then had a dream that he had been bitten in the heel by a snake, upon which he immediately thought that he was paralysed. He later realised that this snake was ^{not} only a symbol for the girl who had jilted him, but also for his mother who had spoiled him hopelessly as a boy. Both these women had attacked his manhood, and had therefore, in a sense, paralysed him.

But why should this symptom appear in the heel? The connection between a snake and the heel is at once apparent and inescapable if we will think "mythologically". The snake is no other than the serpent of Genesis, once more at his old occupation of bringing about the "Fall of Man". - "And thou shalt bruise his heel!" - says God to the serpent in Genesis.

Now the patient knew little of the Bible. He had a dim recollection of having heard of the remark about the heel, but he had quickly forgotten it. But something else, deep within him, had also heard and did not forget, but brought this detail into the light of consciousness again, at the moment when the neurosis required it. This "something" was as "foreign to the psyche which produced the heartache and the "ball" in the throat, as is a brontosaurus to a racehorse." It was the Racial Psyche, that primitive, impersonal mind, which absorbs mythological elements readily because they partake of its own nature.

And the type of insanity in which these elements from the collective unconscious abound most freely, according to Jung, is dementia praecox. If I understand Jung aright

his view of the condition is as follows.

On account of his extreme introversion, of his extreme concentration upon himself and his own individuality, the praecox dement, and, of course, the paranoid also, causes a damming-up of the libido in the non-individual or racial unconscious. His Psyche is split into the "pairs of opposites". But, by the law of "enantiodromia", the pairs of opposites must at some point fuse with each other once more. Therefore when the pressure of libido in the collective unconscious becomes sufficiently great, the mind of the individual is flooded by the contents of the Racial Psyche, contents which in no sense belong to the individual, but which he now tries to absorb into his ego, thus usurping, as it were, the throne of the universe. Hence the patient experiences the feeling of "God-Almightiness", which is the essence of megalomania.

"The essence of the most frequent form of derangement - dementia praecox or schizophrenia - consists, as is well known in the fact that the unconscious to a large extent ejects and replaces the conscious. The unconscious is given the value of reality, being substituted for the reality function. The unconscious thoughts become audible as voices, or visible as visions, or perceptible as physical hallucinations, or they may become fixed ideas of a kind that supersede reality."¹.

In conclusion, then, we have consulted the three foremost exponents of the rival schools of "The New Psychology", and each of them has indicated a different mechanism for the

1. Jung: "The Conception of the Unconscious" in;-

"Collected Papers on Analytical Psychology. p. 459.

evolution of paranoid and schizophrenic states. We are invited to explain these states by, 1.) Repressed Homosexuality, 2.) Inferiority Feeling, and compensatory Will to Power, and 3.) Introversion and the flooding of consciousness by the Collective Psyche.

There is, however, no need for us to make a definite and exclusive choice between these views. It is possible that they represent different phases or aspects of a many-sided reality, - aspects whose falsehood and distortion, where such exist, arise chiefly from their isolation from the saving context of the whole. It may therefore be possible to find a synthesis sufficiently wide to include them all, and, indeed, as we have seen, Jung has already gone a good way along that road.

We may go yet further, and perhaps explain some things which these writers do not account for very satisfactorily if we develop certain aspects which they have left undeveloped or only half-developed in their work. For instance, there is a suggestion in all of them, which is yet not worked out in detail, that the key to the mystery of paranoia lies in primitive mentality, and in the mind of the child.

It seems therefore, that we should now turn our attention to these types of mind.

Chapter III.

Primitive Mentality, and the Mind of the Child.

Frazer : Lévy-Bruhl : Piaget.

a.) Primitive Mentality.

In trying to understand the mental processes of the primitive or of the child, we are met with the same difficulties that confront the psychiatrist in dealing with a mental case. There is first the difficulty that the thought-processes of the person under consideration are so far removed from our own that it is almost impossible for us to enter into them completely, and this difficulty is increased by several subsidiary factors.

Prime among these is the fact that the primitive, the child, and the mental patient have, themselves, no very clear idea of their own mental processes. Their thoughts seem to them so natural, so universally valid, so obviously true, that it never occurs to them that others may not share them, or that their truth might be called in question. Feeling no need to expound them, or defend them, these individuals have never been troubled with the desire to clarify their beliefs, and consequently, when asked to do so, they find the task an intolerable hardship. Therefore, so soon as they encounter a difficulty in their exposition, they are apt to take refuge either in romancing, or in answers at random, or, - most confusing of all - they try to provide an answer which they

think will be acceptable to the examiner, and thus save them from further troublesome questions.

It is therefore safest not to rely wholly, or even principally, upon what these subjects say about their ideas and beliefs, but to go straight to their actions, especially those which embody their most intimate convictions.

Now, amongst primitives, the type of activity which is most likely to attract our attention, by contrast with our own usages, is that embodied in so-called magical practices. Here, it would seem, the ideas of the primitive and the civilized person are completely at variance. It is a difference which transcends mere racial or geographical boundaries. It is a cultural and psychological distinction. The primitive, from the West Coast of Africa to the Pacific Islands, accepts magic: the civilized person, from China to Peru, does not.

Suppose, for instance, that a problem arises with regard to the failure of crops. In a civilized community this will result in a reconsideration of such things as the nature of the soil, and drainage, and suitable manures. In a savage tribe, on the other hand, the terror-stricken primitives will seek counsel from a magician or priest, to learn what taboo has been broken, or what spell left unuttered.

1.) Frazer.

According to Sir James George Frazer, the principles underlying all primitive magic can be reduced to two; the principle of similarity and the principle of contact. Here are his own words.

"If we analyse the principles of thought on which magic

is based, they will probably be found to resolve themselves into two: first, that like produces like, or that an effect resembles its cause; and, second, that things which have once been in contact with each other continue to act on each other at a distance after the physical contact has been severed. The former principle may be called the Law of Similarity, the latter the Law of Contact or Contagion. From the first of these principles, namely the Law of Similarity, the magician infers that he can produce any effect he desires merely by imitating it: from the second he infers that whatever he does to a material object will affect equally the person with whom the object was once in contact, whether it formed part of his body or not. Charms based on the Law of Similarity may be called Homoeopathic or Imitative Magic. Charms based on the Law of Contact or Contagion may be called Contagious Magic. To denote the first of these branches of magic the term Homoeopathic is perhaps preferable, for the alternative term, Imitative or Mimetic, suggests, if it does not imply, a conscious agent who imitates, thereby limiting the scope of magic too narrowly. For the same principles which the magician applies in the practice of his art are implicitly believed by him to regulate the operations of inanimate nature; in other words he tacitly assumes that the Laws of Similarity and Contact are of universal application and are not limited to human actions. In short, magic is a spurious system of natural law as well as a fallacious guide to conduct; it is a false science as well as an abortive art. Regarded as a system of natural law, that is, as a statement of the rules which determine the sequence of events throughout the world, it may be called Theoretical Magic; regarded as a set of precepts which human

beings observe in order to compass their ends, it may be called Practical Magic. At the same time it is to be borne in mind that the primitive magician knows magic only on its practical side; he never analyses the mental processes on which his practice is based, never reflects on the abstract principles involved in his actions. With him, as with the vast majority of men, logic is implicit, not explicit; he reasons just as he digests his food in complete ignorance of the intellectual or physiological processes which are essential to the one operation or the other."¹.

The commonest example of Homoeopathic Magic is, perhaps, the use of an image of a person in order to bring misfortune upon him. The image, often made of wax, is stabbed in various parts, according to the seriousness of the injury one wishes to inflict, or it may be subjected to injury or destruction by burning. In either case, according to the principles of magic, whatever is done to the simulacrum will be suffered in like degree by the original.

On the other hand, this kind of magic may also be used for beneficent purposes, and is frequently so used in primitive medicine. It is used, for instance, to facilitate childbirth and to procure offspring for barren women.

"Thus" says Frazer, "among the Bataks of Sumatra a barren woman who would become a mother, will make a wooden image of a child and hold it in her lap, believing that this will lead to the fulfilment of her wish."².

1. Frazer: The Golden Bough: (abridged edition) p. 11.

2. Frazer: ibid: p. 14.

Or again, the principle of similarity may be used in curing the sick, as the very name "Homoeopathic Magic" reminds us.

"The ancient Hindoos performed an elaborate ceremony based on homoeopathic magic, for the cure of jaundice. Its main drift was to banish the yellow colour to yellow creatures and yellow things, such as the sun, to which it properly belongs, and to procure for the patient a healthy red colour from a living vigorous source, namely a red bull. With this intention a priest recited the following spell: "Up to the sun shall go thy heartache and thy jaundice: in the colour of the red bull do we envelop thee! We envelop thee in red tints unto long life. May this person go unscathed and be free from yellow colour! The cows whose divinity is Rohini, they who, moreover, are themselves red (rohinih) - in their very form and their every strength do we envelop thee. Into the parrots, into the thrush, do we put thy jaundice, and furthermore into the yellow wagtail do we put thy jaundice."¹.

I once overheard a beautiful example of this kind of prescription. One man was telling another that his little daughter was suffering from pneumonia. His auditor earnestly adjured him to procure the "lights" of a sheep, and tie them to the child's feet, so that they might "draw" the disease out of her. Obviously this is the same idea as driving the jaundice into yellow animals and things, though as often

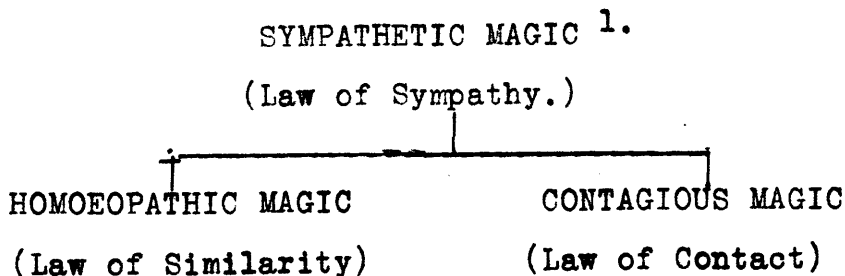
1. Frazer: ibid: p.15.

happens, the homoeopathic magic is here reinforced by contagious magic.

The latter works by the principle of contact. If a portion of the victim's body, such as the hair or the nails, or even, failing these, a garment he has worn, or the earth he has lain upon, or his shadow, or his reflection, - if any of these can be procured, then, by the laws of contagious magic, all kinds of evil may be brought upon him. With regard to the charming of the image, already referred to, it is customary to make assurance doubly sure by mixing some such thing as the victim's hair or nail-clippings with the wax or other material of which the image may be made.

Similarly, but on the "beneficent" side, we have the world-wide custom of treating a wound by carefully oiling and keeping clean the weapon which has made it.

Both contagious and homoeopathic magic, it will be seen, depend upon a supposed sympathy existing between the person and the object acted on, either by virtue of their similarity or of their contact. We may therefore classify them both as subdivisions of the one great type of "Sympathetic Magic." Frazer tabulates them as follows:-



1. Frazer: ibid: p. 12.

But - "it is to be observed that the system of sympathetic magic is not merely composed of positive precepts; *it comprises a very large number of negative precepts,* that is, prohibitions. It tells you not merely what to do, but also what to leave undone. The positive precepts are charms: the negative precepts are taboos. In fact the whole doctrine of taboo, or at all events a large part of it, would seem to be only a special application of sympathetic magic, with its two great laws of similarity and contact. Though these laws are certainly not formulated in so many words nor even conceived in abstract by the savage, they are nevertheless implicitly believed by him to regulate the course of nature quite independently of human will. He thinks that if he acts in a certain way, certain consequences will inevitably follow in virtue of one or other of these laws; and if the consequences of a particular act appear to him to be likely to prove disagreeable or dangerous, he is naturally careful not to act in that way lest he should incur them. In other words, he abstains from doing that which, in accordance with his mistaken notions of cause and effect, he falsely believes would injure him; in short, he subjects himself to a taboo. Thus taboo is so far a negative application of practical magic. Positive magic or sorcery says "Do this in order that so and so may happen." Negative magic or taboo says "Do not do this, lest so and so should happen.".....

The two things are merely opposite sides or poles of one great disastrous fallacy, a mistaken conception of the association of ideas. Of that fallacy, sorcery is the positive, and taboo the negative pole. If we give the name of magic to the whole erroneous system, both theoretical and practical

then taboo may be defined as the negative side of practical magic."¹.

All magic, then, according to Frazer, rests on a "mistaken conception of the association of ideas."

"If my analysis of the magician's logic is correct, its two great principles turn out to be merely two different misapplications of the association of ideas. Homoeopathic magic is founded on the association of ideas by similarity: Contagious magic is founded on the association of ideas by contiguity. Homoeopathic magic commits the mistake of assuming that things which resemble each other are the same: contagious magic commits the mistake of assuming that things which have once been in contact with each other are always in contact."².

We shall afterwards have to note, however, certain practices both among primitives and among children, to which we cannot deny the name of magic, but which cannot be brought under the heading of either of the above types.

For the most part, however, we need not quarrel with Frazer's conception, in so far as it is a clear, comprehensible, and generally acceptable description of the forms which magic takes. What we miss in it, is an explanation of the reasons for the psychological confusion involved. Why should the savage so inevitably and so universally come to the conclu-

1. Frazer: ibid. pp. 19 - 20.

2. Frazer: ibid. p. 13.

sion (which of course is never clearly formulated) that things outside him behave precisely like his ideas? One must remember, too, that this belief is held apparently in the teeth of experience of actual events. To take an example from Frazer's own words, one would think that it must be plain even to the dullest-witted savage that "things which have once been in contact with each other" do not necessarily always remain so. Frazer's solution is too simple. There is evidently a much wider gulf between civilized and primitive thought than is accounted for by his view.

2.) Lévy-Bruhl.

Whoever can explain this difference between the primitive and the civilized man, with regard to magic, will have opened a royal road to the understanding of primitive mentality. It is to this problem that M. Lucien Lévy-Bruhl has addressed himself in his book, The "Soul" of the Primitive.

Obviously, the primitive concept must be something essentially simple, but which, even in its simplicity, cannot be clearly grasped by the savage. And indeed it is in this very lack of clarity that Lévy-Bruhl finds the answer to his riddle. All the primitive's mental concepts are necessarily dim and undefined, including his idea of his own personality. He has no clear-cut distinctions such as we know. Lévy-Bruhl therefore sets himself to discover what kind of vague and formless conception the savage can have of the nature of his own individuality, of his own self, of his own "soul".

And at once it appears that the primitive conception of the self is not only vaguer than ours, but also, and for

the same reasons, much more extensive. The savage sees no such well-defined boundaries between himself and others, or between himself and things as we take for granted. Everywhere where we see merely a connection more or less casual and fortuitous between the self and various objects, he sees complete identity.

And nowhere is this more apparent than in this very matter of magic. Thus, as we have seen, it is inherent in primitive thought that a person may be bewitched by acting upon various objects which have been in contact with him, or even which resemble him. All such things Lévy-Bruhl groups together under the heading of a person's "appurtenances". But, he claims, the reason that they can be used to bewitch him is not primarily due to their contact or similarity with him, but to the simple fact that, to the primitive imagination they are him: they are integral parts of him. Speaking of the idea which primitives have concerning individuality, Lévy-Bruhl says:-

"This idea has no very distinct boundaries. Its limits are very indefinite, since they include appurtenances such as secretions, excreta, tracks, imprints, remains of food, garments, weapons, which actually form part of the individual, which are an "extension of his personality." But now it appears that this expression is not altogether exact. The appurtenances would only be an "extension" of the personality, properly speaking, if they were not comprised in it at the outset, if the representation of the self, starting from consciousness, which would be its original home, were later to comprehend them. Such is indeed our way of feeling and representing

the participation existing between an individual and his appurtenances; it is this that accounts for the veneration of relics and the emotions we experience when face to face with objects that have belonged to great men.....

Can we say that it is the same with the primitives? It does not seem to be, at any rate as far as the most intimate of the appurtenances are concerned. To their minds the participation between them and the individual is not the result of a transference, however rapid, effected under the stress of emotion. It is not secondary: it is original, direct: and it is tantamount to what we should call identity. The young Australian native who knows that some of her hair is in enemy hands is as dismayed as one of us would be if he found himself confronted with cancerous symptoms in his own body. The Melanesian Chief who is aware that the areca nut he has bitten into is now the property of his enemies, regards himself as inevitably lost. From the primitive's point of view there is therefore no "extension" of the personality to the appurtenances. It would be more correct to say that, in comparison with theirs, our individuality seems to have undergone a "reduction", a kind of shrinking. To the primitive the appurtenances are integral parts of the individual, whilst to us they are only appendages, very close ones it is true, and in certain cases intimately participating in him, but nevertheless distinct from his personality. His existence is no longer inseparable from theirs; they are still something of him, but they are no longer himself.

What has just been said of the appurtenances applies equally to the shadow

the reproduction or likeness, the reflection, the echo and so on. These are not "extensions of personality" either. To the primitive, the shadow, reproduction, etc., are originally comprised in the individual himself. They form a part of him in the full meaning of the words: the participation is complete.

We have just reached a point of capital importance. The considerations which follow (if they are correct) will help to explain certain disconcerting peculiarities, and to remove more than one misunderstanding. To our minds, resemblance consists in a relation between two objects, one of which is a reproduction of the other. Our likeness or reproductionremains something which is outside our person..... To the primitive's mind it is not thus. The picture is not a reproduction of the original, distinct from it; it is itself. The resemblance is not simply a relation that thought has grasped. By virtue of a close participation, the picture, like the appurtenance, is consubstantial with the individual....

But, it will be urged, perhaps, even the most undeveloped of primitives really knows that his likeness or shadow is one thing, and he himself is another..... True. - But this fact does not contradict what has just been said. In the representations of the primitive, that which is generally predominant is not, as in our own, the elements we call objective, which are verified by experience, but the mystic elements. We have already had the proof of this with regard to the appurtenances. Adhering only to the data provided by sense-perception and objective experience, to the primitive as to ourselves,all his appurtenances...are objects that

are external to his person; he cannot be ignorant of the fact. Yet he feels them none the less, he represents them to himself none the less, as integral parts of his individuality. They are his very self, and his actions most incontestably prove that this conviction absolutely governs his mind.

In the same way, it matters little to the primitive mind that the reproduction and the original are two distinct things in space, and that they appear to exist independently of each other. It perceives this fact, and it does not dream of denying it. It merely neglects it, paying it no attention. It feels the reproduction to be consubstantial with the individual, and it works entirely with this emotional and mystic representation.¹

We are now in a position, therefore, to replace Frazer's "Law of Sympathy" by Lévy-Bruhl's "Law of Participation", or to give it its full name, of Participation Mystique. And we can realise that the primitive does not draw the distinction which Frazer and we do between resemblance and contact. To the savage, such a distinction is purely arbitrary. In both cases we have examples of one law, the law of identity, of participation. And this principle also transcends both these categories.

For instance, here is an example which we can hardly distinguish from magic by appurtenances, which yet does not depend either upon similarity or contact, in the ordinary meaning of those words. I refer to the widespread primitive

1. Lévy-Bruhl: The "Soul" of the Primitive: pp. 152-155.

belief in were-wolves.

A certain man is known to be a were-wolf. At night, while he lies asleep in his bed, his "wolf-self" prowls abroad seeking for prey. If this creature is wounded, the wound appears on the human body of the sleeping man. It is the same conception as lies behind the practice of bewitching by means of images, but the wolf neither resembles the man, nor has it necessarily been in contact with him. The relation between them is one of participation.

But this example teaches us another curious thing about the primitive conception of individuality. Apparently, not only is it vague, but also it raises no logical objection to a person's identity being double, and in more than one place at one time.

"The dual nature of the individual", says our author, "seems to assume two forms, and we may ask ourselves if it might not be better to study them separately. Sometimes the individual comprises what we consider to be two distinct beings, though primitive mentality views them as but one. Such are the were-wolf, the man-leopard, the sorcerer-crocodile, etc. Sometimes this duality is in fact a bi-presence. The same individual is found in two different places at the same moment. We have but to recall the Indian who accused Mr. Grubb of having stolen his pumpkins, when the latter was more than two hundred miles away, ... or Malinowski's yoyova witches, who come from afar to kill and devour their victims, whilst still remaining recumbent and asleep in their dwellings. In all circumstances of this second kind we are

dealing less with duality, apparently, than with the simultaneous presence of the same individual in two different places.

Nevertheless, if we examine this matter a little more closely, we find that this difference is more apparent than real, and we do not need to dwell upon it. Or rather, it is formulated in our minds only, and primitive mentality knows nothing of it. For where we think we perceive real duality, that is, two distinct beings united by close participation into a single one, it perceives and feels this unity first of all, and it does not attach the same importance as we do to the fact that the two beings - the man and the leopard, for instance - occupy different positions in space. Thus what we call duality is to native minds already a bi-presence, since at the outset they apprehend the same being in both man and leopard.....To their minds, the duality, even real, does not prevent the fundamental unity of the individual. This making no difference between one and two, or even between one and many, causes our minds intolerable embarrassment. At the very moment when we try to accept the idea, we instinctively rebut it, or else try to present it in a way that shall make it intelligible. The primitive's mind, on the contrary, accepts it as it is, and delights in it."¹.

Now this principle whereby a personality may be not only a multiplicity but also a multi-presence allows us to understand several other strange customs and beliefs.

1. Lévy-Bruhl: ibid, pp. 203-204.

Among many tribes, in widely separated localities, there are in use certain words, which differ, of course, in form, according to the language of the tribe in question, but which have this in common, that they seem to have an almost universal application, or at least, to be applicable to many things which, for us, seem to have no conceivable connection with each other. These words may sometimes refer to a physical object, sometimes to a kind of physical life-principle within the individual, or again, they may signify a spiritual guiding-principle, or tutelary spirit. Such a word is the Maori word mauri.

"The mauri is an activity within us, an active, physical, life-principle, but under the name of mauri ora it is viewed as a tapu or sacred life-principle. If this mauri ora becomes polluted in any way, then the consequences are most serious to the person.

An examination of the third aspect will enable us to see the meaning of this idea somewhat better. That third aspect is the material mauri.... When it was considered advisable to place man, land, food-products, a village, or a canoe, etc., under the protection of the gods, it was often effected by means of a mauri, a material mauri. Some object, in most cases a stone, was procured, and by means of a certain rite, the mana of a god, or gods, was implanted in that stone."¹.

1. Elsdon Best: The Maori: pp. 304-305.

(Quoted by Lévy-Bruhl in The "Soul" of the Primitive.)

Again, Lévy-Bruhl tells us¹ there is a Melanesian word which describes an animate or inanimate object which a man has come to believe to have an existence closely connected with his own. This he calls his tamaniu. The tamaniu may be a lizard or a snake or a stone. If it should die or get broken or lost, the man would die. Obviously there is a close connection between the tamaniu and the material mauri.

In Central Australia, the tribes of the Aranda and the Loritja provide us with the complete form of this idea, as it were, of which the tamaniu and the mauri only represent partial aspects. According to C. Strehlow's "Die Aranda und Loritja-Stamme in Zentral-Australien" as quoted by Lévy-Bruhl, the word which comes nearest in meaning to the above Melanesian and Maori words is tjurunga. The tjurunga, too, are material objects. They may be pieces of wood or stone. According to the natives they have arisen in the following way. When the eternal uncreated totemic gods, who created men and animals whose names and forms they bore, were wearied of their labours, they threw themselves down in certain places and were transformed into tjurunga. From these arise the germs of future children (ratapa) which can enter the body of any woman who happens to be passing and thus bring themselves to birth. The people now living are thus, not exactly the same persons as their totemic ancestors, but they participate very closely in them, and they do so by means of the tjurunga.²

The idea behind all these outlandish words is thus that

1. Lévy-Bruhl: ibid. pp. 156-157.

2. Lévy-Bruhl: ibid. pp. 191-192.

the material object is, so to speak, the interlocking-point of the participations between the individual and his totemic ancestor, or tutelary guide. These two individuals are not the same, but there is no definite boundary between them, just as day and night are not the same, and yet cannot be definitely separated. The idea is on a par with the rest of the primitive's conceptions concerning individuality, and shows a complete absence of limitation between the self and the not-self.

