psychiatric profession. We are such creatures of habit that the patent discrepancies in our asylum administration do not easily strike us. Without sufficiently realising it we are afraid of giving liberty in even a small measure to an individual who rightly or wrongly has fallen under the ban of a certificate of insanity, and the giving of parole to asylum inmates is jealously guarded. I can assure anyone that a visit to the Gheel Colony will make him ponder much, reconsider those viewpoints which have been mainly founded upon a limited mental horizon, and open his eyes to possibilities previously undreamt of. Modern teaching would tend to demonstrate that there is much more that is psycho-pathological in the so-called normal individual than is supposed, and there is much more that is normal than is supposed in the so-called insane. A great bane to progress in many departments of sociological research has been the grouping together of large classes and studying them as such. Thus we see the criminal, the feeble-minded and the insane viewed as special types, when in reality the variation in each is so great that the individual is seen to be more or less a study in himself. For the vast majority of us it is not feasible to conceive the question of treatment and environment adequately from the patient's point of view, but if we only can endeavour to do so our ideas concerning his care and place in society may radically alter, and for the better.

(1) Not more than two patients are permitted to reside with one family.

Some Considerations in Psycho-therapy.(1) By W. H. Bryce, M.B., Kenlaw House, Colinsburgh, Fife.

In a short paper of this sort it is possible to do no more than touch on a few points emerging from the consideration of the treatment of the psycho-neuroses. There are various methods of treatment based on equally varying theories; owing to this lack of uniformity on the theoretical side it is not surprising that doubt and confusion have arisen, and that, in the minds of some, the whole subject is regarded as chaotic. It therefore behoves one to go slowly, but to be prepared to use such means as experience, in any or all of the methods, has proved to be useful. The greater issues have been much written of and discussed, and in this search many of the lesser issues have been lost sight of.

The whole question of the position of psycho-therapy at the present moment is rather difficult, not as to results of treatment, but because of an absolute want of co-ordination amongst the various schools; nor would it seem that there is any possibility of unanimity until the various concepts are taken seriatim and judicially examined and appraised. Up

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to date the matter has hardly got beyond the stage of ardent discipleship to some particular prophet, with the usual consequence of seeing little good in the creed of any other. The *rôle* of simple persuasion and suggestion is not diffiult to follow, for underlying neither of these methods need there be very much theorising as to treatment. With the milder analysing group there need not be very much argument; but beyond this the troubled waters begin, for, as the basis of much of the therapy, there are many and various theories which are really the guiding principle of the particular schools in their methods.

Sidis says *fear* is everything; Freud says *sex* is everything; Alder, says the *feeling of inferiority* is everything; and each that all things must be analysed back to his particular basis. Jung apparently postulates no one basal ultimate cause, but uses the conception of our divertable life-force or energy; he differs from Freud in many ways.

Now, as in similar situations elsewhere, the next course will be either for one school to remain predominant, absorbing the others, or for an amalgamation and fusion to take place, embracing as much from each as has stood the test of utility; and it almost seems that the latter will be the contribution of this country to analytical psycho-therapy.

Take, for instance, as evidence of this confusion, the various conceptions as to the unconscious in the human mind. Psychologically it is but a concept with no real worked-out data properly belonging to it. That there is a part of the mind which is the storehouse of psychic lumber, I assume, there is no doubt, but there is still no agreement about what it contains and what is its function.

The bottom layer of this lumber would seem to consist of the instinctive things and the native inborn tendencies; they are there somewhere and their workings are not obvious or controllable. Added to this basis as life grows are various experiences which, for one reason or another, have proved incompatible with the ideas or ideals that have grown up in process of individual development; these two Wallas has tersely called "natural" and "nurtural" respectively.

For one school the unconscious is very largely, if not entirely, composed of material which the personality has rejected and thrown back by repression into the limbo of the deep layers of the mind; this material is partly the infantile tendencies which have been found to be incompatible with the new ideas, and partly certain later tendencies or impressions. These tendencies are generally connected with sex development and repression of sex in the wide acceptation of the term given to sex by this school.