Or as Lévy-Bruhl puts it:- "To the primitive, a lively inner sense of his own personality is not necessarily accompanied by a well-defined concept of individuality. Not only are its limits vague and indefinite, since an individual's appurtenances are himself, and his double, reproduction, reflection, are also the man himself. There is yet more to consider, for the tjurunga of the Australian native, the kra of the Ewe, the Ashanti's ntoro, the Ba-ila's "namesake", etc., without being completely merged in the individual, is no longer to be distinguished from him. If this element, which establishes the individuality by uniting it with the ancestors whence it has issued, were to be lacking, it could not exist. The individual is only himself by being at the same time something other than himself. Viewed in this fresh aspect, far from being one unit as we conceive him to be, he is one and yet several at the same time. Thus he is, so to speak, a veritable "centre of participation".¹

And the main source of these participations of which

1. Lévy-Bruhl: *ibid.* pp. 201-202.

the primitive is the centre is the tribe, the group, the community of which he is a member. So important is the feeling of solidarity with the group in the concept which the primitive forms of his individuality, that he who is not initiated into the community is treated with such scant respect, is so completely ignored in all matters of importance, that he can hardly be said to exist. His status is that of a minor or of an infant.

It is almost incredible how little attention is paid to the existence of an infant. The tribe, which seizes almost every opportunity to hold a public festivity or a dance, will yet allow the occasion of the birth of a child to go unfêted. This is a matter, apparently, which is purely a private one, and concerns only the parents, nor does it touch even them very closely. A child who does not live past infancy is treated as an impertinent interloper, and the parents do all in their power to dissuade it from being born again. They try to make it feel that it is an ungrateful creature to have caused its parents all the trouble of giving it birth, and then to have stayed so short a while.

The story is told of a man who had adopted his sister's child, that when, some time later, his wife gave birth to a baby, he easily persuaded her to kill it, since they were not prepared to support two children, and the newly born one was obviously the less valuable.

It is not that primitives are devoid of natural affection for their children. It is simply that, until the child has been duly initiated into the tribe, it can hardly be said to exist. The importance, the "personality" of an individual

in the tribe varies almost directly with the time he has lived in it, and helped it in its struggle for existence. Thus the people to whom most respect is paid are the old, and especially to those "oldest of the old", the dead, the ancestors of the tribe. That is why the infant is regarded as of so little importance, and is not admitted even into partial membership of the tribe until it has been discovered which ancestor has been partly reincarnated in him. And even then, it may be several years before the child is admitted to full membership in his own right.

"At the end of a period varying in length, the new-born child is at last transformed into a definite human being. Ceremonies, differing according to the tribes, play their part in this event. As a rule the most important of these consists in giving the infant a name, or, as they often put it, in "discovering" what his name is - that is, which member of the family is reincarnated in him. Thus we can understand that the name is not merely a label, but a constituent and "individuating" element of the personality. To the primitive's mind, being reckoned among the number of human beings can only signify being a member of the social group. How may this new-born infant, who is not yet a member, become one? He has no power of himself to enter their ranks, for the mystic virtue that is necessary is not his. He acquires it, however, at the moment when he is given the name of an ancestor. This latter, who, in a sense, lives in him again, has been, and, though dead, still is a member of the group. In other words the bestowal of a name makes the child an

integral part of his group, though in an indirect fashion, through the intervention of his ancestor.

Neither the life nor the death of a child, even after he has received his name, has the same importance and entails the same consequences as those of an adult, therefore. He certainly belongs to the group already, but he does not fill one whole place in it. He is in a state of "minority" because his integration in the group is as yet only mediate and partial.

At a given moment, - usually when the signs of puberty appear, - the rôle of the intermediary comes to an end. The youth is about to become, through his own means, a complete and effective member of the social group, and one of its constituent elements. In order that this transformation may be brought about, nothing less than a remoulding of his whole being is necessary. This will be effected by the initiation, in which the presence of the ancestor who until this time has connected him with the group, is obliterated and another takes its place. Here we have the explanation of the capital importance of the initiation ceremonies to group and individual alike. If they were not celebrated, the community would cease to exist for lack of qualified members. We realize, too, why the novices are always reputed to expire during the course of the ceremonies and to come to life again at their close. The significance of this symbolism is not uncertain. For the young man to be fully integrated to his clan, his tribe, he must first cease to belong to it in a mediate or indirect fashion. Now the primitive mind does not perceive any transition which permits of his passing from one of these

conditions to the other. To be able to enter the second it is necessary to have come out of the first. The novices, separated from their relatives for weeks or even months, subjected to prolonged and often terrible tests, will therefore die, but only to be born again almost immediately, henceforward complete members, we might almost say duly qualified members, of the tribe, by virtue of the ceremonies which have imbued them with mystic essence. Henceforward the group will be perpetuated through them as they exist through it.

For the same reason a non-initiate does not count in the tribe. He is scarcely reckoned as alive.¹

The group, then, in which we must include the ancestors of the group, is the most important element in the primitive's conception of his own individuality. We might almost say, indeed, that he has no personality of his own, but that he is merely a medium for the expression of the "group soul". This does not mean that the savage is more "altruistic" or less self-centred than the civilised person. In all probability the opposite is true, that egocentricity increases directly with the degree of primitiveness.

What is asserted is that the mind of the primitive does not draw the line of distinction between the self and society, or between the self and things, as clearly as we do. He is, at least partially, fused with his group, so to say, and it is this "group-soul" which is most clearly expressed

1. Lévy-Bruhl: ibid. 211-212.

in his personality. The only individual in the tribe who can be said to have a "soul of his own", is the Chief, and this is so, only because he is the tribe. The members of the tribe are therefore simply members of him, of his personality, which may spread to include the whole earth. And Lévy-Bruhl gives an illuminating quotation on this point, from "The Life of a South African Tribe".

"This intimate dependence on him" (i.e. the Chief) "is expressed by the Thonga, not in abstract terms, but in striking images. "The chief is the Earth. He is the cock. He is the bull: without him the cows cannot bring forth. He is the husband; the country without him is like a woman without a husband. He is the man of the village. ... A clan without chief has lost its reason. It is dead. The chief is our great warrior: he is our forest where we hide ourselves, and from whom we seek our laws. ... The chief is a magical being. He possesses special medicines with which he rubs himself or which he swallows, so that his body is taboo,"¹.

From this to the idea of complete godhead is but a step, and indeed, many such chiefs have been paid divine honours.

To sum up:- The savage or primitive has no clear idea of his own identity; its confines spread far beyond the limits we should fix. The reason lies in the very nature of primi-

1. Lévy-Bruhl: ibid. pp. 71-73.

tive thought, which differs from the thought-processes of civilized beings in that it works, not in the boundaries of logic, but in the realm of mysticism and emotion. Therefore, where we see merely causal and logical relations between men and things, or between one man and another, the primitive, with his "pre-logical" mentality, sees identity and participation. There is thus in the mind of the savage a kind of mystic or pantheistic fusion with his social group, and, below that, with animals and plants, - as in totemism - and finally, with the whole universe. It is this participation which explains magic, totemism, the duality and bi-presence of individuals, including the presence in the soul of each person of one or more ancestors, who yet maintain their separate identity, and last but not least, the feeling of solidarity or attachment with the group, without which the primitive finds existence simply unthinkable.

It should be mentioned that Sir James George Frazer, confronted with the results of M. Lévy-Bruhl, has refused to accept them. He holds that, granting the primitive his premises, there is no fundamental difference between the quality and logic of his thought, and that of the civilized person. But we have already seen that the Frenchman's views explain the observable facts better than do those of his illustrious critic. Moreover, there is evidence forthcoming which powerfully supports M. Lévy-Bruhl, in the work amongst normal European children, carried out by Professor Jean Piaget, at Geneva. Let us hear what he has to say.

b.) The Mind of the Child.

3.) Piaget.

Piaget's work is concerned with the conceptions a child forms of the world outside him and its relations with the internal world of thought, and he has carried out a most thorough and painstaking investigation upon normal school-children, varying in age from about 6 to 11 or 12 years. There are, of course, many sources of error in an investigation of this kind. Children show various kinds of thought reactions, and only a few of them are of value from the present point of view. Briefly, their answers fall into five categories.

1.) The answer at random; - the child takes no interest in the question and simply says anything that comes into his head.

2.) Romancing; - the child makes up an answer in which he does not himself believe, or at least, not wholly so.

3.) The suggested conviction; - this consists in ideas derived from adult instruction.

None of the above are of much value from the point of view of the present research. The next two types form the substance of the investigation. They are;-

4.) The liberated conviction; - this is not in the child's mind at the beginning of the examination, but appears in the course of it. The child answers in a manner which shows that he has only evolved the answer at the moment, but also that it has not been suggested to him by the questions.

In short, it is his own idea.

5.-The spontaneous conviction; - the child answers "pat". He has no need to think out his answer, nor is it the result of previous instruction or suggestion.

The last two types of answer differ from the three former in showing a marked uniformity for children of the same age; in their resistance to the most insistent counter-suggestion; and in their habit of disappearing gradually between certain definite age-limits.

Questions are carefully chosen so as not to suggest answers to the child, nor to force him into a set line of response by "perseveration", while at the same time providing a body of results that can be correlated. Large numbers of children are examined in this way, and from the results obtained, there emerges a body of general conceptions which are held in common by children of like age; which differ widely from adult conceptions; and which are replaced by such adult ideas, at a fairly uniform age, and by a regular process of evolution.

The first general conclusion that emerges is that children only gradually learn to distinguish between the external world and the world of thought. Subjects about the age of six are asked, "What do you think with?" The overwhelming preponderance of replies shows that the child regards the mouth as the organ of thought. On analysis, the child's vaguely formulated idea seems to be somewhat as follows.

Thought consists of words. Now words, and especially names, are objects inherent in the things to which they refer. Thinking, therefore, is, in a sense, acting on the

things thought of, by means of forming their names with the mouth. The thought, therefore, exists both in the thing and in the person thinking, or rather, the child makes no clear distinction between the two. Thoughts are also "made of air", and many children state that we think not only with the mouth, but also with the ears. The "air" goes in at the ears, and comes out at the mouth. We see at once, therefore, that there is a confusion in the child's mind between "inside" and "outside", between internal and external. Thought is both in the person thinking and in the things thought of, and it very often seems to the child as if it passed between the two like a shuttlecock.

Perhaps another aspect of this same confusion is that between the categories of mental and physical qualities, which causes several children to say that the eyes give light, and that light can see.

About the age of eight, the child begins to realise that there is a problem in the fact that words are both in the things and yet in his own head, but he cannot resolve this problem. He is readily caught in the trap of asking him if there are any words which have strength. He will reply that words like "elephant" and "wind" are strong, and if the question is pressed on his notice as to whether it is the word or the thing which is strong, he will still assert that it is the word. But he will also say that thought is inside the head; that it is a "ball", or that it is in tubes which go from the ears to the mouth; thus showing the conflict going on in him between the spontaneous conviction and the ideas implanted by instruction. Thus at this stage he will make use of words

like "brain" and "memory", but obviously without any clear idea as to their significance. Thought is regarded as being something inside the head, but still something material. The struggle goes on between the spontaneous ideas and adult instruction until about the age of eleven, when the child begins to realise that thought and words are mental things, not inherent in the objects themselves, and without any "strength" of their own. But even at this age, he still shows a tendency to slip back to the old ways of thinking if he is taken off his guard.

"....Until about 11, to think is to speak, either with the mouth, or with a little voice situated in the head, - and speaking consists of acting on things themselves by means of words, the words sharing the nature of the things named as well as of the voice producing them.

All this involves as yet only matter and material action, and the realism is due to a perpetual confusion between subject and object, between internal and external." ¹.

The child, then, is a "realist", in the sense that he regards everything, even his own thought, as having an external existence. To test this further, numbers of children were questioned on the subject of names, as to their origin, their location, and the consciousness or otherwise of the objects bearing these names, of the fact that they were so called.

Between 5 and 6 years, the children think that the name

1. Piaget: The Child's Conception of the World : p. 60.

is in the object, not that it is written on it, but that it is "consubstantial" with it. The object has always had that name as one of its properties, and anyone looking at it would know that it was called by that name, without being told. From 7 to 8, the name is still part of the object, but it has been given that name by God, (or a little later by "les savants", "les messieurs", etc.) By the time the child is 10 or 11 he realises that the name has been given by men, more or less arbitrarily, but logical realism outlives ontological realism by a year or so; that is to say that the child knows that the name has been chosen by men, but will not admit that they might have chosen any name. The sun ought to have been called "sun" and nothing else, because it is "shiny", etc. Thus the name is still somehow inherent in the object.

With regard to the question as to whether the sun and other objects know their names there is again a regular progression. At first all objects know their names; later only those which are alive. But, as we shall afterwards see, the child's conception of things which are alive is much wider than ours.

"For the child, to think is to deal in words. This belief involves three confusions, and three dualisms arise in the process of their elimination. First there is the confusion between the sign and the thing: thought is regarded as inseparable from its object. There is the confusion between internal and external: thought is regarded as situated both in the air and in the mouth. Finally there is the confusion

between matter and thought: thought is regarded as a material substance, a voice, a whisper, etc.

Does the study of nominal realism confirm the existence of these confusions, and does it reveal how the child gradually becomes aware of the corresponding dualisms? It seems so.

To begin with, the confusion between sign and thing is so evidently rooted in the very nature of nominal realism that it is unnecessary to pursue the point.

The confusion between internal and external is, on the other hand, less obvious at first glance. However, the existence of the second stage, which relates to the location of names, is clear evidence of this confusion. In fact, when the child first distinguishes the name from the thing named, he does not directly place the name in the "head": he starts by situating it in the surrounding air, "everywhere where it is spoken of". In other words, voice is at the same time both within and without ourselves. This is precisely what we found with regard to thought, which is at the same time both "outside" and in the mouth. The third confusion is not actually found but is implied in the second.

The ages at which the corresponding dualisms appear have only to be studied to reveal how the child comes to discover the non-material nature of thought.

Until the age of 6 or 7 names come from the things themselves. They were discovered by looking at the things. They are in the things etc. This first and crudest form of the confusion between sign and thing disappears somewhere about the age of 7 or 8. The disappearance of the confusion

between internal and external comes at about 9 or 10, when names are first localised "in the head". But, as we saw with the notion of thought, it is not before the age of 11 that thought is regarded as immaterial.

It would therefore seem as if the child first realized that signs were distinct from things, and was then led by this discovery increasingly to regard thought as internal. This continuous and progressive differentiation of signs and things, together with the growing realisation of the subjectivity of thought, appears gradually to lead him to the notion that thought is immaterial.

What psychological factors are responsible for this progressive distinction between signs and things? Most probably the child's growing awareness of his own thought which takes place invariably after the age of 7 or 8. But this awareness is itself dependent on social factors. It is through contact with others and the practice of discussion that the mind is forced to realise its subjective nature, and thus to become aware of the process of thought itself."¹.

A study of children's conceptions of dreams still further supports these views. Here again, the child begins by believing that the dream is entirely objective and outside himself, though the number of children who think that the dream is an actual fact is very small. But the youngest children regard the dream as they might a picture of an ogre, - as

1. Piaget: ibid. pp. 86-87.

something real in itself, though portraying a fictitious creature. From this position the child goes on to the idea that the dream is both inside his head and outside him at the same time, and finally he reaches the conception of the complete subjectivity of dreams.

It may now begin to dawn upon us that there is something familiar to us in child-mentality, something we have encountered before in our study of the primitive; for instance the realism, the misapprehension of subjective facts, the belief in the "strength" of names, and the general confusion between internal and external. And indeed we are dealing with an altogether comparable psychology.

As with the primitive, so with the child, his realism arises from his initially complete unconsciousness of self. He is, of course, completely egocentric, but let us note once more that this does not involve a paradox. He is keenly aware of his own thoughts and feelings, but quite unaware of their subjectivity. He regards them, originally at least, as external and objective, and altogether similar to other objects. We have seen that, for him, thoughts, names, dreams, etc., are external and situated in the things concerned. Here we have participation in its simplest form.

From this, there naturally arises the idea that the participation may be used to further the individual's own ends. This is the essence of magic. The child is as much a "magician" as the primitive, and for similar reasons, but it does not follow that the child's magic is exactly the same thing as primitive magic. As a matter of fact it is not so,

and even less than in the case of the primitives, can it be confined within Frazer's categories of magic by similarity and magic by contact. Within Lévy-Bruhl's classification, however, of magic by participation, there is certainly room for it.

There is, however, considerable difficulty in getting children to speak of their magic, not through reserve, but because it is so natural to them that they cannot conceive that it is not a characteristic common to all, or that there is anything to discuss in the matter. Questions on this point, therefore, either arouse their suspicions or puzzle their wits. Most adults, however, will be able to recall magical practices in which they indulged in childhood.

From the examples obtained by Piaget, it would seem that there are four main types of child-magic.

1.) Magic by action on things. - Such actions often arise in an obviously rational and non-magical way:- e.g. a little girl draws her bed-curtains close, or holds her arms tight against her sides when she is in bed, in the first place to protect herself against robbers etc. But later these actions become separated from their logical context, and are employed as magical practices to protect her against evils in general. Other actions are magical from the start. In my own case, such actions have been (and, indeed, still are) connected with the notoriously magical number 3. If I can get past the third step from the top of a flight of stairs before anyone else can get to the third step from the bottom, I feel that all is well. It is a good omen. The common examples

of counting up to a certain number before coming to a decision or of avoiding the cracks between paving-stones, are cases in point.

2.) Magical connections between thought and things:- e.g. the child who speaks the name of the hated teacher, when alone, in order to "break" the teacher's influence. This is obviously closely connected with magic by appurtenances, but in the present context it follows inevitably from the participation between thought and things.

3.) Participation between objects:- Similarities are taken for identities. A little girl drops white stones into a lily-pond in order to make lilies grow near the margin where she will be able to reach them. This kind of magic, of course, does obey Frazer's law. Interesting examples of this kind also, are the children who believe that they can "make air" by waving their hands. They say they make air in the room, and then the air comes in from outside to increase it.

Others "make night" in a similar way. They allow a light to cast a shadow of their hand, and then night comes in from outside to make the shadow. These examples are not fundamentally different from the activities of the primitive rain-maker who croaks like a frog to make the rain fall, or from the time-honoured custom of "whistling for a wind."

4.) Magic "by command":- The child can make the sun, moon, and stars follow him about, etc. In this type of magic there is a large share of animism. The heavenly bodies are alive and

conscious and there is co-operation of purpose.

How are all these types connected? First of all it must be realised that there is no suggestion that the child forms theories. On the contrary he has never thought out such questions at all. It is only by examination that the natural tendencies are discovered.

In the first place, the child's realism causes him to be unaware of his subjective self. Everything is external to him, including his own thoughts and feelings. He is, as it were, undifferentiated from the universe. By volition a baby can move his limbs. Now, since his limbs are no more and no less external to him than anything else, he must naturally conclude that his volition will be equally successful with the universe at large.

"Thus on seeing a baby joyfully watching the movements of his feet, one has the impression of the joy felt by a god in directing from a distance the movements of the stars."¹.

Moreover, the baby's social environment adds to this illusion. He has but to cry, and those omnipotent beings, his parents, fly to his aid. Thus, they rule his universe, and he rules them. There is nothing to separate him from the universe or to break the participation between him and it. Indeed, it not infrequently happens that the discovery on the child's part, that his parents are limited beings, is the

1. Piaget: ibid. p. 153.

origin of his realisation of his own separate identity. Thus, Edmund Gosse, in his book "Father and Son ; tells how he himself came to disbelieve in his father's omniscience, when he discovered that he could tell a lie without being found out. One of the most curious results of this discovery was that he had found a companion and a confidant in himself. There was a self "inside" him, a self different from the one he had hitherto known, which could keep no secrets since it was not separated from the rest of the universe. In other words, he was beginning to break loose from his participations.

To sum up:- realism leads to participation, and participation to magic. Magic always involves participation, but the converse is not true. We have, as it were, an ascending and narrowing series. Within realism, participation is concentrated; within participation, magic; while in some cases of magic, animism is involved. Thus, many children are deceived by the optical illusion whereby the sun appears to move in accordance with our movements, and believe that they make the sun move. If, in this belief, the stress is laid on the child's part, we have magic of the first class. But many children believe that the sun follows them by its own will, and that they command that will. In this case we are dealing with magic of the fourth class.

Before leaving the subject of magic, it is worth while to quote Piaget's remarks on the theories of Frazer and of Freud.

".... Frazer sees in magic simply the application to external causality of those laws of resemblance and contiguity

which govern the association of our ideas. It is evident, however, that this conception explains principally the form magic takes; it does not account either for the belief in its efficacy, which accompanies the magical action, or for the irrational nature of the associations which such a belief supposes.

To explain the belief in its efficacy, Freud has put forward the following theory. The belief results from desire. Underlying all magic is a special affective quality. The same characteristic is found with the insane; an insane person believes he has only to think of something to make a particular event occur or not. As a patient told Freud, this attitude involves belief in the "all-powerfulness of thought". But what affective conditions give rise to this belief? By analysing his patients, Freud was led to consider magic as a result of "narcissism". Narcissism is a stage in the affective development, during which the child is only interested in himself, in his own desires and thoughts. This stage precedes the concentration of any permanent interest or desire in the person of others. But, says Freud, the narcissist being, so to speak, in love with himself, his wishes and his own desires appear to him charged with a special value, whence the belief in the necessary efficacy of each of his thoughts.

This theory of Freud is of undoubted interest, and the connection it establishes between magic and narcissism appears well-founded. Only, the manner in which Freud explains and conceives this connection seems somewhat unintelligible.

In fact, it gives to the infant narcissist the qualities

of an adult in love with himself and aware of it, as if the infant could clearly distinguish himself from others. And also it seems to claim that if a desire has an exceptional value, belief in its necessary realisation must follow. There is here a twofold difficulty.

What is it, as a matter of fact, that prevents us from believing in the automatic realisation of our desires? It is that we know them to be subjective, and that we distinguish them from the desires of others, and from the realities that the world forces us to realise. Thus if the infant narcissist believes in the all-powerfulness of thought, it is evidently because he does not distinguish his thought from that of others nor his self from the external world: in other words, he is not aware of his self. If he is in love with himself, it is not because he knows himself, but because he ignores all that is outside his dream and his desires.

Narcissism, that is to say, absolute egocentricity, certainly gives rise to magical conviction, but only in so far as it implies absence of consciousness of self. The term "solipsism" has been used in connection with infants: but the real solipsist does not feel that he is alone, and cannot know his self for the simple reason that we only feel ourselves to be alone after others have left us, and that he who has never had the idea of a possible plurality, cannot have in the least degree the feeling of his individuality. Thus the solipsist probably feels himself identical with the images he perceives; he has no consciousness of his self, he is the world. We may thus speak of narcissism,

and maintain that the infant regards everything in terms of his own pleasure, but on condition that we remember that narcissism is accompanied by the most complete realism, in the sense that the infant can make no distinction between a self that commands and a not-self that obeys. At the most, the infant distinguishes a desire arising he knows not whence, and events that happen to bring about its fulfilment."¹.

Another set of beliefs that seems to be inherent in the child-mind, may be grouped under what is usually known as animism. Since the child makes no distinction between himself and the rest of the world, it follows naturally that he imputes life and consciousness to everything around him. And Piaget's careful questions elicit, once more, a series of stages, or a regular development in the child-mind, from the animist position to that which is held by rational adults.

For practical purposes, we may say that the ideas a child has as to what things have life, and what things have consciousness, run in parallel series in their development. Yet the two ideas are not quite the same, even for the child, and the same child may be more advanced in one series than in the other; that is to say, he may attribute consciousness to fewer objects than he will allow to be alive. Curiously enough, however, the greater number show the inverse reaction, and will attribute consciousness to many objects to which they will deny life. The general trend, however, is as follows.

1. Piaget: ibid. pp. 151-152.

The child begins by attributing life and will and consciousness to all things which show any kind of activity. Thus fire is alive because it can burn things, and poison because it can kill people. Later, the kind of activity which the child seems to single out for the living, is movement: any kind of movement at first, but later only voluntary movement. But it is long before the child's idea of voluntary movement coincides with ours. Thus, long after he has reached this stage he will still maintain that the sun and moon are alive, because he still regards their movements as voluntary. Curiously, the facts of birth and growth and death are rarely cited by the child as evidence of life. But in fact the child believes that many objects, such as stones and mountains and the sun, are born and grow and die .

Many observers have noted the animistic trends in the child-mind and in the primitive, and these are usually attributed to "projection". It is assumed to be a natural tendency of the primitive mind to project internal thoughts and feelings on to the external world. This is the position which Freud takes up in Totem and Taboo. Ribot, on the other hand, while noting the tendency to animism in children, primitives, and animals, and even in intelligent men, who, in a moment of temper, will retaliate upon the table into which they have just bumped, merely speaks of it as "a well-known though inexplicable tendency." Piaget, however, draws attention to the following points.

"Are this "inexplicable tendency" of Ribot, and this "primitive mechanism" of Freud really inexplicable? Or is

the problem only insoluble because badly stated? - and this because certain implicit postulates concerning the limits between the self and the external world alone make "projection" of the internal contents necessary?

Indeed, for a certain school of psychology, consciousness of self is due, above all, to a direct sensation of something internal: for Maine de Biran the feeling of effort; for Ribot the sum of kinaesthetic sensations, etc. Thus the consciousness of self is developed independently of consciousness of the external world. And so, in order to explain that thought endows objects with life, purpose, forces, it is necessary to speak of "projection". Stated in these terms, the problem certainly becomes insoluble. Why should one project rather than see things as they are? And if one is but the victim of a deceptive analogy between things and the self, why is this analogy so firmly fixed that neither experience nor time can undeceive a mind thus inclined?

Let us rather return to the hypothesis to which the study of the relations between the self and the external world led us. Going back to the starting point in the life of thought, we find a protoplasmic consciousness unable to make any distinction between the self and things. In the formation of this consciousness two types of factors combine. First come the biological or individual factors which control the relations between the organism and its environment. According to all the evidence it is impossible to separate the organism from its environment. The intellectual adaptation and the motor adaptation from which the former is derived are no exception to this rule.....

There is thus in the beginning neither self nor external world but a continuum. The social factors also tend to the same result; from its earliest activities the baby is brought up in a social atmosphere, in the sense that its parents, especially the mother, intervene in all its actions, and in all its affections. Thus, according to this point of view, every action is part of a context, so that the consciousness of self does not accompany the child's early movements in any innate manner, but is only gradually revealed as a function of the contacts experienced with the behaviour of others. Thus both the social and the biological factors combine at the beginning of the mental life to ensure an absence of differentiation between the world and the self, whence arise the feelings of participation and the magical mentality which results." 1.

All these tendencies, then, including that of animism, arise, not through "projection", but through the primitive indissociation between the self and external things. It is not that the child imagines that external objects are like himself, but that he sees no difference between himself and external things. This is not merely a matter of hair-splitting. It involves a totally different orientation on the child's part from that accredited to him by the projection theory.

According to the latter, he must first have a clear-cut idea of his own self, and then, for no imaginable reason,

1. Piaget: ibid. pp. 235-236.

he must insist on projecting that idea or system of ideas on to the world outside, in the teeth of all experience to the contrary. According to the former, the confusion arises quite naturally and inevitably from the undeveloped concept in the child's mind, concerning the limits of his own personality.

And finally there is another curious trick to be studied in the child-mind, and that is the tendency to artificialism. Artificialism, the belief that things have been created, seems to be as innate in the mentality of the child as is animism. This may seem like a contradiction to us; for if everything is born, grows and dies, how can it also have been made?

But we must remember that the child, like the primitive, is "pre-logical" in his thought-processes, and that logical dilemmas do not disturb him, or rather, they do not exist for him, since he pays little attention to the logical aspect of his beliefs. And, indeed, it appears that even with regard to their own existence, the majority of children, although thoroughly aware that they are alive, still maintain that they have been made by their parents, quite apart from any knowledge they may have of sexual reproduction.

A more obvious criticism is that the child is artificialist, not from any innate compulsion, but solely because his theological training imbues him with the idea of creation. Such a view, however, is not borne out by the facts. It is true that many children make use of the instruction they may have received at Sunday-school or elsewhere, in building up artificialist myths, but such instruction is always distorted by the innate tendencies in the child's

mind. Thus children will often say that the sun, moon, and stars have been made by God, but on questioning them further, it turns out that they imagine that God lights the celestial fires every night, with a match, much as they have seen their parents light the gas. Moreover, children who have had no theological training show artificialist tendencies just as clearly as the others, though the forms it takes are different. That is the point: the romantic and artificialist myths the child creates are of secondary importance, and depend upon the material at the individual's disposal. What is of prime importance is the underlying formless tendency towards artificialism, which is innate and common to all children. We shall afterwards see that this is also true of the delusions of the paranoiac.

But with regard to child artificialism, we can once more trace a regular evolution from primitive artificialism to the adult view. Owing to participation, the child feels that there is some connection between the heavenly bodies and men. This may lead both to artificialism and to animism, which we have seen are not contradictory but complementary ideas. In the first stage the children think that the sun was made by God or by men, but also that it is alive and conscious. Sometimes the connection with men is indirect, and, so to say, unconscious. The sun comes into being when life appears on the earth, and it grows as we grow. In the second stage the connection with men is still more indirect. The heavenly bodies are made, not deliberately, but accidentally, as it were, by the smoke that issues from houses, etc. Animism is still present, but it is on the wane, and that more rapidly

than artificialism. In the third stage both have disappeared, and the explanations become progressively more mechanical.

"An integral artificialism, derived from primitive participations, gives place to a qualified artificialism, and this is finally replaced by natural explanations, at first dynamic and finalist (that is immanent artificialism) which ultimately become more and more mechanical."¹.

The child thus comes to regard the universe as being full of objects that are alive and conscious just as he is. They have been made, although they are alive, and they know their names and the purposes for which they were created. In his egocentricity it never occurs to him that these purposes could be other than anthropocentric. In fact, they centre round himself. Thus the sun is alive; it has been made by God, or by certain clever gentlemen, or even, in the case of the younger children, by their parents; it knows its name; it shines in order to give us light and heat; and it follows the child about, sometimes as a servant, or in other cases as a spy, in the service of his elders. And all this applies equally, of course, to other objects, such as the moon and the stars, and to clouds, and even stones. We thus see that the child replaces the rational system of natural law by an animist and artificialist system. Where we see a physico-chemical determinism, he sees a set of injunctions and moral purposes, and he believes that he can act on other

1. Piaget: ibid. p. 284.

people and things by means which do not depend upon logical relations but upon participational associations. In a word, he believes in magic.

There is therefore a profound and fundamental similarity between the child-mind and the mind of the primitive. In both there is a fundamental lack of distinction between the self and the rest of the world. There is "pantheistic fusion", or indissociation. This leads, in both cases, to a belief in participation, animism, and magic, though the forms these take vary considerably, since, after all, the primitive is not a child, nor the child a savage. The great and all-important difference between them is that the child ultimately outgrows his indissociation; he attains to a conception of his own subjectivity; he achieves adult mentality. And the clearer his concept of his own individuality becomes, the less readily will he attribute personality to objects; the more he becomes aware of the living quality of his own nature, the more will he deny it to inert matter.

But these tendencies which are outgrown in the normal course of events, still lie dormant and may be awakened by any unusual stress of an emotional nature. Everyone is, at least potentially, "superstitious", and will revert to magical practices and beliefs under emotional strain. The case of the man who kicks the table in anger is only a simple and everyday example of a general rule. The woman who, when about to undergo the process of parturition, carefully removes all knots from her clothing, in order to ensure an easy delivery, or the beliefs that were current during the War, concerning the angels at Mons, or the rigging of the weather, by

divine intervention, either for or against the Allies, are all further instances of the general tendency to slip back to the old habits of thought under the stress of emotion.

In all these cases we are dealing with conditions in which the control of the rational intellect is, at least in part, in abeyance, and the more primitive emotional nature running riot. If, therefore, we can find conditions in which this state of affairs is permanent, we should expect to find evidences of primitive mentality in abundance. Such conditions are, of course, forms of mental disease, and we must now examine some actual cases for traces of such mentality.

Chapter IV.

Traces of Primitive and Childish Mentality in Cases of
Paranoia and Melancholia.

In this and in the following chapters, in which actual cases are dealt with, the procedure adopted will vary considerably from the usual treatment of such cases, to be found in textbooks of insanity, or in case reports. In the latter, everything that may throw light on the case, the aetiological factors, the family and individual history, the mental and physical peculiarities of the patient, together with the onset and development of the psychosis, are carefully noted.

But while such things are obviously of the greatest interest and importance to the psychiatrist, they are, from our present point of view, for the most part irrelevant. We are merely concerned at the moment to discover whether any of the mental peculiarities which we have seen to exist in the child and in the primitive, are also to be found in the mentality of the insane. We must therefore confine ourselves to the psychological aspect, as it appears in the clinical pictures presented to us by the actual patient, without being primarily concerned either with the physical basis, or with the immediate incidents which gave rise to the condition.

And, first of all, certain general considerations present themselves for discussion. We have seen that the underlying cause of the peculiarities of child-thought, and of primitive thought, is the indissociation which leads to confusion between the self and things, and between internal and external reality. Any case of paranoia would serve as an example of the existence of this same indissociation in the mind of the insane person. The patient mistakes his internal thoughts for the objective words and actions of other people, to whom he imputes purely imaginary activities. In fact, as we say, he "projects" his own thoughts and feelings on to others. But the same objections which prevented us from accepting the concept of "projection" in the case of the child or of the primitive, are equally valid here. It is not a case of projection but of realism. The lack of distinction between subjective and objective allows the patient to regard his thoughts as being external to him, with the greatest ease if he should have any reason for wishing to do so. What that reason may be, in the case of a paranoiac, we shall have to discuss later. For the present let us be content with noting the general fact that the paranoiac is a "realist" in the same sense as the child.

In this kind of realism, we have seen that belief in "participation" is implicit. The relations between persons and things are not conceived as coming within the rational framework of cause and effect, but rather as belonging to the mystic and emotional system of participation, of identity. It is because his thought moves in this circle of pre-logical connections that the primitive or the child is quite unper-

turbed by logical inconsistencies in his beliefs, and remains absolutely impervious to logical demonstrations of their falsity. And the same is true of the insane person.

Commenting on the belief prevalent among the Australian aborigines of Victoria, that the "life of man" was inherent in the kidney-fat, so that no man could die unless an enemy contrived, in some way, to make an incision in his side, and remove the vital appurtenance, Lévy-Bruhl writes as follows:-

"Was the kidney-fat, to the Victorian aborigines what it is to us, namely a soft, whitish substance, situated in a certain part of the body? Undoubtedly. But at the same time it was something quite different. Although it was a visible and tangible object, it was also an "immaterial quality", in other words, a mystic quality. ... As such, exempt from what we call physical laws, it could leave its place in the body and return thither, without its departure or return being betrayed in any way. The very incision referred to above is a mystic operation which does not necessarily leave a trace as the incision of a scalpel would do. Consequently, the absence of such a trace on the skin in no way proves that the incision has not taken place, and that the kidney-fat has not been removed. Such an argument would avail only for positive minds like our own. It produces no effect upon a mystic mentality. The primitive knows by certain signs that do not err, that an individual's kidney-fat has been removed, and his certainty cannot be shaken."¹.

1. Lévy-Bruhl: The "soul" of the Primitive: p. 129.

In this connection every psychiatrist will be reminded of the type of patient who will roundly assert that she has been poisoned, disembowelled, dismembered, and raped, on the previous night, while remaining utterly unabashed by the absence of any trace of such outrages upon her person.

Similarly, many patients varying in type from the paranoid to the melancholic, will assert that they are dead, quite undeterred by the logical absurdity of such a statement. Now the primitive also believes that certain people are dead, even though they may be walking about, and following the ordinary course of their lives. It suffices for a magician to have made use of the appropriate spells, for them to die, without their being aware of the fact, at least until some time later.

Evolving naturally from belief in participation, we found beliefs concerning the nature and efficacy of magic. If we take the meaning of "magic" in its widest sense, namely, an attempt to bring about one's ends by non-rational and participational means, we shall find plenty of evidence of such magic amongst the insane, especially amongst the paranoids.

The general form of their accusations of interference by means of "wireless", or electricity, or magnetism, are, in spite of their pseudo-scientific phraseology, as definitely magical as the older forms of accusation of frank witchcraft, which, even in this form, are not uncommon even today. Few, if any of these patients have any rational conception of the physical properties of the forces which they imagine their enemies are using against them. It is always a matter of action at

a distance by means of mystic and ill-comprehended forces. And the forms these forces take depend merely upon the patient's mental content, and therefore, very largely, upon the ideas that are being generally discussed in his social circle.

And this "action at a distance" brings out another point of similarity between the primitive and the insane. Among the many patients who are troubled by "voices", I have yet to meet with one who finds any difficulty in the fact that he hears these voices when the owners are not present, and this in spite of the fact that I have questioned many patients upon this very point. The difficulty, in fact, is to get the patient to see the difficulty.

Just in the same way, a primitive will hold that one person may kill another from whom he is separated by hundreds of miles, by throwing a missile at him; throwing it, that is to say, not necessarily from the place in which he himself happens to be. It is, in fact, our old problem of the bi-presence. One of my patients, for instance, who had been discharged, later returned to hospital as a voluntary patient, because she heard my voice in her home, telling her to come back.

And finally, we have had occasion to note the close connection between the ideas of participation and magic, and those of animism and artificialism. Tendencies of the latter kind are also to be found amongst the insane, but they are best exemplified by a study of actual cases.

It is to be noted that, although the fundamental mechanisms are the same in either case, yet the forms the delusions take

in the insane, approximate rather to those of the primitive, than to those of the child: and this is not surprising when we consider that, after all, we are dealing, both in the insane and in the primitive, with grown up people.

I would also remark that the fact that many of the tendencies to be quoted, were noticed by me before I was intimately acquainted with the work of the anthropologists;—observed, that is to say, without theoretical prejudice, and while my interest was greater than my power to understand or explain them;—seems to add to the objective value of the conclusions I later reached.

In dealing with the actual cases, I shall first isolate the various primitive trends, such as realism, participation, magic, animism and artificialism, and group them together under their appropriate headings, while reserving the fuller treatment of each individual case for another chapter. But it must be remembered that such trends are not separate categories, but tendencies which are really inseparable, and which are, indeed, merely different aspects of one type of mentality. Thus, for example, magic implies participation, and participation realism, and so forth.

With regard to realism, since every case of paranoia shows this basic tendency, there is no need to multiply examples, but two cases which illustrated particular varieties of realism, are worth quoting.

The first case, L.G. was a woman whose delusional system centred round a certain doctor and his female accomplice, who used a "television machine" for various magical and persecutory purposes. The doctor had given his accomplice

a crystal, "like the one in his machine", whereby she could spy upon the patient, and also read her thoughts. Further, whatever might be done in the one crystal, appeared in the other, so that the doctor also read her thoughts, and would brutally "broadcast" them, thus making her into a "Public Speaker" against her will.

Here we have, in its clearest form, the essence of realism; the belief that thoughts are objective "external" entities, which may, under certain circumstances, actually be visible to other people. There is therefore complete confusion between the subjective and the objective.

The second case, S.S. presents a type of realism very common both among primitives and children, and to which Piaget has given the name of "Nominal Realism". It consists in the notion that the name is somehow consubstantial with the person or thing named, and that it is therefore a quality, and sometimes a very important quality, of such person or thing. When it is used for magical purposes, it has all the attributes of an appurtenance. In this way it was used by the child to "break" the teacher's influence.

S.S. complained that she was being annoyed by certain "limited influences", who were bringing an "unlimited influence" to bear upon her. She knew who these influences were, but refused to name any of them, because; - "it is by the forcing of names that evil comes. Names are great influences."

On being pressed for an explanation, she added; - "Outside, one never thinks of names; one is too busy, too practical, too matter-of-fact. But in here, it has been forced upon me, what powerful influences names can be."

A little later she said;- "I have a name, and you have a name, but there are millions of names behind us; all the documents and schemes upon which our social life rests, and we should revere them, should we not?, and try to get the proper ones, and do good."

These ideas are strikingly close to what the anthropologists tell us concerning the primitive notions as to the power of names. Thus, according to Frazer;-

"The North American Indian regards his name, not as a mere label, but as a distinct part of his personality, just as much as are his eyes or his teeth, and believes that injury will result as surely from malicious handling of his name, as from a wound inflicted on any part of his physical organism. This belief was found among the various tribes from the Atlantic to the Pacific, and has occasioned a number of curious regulations in regard to the concealment and change of names. Some Esquimaux take new names when they are old, hoping thereby to get a new lease of life. The Tolampoos of Celebes believe that if you write a man's name down you can carry off his soul along with it. Many savages at the present day regard their names as vital parts of themselves, and therefore take great pains to conceal their real names, lest these should give to evil-disposed persons a handle by which to injure their owners."¹.

In the case quoted, the same ideas are visible, only the

1. Frazer: The Golden Bough: (abridged edition) p. 244.
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magic is reversed, as it were, and it is by using other people's names that "evil comes" to the patient. The primitive idea about writing is also of interest, for when I asked the patient to write me an account of the "forcing of names", she refused on the grounds that she would thereby "come under the writing scheme", and those very influences which I am trying to avoid." And she immediately added that "personality is greater than formalities, whether in type-script, or any other form of writing." The connection between this last idea and that of being able to steal a person's "soul", by writing his name down, is very close.

Again, the patient's conception of the "millions of names behind us on which our whole social life rests", and the consequent importance of choosing the right ones, is very closely linked with what we learned from Lévy-Bruhl concerning the social customs of primitive peoples, for whom a person is only integrated with the clan, when that "individuating element", the name, is conferred upon him. The same author also quotes evidence from Smith and Dale, concerning the customs of the Rhodesian natives.

" With the Bantus , the name plays a very similar part to that we encountered among the Eskimos. The Ba-ila recognize that there are various kinds of names. The birth-name is the one given to a child soon after birth, when, by the aid of the diviner, it has been ascertained of which of its forbears it is the reincarnation. This name is tonda, not to be lightly used, and though it remains with him all his life, it is strictly tonda for him to pronounce it. ...

The child is given another name for everyday use." The authors say that the reason for this taboo is that by "pronouncing a name you may bring misfortune down upon the person or yourself."¹.

The patient is an elementary school teacher, rather above the average in intelligence, and prim and pedantic in her phraseology, as is shown by her words which I have quoted verbatim. It is extremely unlikely that she has ever heard of the primitive customs concerning names, and her statement is of interest, that it was only after she became an inmate, (i.e. after she became certifiably insane), that she developed them herself. We shall notice similar ideas in another patient, under the next section, for it is inevitable that there should be some overlapping in the sections.

Participation.

We have seen that participation, springing from realism, is essentially a pre-causal system of relations between a person and things, or between one person and another. Instead of relating things by the law of cause and effect, the savage relates them by means of the mystic or participational principle of identity. And so, very often, does the insane person. The examples already quoted might also serve as examples of participation, but there are so many others that we do not need to discuss these again.

1. Smith and Dale: The Ila-speaking Peoples of Northern Rhodesia:
1. pp. 356-8. (Quoted by Lévy-Bruhl: Loc. cit. pp. 334-336.)

One of the clearest cases of participation I have met with, was provided by my patient J.A.B. She is a paranoid woman of rather low type. One day she was complaining to me of a pain over her right eyebrow. She said;- "It's not so much for myself I mind. It's for my niece, little Margaret." On being asked what she meant by this, she replied;- "She's the one who feels with me." - And, as if to remove all doubt as to her meaning, she added of her own accord;- "She is there," and pointed to her forehead. I then asked her if she really meant that Margaret lived in her head; to which she replied;- "Oh no! She lives with her parents. I don't know where they live now." Yet Margaret is in her head and feels with her, so that any pain experienced by the patient will also be felt by her niece.

This case not only illustrates participation, in the clearest manner, but it also demonstrates that in the insane, as in the primitive, participation may sometimes involve a bi-presence. The patient's niece is both in J.A.B's head and in her own home, at the same time. It is the same with the witches and the were-wolves of the primitive.

But participation shows itself in many forms. For instance, another patient E.S., a paranoid who had a horror of being touched by anyone, also showed this fundamentally primitive form of thinking. After some time in hospital, she got over her morbid fear, and she explained the change by saying that the "electricity" was now out of her system. The presence of this electricity, she explained as follows. A young man she knew had a battery, and used to allow people to have

shocks from it, which he said would improve their health. The patient had more of these shocks than anyone else, not realising that they were doing her harm. Later, however, she discovered that while the electricity was in her system, she was "run down", and that while she was in this condition, anyone suffering from "the bad disorder", who happened to touch her or to bump into her, thereby passed the disease on to her, and was quit of it himself. She was quite clear that this only referred to venereal disease. In her own phrase; - "Say what you like, doctor, I cleaned them." Once the electricity was out of her system, and she was no longer run down, there was, of course, no further danger to her in being touched.

This approximates fairly closely to the customs which prohibited a king or sacred personage from touching the earth with their foot.

"Apparently holiness, magical virtue, taboo, or whatever we may call that mysterious quality which is supposed to pervade sacred or tabooed persons, is conceived by the primitive philosopher as a physical substance or fluid, with which the sacred man is charged just as a Leyden jar is charged with electricity; and exactly as the electricity in the jar can be discharged by contact with a good conductor, so the holiness or magical virtue in the man can be discharged and drained away by contact with the earth, which on this theory serves as an excellent conductor for the magical fluid. Hence in order to prevent the charge from running to waste, the sacred or tabooed personage must be carefully prevented from touching the ground; in electrical language,

he must be insulated, if he is not to be emptied of the precious substance of Fluid with which he, as a vial, is filled to the brim. And in many cases apparently the insulation of the tabooed personage is recommended as a precaution not merely for his own sake but for the sake of others; since the virtue of holiness or taboo is, so to say, a powerful explosive which the smallest touch may detonate, it is necessary in the interests of the general safety to keep it within narrow bounds, lest breaking out, it should blast, blight, and destroy whatever it comes in contact with."¹.

It is to be noted that the patient E.S. was also a "sacred personage", and was quite sure she was different from everyone else and had special powers from God. We must also remark once again the reversal of the magical current in the paranoid conception. It is the patient whose safety is threatened when she is charged with electricity. This, of course, is merely a manifestation of the general tendency in paranoiacs to imagine that they are being persecuted. The reasons for this tendency must be left for discussion later.

But deeper than the electrical analogy with Frazer's primitives, there lies participation, for which the electricity is only the occasion. The electricity weakens her resistance, and thus lays her open to participational attacks on the part of other people. In her devitalised state, the person who touches her can extend his personality into hers, and

1. Frazer: The Golden Bough: pp. 594-595.

leave his disease with her. The disease, be it noted, is not any disease, but only venereal disease. It is not a matter of infection, but of the transference of a moral quality; the bad disorder.

A similar form of participation is shown by the patient E.M. She is St. Theresa, and a "life-giver". She can bring the dead back to life, or rather, Christ can use her for this purpose. She does not know exactly what happens because He throws her into a trance during the process. But she always knows when it has happened by the feeling of weakness she experiences thereafter, and also whom she has "quickenened", because "everything they have been suffering from is transferred to her for the time-being." Thus every pain, every wound, every scar, and even every bruise and pimple on their bodies, appears upon her person temporarily. Here again, the weakness of the patient allows the dead or dying person to impose his personality upon hers. She becomes him, and he becomes her. She receives his "boils and blanes and spiritual sores", while in return, he receives her fresh and vigorous life. The participation is complete.

If it is possible to find a more graphic description of participation than the above, it is surely provided by the next patient, R.M.B. She is the "fiancée" of Jesus. She says;- "I am his spirit-unity. That means that I was in He (sic), when he was born. I was a part of Jesus' body. I was taken from his left side, near the heart; one of the ribs near the heart. That is how I got my names. Rosamund, that is an Anglican or Old English name, and means "Spirit-Child of Nazareth".

Marcia is Teutonic, and is the same as Mary. I am the Mary; I am not the Virgin Mary. She was the mother of Jesus, while I am the other self of Jesus. But the spirit of the Mary was in my mother, and that is why she was directed to call me Marcia."

Here we have Participation in its crudest, most material form. The patient is actually a part of Jesus' body. She is "near his heart", physically, and therefore, of course, emotionally also, for by participation there is no difference between these two aspects. It is the same notion that induces the savage to eat his enemy's heart in order to participate in his courage. She is the "other self" of Jesus, - the English self. That is why her names are translated into what she fondly imagines to be "Anglican" or "Old English". Connected with this is another of her beliefs, namely, that the "other name" of the Yorkshire village in which she was born, is Bethlehem, - "like the old Bethlehem in Jerusalem across the water."

Here again, too, we notice the connection of "Nominal Realism" with participation. Because she is a part of Jesus, her names are chosen with particular care. They denote that she is his other half, born of the same mother, and of himself, (primitive mentality finds no difficulty in such contradictions), but she is the English half.

Now it is a curious fact that the whole story bears a distinct general resemblance to a myth which the ancient Egyptians made concerning the Goddess Isis. Isis wished to learn the secret name of the great God, Ra, in order to be his

equal in power. She therefore arranged that he should be bitten by a magical snake which she had made from his spittle. When the god fell sick of the bite, Isis alone could cure him; but her price was the knowledge of his real name. Ra, therefore, perforce, allowed her to cut his name out of his breast with a knife.

Another form of participation is showed by the patient A.G. She is the daughter of a schoolmaster, and imagines that she is the victim of a plot on the part of the Catholics. A great number of people are involved in this plot, but she does not think that Miss S. the Deputy Chief Nurse, can be one of them because; - "Miss S. is a schoolmistress. She has been to see the school where my Pa used to be Head. She says that there is nothing wrong with me." - The patient has also told Miss S. that she does not believe that I am in the plot, because; - "His father was a schoolmaster, and so was mine." - Miss S. and I, therefore, are of the same "totem" as herself, and hence, by participation, on her side.

And finally, we must note the very common form of participation whereby the patient can affect the world order. Participation can extend so far that the patient's personality is expanded so as to include the whole world. Naturally, the patient does not always put it quite in that way, but usually contents herself with saying that if anything happens to her, some dire calamity will overtake the whole world. Thus the patient, L.A. who accuses me, among other things, of trying to murder her, says that she "refuses to be a living sacrifice for an "ecclesiastrial" (sic) earthquake which would happen

if you murdered me in Storthes Hall Union by Britannia's presence myself. Please to stop all malpractices off on my body."

Similarly, the patient E.M. holds that it is most important that her virginity should remain "unbröken", because otherwise;- "it would have caused an earthquake, or something equally dreadful would have happened to the earth."

Another patient, L.C.C. who was an actress, tells me that in 1918 she and her husband were playing in Liverpool. They had quite a good reception, and it was noticeable from that time onwards, that foreign affairs, politics, and the War took "a decided turn and came to a head."

We shall notice similar tendencies among melancholics, when we come to study magic. Meanwhile, let us note a very simple and direct form of participation in the case of a man, J.A. He maintained that there are two kinds of reality, materiality and psy-ch-ological reality. One day, in order to test his conception further, I pointed to his dinner, and asked him to which sort of reality it belonged. He answered at once;- "It's neither. It's an emanation from one of my corpuscles."

Does this idea differ fundamentally from the primitive concept that the remnants of one's food are parts of oneself, and therefore may be used to bewitch one?

Magic.

Whenever a person attempts to employ the participational relations for his own ends, we have magic. We have seen that belief in the efficacy of magic is coexistent with primitive

mentality. It is similarly coexistent with paranoid mentality, and it is also to be found in many cases of melancholia. But in the former, the persecutory tendency causes the patient to impute the magical activities to others, - a fact which is connected with the "reversal of magical current", to which we have alluded, - while the melancholic, following his usual habit of blaming himself for everything, frequently accepts the blame for the magic also.

Sometimes the magic is extremely conventional and primitive in form. Thus the patient L.G. who complained about the doctor and his "television machine", also asserted that he had a photograph of her, taken by a "kodak" on glass. When the photograph was placed under a crystal in the machine, the doctor could afflict the patient with pains in any part of her body, merely by touching the corresponding part of the photograph.

We have already seen that this machine could also be used to spy upon her and to read her thoughts. It had yet another nefarious use. One day she went to consult her solicitor about the annoyance it was causing her, but the doctor prevented her from getting there by sending a "black shadow" from his machine, which struck down suddenly in front of her eyes, and passed downwards, forcing her with it, until she was on her knees in the street, from which position she was rescued with difficulty by passers-by.

Another form of magic which is extremely wide-spread among primitives was shown by my patient, L.A. She accuses me, and other people, of allowing our "afterbirths" to breathe upon her, and thus causing her to give birth to "spirit-

children". On being questioned about the afterbirths, she said that;- "Man has two bodies, a material body and a spirit-body. The latter must be the afterbirth." She once saw one of these "spirit-bodies", (like a man's head, and a collar, - like Pierrot get-up), but she has never seen an afterbirth. She is, however, quite aware that it is something that is born after a child.

She also states that she herself has no spirit-body, because her mother took her afterbirth away somewhere. The notes on this case were taken in 1928. She is still in hospital, but she no longer speaks to me about afterbirths, though she still uses the term occasionally when talking to the nurses. But, to me, she now says that I send my "ghoul" to plague her, and she speaks of herself as having lost her "star". There are therefore still the same ideas present, namely, that she is being afflicted by malign spirits, and that she has lost her spirit or guiding star.

This patient's ideas are so close to what Frazer has told us of the beliefs of primitives concerning the placenta, that I reproduce his remarks.

"Other parts which are believed to remain in a sympathetic union with the body, after the physical connexion has been severed, are the navel-string and the afterbirth, including the placenta. So intimate, indeed, is the union conceived to be, that the fortunes of the individual for good or evil throughout life are often supposed to be bound up with one or other of these portions of his person, so that if his navel-string or afterbirth is preserved and properly treated

he will be prosperous;whereas,if it is injured or lost he will suffer accordingly. Among the natives on the Pennefather River in Queensland it is believed that a part of the child's spirit (cho-i) stays in the afterbirth. Hence the grandmother takes the afterbirth away and buries it in the sand. She marks the spot by a number of twigs which she sticks in the ground in a circle,tying their tops together so that the structure resembles a cone. When Anjea,the being who causes conception in women by putting mud babies into their wombs,comes along and sees the place,he takes out the spirit and carries it away to one of his haunts,such as a tree,a hole in the rock,or a lagoon,where it may remain for years. But sometime or other he will put the spirit again into a baby,and it will be born once more into the world. ...

According to the Bataks (of Sumatra),it (i.e. the placenta) is bound up with the child's welfare,and seems,in fact,to be the seat of the transferable soul. ... The Karo-Bataks even affirm that of man's two souls it is the true soul that lives with the placenta under the house; that is the soul they say,that begets children ."¹.

We have already noticed the magic attributed to her enemies by S.S. in which the very mention of their names would bring her under their power.

E.M. the "St. Theresa",who is also a "life-giver",shows many interesting magical traits,both on her own part,and on

1. Frazer: The Golden Bough: pp. 39-40.

that of her enemies. Her father is the "Duke of Clarence", (alias the "Shiek of Araby") and it is he who "protects" her "Cottage Enchanted". This is an old house which is protected by magic from intruders. Several people have tried to force an entrance, but they only get shocks, "as if by electricity". Her powers of life-giving are also magical. When "the Invisible One" (i.e. Christ), wishes to quicken anyone, he throws her into a trance. She is aware of little that occurs, but she knows that He "puts something into her private parts", and that afterwards He takes it out again, and introduces it into the dead body. We have also discussed her magical relationship with the world, which is such that should her virginity be broken, the whole world would suffer.

On the other hand, her enemies also use magic against her. Dr. B. (one of the Medical Officers here) and his female accomplices annoy her by sending their voices through the "transmission". She doubts whether this is the ordinary "wireless", but thinks it may be done by "gadgets" or "pocket-wirelesses".

The patient A.G. who is involved in the Catholic plot, also shows magical mentality. Her enemies employ the "switch" against her and her sister. "It is an electric switch, not like an ordinary one, and it is a favorite weapon with all Catholics. They once put it on my feet when I was in bed, and it hurled me right up to the head of the bed. And on another occasion the switch made my sister turn in a half-circle when she got out of bed, and fall to the ground."

But this patient also shows a more conventional form of magic, though she pretends to despise it.

"These people are silly and superstitious" she says, "They tried hypnotism on us, but it didn't work. They also tell fortunes by means of Planchette. ... But all this is nonsense and I don't believe in it. When my sister left here, however, one of their gang said, -Now we'll see if your spirits can draw you together. - But we're not spiritualists."

C.L.P. is a low-grade case of dementia paranoides, who is so grandiose, irascible, and generally fatuous, that it is difficult to make any coherent sense of her ideas. Yet, unless I have completely misapprehended her, she has some interesting traits of primitive magic. She is Queen of England, and of the Earth. She rules the Army and the Police Force, and they look after her here. She owns this place, but is annoyed by the nurses who steal her food. They are "spirit-girls". They "make up a spirit". And they persecute her by giving her "man's meat" to eat. This has no strength because it is made by "spirit-men" who turn themselves into meat.

It seems to me that the line of associations runs somewhat as follows. She insists that her servitors are men; (the Army, the Police Force, etc). She herself is above them. She is the Queen. It is unfitting that she should have the same kind of food, (man's meat). Moreover, to eat them, (spirit-men), is to become like them. (There is no strength in man's meat). But the spirit-girls, who steal her food, give her this worthless stuff in its place, no doubt with a view to undermining her superiority: to diluting her mana.

It is like the taboos on food among primitive peoples, according to Frazer.

"In the opinion of savages the acts of eating and drinking are attended with special dangers; for at these times the soul may escape from the mouth, or be extracted by the magic arts of an enemy present. Among the Ewe-speaking peoples of the Slave Coast, the common belief seems to be that the indwelling spirit leaves the body and returns to it through the mouth; hence, should it have gone out, it behoves a man to be careful about opening his mouth, lest a homeless spirit should take advantage of the opportunity and enter his body. This, it appears, is most likely to take place while the man is eating. The Warna will not allow anyone to see them eating or drinking, being doubly particular that no person of the opposite sex shall see them doing so. I had to pay a man to let me see him drink; I could not make a man let a woman see him drink."¹.

Among melancholics again, magical ideas are almost equally common. But here it is usually the patient's own magic that has somehow miscarried, and this has consequently brought dire punishment upon the patient and others. Thus one old lady I knew was driven to attempts at suicide by her belief that she had caused the whole world to be condemned, by stuffing an old shawl up the chimney, and allowing it to burn. Another patient, M.H. had a most interesting explanation of her sad plight. Years earlier, she said, she fell in love with a young man who worked beside her. Since he showed no sign of returning

1. Frazer: The Golden Bough: p. 198.

her affection she determined to resort to the time-honoured "love-charm". She therefore took some of her own menstrual blood and introduced it into the young man's tea. The charm was not successful, but now she feels that she is forever lost.

This is so close to the primitive habit of bewitching by means of appurtenances that one might almost assert a priori, that this form of love-charm must have been in common use among primitives, although I have been unable to find any account of such a practice.

Again, I have found a similar train of ideas in a case of chronic melancholia in a man R.B. He constantly bewailed his lot, saying that "his brow was held by the corner", and that he was afflicted by "rage and angry words, and power and pain", and that his brain was "all smashed up." The reason for this punishment was that on one occasion he had used the Bible as a support for his wife's buttocks during sexual intercourse. "If I'd known, I'd never have done it." - was his continual cry.

Admittedly we have something more than mere magic here. The magic has progressed a step, and has become religion. It is no longer a matter of having miscalculated impersonal forces. A personal factor enters in the form of the Deity who is offended. But the ideas are fundamentally magical. To use so sacred a Book for so base a purpose is to break a tremendous taboo. But to the primitive mind, with its tendencies not only towards magic, but also towards animism and artificialism, that is to say, towards the personification

of the whole of nature, the differences between magic and religion are probably not nearly so clear as they are to us.

It is also worthy of note that this patient would continually draw sketches of the disposition of the various articles in the room just before the fatal happening: these sketches showed the position of the table on which the Bible was lying, the position of the bed, of his wife and of himself. It was as if he were describing a magical ceremony or dance, or a "Black Mass", in which the positions of the actors and their appurtenances was of the greatest importance.

Another sufferer from melancholia attributed the dire consequences which befell her to another form of erroneous action on her part, in which the magical element, although present, was of a vaguer type. This is the patient, E.T. She affirms that she has disobeyed all the laws and that therefore God has forsaken her. Her sin is this; she has disobeyed her doctor. He told her to come to his surgery, but she could never manage to get there during consulting hours. She says that; - "if you break the laws of the physicians, you break the laws of Society, which are the laws of God." - God will therefore have nothing to do with her, and she is a lost soul.

The connection of this with the mentality of the primitive, who has no idea of individuality apart from that conferred by integration with the tribe to which he belongs, is clear enough. She has broken the taboos of her society, and therefore she no longer belongs to it. She is indeed a "lost soul".

But the sequel is even more interesting. The animals whose scent is keen, like cats and dogs, can smell the corruption in her body and soul, and they follow her about. Ladies keep their dogs on leash when she is in the vicinity, and on one occasion, unknown to herself, a cat had sexual intercourse with her, and she believes that she is now pregnant by this animal. Her thought seems to be that having forfeited her human status, she is no better than an animal.

Here we enter a stream of thought which is very common, both in paranoids and in melancholics, and which, although distinctly primitive in nature, can hardly be dealt with under any of the above headings, except, perhaps, that of participation. I refer to the lack of distinction between animal and human personality, which is responsible among primitives, for the widespread notion of the were-wolf. The paranoid L.C.C. shows a similar train of thought, although in her case, absurd as it sounds, it is a sort of were-penguin in whom she is interested. This remarkable bird is in the "Zoo", and his name is "George". The patient knew him both as a man and as a boy. She thinks the change in his species may be connected with the fact that he is now a "Nietzschean", whereas he used to be a "Schopenhauerian." She is quite aware that Nietzsche and Schopenhauer were philosophers, though she has only the meagrest knowledge of their works. So that it would seem that she has no difficulty in conceiving that a change of a purely mental kind might involve also a physical change, or even a change of species.

Now the problem of the were-wolf, as we have seen, is

intimately connected with that of the bi-presence. The man is also, and at the same time, a wolf. Is there anything analogous in the patient's mind? Curiously enough, there is. Speaking of "George" one day, she said to me; - "I see you have taken George's picture off the screen! Her reference was to the weekly cinema, from which it so happened that the King's picture had been omitted for the previous few weeks. On the occasion of this conversation, too, her last remark to me was; - "Now do put George's picture back." - She is well aware that the King is on his throne, but also, it seems, he is a penguin in the Zoo. The bi-presence is obvious.

This is a most interesting case which we must discuss more fully later, but in the meantime I wish to indicate the peculiar lack of distinction between the human and the animal orders, which we also noted in the melancholic, E.T. Krafft-Ebing has also drawn attention to a similar trend in paranoia.

"The want of critical power may be so great that the patient hears shameful things in the twittering of the birds."¹.

Animism and Artificialism.

These tendencies are rather more difficult to demonstrate in the insane than the foregoing. Direct questioning on these points is usually to be avoided, since, if the patient

1. Krafft-Ebing: A Text-Book of Insanity: p. 383.

has sufficient intelligence to understand the question, he is generally also of sufficient commonsense to scout such absurd notions. What is more, the very fact that he has been asked such foolish questions annoys him, and one is apt to rouse his all-too-ready suspicions, and to forfeit his confidence. Nevertheless such tendencies do undoubtedly exist in paranoiacs, though they are usually only clearly expressed when dementia is so far advanced as to have destroyed the critical faculty almost completely.

Thus the best example of animism and artificialism I have met with, was in an old paranoid dement, an extremely irascible, confused and disorientated old woman, M.A.A.

She is the "Lord God Almighty Everlasting", and this title is on her birth-certificate. Her father was the "jockey-pig". He is a "very clever animal", and he is really a cat. He found her in a walnut tree in Eden, but she was born in a manger, like Christ, in fact she is a Christ. For all these facts she refers me to Mr. Dibbs, "who keeps all the records". He is "one of the Gods of Heaven", but if I ask him, he will tell me that she is the greatest of all the Gods of Heaven.

She spends her time "pushing out worlds". She makes them "by creation", and then she "shoots them out." She also shoots out trees and diamonds and other precious stones, and "Whitehaven Pier". This Institution is made of diamonds which she has shot forth. All the stones are alive and she can see their eyes, noses and mouths. They "know what they are doing."

I asked her to create something for me, and she obligingly did so. She pulled up her clothes at the back, and said that

she had "lifted" an emperor. She did not know that it was going to be an emperor until it was finished. She then took me round the pictures in the ward, and showed me herself in all of them. In one she was a cow; in another she was a little girl on a seesaw. She maintained that these were all alive and could come down out of the pictures if they wished to do so. Yet she is everyone of them, and the Lord God Almighty Everlasting into the bargain. She says; - "I can jump about from one to the other."

Here we have the most amazing mingling of all the primitive trends. There is bi-presence, or rather multipresence, magic, the mingling of the animal with the human world, and most marked of all, animism and artificialism. We have seen that to the child these last two tendencies are not contradictory but complementary. There is nothing in the fact that an object may have been born, or that it may be alive, to prevent its also having been made. So it is with this patient.

All the stones are alive and know what they are doing, yet she creates them. They know what they are doing and what she expects them to do. So that here, just as with the child, moral purpose in things replaces physico-chemical determinism.

Piaget has shown that the central point of union between child-animism and child-artificialism is to be found in children's conceptions of the birth of babies. It seems to be a general idea among children that babies are made, either by their parents or by other people, (e.g. the

doctor, or even sometimes the butcher.) Even to tell the child that babies come out of their mother's body will not shake his fundamentally artificialist conception. Thus one child, quoted by Piaget, who had been told that babies come out of their mother's stomach, asked; - "But how can she put her hands into her stomach to make it?"¹.

Compare with this a statement made by my patient L.A. (the one who complained about the afterbirths.) She also said that people waved their hands in front of her, and thus caused her to pass spirit-children through her body, and that one man put the spirit-child in her stomach, and then gave her her stomach to hold in her arms like á baby. The artificialism is clear here also.

Again the confused remarks of the patient C.L.P. about the "spirit-girls who make up a spirit", and the man spirits who turn into "man's meat", seem to contain fairly clear traces of artificialism and animism.

Another example of the same thing was given me by the male patient J.A. who had the two categories of reality. He was showing me the plan and elevation of a ship which he had drawn. Upon being asked whether that was "materiality" or "psy-ch-ological reality", he answered; - "It can't be psy-ch-ological reality until the Will has driven it into the hall, and given it a dose of Magnificat." -

The apparent unintelligibility of this extraordinary statement largely disappears when we know something of the

1. Piaget: The Child's Conception of the World: p. 365.

patient's circumstances. The "hall" of which he speaks, is none other than the entertainment hall, in which the Anglican service is held on Sundays, and into which the patient is "driven" every week to be given a "dose of the Magnificat." It would therefore seem that what he means to say is that the religious ceremony is also a magical one, which, by artificialist means, can animate a dead thing like the drawing of a ship.

In conclusion we may claim to have found in paranoids and melancholics, the same tendencies which Frazer and Levy-Bruhl report in the minds of primitives, and Piaget in the mind of the child. We may therefore concur in this very apt statement on Freud's part, even if we should have to disagree with him as to the exact meaning of almost all the terms he uses:-

"In dreams and neuroses we come once more upon the child and the peculiarities which characterize his modes of thought, and his emotional life. And we come also upon the savage too ... upon the primitive man, as he stands revealed to us in the light of the researches of archaeology and of ethnology."¹.

It now remains to be seen what use we can make of this revelation.

1. Freud: Collected Papers on Psychoanalysis: Vol. III. p.470.

Chapter V.

The Evolution of Paranoid States.

1.) The Persecutory Phase. 2.) Megalomania.

3.) Further review of Psychological Interpretations.

We now come face to face with our essential problem. What are the psychological mechanisms underlying the paranoid state? The considerations with which we have been occupied hitherto will not help us to answer this question directly. Even if it be granted that we have demonstrated the existence in paranoiacs, of a childlike or primitive mentality, this, in itself, fails to explain the typical clinical picture; the curiously "shut in" personality, with its inevitably persecutory delusions tending always towards grandiosity. For, on the one hand, neither the primitive nor the normal child suffer from paranoia, while on the other, not only is such a primitive mentality demonstrable in other forms of insanity, but also we have seen that it probably exists in a latent form in all of us, only awaiting an emotional strain of an unusual nature or intensity to manifest itself.

All that we are entitled to say is that in the paranoid, this primitive type of mentality seems to be unusually to the fore, and to form the patient's permanent psychological

condition. He is much nearer to the child than he is to the normal adult. We are thus justified in suspecting that he suffers from an inhibition in growth; a retardation of development. What the cause of such a retardation may be, whether it be an acquired defect, or a fault inherent in the germ-plasm, or whether its situation is to be looked for in the cortex of the anatomical brain, or in what the physiologists are now beginning to speak of as the "physiological brain", or whether again, it is an inhibition of a purely mental and psychological nature, - all these are questions which apparently cannot be settled in the present state of our knowledge. We must be content to frame a theory which will interlock with whatever view may ultimately win the field on these issues.

The mental difference between a civilised adult, on the one hand, and a child or a primitive on the other, consists of a greater degree of dissociation of the former, from his fellows and from the world at large. The adult has a much clearer conception of the limitations of his own personality. He knows that he does not participate in other people or things in the primitive's sense, and therefore that he cannot act magically upon them, or be the subject of such action on their part.

It would seem, however, that this adult mentality is a relatively late development in the history of the species, and that the child, "recapitulating" the development of the race in his mind, just as he does in his bodily organs, passes through a stage in which his psychology shows no fundamental

distinction from that of a savage.

1.) The Persecutory Phase.

The paranoiac travels further along the road of development than does the child, but still he does not reach his destination. There is a constant struggle going on in him between the adult mind and the child mind. He strives to free himself from primitive participation, but he remains entangled in it. To use a very inexact but not altogether unilluminating analogy, he is like a baby who has been born, but whose placental connection with its mother should remain unsevered. Hence the conflict; and hence the symptoms. Just as one may see a dog that has been chained up, turn in wrath on the inhibiting chain, growling and snapping at it, so the paranoid turns on the participational fetters binding him, with suspicion and resentment, and interprets all relations in terms of persecution and hostile attacks. And the more he drags against the constricting bonds, the more he unearths his participational connections, and the wider becomes the circle of his enemies.

In the first place his persecutors are merely vague creatures to whom he refers as "they", but soon he particularises them, and they become mingled with the people with whom he comes into daily contact; his wife, family, and friends, or the people he works with, and so on. But once on this slippery incline of suspicion he proceeds with ever-growing momentum. His accusations spread to his superiors, to the Government, to the Catholic Church, or to a world-wide gang of criminals. Ultimately, as we have seen, they may go beyond the bounds of

humanity, (and of commonsense) altogether, and actually involve the animal kingdom.

Thus we may see the primitive participations being drawn out of the depths step by step. He reacts first against the primitive feeling of participation with the people nearest him. Next appears the primitive feeling of solidarity, of oneness with the social group, together with, or under cover of the hostile reaction to this feeling. And finally, the feeling of pantheistic fusion with the whole universe emerges, very thinly disguised by the patient's hostile attitude. But by this time, the patient is usually passing definitely into the phase of megalomania, where we shall follow the further evolution of his ideas.

But to resent the primitive participation is not to be quit of it, and in the very struggle to free himself from it, in the name and for the sake of his own principium individuationis, the patient is deceived at every step by his inherent childishness. His very reactions bear the stamp of his innately primitive mentality. Again he resembles the chained dog whom one may see, after various fruitless efforts, carefully scratch a hole and bury the hateful chain, fondly believing that he is thereby disposing of it.

It is not to be supposed, of course, that the paranoiac is consciously aware of what he is doing. The struggle takes place in that dim region of the mind to which we now give the name of the "Unconscious". The whole process is instinctive, emotional, and unreflective. The patient's instinctive urge towards growth, towards the attainment of a normal adult

mentality, is impeded by the unsevered participational link; he feels that there is "something wrong", and reacts accordingly. We have seen that in melancholia, - whose connection with paranoia has been noticed by many observers, from the older French writers down to Adler at the present, - the same participational link exists. But the melancholic does not react like the paranoiac. He does not resist the participation, though he too feels that there is something wrong. He accepts the participation, and at the same time he accepts the blame for the "something wrong".

If now, we examine some of our cases more fully, we shall find these mechanisms amply demonstrated. It will be convenient to deal first with those cases in which the delusional system is predominantly persecutory, and then to discuss those in whom it partakes more largely of the grandiose.

Case 1. A.G.

A white-haired lady-like patient, modest, retiring, and prim in her manner. She shows some fatuity, but is of fairly high grade in intelligence. She is a typical "délirante chronique", according to Magnan's classification. She and her sister are cases of "folie à deux", but she is at once the stronger character and the more insane of the two. In conversation with me she spoke as follows.

"I am a schoolmaster's daughter. I went to an elementary school until I passed out of the top class, (double ex-VII.) After that, Pa said that I should go no longer to school, but that I should have private masters for any subjects I wished

to study. I had, indeed, music masters, and I am now a professional violinist. But I never went to secondary school, nor did I afterwards go out to business. I was not strong enough, though there is nothing the matter with me. My sister went out to business and I kept the house and gave lessons on the violin. But the people next door boycotted us both, and drove pupils away."

(Here she was asked if she had ever wanted to go to College, or out into the world, whereupon she became even more prim, and answered;- "No. Pa said I was to stay at home, and his word was law. So was my mother's. They thought only of the good of us children. And moreover, the doctor said I was not strong enough for business, although there's nothing the matter with me; I'm just not strong.")

Continuing with her history, she said;- "Ten years ago I went on a visit to Italy. I am not a Catholic, but my companion, a nurse who has the distinction of having brought 1,000 babies into the world, is Catholic, and she went to get the Pope's blessing. She also took me. There is a gentleman in the Vatican who is interested in me. He met us, and at first he said;- "It's a pity you don't use the word of three letters." - By this he meant "Yes". He wanted me to become a Catholic. But my companion said;- "No! She promised her Pa, on his deathbed, that she would never turn Catholic." - My Pa had a very great friend who was a Catholic, but when Pa refused to change, this friend said;- "Very well! It makes no difference to our friendship, and I shan't mention it again."

"So I got my blessing, which is a great distinction among Catholics, and protects you from bandits on the trains. As a matter of fact, I was in a Hold-up in the train in Italy, and was protected by the Pope's blessing. These people all know about such things. They tell each other. On this train they wanted to sell me; I don't know to whom. But you will find the whole matter reported in "Ideas" for Mid-July 1931.

Now the two women, - a mother and daughter - who live next door to us, are Italian spies. They know all about the Pope's blessing and they are very jealous. They wish to impersonate me, and to force me to become either a Catholic or a Christian Scientist. They are low-down vulgar women of no distinction, and they are also very dangerous murderesses. They use needles and stilettes. I have seen them kill three men. They have the needle concealed in a handkerchief, and they pierce the man's neck with it, - injecting morphia, I suppose. Then he falls unconscious, and they finish him off with an "upward thrust" as they call it, of the stilette under the heart. They then steal his private papers.

They also make bombs with sulphur gas, and they have a bomb-clock which we have often heard ticking. They are working to bring about revolution and war. The war will take place in Italy, between the Catholics and the Anglo-Catholics. There are no Anglo-Catholics in Italy; they wouldn't go there."

(Here she was questioned as to how a war could take place between two parties in Italy, when one of them refused to go there. She at once became evasive and rather supercilious, and refused to discuss the matter, referring me to the papers.

No appeal to commonsense could make her face the logical difficulty.)

Returning to her spies, she continued;- "They have done everything they can think of to annoy us. They have boycotted us, and they talk outside our windows as if they were the "Misses G." Further, when we are out, they enter our house. I know this because we have the house watched by the Insurance people, whom we pay to do this in our absence. They will make the spies pay later.

These women also use the switch, - a favorite weapon with all Catholics. It is an electric switch, not like an ordinary one. But they once put it on my feet when I was in bed, and hurled me right up to the top of the bed. And, on another occasion, they put the switch on my sister when she got out of bed, and made her turn in a half-circle and fall to the ground.

They are silly superstitious people too, and they once tried hypnotism on us, but it didn't work. They also tell fortunes by means of Planchette, which they learned from their predecessor in that house, a man whom they murdered. But all this is nonsense and I don't believe in it. When my sister was discharged from here, however, one of their gang said;- "Now we'll see if your spirits can draw you together!" - But we're not spiritualists.

They've got several of their accomplices here as attendants. They say that Dr. P.L. our family physician, signed the documents to bring us here, but my married sister says that he is playing the dickens about it. And Detective Inspector M. is

watching them and has given them 24 hours to clear out of the country."

Notes on the Case.

This patient shows very clearly the primitive indissociation and the struggle against it. The two spies are always trying to identify themselves with her and her sister. They pretend to be the "Misses G." and they make free with her house in her absence. On the other hand, the patient continually tries to overcome the participation by insisting on her "distinction", and on that of her friends, and she clings with desperation to any detail that may serve to mark her out from the common herd. Thus, as with every paranoiac, her psychology is that of the "upstart", of the "beggar on horseback", of the "nouveau venu", who insists on his distinction from the lower orders, precisely because he fears to be mistaken for one of them.

Therefore this patient is careful to point out that her "Pa" would not let her go to work like common clay. Even her education was a peculiar one with private masters; and she affects a delicate lady-like weakness which is not to be confused with anything so plebeian as an actual disease. Her "Pa" too, was distinguished in that he had a Catholic friend, (and no doubt a "distinguished" one), and yet remained true to his faith.

Thus we enter a stream of tendencies which will centre more and more round the Catholics. She will follow her "Pa" in his resistance against the wiles of these people. She

will preserve her individuality against them.

Later she will visit Italy, accompanied by a "distinguished" nurse, where she will be singled out for an especial "distinction" by the Pope, while still remaining apart from his followers. This will also provide material for a fine myth about being held up on the train, and attempts to sell her, frustrated by the Pope's protection. Note that when this story has performed its function of separating her out from the crowd, she is not even sufficiently interested in it to find out to whom or for what purpose she was to be sold.

When she returns home, what more natural than that she should arouse the jealousy and enmity of the real Catholics? And if they are also "low vulgar women" from whom she is particularly anxious to be distinguished, so much the better. They can also be conveniently saddled with every crime in the calendar. Their real crime, of course, is that they might be mistaken for her. This is the real core of the trouble; the desire to be different from her neighbours. All the rest is myth-making and romancing.

Here, then, we see the workings of the paranoid mind. Reacting against the primitive participation inherent within itself, it erects a perilous structure of myths and romances, whose primary function is the stress the patient's principium individuationis. The delusions are thus, in a sense, grandiose from the start. But this grandiosity is at first only implicit, and exists merely by exaggeration, and because the poor creature is literally fighting for her very life. Only later will the grandiosity become explicit and boundless.

But even in the struggle, the patient's mentality remains essentially childish and "participational". We have previously discussed the magical traits to be found in this case, as well as the interesting example of participation which has not yet aroused resentment, or hostile reaction, but which will allow her to believe that Miss S, and I must be her friends, on the strength of a "mystic" link, through the teaching profession. For the rest, her complete inability to grasp the logical fallacies or the logical difficulties inherent in her position, is ample proof of the primitiveness of her intelligence.

Case 2. S.S.

This patient is an elementary school teacher of fairly good intelligence. She approximates to the "pure paranoia" of Kraepelin. She has systematised delusions of persecution but shows no hallucinosis. One day, in 1928, I found her standing alone in a corridor, and had the following conversation with her, which I wrote down within the hour.

(S stands for "self", and P for "patient".)

S. - Why don't you go and sit by the fire, Miss S.?

P. - I'm most unhappy, doctor. If I knew what to do, or where to sit, or what to read; - but as someone once said to me, "The Son of Man hath not where to lay his head" - (weeping). Yesterday I took up a book and sat down, but I was simply hounded out of both my book and my seat.

S. - By whom?

E. - Idon't know.

S. - Oh come! Surely you must know?

P. - Doctor,I have nothing to do with it. It is not in my nature nor in my mind,and I emphatically dissociate myself from these influences.

S. - Are they spiritual influences?

P. - Most certainly not. They are anything but good,and even if they were, Miss S.,a certificated Board School Teacher does not need them or desire them.

S. - Who are they?

P. - Ah! I mustn't say,doctor,for I am bound to respect some people and do not wish to hurt anyone. All I can tell you is that the limited influences, (I wish to emphasise their limitation),can bring the unlimited influences to bear on people. But I wish to be impersonal and treat people officially.

S. - Don't you think it would save time if you were to give me their names?

P. - No. I must not do that.

S. - Why not?

P. - Because it is by the forcing of names that evil comes. Names are great influences,doctor.

S. - Well now! Take my name and show me how you could force it.

P. - I'm not sure that it is your name Dr. Montgomery,but I've thought a great deal about it. I remember a poem by a man called Montgomery. I have only seen it twice,once on Good Friday,and the second time when I showed it to the

Vicar who had called upon me. It was only a short poem and it had a Latin inscription;- "In Subine" - which means "In September", (according to the Julian calendar, that is, not by the other one.) And I might bring in what I said before;- "The Son of Man hath not where to lay his head."

S. - But how does this force my name?

P. - Well, it is by the forcing of names that evil arises. Outside one never thinks of names; one is too busy, too practical, too matter of fact; but in here it has been forced upon me what powerful influences names can be. I hope I have made it clear?

S. - Not quite, I'm afraid. But I am very interested, and should like to think more about it. Would you write me an account of the matter sometime?

P. - No doctor, I couldn't do that. You have been kind to me, and I regard you respectfully as my medical adviser and bodily doctor. But if I were to write, I should thereby come under the writing scheme and those very influences which I am trying to fight. Personality is greater than formalities, whether in type script or in any other form of writing.

S. - Well then, will you tell me why you are not sure of my name?

P. - I have a name, and you have a name, but there are millions of names behind us; all the documents and schemes upon which our social life rests, and we should revere them, should we not?, and try to get the right ones, and do good. Please forgive me if I seem to preach.

Notes on the Case.

The outstanding feature of this case is the "Nominal Realism", which we have already discussed. But besides this there is the patient's paranoidal reaction to this realism, and to the participation which underlies it. She "emphatically dissociates" herself from the "influences", and she "wishes to emphasise" their limitation. These limited influences are, in fact, the nurses, with whom she is always at loggerheads. The unlimited influences which they bring to bear upon her are the doctors. She does not blame the latter directly, but thinks they are the dupes of their "underlings", the nurses.

But she herself is something much better than a nurse, she is a Certificated Board School Teacher. She is definitely at the persecutory stage, and has no overt grandiose ideas, but as with all paranoiacs, the grandiosity is, as it were, latent or potential, and only awaits development. From this point of view her references to Christ are illuminating, (e.g. her talk about reading the poem with the "Latin inscription" on Good Friday, and her reiterated comparison of herself to Him "who hath not where to lay his head.") At present this is mere simile, but we may be tolerably certain that it will gradually develop into metaphor, and thence to a literal statement, thus tracing its course back to its sources in primitive thought. In short, if and when she develops megalomania, she will attain, in her own mind, to the stature of Christ. The reason that Christ plays so large a part in the delusions of paranoics is, of course, that He is, above all, the type of the Persecuted Great One.

But also her nominal realism gives us further insight into the way in which paranoid persecutory delusions are evolved. By realism the name is linked to the object which bears it, and the thought to the thing thought about. In striving to drag himself clear of this bondage, the patient actually manages to pull the attached thoughts out of himself, so to speak. They maintain their connection with the persons or objects to which they refer, and therefore the patient regards them as being consubstantial with such persons or objects, and indeed as emanating from them.

With this in mind, we should be still more reluctant to accept the idea of "projection". The process should rather be called "extroversion", though it is certainly unfortunate for our purpose that Jung has used this term in a different sense. But confusion will be avoided if we remember that "extroversion" as here employed, bears rather the obstetrical meaning than that of the Analytical Psychologists. It is the psychological analogue of what happens to the parturient uterus when the cord is pulled upon. It is in this sense that I shall use the term "extroversion" in future, unless it is otherwise explicitly stated.

Case 3. L.G.

This patient also approximated fairly closely to Magnan's type of the "Déli^érante Chronique." She was a kindly disposed woman of about 60 years of age, shrewd though uneducated, and by her own efforts while working in the mill, had amassed a competence of about £800.

She complained that for the last 3½ years she had been tormented by a "television machine". This was a machine invented by a Dr. H.T., by means of which he can influence the patient wherever she may be. He has a photograph of her taken by a "kodak", and printed on glass, the patient thinks, though she has never seen it. When this photograph is placed under a crystal in the machine, the doctor can afflict the patient with pains in any part of her body, merely by touching the corresponding part of the photograph.

A similar crystal has been given by the doctor to a certain Bertha McD., who lives in the next house but one to the patient's. This person is a "loose woman", who hates the patient, and has consented to help the doctor for money. By means of the crystal she can spy upon L.G. wherever she may be. She can see her and hear her, and also read her thoughts. Further, whatever may be done in the one crystal appears in the other, so that the doctor knows all that is going on. He brutally broadcasts the patient's thoughts, and makes her into a "public speaker" against her will.

Moreover, the two conspirators convey messages, in the form of taunts and sneers to their unfortunate victim, and she is kept awake all night by the buzzing of the machine, the agonies caused by the touching of the crystal, and the noise of the talking of the conspirators. Not only she herself, but also all the other patients in the ward, are kept awake by the noise.

Just before her admission here, she went to complain to her solicitor about the annoyance which the doctor was

causing her, but finding the solicitor out, she went to have lunch, with the intention of calling upon him later. But on her way to the restaurant, Dr. H.T. sent a "black shadow" from his machine, which struck down suddenly in front of her eyes, and passed downwards forcing her with it, until she was on her knees in the street, from which position she was rescued with difficulty by passers by.

Dr. H.T. is not her family physician, but is chiefly actuated by a desire to experiment with his "wonderful machine." He has chosen L.G. as his subject partly because she is alone and unfriended, as he thinks, but also partly in revenge, because the patient's cousin, who is a doctor, competed successfully for a certain position with Dr. H.T. The patient also thinks that the doctor is guilty of obtaining £300 of her money by forgery.

Bertha McD. on the other hand, is simply a malicious woman without any principles, who is in the doctor's pay. Besides her other villanies, she is always inciting, (harbouring the patient calls it), men to go to the patient's house as though she were a prostitute.

Notes on the Case.

Apart from the magical mentality already discussed, there is little more to be learned from this case than we already know, but our conception of the part played in paranoia by participation and the reaction against it, gain further confirmation.

Bertha McD. represents the "neighbours"; the mass of women

from whom she has risen, and who are jealously anxious to drag her down again to their level, or below it. But the same sort of psychology is shown by Dr. H.T. She has also overtopped him by means of her successful medical cousin, who by participation is indistinguishable from herself, so that Dr. H.T. is apparently quite satisfied when he has wreaked his vengeance upon her, though one might have expected him to give the cousin at least a twinge or two with his "wonderful machine." But to the participational mind, he is really injuring his successful rival by harming her, with whom that enemy is identified, and with the more safety to himself, since she is alone and unfriended.

Case 4. E.S.

When this patient was admitted she had a horror of being touched by anyone. Later this symptom disappeared, and she explained this by saying that the "electricity" was now out of her system. She still maintains, however, that the touching had a terrible effect upon her, causing a "nasty taste" in her mouth, and a horrible stench from her excreta.

The presence of the electricity in her system she explains as follows. In the first place, a young man she knew had a battery, and used to allow people to have shocks from it, which he said would improve their health. The patient had more of these shocks than anyone else, not realising that they were doing her harm.

Later, she was operated upon. (She actually had operation scars on right knee, and over right kidney, and the left

breast had been amputated.) She states that these operations were performed by a student for practice, and that the doctors were very anxious to experiment further upon her. In order to get her once more into hospital, they gave her medicine which she took until she discovered that the last dose in the bottle was increasing the electricity in her system.

Now the trouble about the electricity was this;- While it was in her system, she was "run down", and anyone who was suffering from the "bad disorder", and who touched her or bumped into her, thereby passed it on to her and was quit of it himself. In her own words;- "Say what you like, doctor, I cleaned them." Hence the stench from her excreta. She is quite clear that this only applied to venereal disease, and states that the doctors deliberately kept her in a low state of health for this purpose. At the same time she thinks the operations were designed to cure her, and that the doctors were following conflicting impulses, a.) the desire to have her as a means of curing venereal disease, and b.) the desire to experiment further upon her.

She also states that she is sure she has special powers from God, for the apparently irrelevant reason that she is different from everyone else, (e.g. her sister), and that she can never trust anyone.

Notes on the Case.

The last sentence gives the key to the whole situation. It expresses her deepest wish, and also the basis of her nascent grandiosity. She will be different from everyone

else; first from those in close contact with her, (e.g. her sister) but later from the whole world. But she knows only too well that the rest of the world, by its participational attachments to her will try to drag her back to its level, and to prevent her self-realisation. She can never trust anyone. This eternal suspicion alone can protect her from the contacts, the "touchings" of the wicked world, and it is therefore the source of her strength; the manifestation of the God-given "special powers". Notice too how she contrives to make capital even out of her supposedly devitalised state, which singles her out for the special interest and attentions of the doctors.

Case 5. L.C.C.

An actress by profession who toured with a small company, during the War, belonging to her husband and herself. After his death she carried on with the company, but her expansive and fantastic schemes soon involved her in financial catastrophe. She is the most fantastic figure imaginable and converses readily on any subject under the sun. She has done a good deal of superficial and desultory reading, and her trained habit of remembering written matter, combined with her grotesque tricks of mental association, give a delusional picture which is so fantastic and kaleidoscopic that it might, at first glance, almost pass for the picture of General Paralysis. It is, however, truly paranoidal in structure, and the whole delusional schema is organically linked together by the underlying idea of a plot.

She has a witty turn of phrase and laughs a good deal

at the absurdities she relates. A great many of her remarks have to be set aside as answers at random, or as romancing, but it not infrequently happens that even the wildest of these will later turn up as true and fixed delusions. It is quite impossible to give a connected account of what she says, but the following is a description of a conversation I recently had with her.

She began by asking me if I knew anything of the magnetic storm of electrons. She has recently had a fight with another patient in which her arm was broken, and she is sure that the "little devil" has not sufficient strength to break her arm, unless she had access to some unusual source of energy, which she suggests may have been the magnetic storm of electrons.

From this conversation flowed readily and soon brought us to the main plot. In 1918, she and her husband were playing in Liverpool. They had quite a good reception and it was noticeable from that time onwards that foreign affairs, politics and the War took a decided turn and came to a head; - "a very unfortunate head, as it turned out, for us." - she says. "After that, wherever we went, the world burst into shrieks of laughter which chased us round and round, till we could find nowhere to rest, and were forced to resort to doss-houses."

Her verbal associations are so involved that it is impossible to get a connected account as to what was at the bottom of all this, but she recurs again and again to a "network of secret service agents, who get people into their

toils." There was a young girl, for instance, who used to be in her company, and whom she saw years later in Paris, "all alone, and in the toils", in an estaminet, surrounded by Staff Officers and men in khaki. When pressed further on this subject she advises me to find out about the "secret service which is extant round St. Pancras Hospital, Cobden's Statue, and the Felixstowe Hotel. And then," she adds, "you may discover why Felix keeps on walking."

This is typical of her conversation. The last remark seems obviously a joke, and she laughs as she says it; yet she is half in earnest about it. For example when I asked her if she thought that Cobden's Statue was alive and taking an active part in the plot, she answered; - "I don't know whether it is alive, but cobwebs are certainly alive and spiders spin them to entangle flies."

The reference here is obviously to the network and toils of the secret service, but the question is, are we dealing with a metaphor, fantastic, it is true, but not fundamentally different from what might be produced by a sane though whimsical mind, or is it an example of insane participation?

To test this, I asked her bluntly if she really thought that spiders could be in the plot against her. Her answer is interesting. She said; - "Really, doctor, do you think I am so foolish as to be afraid of spiders?" - This seems conclusive enough, and we might assume that she was speaking metaphorically, but immediately she became grave, and added; - "But I don't know. Perhaps spiders are in it. I don't know what they can do."

The only explanation that occurs to me is that she is a curious half-and-half, even for a paranoid. One half of her mind is sane but whimsical, and invents these grotesque similes in freakish delight, while the other, insane half, picks them up and elaborates them quite seriously. Note the insane or primitive associations of Cobden's Statue with cobwebs, or Felix with the Felixstowe Hotel, both of which she laughs at, but nevertheless takes seriously.

A similar mental attitude is to be seen in her relations with "George", the were-penguin of whom we have previously spoken. On this occasion she laughed at my direct suggestion that he had once been a man, (as she had more than once told me previously.) But on this day she said;- "No! Of course he is just an ordinary bird. But they are extraordinarily human in appearance. He is a big bird - much bigger than the other penguins they have in the Zoo, though only about half the size you see them in their natural state. - And he has the most gorgeous orange colour on his breast."

I then turned the conversation into other channels, and only returned to the subject of "George" towards the end of our talk. Quite unsuspectingly she fell into the trap, and said quite seriously that she had known him when he was a boy. And her last words to me on that occasion were a request that "George's" (i.e. the King's) picture should be put back on the cinema screen. On a former occasion she informed me that the first intimation she had that George had changed his species, was when she woke up one morning to find the "mark of his little claw" on her sheet.

But at present she is rather worried about George. She "doesn't like the power he has got over the "myyses", or the "mises", (she is not sure of the spelling.) These animals are not to be confused with mice. They are furry animals to be found in South America.

Her "King-Penguin" therefore seems to play a fairly important part in her delusional system. He is possibly on the way to become her lover, but it is only fair to say that he still has a good way to go. But as a matter of fact, her participational ties with the animal kingdom are unusually close, and also very varied in their manifestations. Here is another example.

"When I was going to visit my sister in Nottingham, I noticed that when we got out of the train there were, besides ourselves, only two gentlemen on the platform, which struck me as unusual in so busy a station. These gentlemen still had the "Liverpool Laugh" on their jaws, and they loosed a pigeon which flew up to the rafters."

Asked what was the significance of this, she replied; - "Well, all I can tell you is that I didn't receive a very warm welcome from my sister."

Notes on the Case.

A most interesting though puzzling case. The persecutory plot is there, though only half formed. She thinks there is a gang of enemies, but has made up no explanation as to their aims or intentions. Grandiose ideas are in an even more rudimentary state. There is an almost complete lack

of the true paranoidal systematisation, and the circumlocutions and contradictoriness of her statements give an impression of a much greater degree of dementia than probably exists. She is an eccentric paranoiac, probably of fairly high grade. The histrionic nature, too, of her professional training, must not be left out of account.

It is her very nearness to sanity, in some respects, that prevents the clear systematisation and emergence of delusions. She still has some power of regarding them objectively. At the same time she is truly insane, in other respects, and her insanity is constantly tripping her up.

Her participational connections spread as far as the World War, in one direction, and as far as the animal kingdom, in another; yet her enemies are not above using the "magnetic storm of electrons" to help another patient to break her arm, or by means of a magical pigeon, to arrange that she shall receive a cold welcome from her sister. They also cause her annoyance by giving facsimiles of her "professional ticket" to little girls, so that these impudent creatures can impersonate her and get into theatrical performances free.

I will now quote a poem she has written. Lest it should be thought, however, that she is merely deriving as much amusement from me, as I from her, I should say that this poem was not especially written for me. I found it in her possession, and after some persuasion, she consented to make me a copy.

"A king combined to soothe a jealous rival
The throes of policy writhed in soul and race
Until two babes alone were left to fill the place
A world of Kings had left vacated -
Upon a shrunken soil and churnéd sea,
The two held hands in childish misery,
Which even Christ - in season - seemed to grieve.
The solitude of many was held in leash
By pharmaceutical minnow with more perfect teeth -
The shame took flight and nobles tried their wits
After the lower ranges of crude powers had wracked
 in screaming laughter fits.
But still;- The boy was there and waiting when she
 wandered near.
.....waiting, and she all alone, bereft of all life dear.
And on a stranger hearth suspicion fed
After the wound of which the spheres had bled -
 was staunchéd."

If we are to dare to interpret this work of art, we must certainly be prepared to "jump to conclusions" as the phrase goes, for there are evidently no intelligible intermediate steps in the patient's thought. I would therefore make the following suggestions very tentatively.

The poem is an artistic rendering of her own life-history as she sees it. We can readily understand the "screaming laughter fits" of the "lower ranges of crude powers". This

is what she told us happened at Liverpool. But after that even the "nobles" shamelessly tried to overthrow her, and actually were more successful than "the crude powers" of the mob. They got her incarcerated here; detained by the "pharmaceutical minnow with more perfect teeth", i.e. the medical authorities whose powers of detention are more restricting to her liberty than the laughter of the mob, and who keep her here in the "solitude of many". (cf. the idea of the "minnow" with her other subhuman associations, especially the "spiders" who are in the plot.)

So far it seems fairly plain sailing. But the first part of the poem is even more interesting. It seems to suggest a most gorgeous romance about her birth and childhood.

Her father was a king, perhaps the Deity? At any rate he was overthrown by his jealous rival, and the "throes of policy" went on until there was no one left to "fill the world the Kings had left vacated," except the two babes; herself and ?, perhaps her husband. Then comes the truly poetic touch about the children in their misery, "upon the shrunken soil and churned sea", - a misery so great that even Heaven was touched. Yet all is not lost, and the poem ends with the enigmatic figure of the boy, waiting to comfort her, although she is still "on the stranger hearth" where everything combines to increase her suspicions. All will yet be well with her, just as the old wound "of which the spheres have bled" has been staunched. This wound is most likely the scar left by the "screaming laughter fits" which we have already seen participates closely in the world order, or,

in her more poetic phrase, which "caused the spheres to bleed".

Having reached these very doubtful conclusions, I determined to check them by direct questioning, though I had the greatest doubts as to the efficacy of such a course, having been only too often entangled in the exuberant riot of her associations. However, the attempt was not altogether unattended by success. She would not discuss the poem fully, but said it was only a fragment from a larger work, which she would like me to read. Of course I professed my willingness, but she said it would take her a considerable time to gather it together into readable form as it was all written on scraps of paper. "But", she said, "when you have read the whole effusion, you will understand the whole plot, and all its ramifications."

I have not the least doubt that she was referring to the plot of the secret service agents. - "But, at least tell me who the king was" I pleaded. To my surprise she said that there were really four kings, but that she did not want to give their names, though perhaps some day she would "whisper them" to me. I then suggested that she did not really know who they were, and at once she fell into the trap, and replied; - "Oh yes, I know them very well. I have known George since he was a youth, (this is obviously our old friend the Royal Penguin), and I know Alfonso very well too."

She denied that any of these kings was her father, or that she was related to them in any way, "except through service, in which our relations are very close."
But we have already seen that it is a trick of hers to

deny things with one half of her mind, in which the other half believes. Just so, too, she said that she was neither of the babes in the poem. "But they were all alone except for me."

"But I sometimes wonder" she continued, "Whether I ought to speak of these things. If it were merely knowledge which I had received in the ordinary way of hearsay, I should have no hesitation in handing it on to you, but when it comes through ethic thought (she pronounces the first syllable of "ethic" as in ether), I fear that I may be doing harm to someone or something that ought not to be hurt."

"Ethic thought" she says "is thought which is not fundamental, - I mean which is not earthbound, but is composed of air and intuition." We can here hardly fail to recall Piaget's children who all think that thought is made of air.

This case therefore shows the usual paranoidal features of primitive participation along with hostile reaction to it. But she shows something else besides. We notice that she by no means resents all her participations. Many of them she builds up into vague grandiose ideas, which will no doubt become clearer as the years pass. So that already we get a glimpse of a fact that will be born in on us more strongly later, namely, that a patient can make her participations acceptable to herself by becoming grandiose, but also that there seems to be a strange reluctance on the patient's part to taking this course. Both these points will come up for discussion in the further course of this thesis.

But if L.C.C. is only in the transitional stage between the two phases of paranoia, so that her grandiose ideas are still very vague and formless, we now come to a group of cases in which they are much more explicit, although most of the patients still maintain a strong persecutory taint.

Case 6. L.A.

This patient is of a much lower grade of intelligence than any of the foregoing, and her position is probably about the middle of the dementia paranoides group. When she was admitted, in 1928, she was still almost entirely in the persecutory stage. She complained that she was being greatly afflicted by people who breathed upon her with their "afterbirths". Asked what afterbirths were, she said; - "Man has two bodies, - a material body and a spirit-body. The after-birth must be the spirit-body." - The people concerned were those she worked under, and also neighbours, both men and women, but she soon discovered after she came here, that the "inmates" of this hospital plagued her in the same way. She said that these people, by waving their hands in front of her caused her to pass spirit children through her. One of these children was called Oswald. A man also put the spirit child into her stomach, and then gave her her stomach to hold in her arms, like a baby. She also stated that before she came here she could not work through the day because of the men "on top of her" all night.

She once saw one of these spirit-bodies, ("like a man's

head and the collar - like Pierrot get-up"), but says that she has never seen an afterbirth. She is, however, quite aware that it is something material which is born after a child.

She herself has no spirit-body, because her mother took her afterbirth away somewhere. If she had had one she would have "known better." She also speaks about a man giving her an apple, and adds;- "That's Genesis."

A little while after her admission, it was necessary for me to vaccinate her. Since then her delusions have naturally been transferred to me. It is I who am breathing on her with my afterbirth, etc. But of the afterbirth there has been less talk of late. It has now become a "ghoul", or sometimes a "number two sprite", but it still gives rise to spirit children. And according to the nurses in charge of her, she still talks of afterbirths to them.

She has also become steadily more grandiose. Sometimes she speaks in the person of Moses, (cf. her earlier allusion to Genesis), but it is a curious fact that I have never known her to draw on the New Testament for her megalomania, or indeed to mention it in any connection.

In April (1933) she wrote me the following letter;-

Miss L.A

Ward 16.

2/4/33

Dr. Montgomery,

I ask you in King Georges and the British Isles

name to please forward my letter to my mother and let me return home in the name of the Magda Carta or Charter which in historian Moses rises when kept in illegal detention and a charge on the rates for nothing I refuse to be a living sacrifice for an ecclesiastical earthquake which would happen if you murdered me in Storthes Hall Union by Britannia's presence myself Please to stop all malpractice off on my body.

L.A

I'm sick of flu germs and attacks your killing me and shameful neglect on top. I demand my liberty as soon as possible."

Notes on the Case.

Here the sexual symbolism is outstanding, but it is obviously only a special case of a wider law. The patient is trying to break the participational contacts with her fellows. Now the most intimate form of contact, and moreover, the contact which is most closely bound up with ideas of physical possession of the person of another individual, is the sexual. Consequently we should expect many paranoiacs to "specialise", so to speak, in the resistance against sexual contacts.

In this case we have followed the primitive trends in participation and magic, and we have seen that they all centre round the ideas of sex and child-birth. It is in cases like this, where the intelligence is extremely low, and the critical faculty almost absent, rather than in the higher types of paranoia, that the most interesting examples of primitive

mentality are to be found in abundance.

Case 7 E.M.

This is another case in which the sexual symbolism is predominant. She is a neatly dressed, rather attractive woman, above the usual level of intelligence of patients, but showing some fatuity and facility. She is emotional, loquacious, and lacking in judgment and self control. She tends towards the upper ranks of dementia paranoides, and shows a rich crop of fantastic and interesting delusions.

She says she has a husband called Jim, and four sons, in two of whom, Herbert and Roy, she is particularly interested. With her husband she has little in common. He is jealous, suspicious, and cruel to her. The truth is that he is a commoner whom she was forced to marry "for state reasons". He was chosen for the purpose by lot.

As a child she was brought up by Joe Morton and his wife, who were very good and kind to her, and acted as her parents. But they are not really her parents. Her father is the Duke of Clarence, (alias the Shiek of Araby), and her mother is the Princess May. The Duke of Clarence was betrothed to the Princess May, and indeed, secretly married to her. The patient was their daughter. She is not illegitimate, but she is the result of an immaculate conception. One of the grudges she bears to "Jim" is that he once called her a bastard.

I asked her how she knew that the Duke of Clarence was her father, and if he had ever told her so? She replied; - "as good as". On being pressed for details, she said that he

did not actually speak to her or recognize her, because he wished to elude the vigilance of the neighbours who were always spying on her, but he walked continually up and down in front of her house.

Moreover, it is the Duke of Clarence who owns and "protects" her "Cottage Enchanted." This is an old house that is protected by magic from intruders. Several people, including Jim, have tried to force an entrance, but they only get shocks, "as if by electricity." But the patient does not know how this is done.

With regard to her virgin birth, she has a very interesting story to tell. But in this, as in all the marvels she recounts, she professes complete ignorance of details, except in so far as she has been informed by certain mysterious people. She denies that she "hears voices", but says that they come through the "transmission". She asks if I think that this transmission could be the "wireless", but adds of her own accord that there was no "wireless" in her home. She then suggests that perhaps it may be done by "gadgets" or "pocket wirelesses."

The voices she hears in this way are wicked and hostile, and she can distinguish three of them. One of them is a male voice, and she is very shocked to have to confess that it belongs to Dr. B. (one of the medical officers here.) The two women are Ann M. (her sister-in-law), and her daughter. These women are "bad lots", and have been living the "gay life" for years.

The patient often sits up at nights to record the messages

that come through the transmission. They are concerned with all kinds of things, but many of them are so obscene, and contain so many "vulgar expressions", that she cannot possibly repeat them.

From these and other sources she has pieced together the truth about her virgin birth. She comes of a long line of immaculate conceptions. Each woman in the line must remain a virgin until the birth of her first daughter. She may then have children in the ordinary way, because, in her daughter she has brought herself to birth. The daughter thus takes on her mother's attributes and becomes "St. Theresa."

But this is not all. There is only one woman who can have immaculate conceptions, and she is the Virgin Mary. Consequently the whole line of "Theresas", including the patient herself, are the Virgin. This is why it was so important that she should remain "pure" and "uncrossed", even though she was married to "Jim". If she had been "broken" by intercourse with him, it would have caused an earthquake, or something equally dreadful would have happened to the earth. At least so she has been informed by the "Wise Men of the East", a set of clever doctors who study these matters.

But it was only by chance that she discovered how she was kept unbroken. When she was about 26, she went to consult Dr. McK. about a pain in her back. He examined her and took out a "buckle", about 3 or 4 inches long, and curved or "wavy" in shape. (Pessary?) . She does not know how it got there, but thinks it must have been put in by "The Invisible One", (i.e., Christ), to preserve her virginity. She did not see

it again until she was operated on by Dr. H. who again removed it and put it back, just as Dr. McK. had done. Dr. B. of this hospital was also present at this operation, or so she thought. The presence of this pessary explains to her mind why her husband used to complain of pain when he had coitus with her.

Her husband is very jealous of the Invisible One, who was always about the house, and who used to have sexual intercourse with her. The Invisible One is Christ, and he is "very fly" and "a very clever fellow", but she has sometimes been "a bit too quick for him", and has managed to catch sight of him before he had time to disappear.

(Here she saw me smiling, and immediately became very "pious", and asked me, in a shocked tone, not to "laugh at Christ", lest something dreadful should happen to me.)

Like all the "St. Therasas," she is a "life-giver", but she cannot "quicken" people of herself. It is all the work of the Invisible One. When he wants to revitalise a dead person, he throws her into a trance, and she knows little of what happens after that. But she always knows when she has been quickening anyone by the feeling of weakness she experiences afterwards, and also because of the fact that everything the dead person has been suffering from is transferred to her "for the time-being." Thus every wound, every scar, every bruise, and even every pimple on the body of the dead, appears temporarily upon her person. "It isn't like having the thing really," she says, "but they are all there for the time-being."

By this means she always knows whom it is that she has

been quickening, or curing; for this power is not only used to quicken the dead, but also to heal the sick. She also knows that while she is in the trance, the Invisible One puts something into her "private parts", because she "feels the warmth of it", and that he then takes it out and puts it into the dead or dying person. The people she is most frequently called upon to heal are Ann M. and her daughter, who suffer from every imaginable disease, owing to the kind of life they lead.

When she was asked if this power could be used on animals or plants, she replied that she did not know, but that the Invisible One was a "Great Physician" and only used his powers to heal sick people.

Notes on the Case.

Here we have the transition from the persecutory to the grandiose shown very clearly. Her enemies and her super-human protectors are really only different aspects of the same people. Thus Dr. B. the "male voice" who says such obscene things to her, and the "Invisible One" who has sexual relations with her, and who, moreover, is the "Great Physician" who can quicken the dead by sexual activities upon her body, are really one and the same person. That is why he uses his power so frequently to revivify his female accomplices, Ann M. and her daughter, and also why the "transmission" is the chief source of her information about her virgin birth, etc. Again, the doctors who operated upon her, including Dr. B., become transformed by megalomania into that "set of clever

doctors", "the Wise Men of the East".

Even as the Invisible One, however, Dr. B. is still something of a suspicious character. Hence her curiously dual attitude towards him. He is "a fly one" and she can catch him at his tricks, but he is also "holy" and must not be laughed at. In the persecutory phase she reacts against all those people to whom she is attached by participational bonds, beginning with her husband and his relations, and spreading to Dr. B. But when megalomania sets in, she accepts them all again in their glorified forms; the Duke of Clarence, the Invisible One, and so forth. But at present she is reacting away from the one set of characters and towards the others.

Throughout the whole process, however, the one thing she consistently seeks is her own unalloyed individuality. She strives to differentiate herself. She pulls desperately against the participational ties holding her, and in so doing, she actually parts with a portion of her own thoughts and feelings, which thus appear outside her as objective realities. Her very attempts to assert her own individuality are thus built on the shifting sands of participation and primitive realism. There is the "Black Magic" of her enemies, with their "gadgets" and "pocket-wirelesses", against which she reacts, and, on the other hand, there is the "White Magic" of the "Invisible One" and the "Duke of Clarence", which is definitely aimed at preserving her individuality intact; -(e.g. The Cottage Enchanted, with its quasi-electricity, to keep out intruders, and the "buckle" to preserve her virginity.)

We thus see that the sexual element, although it is

by far the most evident in this case, is yet not the most important. The patient's deepest longing, as with all paranoiacs, is not sexual satisfaction, but self-preservation.

Case 8. R.M.B.

This patient is a fatuous woman who has an inane smile and a soft unassuming manner, which covers an immense vanity and an absolutely unshakable conviction of the correctness of her opinions. Her level is about the middle of the dementia paranoïdes group, though she is not so low as the patient L.A. and she is not altogether devoid of insight. Her appearance is eccentric and distinctly psychopathic, and she comes of tainted stock. Her brother is at present an inmate here and is a low-type of "praecox".

R.M.B. states that in 1930, Jesus came to her in the flesh and told her that she was his sweetheart. She describes his appearance as follows;- "He is tall, with auburn hair and grey eyes, and he is of a happy disposition; he was clothed in white and wore sandals. I have a picture of him at home which was painted by a great artist in the reign of Victoria. My father bought it and gave it to my mother, who afterwards gave it to me. It is the best picture of him that I have seen, and portrays him just as I have described. I had seen the picture before he came to see me."

When asked why Jesus chose her specially for so signal an honour, she tells me the following story;-

"I am his spirit unity. That means that I was in He (sic)

when he was born." - (She "can't just remember"when he was born, but adds on reflection that "we are now in the Anno Domini", and that 1930 is the date of the New Era of his life.) - "When I was 13, I passed in the spirit to Father - (i.e. God the Father) - and then returned to my earthly parents in my birth.

I was part of Jesus' body and I was taken from the left side, near the heart; one of the ribs near the heart. That is how I got my names. "Rosamund" - that is an Anglican or Old English name, and means "Spirit Child of Nazareth"; and "Marcia", which is Teutonic and the same as Mary. I am "The Mary". I am not the Virgin Mary; she was the mother of Jesus, while I am the other self of Jesus. But the spirit of the Mary was in my mother, and that is why she was directed to call me Marcia, though we didn't know anything about it until Jesus told me. That is also why Wombwell, where I was born, is also called Bethlehem, in England, like the old Bethlehem in Jerusalem across the water. But I was taken from Jesus, like it says in the Bible; - Out of Man came Woman - "

She was here reminded that this referred to Adam and Eve, and was asked if she and Jesus were also Adam and Eve. She replied; - "I am rather troubled in my mind about that. I shall have to get more information about it. We were Adam and Eve in the Garden, but what troubles me is that I was also the Angel of Righteousness. It is important that I should know this because of the part I have to play in the War of Righteousness, which is going on now, and of which

the war with Germany was a part."

Talking of the Garden, she said;- "I have a garden at home which is typical of the Garden of Eden, and also of the one at Gethsemane. I mean that it is just like them. But there is no snake in it. He is here and he is rampant all over the Earth, but he now takes the form of a man. He is dark in colour, but I don't like to have much to do with him. He is the man in the temptation, and he torments me. He has always persecuted the Mother and the Babe. Jesus and he often fight and Jesus overcomes him .

(Here she was questioned to find out how she envisaged this fight, and it was obvious that she thought of it quite literally. Thus she spoke of wrestling and fisticuffs.)

But the Devil also sends his followers, especially Herod and Herodias to torment her. They fly in her face and contaminate her;- "It's a kind of evil in the mouth. They spit asp's poison, and I am forced to spit it out to get rid of it." - (As a matter of fact, she has a very dirty habit of spitting in pieces of paper and hiding them behind radiators.)

She is anxious to be set free in order that she may go on with her work for Jesus in the War of Righteousness. She is to help to bring Revelations about. She says that she must not say too much about this, but that she may inform me that Germany is the Eagle in Revelations, and that she knows who the Four Horsemen are.

She is the tribe of Judah, through Abraham, and so are her family, and ultimately the whole of Britain. Benjamin

and Manasseh are America. As for the so-called Jewish race, they are a Mixed Tribe.

Most people are friendly to her and she has never had any enemies, though some people have not been quite kind, but she realises now that they were being influenced unknowingly by Herod and Herodias. These are not her personal enemies; they are the enemies of Jesus. Among the people who were not quite kind were those who brought her here. She realises quite clearly that there was a "natural" reason for this, namely, that;- "they couldn't believe that I was Jesus' girl, and therefore thought that I wasn't quite as I should be." - But she thinks that this was only part of the reason they sent her here, and that they may, after all, be wicked people, or people influenced by Herod and Herodias. At any rate, when she first came here, she "quite thought" that her brother was really insane, but now she knows better, since she has learned that he was the victim of the same "spiritual unity of devils" - i.e. Herod and Herodias.

Concerning her life-history she relates the following. She left school after the 6th. standard. She always got good reports from her teachers, but "one doesn't usually boast of one's attainments". She never had any enemies or persecutors. She was recently the teacher of a Bible class in the Anglican Church, but only read the Bible on Sundays, and in order to prepare her lesson. She never reads it now, and it is part of her mission to teach people that it is not to be read now as it was before, because it refers to a stage we have now passed through, and a new era has dawned since Jesus has declared

his love for her.

Notes on the Case.

At first sight this is rather a disappointing case from our point of view, because the rich delusional content seems to be spoilt by the conventional theological trappings in which it is dressed. In other words, a critic might object that her ideas are not indigenous, but merely the result of theological training. But, after all, it is of little moment where she picked up her ideas: what is of importance is the use she makes of them, and the distortion she makes them undergo. Also it is worthy of note that she had relatively little interest in conventional theology until it suited her psychological situation, and that even now she does not go direct to the Bible for inspiration. And, indeed, her knowledge of the Bible is slender enough. But she employs her small stock of knowledge to build her fantastic myth on the basis of the purely primitive trends which we have already discussed in detail.

From another aspect she is a most interesting type. In her, persecutory elements can hardly be said to exist. Such enemies as she has, (e.g. Herod and Herodias), are not primarily hostile to her, but only indirectly so through Jesus. She therefore shows very little of the paranoidal "extroversion" as we have called it. As we had occasion to note in the case of E.M. megalomania renders the delusional ideas acceptable to the patient, and therefore she does not react by tugging

against the participational ties, and thus extruding a portion of her personality in the form of delusions or hallucinations. And yet the case abounds with both delusions and hallucinations. Immediately therefore, she arouses the most disturbing questions in our minds, for she poses the whole question of megalomania. In this phase, it would appear, there can occur extrusion of a part of the mental contents in the form of delusional or hallucinatory products, without the mechanism of "extroversion" having been brought into play at all.

If so, we are bound to ask ourselves whether the mechanism of "extroversion" was indeed an important element in the formation of persecutory ideas either, or in fact, if it was necessary at all.

I propose to defer the answer to these questions for the moment, but only for a very short while, until we come to discuss the whole question of megalomania. But first I wish to draw attention to a case of melancholia, for purposes of comparison and contrast with the foregoing types.

Case 9. E.T.

A case of melancholia in a woman of 47. She is very depressed and miserable and feels that she is lost because of her wickedness. This consists in having broken the laws, and she quite expects to have to go to prison for this. Her breach of the laws amounts to the fact that she has disobeyed her doctor. She was the victim of a bad motor accident in which both her legs were badly fractured. After she left

hospital she was still getting treatment from her doctor, and he told her to come to his surgery at certain times, but she could never manage to get there during consulting hours. There were "a lot of motors", and she tried to board them in order to go to see the doctor, but somehow they were all closed and she could never manage to get into them. The doctor had also told her to go to the Infirmary for X ray treatment, and for massage. She went for X ray but not for massage. She has therefore broken all the laws and God will have nothing to do with her.

She knows this because she cannot get into any place of worship. She has tried several, including that of the Christian Scientists, where they made her welcome, but she felt within herself that she was not one of them.

Everything has now gone wrong and all the other patients are here because of her sins. She says that;- "if you break the laws of the physicians, you break the laws of Society, which are the Laws of God." - She is a sinner and she is diseased in body and soul.

The animals whose scent is keen, like cats and dogs, know this by her smell and follow her about. When she went to Blackpool all the ladies had dogs on leashes which they carefully kept away from her. And when she was in the Poor Law Hospital, just before coming here, there were cats in the ward, two of which were under her bed. During the night, she was asleep and did not know what was going on, but in the morning she heard the other patients saying that;- "it was

disgusting" - and thereupon concluded that one of the oats had had sexual intercourse with her during the night. She now believes that she is pregnant thereby.

Notes on the Case.

We have already discussed this case in the previous chapter, and there is little else to add. She shows how the melancholic, like the paranoid, works on a basis of primitive thought and participation. But, unlike the paranoid, the melancholic accepts this participation unreservedly, and all its consequences. In this case, even when she might reasonably have attributed her mental disorder to the motor accident, it never occurs to her to do so, rather, she regards the accident as one of the merited consequences of having broken one small taboo. In fact, owing to this, her whole universe comes tumbling about her. She becomes a complete outcast from human fellowship, and "can't get in" anywhere, either into churches or into motor cars. She fails to make a clear outline of her personality, and becomes a "lost soul." The participational bond drags her down and out of humanity, and she becomes one with the animals.

But, as if to mark the connection between melancholia and paranoia, this patient also shows rudimentary paranoid traits. Thus she complains that she was prevented from doing her housework by the voices of the neighbours making sneering remarks about her. It is as if she had tried the paranoid method of dealing with the participation but had failed to make a success of it, even in her own estimation, and had

therefore fallen back into the melancholic attitude of despair. Yet even in her brief attempt at paranoia, it is worthy of note that it is the "participational Attacks" of the neighbours that she resents, and not the very real attack of the motorist.

To recapitulate our conclusions so far, we may say that both the paranoid and the melancholic are arrested to some extent in their evolution towards adult mentality, and show many tendencies which are typical of the mentality of the child and of the savage. The paranoid tries to assert his individuality by reacting against the participational bondage. But this he does not by rational means, or by the clarification of his concepts of the limitations dividing his personality from the rest of the world, but by struggling emotionally and instinctively to free himself. In this way he really accepts the idea of participation while apparently denying it, and therefore is caught all the more firmly.

His reaction results in the extrusion of portions of his mentality by "extroversion", and these extruded portions then become enemies, hostile influences, and unpleasant hallucinations.

For the "extroversion" may take place on the plane of concepts, in which case we have the picture of delusions of persecution, or it may also involve the plane of percepts, so that the patient also suffers from persecutory hallucinations.

Perhaps this is the reason for the fact, noticed by so

many authorities, that hallucinations of hearing predominate in paranoia, though other types of hallucinatory disturbance are not uncommon. But in the child and in the primitive communication with others is effected far more often by speech than by writing or by any other method. The auditory channel is thus the most frequent one whereby the thoughts of others reach these subjects. It seems therefore natural that the "extroversion" of one's own thoughts in paranoia should follow the same route, though in the reverse direction, and most frequently appear as auditory hallucinations.

Yet it is to be noted that these "extroverted" percepts, or hallucinations, have nearly always, even to the patient, a quality that differentiates them from the percepts that reach him in the ordinary way. Patients have different ways of expressing this fact. Thus the male paranoid J.A. speaks of the two types of reality; - materiality and psy-ch-ological reality, while E.M. will not have it that she hears voices in the ordinary sense, but says that they come through the "transmission".

So far we got with paranoia considered merely from the angle of persecutory phase. But so soon as we touched on the subject of megalomania we began to get into difficulties, for we saw no necessity for the mechanism of "extroversion", since the grandiose patient apparently does not resist participation but accepts it and glories in it. Yet delusions and hallucinations abound in such cases. This made us hesitate in giving credence to the idea of "extroversion" altogether. It is therefore time to discuss megalomania more fully.

2.) Megalomania.

It would seem that the regular line of development in paranoid delusions lies from the persecutory to the grandiose. There are, of course, eddies in this stream, which form exceptions to the rule. Thus there are cases like our patient R.M.B. whose delusional system has apparently been grandiose from the start, and who show persecutory ideas only in a very rudimentary state. It is always possible, however, that such a patient may have passed through a persecutory phase before coming under observation. But there are others in which the development, at least temporarily, may go in the reverse direction, i.e. from grandiose to persecutory, or who may alternate continually between the two extremes, while in the greater number of cases grandiose and persecutory ideas coexist side by side.

Nevertheless, so constant is the general trend towards megalomania in the later stages that Krafft-Ebing can write as follows;-

"In many cases the disease-picture is made up exclusively, or almost exclusively, of one or the other form of these primordial delusions. More frequently, however, it happens that seemingly in accordance with a law, one form develops out of the other, overcoming that which first appeared; and under such circumstances the persecutory ideas are always those which first manifest themselves."¹. (Italics mine.)

1. Krafft-Ebing; Textbook of Insanity: p. 382.

And for Magnan, this law is so important that he makes of it one of the pathognomonic symptoms of his "Délire Chronique". Can we attain to any deeper understanding of this law? The explanations which have been advanced are, on the whole, not very satisfactory. The account which is, perhaps, most usually given is well described, (and stigmatised) by Freud as follows;-

"In textbooks of psychiatry we frequently come across statements to the effect that megalomania is developed out of delusions of persecution. The process is supposed to be as follows. The patient is primarily the victim of a delusion that he is being persecuted by the most powerful influences. He then feels the need of accounting to himself for this persecution, and in that way hits upon the idea that he himself is a very exalted person and worthy of such attentions. The development of megalomania is thus attributed by the textbooks to a process which we may describe as "rationalization". But to ascribe such important affective consequences to a rationalization is, as it seems to us, an entirely unpsychological proceeding; and we would consequently draw a sharp distinction between our opinion and the one we have just quoted. We are making no claim, for the moment, to knowing the origin of megalomania."¹.

We already know, however, what Freud's opinion is, on this question. He regards megalomania as the result of the

1. Freud: Collected Papers on Psychoanalysis; Vol. III. p.433.

paranoiac's complete denial of the proposition : "I (a man) love him (a man)." The paranoid replies, according to this view, by virtually saying;- "I do not love anyone." - But since his libido must after all "go somewhere", what his whole deportment says in effect, is;- "I love only myself, since I alone am worthy of love", - an attitude which is the essence of megalomania.

All this is logical enough, but it depends entirely on Freud's theory that paranoia is the result of repressed homosexuality, or of repressed narcissism; a view which we have already noted, together with certain reasons for hesitating to endorse it completely. But we may also note that his concept of megalomania approximates more closely to what we want than do the older views, in that it removes the problem from the superficial level of mere rationalisation.

Magnan's opinions on the subject are typical of those older views. He suggests three mechanisms whereby the change may take place, from the persecutory to the grandiose phase.

- 1.) By logical deduction;- This is the view we have already discussed.

- 2.) By means of hallucinations;- The patient hears and believes "voices" which herald his grandeur. But to use these as an explanation is obviously to mistake an effect for the cause.
- 3.) The change takes place "spontaneously";- This, of course, is no explanation at all.

Can we suggest any explanation from the point of view of our present conception of the disease? Let us see what is happening in the patient's mind throughout the primary

phase of persecution.

We have seen that from the very beginning, his assertion of his own importance implies a tacit belief in his own greatness. Megalomania is therefore potential in him from the start, and only awaits development. But how comes it that the belief in his own importance, in which, after all, he does not differ greatly from a goodly number of his sane fellows, should, at the last, break all bounds of common-sense and possibility?

Let us not lose sight of the fact that his ultimate aim is the preservation of his own individuality. If then, as it seems to him, the whole world is against him, or at least a very influential portion of it, his only hope of safety lies in developing his own stature to meet the perils which threaten him. Thus megalomania would seem to be the inevitable result of the growing persecution, and it must be forced upon him, not by the mere dictates of reason, but by the whole emotional impetus of the instinct of self-preservation.

This hypothesis allows ^{us} to understand very clearly why the change takes place, but it gives us no information whatsoever as to how it is effected. To understand this, we must return to our hypothesis of "extroversion". Throughout the persecutory phase, although the patient has been struggling frantically to preserve his personality intact, he has actually been parting with more and more of it by extrusion.

Towards the end of this phase there can be very little of his personality left inside the boundaries of his own mind. And Magnan, who is far more admirable as an observer

than as a theorist, (a compliment he would fully appreciate), has made some very interesting comments on this point;-

"En même temps que le délire se coordonne et se stéréotype, la personnalité du délirant chronique subit des altérations plus ou moins profondes qui marchent parallèlement à la généralisation et à l'intensité des troubles sensitifs et sensoriels. Chez ces sujets l'unité du moi finit, en effet, le plus souvent, par être tôt ou tard compromise. A mesure que les troubles auditifs s'accroissent et qu'à l'hallucination constituée par des mots isolés succèdent le dialogue, l'écho de la pensée, les hallucinations motrices verbales, la personnalité est de plus en plus entamée; un combat se livre dans la conscience qui est sollicitée dans des sens différents par des voix contradictoires. Il y a un bon et un mauvais génie; parfois un accusateur et un défenseur: dans certains cas mêmes, un troisième groupe de personnages intervient, tantôt riant et applaudissant aux propos moqueurs, tantôt prenant le parti du défenseur. Les malades, comme le dit Schüle, ne sont plus que des marionnettes dont on tire les fils.

Les singulières modifications psychologiques qu'entraîne cette dissolution de la personnalité sont souvent bien décrites par les malades eux-mêmes: "Le misérable qui me tient en état de communication, dit l'un d'eux, m'a tellement écrasé et pilé, a tellement asservi ma matière, et s'est tellement accolé en force supérieure à moi, à mon être, à ma fibre, qu'en dépit de toute ma résistance, à distance il

touche, il contacte, il visite mon cerveau, ma mémoire et les idées qui y sont, comme il veut, comme je le ferais moi-même. Il appelle cela faire sauter la casquette à quelqu'un. Ayant ainsi depuis quatre ans et demi visité tout à son aise mon cerveau et ma mémoire, il sait toutes mes moindres affaires et tous mes secrets absolument comme moi-même. enfin ce misérable est tellement entré dans ma matière, s'est tellement accolé à mon individu, que partout où je vais, il vois par mes yeux tout ce qui est là et entend tout par mes oreilles. C'est effroyablement extraordinaire et on bondira en lisant ceci et on ne le croira pas. C'est vrai cependant."

Mais ce ne sont pas les hallucinations auditives qui altèrent le plus profondément la personnalité du patient. Pour M. Ribot, parmi les éléments constitutifs de ce composé extrêmement complexe qui est le moi, l'apport des sens externes (à part de toucher) n'est pas essentiel; ceux-ci sont objectifs et nous révèlent le dehors. Bien plus important est le rôle des sensations organiques, de la sensibilité générale, "de ces incitations obscures qui, des profondeurs de l'organisme, arrivent aux centres nerveux". Ces lésions de la cénésthésie sont capitales dans le travail de destruction du moi. Dans les cas de délire chronique où elles prédominent l'apparition dans la conscience d'un faisceau de sensations internes insolites, sans rapport avec les éléments constitutifs du moi normal, tend à réaliser une personnalité nouvelle qui coexiste avec l'ancienne. Une de nos malades qui souffrait de troubles très intenses de la sensibilité générale et viscérale, présentait simultanément des altérations très

accusées de la personnalité. Elle prétendait qu'on la changeait de peau, qu'on lui enlevait le goût: "on me pique à la morphine, se plaignait-elle, on me change la chair et le sang, je n'éprouve plus rien, ma chair est morte; il n'y a plus de sensations; on me paralyse les jambes, on m'insensibilise les bras, on me rapétisse, on me déforme, on m'imprime le voile de cécité. Avant-hier, j'ai failli ne plus me reconnaître; on me suture la cervelle; on inocule les personnes étrangères en moi, on me fait entrer des têtes de malades dans la mienne, ... par moments je ne suis plus moi-même, je suis un jeune homme. Tant qu'il y aura une parcelle de moi-même, ils ne me laisseront pas tranquille."

En outre, et secondairement à ces troubles multiples de la sensibilité, des idées surgissent dans la conscience, que le patient ne reconnaît plus pour siennes; "on me change mon caractère, dit le malade, on m'enlève le souvenir et la pudeur on me retire tout sentiment c'est un démemberement complet de moi-même on a donné la moitié de ma tête à un autre individu."

Ces états psychiques en désaccord avec la personnalité antérieure du sujet contribuent aussi pour leur part à la constitution d'une personnalité nouvelle.

Une de nos délirantes chroniques prétendait que L'Impératrice Eugénie s'était introduite dans son propre corps et y vivait à sa mode."¹.

1. Magnan et Sérieux: Le Délire Chronique: pp. 76-80

"C'est un démembrement complet de moi-même." It is at this point of the illness, when everything; physical, mental and moral qualities, seem to be in the process of being torn wholesale out of the patient's individuality, that the delusions begin to change their tone and to become grandiose. Why is this? Because the problem has now reached an insoluble pass on these lines. The patient has now lost almost everything. Hence the very graphic pictures these patients give of their complete loss of mind, will, thoughts, memory, affections, shame, and even physical attributes. What is the patient to do? He must get back the lost ground by hook or by crook. He must reabsorb it. The very same instinct of self-preservation which formerly prompted him to resist, now urges a complete reversal of policy. And so the tide turns. Hitherto it has been ebbing; now it flows.

But the participational ties which hold him in pantheistic communication with the world have never been broken, and therefore the incoming tide sweeps the whole world back into his ego. And so the problem is solved. The patient's ego expands to include the universe. He develops the feeling of "God-Almightiness".

But the price? It is complete failure and collapse on the patient's part. He has given up the struggle for a real individuality in the adult sense, and has gone over completely to childish and primitive modes of thought. He has effected a compromise in which he has parted with the reality in return for the shadow. He has been completely duped and he is now further from real individuality and nearer to the

child-mind than ever he was. He is like the baby watching his toes with a Godlike joy, of whom Piaget says that; - "he states without proof and he commands without limit." - Does not this exactly describe the mental state of the megalomaniac? It is for this reason that, as all psychiatrists are aware, the appearance of grandiose ideas is a most unfavorable sign in paranoia.

Of course, the process of transmutation does not always occur quite smoothly and without hitch, still less is it usual for it to come about very rapidly. Indeed, as Magnan points out, the patient often seems to fight against the onset of megalomania. He refuses to believe his voices when first they announce his glory. It is as if some obscure instinct towards sanity remained with him till the last possible moment, urging him not to embark on the fatal course towards megalomania. We have noticed this reluctance in the patient L.C.C. and also in E.M. who refuses to attribute her miraculous powers of "life-giving" to herself, but says that; - "It is all the work of the Invisible One." Here is a case which shows this reluctance even more plainly.

Case 10. R.S.

This was a man of fair intelligence and some education. He had a typical system of paranoid delusions which were directed principally against his brother. According to him, his brother was a sexual pervert who had managed to seduce the patient's wife to minister to his perverse cravings. He was jealous of the patient because the latter had two

children while his brother was childless. It was not that the brother wanted children, but that their existence was a sign of the patient's "prepotency". Now the patient's reading of the "Salic Law" was to the effect that no man who was not "prepotent" could inherit, and therefore his brother, who under the law of primogeniture should have been the heir, because he was the elder, was precluded by the "Salic Law" from his inheritance. But what was there to inherit? This was the patient's special joke. "Would you believe it" he used to say to me, "those idiots (meaning thereby his brother and his "gang" of attendants) have got it into their heads that I am the heir to the Breadalbane Estate! That's why my fool of a brother has had me shut up here. And what is even more silly, the attendants here think that I am the reincarnation of Mark Twain, and the even whisper that I am the risen Christ!"

Here the patient is fighting against increasing grandiosity. He feels its danger as well as its foolishness, and therefore refers it to his persecutors. When the tide sets definitely towards megalomania, however, these people will be readmitted into the patient's ego. They will no longer be persecutors, or it may be, that for a time, they will be split up into two groups, a band of adorers and a gang of enemies. Both sets will believe in his grandeur, but the former will gradually oust the latter. We have seen something like this in the patient E.M. with her psycho-hybrid composed of Christ and Dr. B.

We can now understand why the "highest" types of para-

noia remain in the persecutory stage for the longest period, and sometimes never develop megalomania to any marked degree. Where the personality has distinguished itself even partially, where it is at all organised into a unity, it resists to the last the fatal and destructive seduction of megalomania. For in bursting all bounds, in expanding so as to include everything and everybody, the personality of the megalomaniac loses all form, and all reality. It is by limitation that we exist. We can also understand that less "specialised" types, whose personality is a vaguer structure altogether than the foregoing, will succumb much more readily both to "extroversion" and to megalomania. That is to say, they will be more easily and more rapidly "emptied" of their individuality by the "extroversional" pull, and will then react more unresistingly by the megalomaniac "reabsorption", since both the centrifugal and the centripetal tendencies have less resistance to encounter in the form of boundaries between the self and the external world. And finally we can see why so many types show a mixture of the two reactions. It is rarely or never a matter of a sudden change over from one phase to the other. On the contrary there is a constant battle going on between the two tendencies, now one gaining the upper hand, and again the other; or it may be that the tide flows in one part of the mental field while still ebbing in another; so that the patient may either show a mixture of the two types of delusions, or he may actually, in certain instances, turn back at least temporarily, and after having shown a pronouncedly grandiose tendency develop persecutory ideas.

But what of those patients whose delusional system has apparently been grandiose from the start, of whom our patient R.M.B. is an excellent example? We can now face the awkward questions with which this case posed us. It will be remembered that there was apparently no "extroversion" in her case, and that persecutory ideas were in a very rudimentary state and did not refer directly to the patient at all. Yet the case abounded with "extruded" and hallucinatory products and personages. How can this have happened? Our first answer must take the paradoxical form of a denial of the fact. These personages, (e.g. Jesus, and Herod and Herodias, etc,) are not really extruded, because the patient's personality is now coextensive with cosmos, and all other individualities are but parts of hers. See how many of the chief parts in her drama she insists upon playing herself. She is the other self of Jesus, and a very important part of his body. In a word, by participation, she is Jesus. She is also herself and "the Mary". She and Jesus are Adam and Eve, and she is also "the Angel of Righteousness. She is also the "tribe of Judah" and through her, so is the whole of Britain. She is, in fact, and to use her own phrase, "the spirit unity" of which all other beings are but parts. It is true that in her case the fact is somewhat obscured by the faint glimmer of commonsense which is left to her, and which causes her to be vaguely "troubled in her mind" by the manifest contradictions. But the primitives have already provided us with examples of the same kind of ideas unsullied by any tincture of commonsense

or logic. We saw that the height of the primitive's idea grandeur is to be found in the conception he forms of the personality of the Chief of the tribe. The Chief is not only himself; he is also, and at the same time, the tribe, and the forest, and the cock, and the bull, and finally the Earth. But surely, one thinks, even the primitive must be aware that the Chief and his followers are not one person! The primitive is well aware of it, and "does not dream of denying it". But we know that participational thought can easily slip past logical difficulties such as this. To take a simple but cognate example; - the savage is quite aware that things which have once been in contact do not necessarily remain so. Yet by participation they do so. They are two and they are one; they are separate, and they are indivisible. So it is with the personalities of the Chief and his followers; and so it is with the personality of the paranoidal megalomaniac, and the other personalities, real or imaginary, which surround him.

Yet even in cases like that of R.M.B. it can be shown, I believe, that it is only in appearance that they are grandiose from the start, and that in reality, the phase of megalomania is, in every instance, preceded by a persecutory stage, though this may be extremely short, occupying, it may be, only a few minutes. This patient, indeed, gave me a demonstration of the process.

At the end of an interview with her, she demanded if I believed in her story. I replied with a yawn, that I found it impossible to do so, and that I hoped that she would one

see the absurdity of it herself. At that moment I was addressed by a nurse, on a different matter. When I turned my attention once more to the patient, she was talking away to someone apparently over our heads. She said that this was a lady who had often visited her before, but whose name she did not know. The lady had just said to her; - "You have tired him out. He does not believe."

Here it would seem, we have an excellent example of "projection". The lady tells her nothing of which she was not already aware by means of her ordinary senses. Yet instead of accepting this information simply and normally, she must needs "project" it on to the visionary figure of the lady.

If we examine the matter, however, a little more closely, we shall see that this is not exactly what happened, but something rather more complicated, involving several steps.

1. - I show her that I am incredulous and uninterested in her wonderful story.
2. - My attention is then withdrawn from her and she has time to think over my last remark.
3. - She interprets it as a hostile attack, and commences to react by the paranoidal mechanism of "extroversion".
4. - It is now extruded and she has two percepts to deal with;
a.) a true one, - i.e. my original remark, and b.) a false one, - i.e. the extruded product of her "extroversion"

Now we have seen that paranoids, in spite of their habit of objectifying subjective states, do not regard such products as being exactly the same as ordinary percepts. They experience a qualitative difference in them which they express in various

ways. This alone might prevent R.M.B. from referring the false percept back to me. What then, is she to do with it? She might reasonably refer it to some of her other "enemies", e.g. Herod and Herodias, but we know that this is not ~~the~~ method she has evolved. Herod and Herodias do not persecute her directly, but only through Jesus, nor could they very well deny her story without also denying their own existence.

5. - What she actually does is to take the "sting" out of the remark, by giving it to be spoken in pity for my unworthiness, by a lady who has so little individuality that the patient does not even know her name.

6. - She can now reabsorb it.

Thus we see that in such cases as hers, the process of "extroversion" and extrusion is accomplished as a primary reaction, just as in the frankly persecutory types, but in the former it is accomplished in a remarkably short space of time.

But with regard to the subject of megalomania as a whole, we get the most remarkable corroboration of our view, from the opposite aspect, as it were, in cases of melancholia. We saw that in them too, there is the same tension as in the paranoiac, between the primitive values which hold the patient enchained, on the one hand, and the values of adult mentality, towards which he is striving, on the other.

There is therefore the same tendency towards the extrusion of a portion of the individuality; that is to say, towards an attempted rejection of the primitive components. But the melancholic seems to identify himself with these rejected elements; his centre of gravity, so to speak, remains in the

extruded portion. He literally casts himself away, and becomes an "outcast", and a lost soul. The voices etc., which now appear to be outside him, belong to the social and religious conventions from which he imagines himself to be excommunicate. They represent the ideal towards which he was striving, and although they are inimical and threatening towards him, he does not, like the paranoid, regard them as wicked. It is he who is wicked, while they are the voice of God or of Society. The extreme form of this casting away of oneself, is, of course, suicide, but in all cases of melancholia there is this feeling of worthlessness, which is the patient's way of expressing his intuition that his individuality has been sacrificed to the primitive mentality. All his real individuality has been given up to form the accusing voices etc, so that ultimately he reaches the same impasse of "emptiness" as confronted the paranoid, though by a different route.

It is at this point that we may see the corroboration of our concept of the mechanism which brings about megalomania in paranoia; for in melancholia also there is a sort of attempt to develop grandiosity. The tide turns and the patient begins to reabsorb the elements he has lost, but which are still attached to him subterraneously, as it were, by the ties of participation. He too becomes "all the world", but since he is thereby no nearer to true individuality, his depression is not abolished; it is rather augmented, and he comes to the conclusion that the whole world is condemned through some fault of his own.

We have a hint of this sort of thing in the patient E.T.

who claims that all the patients are here because of her sins, while another melancholic patient, D.C.D. asserts that she is "a fraud and a freak"; that she is "an unfinished suicide"; that she has no nights or days and no soul; and says that; - "I've nowt to do wi' God, and God's nowt to do wi' me;" and finally that there has never been a case like hers since the world began.

But the whole evolution is described with unerring exactitude, as usual, by Magnan.

"Cotard a étudié le passage à l'état chronique de la mélancolie anxieuse; il a montré qu'a une période plus ou moins avancée se produit souvent un délire de négation et d'anéantissement qui peut être considéré comme l'antipode de la phase des grandeurs du délire chronique. Les malades nient tout: ils n'ont ni parents ni famille; tout est détruit, rien n'existe plus, ils ne sont plus rien, ils n'ont pas d'âme. Dieu n'existe plus. Parfois il se produit une pseudo-mégalomanie caractérisée principalement par des idées d'immortalité, d'immensité, et que Cotard a désignée sous le nom de délire d'enormité, pour la distinguer du délire des grandeurs: les patients ne sont pas seulement infinis dans le temps, mais aussi dans l'espace; "ils n'étaient rien, ils en arrivent à être tout." Bien loin que cette enormité soit une compensation au délire mélancolique, "elle en marque au contraire le degré le plus excessif." Dans les cas très chroniques, ce délire d'enormité peut aboutir à de véritables idées de grandeur, qui restent d'ailleurs toujours empreintes d'une teinte mélancolique.

colique: le malade est tout, il est à la fois Dieu et le diable, il est tout-puissant pour le mal et le bien."¹.

Nothing could show more clearly than this quotation how the "pseudo-mégélanie" follows inevitably on the "délire de négation et d'anéantissement" in a fruitless attempt to neutralise it.

3.) Further Review of Psychological Interpretations.

We are now in possession of a theory which allows us to view the principal features of the paranoid state from an angle which differs considerably from that taken up by the various schools of the "New Psychology". It might, therefore be of interest to discuss the relation between our view and these. So far from trying to supplant them, we shall find that it can make use of certain aspects or portions of all of them, rejecting only those which, for other reasons, we should be inclined to regard as exaggerations.

Thus, with regard to Freud's view, we should be inclined to agree that the paranoid state may represent a reaction of denial to the proposition; - "I love him", but only on condition that we may be allowed to interpret the word "love" in a sense very much wider than the sexual. In our sense the word "love" would apply to the participational

1. Magnan et Sérieux: Le Délire Chronique: pp. 111-112.

tie, and would rather bear the meaning of "being one with", or being identical with others. What the patient is really trying to say is; - "I am not identical with him. I have an individuality of my own." - We know why he must emphasise this so forcibly. It is because the primitive mentality in himself, against which he is struggling, makes him fear that he has no such individuality.

But what then becomes of Freud's view that the basis of the trouble is repressed homosexuality? Must we reject this in toto? There is, in fact, no need to reject it absolutely, and this is fortunate, for Freud can certainly point to cases of paranoia with strong unconscious homosexual leanings. Only, we shall need to reinterpret it, and also we shall have to deny that it is always present. It is, in fact, a phase which the struggle against primitive mentality may take on in some cases, but which is not essential.

In what does this repressed homosexuality consist? In the case of Schreber, quoted by Freud, it consists in an unconscious longing to be a woman submitting to the act of copulation. From our point of view we should interpret this as follows; -

In Schreber's struggle to be an individual, he naturally regards himself as a man. This is essential to his concept of himself, and he will insist upon it in his self-assertion. On the other hand, his submerged, primitive, participational half drags him away from all that tends to distinguish him as an individual, and towards its opposite. Among other things, it draws him away from maleness and towards

femaleness. This is the basis of his unconscious longing, against which he reacts so furiously. Hence his conscious hatred and unconscious love for Flechsig, who, in the persecutory phase, is the person who, he imagines, is trying to have sexual relations with him. When the tide turns, however, and he becomes definitely megalomaniac, we know that he can re-accept all the previously rejected people and situations, and Flechsig becomes God, while the sexual relations, which before were Schreber's shame, now become his glory.

Even so, however, he still shows remnants of his former reaction by claiming, according to his physician, Dr. Weber's report, that; - "it is not to be supposed that he wishes to be transformed into a woman; it is rather a question of a must based upon the order of things, which there is no possibility of his evading, much as he would personally prefer to remain in his own honorable and masculine station in life."

And the same facts explain his dual relation towards God, whom he loves and despises, helps and hates. It is the same double reaction which we have seen in the attitude taken up by E.M. towards Christ.

But if we are right in interpreting homosexuality in this way, we ought to find the reverse action in women. That is to say that there ought to be cases who insist consciously on their womanhood, while unconsciously wishing to be men. We have discussed such a case in the woman C.L.P. whose ideas of grandeur were all concerned with being a queen, and dominating men, who, in the form of the Army and the Police Force, were her servitors. And we

saw that the worst form of persecution she had to undergo was to be given "man's meat" to eat, which "has no strength in it." It must be remembered that both sides of the drama take place in the patient's mind, so that this "defeminising" by means of "man's meat" is desired as much by one side of her mind, (i.e. the primitive, participational half) as it is resented by the other.

In fact, to the primitive mind, distinctions between the sexes are no more clearly conceived than are any other kinds of distinction, - a fact which probably underlies the widespread primitive custom of "couvade" in which the husband is put to bed and pretends to bear the children, while the wife is supposed to suffer nothing, and is therefore left unattended. The various forms, too, of the primitive myth according to which Man was originally an hermaphrodite, and only later became divided into two sexes, is possibly a product of the same idea, namely, that there is no clear line of division between the sexes. And Freud himself has noted that many young children believe that the sexes have the same kind of genitals.

We are thus free to accept Freud's theory of repressed homosexuality in a modified form and for some cases. His over-estimation of this factor, and his application of it to those many cases which show no overt signs of homosexuality, or indeed of any kind of sexual aetiology, depends upon his whole theory of infantile sexuality. And here, once more, our theory would suggest that he has mistaken the particular example for the general law. What holds the child is not

incestuous fixation to the mother, but pantheistic fusion with the world.

That in actualising or dramatising the conflict, the child should use the human figure of his mother, is natural and inevitable. Even a great and experienced dramatist like Sophocles could only make the Oedipus situation intelligible to his audience, and perhaps to himself, by changing his hero into a man with a human mother whom he unknowingly polluted. But Royal Oedipus was originally the Divine Son of Mount Cithaeron, of the Great Mother Earth, to whose bosom he returned, blind and a cripple, with his battle half fought, and his problem half solved: the very apotheosis of the paranoid.

So it is with Schreber: he ends by entering the Great Mother so completely that he becomes identical with her, though he fights against this fate as long as he can. Hence his dual reaction. He hates and he loves: he rebels and he accepts: he is "man" and he is "woman". Finally he becomes the Great Female from whose teeming womb all things are to spring anew after it has been quickened by God, who is also "Father Sun".

When we turn to reconsider Adler's view, we recollect that we were disappointed that he seemed to have so little to tell us about the real cause of the feeling of inferiority, and that if we could supply that want, we should regard his view as an excellent summary of the paranoidal condition.

Our theory is ready to fill the breach for us, and would

point out that the feeling of inferiority arises from the fact that the patient is shackled by participation and therefore is hindered in his growth towards manhood. Psychically, he is always a child, always an inferior. We should therefore have no real quarrel with Adler, except that we should prefer to replace his "Will to Power", by the "Will to Flower", or, if that expression be deemed too poetic, by the "Will to Individuation".

With regard to melancholia, we can also agree with Adler that the patient definitely adopts the inferior rôle, and we know, no more than Adler why he should do this rather than attempt to deal with the situation after the manner of the paranoid. We may even, if we like, suspect that the melancholic is still following the dictates of the "Will to Power", but we should certainly prefer to suspend our judgment on this point, until further evidence is forthcoming.

To Jung, we are perhaps more indebted than to either of the others. His concept of the "Collective Unconscious" and what we have been calling "Primitive Mentality" are so closely allied that the difference between them is hardly more than terminological, and we follow him willingly, when he describes the ultimate downfall of the paranoid as the result of the swamping of consciousness by this Racial Psyche, or by this Primitive Mentality.

But a source of misunderstanding between us lies in the fact that he ascribes this inrush of the Racial Psyche as being due, in the first place to the introversion inherent

in the patient's mind, while we have insisted on the mechanism of "extroversion" in the production of symptoms. But it has already been explained that our use of the word "extroversion" differs from extroversion in Jung's sense. Jung uses the term as the opposite of introversion, and in a sense which we have previously discussed. With us the word refers to the process whereby part of the patient's personality is drawn outside of the imperfect boundaries he has formed for his individuality, and thereafter appears to him as objective reality, in the forms of delusions or hallucinations. And we saw that this "extroversion" was the result of the tension arising between the subliminal self, which has been overexpanded by participation, and the "shutting in" of his conscious personality in the attempt to overcome this overexpansion.

Now this "shut in" personality of the paranoid is the essence of introversion as the word is used by Jung. But for him, the introversion is primary, and is the cause of the damming up of the libido in the Collective Unconscious, and its ultimate overflow into Consciousness, whereas, if our view is correct, it would rather seem that the introversion is secondary, and is merely the patient's reaction to his inherently primitive mentality. We are thus able to give some explanation of the meaning of this introversion, while to Jung it remains a "predisposition, whose nature is at present unknown to us."¹.

1. Jung: "The Content of the Psychoses" in Collected Papers on Analytical Psychology: p.313.

At the same time it must be remarked that the introversion plays its part as cause as well as effect in the paranoid make-up. The truth is that a "vicious circle" is set up. The patient reacts against the participation in his mind by introversion. But this participation is merely a feature of the primitive quality of his mentality, and the very introversion itself tends to keep him in that undeveloped state. For it is by the free contact and discussion with others that we learn to make a clear concept of our own individuality, and it is precisely this contact which the paranoid shuns. Therefore he sinks ever deeper into the morass of childish and primitive participations.

Chapter VI.

On the Grading of Types.

We have noticed the difficulty encountered by the various authorities in trying to classify the forms of paranoia, and we saw that this difficulty arose from the fact that paranoia itself is not so much a clinical entity as a type of mentality which may be thrown up into consciousness as a temporary manifestation by any disturbance of the normal mentality, or which, in other cases, represents the normal and permanent state of the individual. A clinical classification is therefore, it would seem, not to be looked for. Nevertheless it is necessary to attempt something in the nature of a grading of types into a hierarchy of rank.

And to this end, the feature to which we have so far paid little attention, namely the degree of systematisation in the delusional picture, will prove a useful guide. In the "highest" types of paranoia, that is to say, in those that have come nearest to attaining adult mentality, the individuality preserves the maximum of cohesion and differentiation to be found in this disease. Two things result from this fact.

In the first place, the patient's thought shows a logical coherence and systematisation which is more marked than that to be found in the lower forms, and secondly, it is only in the most highly developed layers of the personality that

disturbances are to be found. The patient has achieved individuation in all the lower layers of his psyche, and has severed the participational bonds in a normal manner.

There is therefore no "extroversion" on the plane of percepts, and hallucinations do not occur. But it is in the higher, more specialised, and more recently acquired faculty of forming concepts that the patient has failed to maintain a normal development. Here the line of demarcation between his individuality and the external world has not been clearly drawn, and consequently it is at this level that the conflict, and the "extroversion" occur. Therefore he suffers from delusions which are unaccompanied by hallucinations.

But the fact that he has preserved a fair degree of unity in his ego prevents these delusions from assuming a completely irrational and grotesque form. He may believe erroneously that people are passing sneering remarks about him, or plotting to do him harm, but he will not maintain such absurdities as that he is being "outraged by wireless", or that his brain has been exchanged for that of an animal. Nor will he be troubled by voices or visions.

He is, in fact, the type of patient whose very nearness to sanity makes him a social danger, since his fundamental psychosis tends to be overlooked for so long a time. And he is always difficult to deal with. His basic paranoid mentality causes him to make trouble wherever he goes, but the thorough systematisation of his thought, and the fact that it rarely goes beyond the bounds of probability, give his accounts of the persecution he has undergone such an air

of verisimilitude that an auditor can scarcely tell where truth ends and delusion begins.

As the case develops, and the circle of his persecutors widens, always however by logical and systematic steps, the presence of the psychosis becomes ever more easily diagnosed, but the compactness and organisation of the patient's ego, though less than those to be found in a sane person, are yet sufficient to prevent the onset of dementia, or even of megalomania in any outstanding degree. Thus we get the picture of Kræpelin's "pure" paranoia, and as we should expect, it is rather a rare type.

Next to this, we enter the ranks of the dementia praecox group of paranoids, of which the highest point is represented by Magnan's "Délire Chronique." Here systematisation is still a marked feature, but the personality is far more deeply compromised than in the former type. We find therefore that not only do the indecision and vagueness of outline between the subjective and the objective penetrate so deeply as to involve the plane of percepts, giving rise to hallucinations, but also as the disease develops, there is a gradual diminution of regard for probabilities and logical requirements, leading to overt megalomania. And finally the whole picture, with its systematised delusions and hallucinations of persecutory, and later, grandiose complexion, is blotted out by the rising tide of dementia, which sweeps the remnants of the personality to oblivion.

Beneath these types again, lie the various types of para-

noid dementia, showing an ever decreasing degree of systematisation, logical cohesion, and commonsense, and cases may be found at all stages through this group down to complete and frank dementia praecox.

So much for the permanent types. But since paranoia is, after all, not so much an actual disease as a type of mind, there is, of course, nothing to prevent this basic tendency from being thrown up temporarily by anything in the form of a "mental earthquake", such as an attack of insanity of another kind. And this, in fact, is what happens in those "paranoid states" which so many authorities report as appearing "episodically" in the course of other psychoses.

If now we return to the question of dementia praecox, several interesting points emerge in the light of our theory. In spite of the fact that Kraepelin finally split off the dementia paranoidea group, and renamed it "paraphrenia", it seems obvious that it has definite and close connections with dementia praecox; that it forms, in fact, the upper limit of that psychosis. The difference between the paranoid dement and the sufferer from catatonia, for instance, though enormous, is really only one of degree. In the latter, the personality is much more thoroughly undermined than in any paranoid, and the effects of this undermining are usually manifest at a much earlier age. In fact, the disease is evident at puberty or adolescence at the latest. But, allowing for this difference we shall find that, mutatis mutandis, the same conflict is going on in the praecox, as in the paranoid.

The most outstanding and typical form of dementia

praecox is catatonia. If we examine the symptomatology of this state closely, we shall see that here too there is participation and the struggle against it. But in accordance with the degree to which the patient's personality is compromised, this struggle goes on primarily neither at the level of concepts nor at that of percepts, but at a much deeper layer still, - the level of motor reactions. On this assumption, the whole clinical picture of catatonia, with its dual and opposite reactions, - its ambivalency and ambitendency, to use Bleuler's terms, becomes intelligible. It is this curious combination of opposite reactions which is the most outstanding feature of catatonia. Thus we have catatonic excitement and catatonic stupor; while the latter again, may either take the form of negativistic stupor or the stupor of suggestibility or command automatism.

The word "suggestibility" is indeed the key to the whole situation. The patient's participational fusion with the rest of the world manifests itself at the level of motor reactions. If there is no reaction of hostility to this participation, then the phenomena of "command automatism" and general suggestibility will appear. The condition of flexibilitas cerea, in which the patient will maintain his limbs in any position in which they are placed, is an outstanding example of this suggestibility, but the same attitude is also shown by the phenomena of echolalia and echopraxia. The patient imitates any words that may be spoken, or any actions that may be performed in his presence, because, by participation he identifies himself with the person who initiates them.

In other words, he has no individuality of his own; he is simply the plaything of external stimuli.

Probably this is also the explanation of verbigeration, and of the senseless rhyming which often accompanies it. The patient says a word, or a collection of words, and then, since there is no clear boundary between his own ego and the world outside, this word or phrase becomes for him an external stimulus which prompts him to repeat it, or a sound which resembles it, (echolalia), and this process is then continued indefinitely. Where this kind of reaction becomes a habit which refers to one particular phrase, we get the picture of stereotypy in speech, but of course, a similar reaction may be formed in the field of motor reactions.

On the other hand, the patient may react vigorously against this participational identification, in which case he will present the picture of negativism. This may go so far that he may try to cut himself from all contacts with the outer world, by passing into the state of catatonic stupor, in which he is mute, resistive, and in a state of muscular tension against any attempt to get into communication with him. It is a well-known fact, however, that although he appears completely oblivious of all that is going on around him, yet he is really fully aware of it.

In milder degree, this hostile negativistic reaction shows itself in the habit of doing precisely the opposite of what he is asked to do. And either in the stupor or out of it, hostile reaction to the environment may be suddenly manifested in impulsive acts.

If we pass to the very lowest types of dementia praecox, we come upon conditions which are hardly distinguishable from those of mental deficiency, and by means of which we can pass to those cases of mental defect in which, such mentality as is left to them, frankly shows its childish and primitive stigmata. There is no reaction against the primitive participation here, and therefore no attempt at the formation of symptoms which bear any resemblance to those of the paranoidal state.

Conclusion.

If our conclusions are correct, the real defect in the paranoid is that he has failed to achieve a normal development from childhood, and has remained emotionally fixed at the stage of childish or primitive mentality. We are thus enabled to view the condition, and through it, the whole of mental disease, against a wide cultural background in which the anthropologist, the psychologist, and the psychiatrist can all co-operate in elucidating the problems;- a combination from which the cultural and scientific benefit to be gained can hardly fail to be considerable and mutual. There may even be a gain of a practical and immediate nature to be extracted from the alliance.

Throughout this thesis no mention has been made of the treatment of paranoia, since it is universally held that the condition is a chronic incurable psychosis. There can be no doubt that this is true of paranoia as we see it in Mental Hospitals, and the only question that can arise with regard to treatment, is as to whether it is also an unpreventable psychosis.

Now it is a noted fact that in spite of all the work that has been done in laboratory or post-mortem room, it still remains impossible to point to a cortical lesion of a physical nature, which would explain the symptomatological picture presented by the disease. We are therefore justified in looking for prophylactic measures along purely psychological lines, and we may reasonably turn for guidance to the ordinary child who is also confronted with the same problem,

and solves it successfully. In what way, then, does his procedure differ from that adopted by the paranoid?

Piaget has shown us that the child begins, about the age of 7 or 8, to distinguish between the sign and the thing signified, and between "internal" and "external", about 9 or 10, while it is not until after the age of 11 that he really begins to understand that thought is subjective and immaterial. And Piaget concludes that the chief psychological factors at work to bring about this change are social ones. In fact the change takes place pari passu and on account of the child's growing realisation of his own thought, and this is brought to his notice by social contacts and the practice of discussion with others, which end by forcing upon him the realisation of the subjectivity of his own point of view, and therefore of his thought in general.

Now the paranoid, by the very nature of his hostile reaction, shuts himself off from the health-giving action of these factors. He withdraws himself as far as possible from contacts with his fellows, and resents them fiercely. The phrase "shut-in personality" has been coined expressly to describe this condition. We realise that this "shutting-in" which occurs in the superficial layers of the patient's personality, is but his attempt to compensate for the too great diffuseness which exists in the deeper layers; that it is, in fact, an attempt at psychotherapy. But it is a misguided attempt, which most undeniably fails in its object.

By refusing the ventilating effects of social contacts

the patient consolidates his "ipsissimosity". The vicious circle is complete and soon becomes unbreakable; the psychosis is then so firmly rooted that treatment is unavailing.

Now it would seem that the adoption of this aloof, asocial attitude of suspicion occurs very early. One can usually obtain evidence from the relatives of a paranoid, to the effect that even at school he was remarkable for his reserve and suspicion. It is at this time, if at any, that there may be a chance of breaking up the vicious circle, before it has had time to found itself very firmly.

Psychologists such as Piaget and his co-workers, who have carefully studied the ages at which the various changes in outlook usually occur in normal children, should be in a more favorable position than anyone else to pick out those children who show an early paranoid reaction. Upon these, all the skill and tact of educational experts, psychological and pedagogical alike, should be concentrated, to break up the incipient vicious circle, and lead the child into healthy relations with his fellows. Were this done, it is not inconceivable that a number of children might be saved from the tragic fate of the paranoiac, who, with his incurable mental disorder, and yet with his clear realisation of the ignominy of his status as a certified patient, presents one of the saddest pictures to be seen in our mental hospitals. Here, at least, would seem to be the most hopeful line of development in the psychotherapy of paranoia.

In conclusion, there is one other matter that ought

to be mentioned, although it involves an idea which it is very difficult to express in short compass. We have spoken throughout, as if primitive mentality were an altogether erroneous and mischievous thing. So far as those individuals are concerned, who are arrested at this stage, and whose growth towards manhood or womanhood is thereby impeded, this is undoubtedly true.

But we must never lose sight of the fact that growth does not occur in a straight line, but in a spiral. The old values which we have left behind, as we think, take on a new meaning, and we find them awaiting us with all the effects of a new truth. The "stone which the builders rejected" is always being wanted again.

And so it is with primitive mentality. Beneath the superficial cloud of nonsense and irrationality there lies a profound intuition of truth: in its conception of the fundamental oneness of man with man, and of man with the universe, it has hit on a truth upon which all religions, and almost all that is desirable in human evolution are based.

A few favoured individuals have preserved the primitive directness towards this truth, while avoiding the snare of literal and material acceptance of it. Such men we call poets or creative artists, and not infrequently we take it on ourselves to look down upon them from the height of our commonsense and practicality. Nevertheless it is we who are at a lower stage than they, for they have achieved in their powerful imagination, the synthesis at which the primitive

was dimly labouring.

Perhaps were we readier to learn of the poets, we might understand why the greatest of them has bracketed together "the lunatic, the lover, and the poet," as being "of imagination all compact".

But such questions as these stretch far beyond the scope of this enquiry.

FINIS.

List of Books Consulted.

<u>Title</u>	<u>Author</u>	<u>Translator</u>
Le Délire Chronique (à Evolution Systématique)	Magnan et Sérieux	
Text-Book of Insanity.	R.von Krafft-Ebing	C.G.Chaddock
Outlines of Psychiatry	William A. White	
Collected Papers on Psychoanalysis. (Vol. III)	Sigmund Freud	Ernest Jones
Individual Psychology	Alfred Adler	
Understanding Human Nature.	Alfred Adler	W.Beran Wolfe
Collected Papers on Analytical Psychology	C.G.Jung	C.E.Long
Contributions to Analytical Psychology	C.G.Jung	H.G.& C.F.Baynes
The Golden Bough (abridged edition)	J.G.Frazer	
The "Soul" of the Primitive	L.Lévy-Bruhl	L.A.Clare

<u>Title</u>	<u>Author</u>	<u>Translator</u>
The Child's Conception of the World	Jean Piaget	J. & A. Tomlinson