Many misconceptions and much of the opposition to this school have been due to crudeness of statement, and to my mind greatly to the non-understanding of the connotation of sex given by the founder. As a single example of this take the difference in meaning to the individual

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between the postulation of a sex attitude and a sex impulse, say to a parent.

The steps leading to the attitude are often several, but broadly the attitude is shown by the action and desires of the child always to stand well with that parent, with the incidental and consequent disregard of the other parent. All the child's actions are directed by the desire to appeal to the parent in question. There may be nothing of sex, *qud* the reproductive function, but in what way does the attitude differ from that of adult attachments?

These infantile repressions would seem to be normal and universal processes, and to be due largely to the supposed fact that the infantile reactions are on one plane, namely pleasure-pain; the later reactions are on the plane of reality.

This school would seem definitely to pre-suppose that, to keep under the various desires or tendencies to action definite resistances have been set up, so that the outcome has been the postulation of the dynamic in mental process, the conclusion being that a constant energy of some sort is in existence, guarding the conscious mind from invasion by the ever-active forces in repression. This may be entirely latent until, from some cause or another, the imprisoned tendency tries to find expression, when the defence is at once awakened.

Another conception is that the infant comes into the world with a vast store of unconscious material ready to hand, namely the primordial thought-feelings which go back to the beginning of things, and which, I presume, are constantly growing in the same way as all other human tendencies. There thus seems from this point of view an evolution of the unconscious. To this domain of the unconscious belong the instinctive and inherent tendencies; from this part of the unconscious emanate all good and all evil, and it contains all the ultimate types of human thought reaction. The basis of conflict therefore may be entirely different in these two views.

This school also admits another element, the personal unconscious, which corresponds largely to the previously-mentioned conception of the first school.

Jung says the unconscious is the receptacle of all lost memories and of all contents as yet too feeble to become conscious. The academic psychologists have other ways of explaining the phenomena which have afforded the material for the construction of these conceptions.

As another instance of divergent opinions and as an outcome of the above, repression is looked upon in different lights. To the first school the unconscious is practically limited to repressed material, what has been valueless, painful or incompatible, and it is only with this that the school deals in its psycho-therapy. To the other school the repressed material is only a partial explanation for the phenomena—often only a

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means to the further end, which may be anything. It may be that the real unconscious source of trouble does not lie in the repressed material at all, but that this repressed material is only acting as the hindrance to the full expression of a life. The dis-peace may not be due to all life's forgetting of unworthy things, but the hindrances and clogs hung about us by these repressed things may be the load that prevents us climbing where we really want to go.

Another conception is that the trouble is due not to sex or repression, but entirely to a struggle against the consciousness of limitations in the urge and desire for greater things, for fuller expression. All the forces in repression may be just those forces which militate against and prevent the full realisation of self. Simply a wrong direction given to life (possibly the result of accidental circumstances) and the struggle between the force of these circumstances and the almost inborn ideal may be the whole matter, and some see this as the basis of all the troubles, for to carry on in the wrong direction must needs involve the keeping under of other aspirations and ideals.

Another point still at issue is the necessity or otherwise of the unconsciousness of one of the two sets of factors involved. In the opinion of many there is no possibility of a neurosis unless one side of the trouble be either a deeply-buried matter in repression or some kind of unconscious urge for expression. It certainly often is so, but is it of necessity so?

It is an absolute necessity that one shuts down much that has happened, and also that one keeps from action and from thought much that is trying to be recognised or acted. It is on this line that all the biases of life are formed. We even erect barriers against belief in order to protect our biases. I do not believe that a thoroughly faced emotional happening will produce a neurosis. Frank fear with adequate cause cannot be a neurosis. Sexual acts *per se* do not give rise to nervous anxiety. But when, for example, the normal emotional reaction would be wonder, but instead of this fear is aroused, we are surely justified in looking afield for further causes or associations.

These causes have not of necessity to be dug out of the infantile part of life's repressions. Sometimes, of course, they are there, but one will constantly find these happenings in quite reproduceable memory. What has happened is that the association has either not been recognised, or, from the other point of view, has been neglected. Cause and effect have either been separated or have never come together in consciousness.

The outcome of these theoretical variants is, for the practical man, that there is probably truth to be got from all the sources, and in the meantime let us be prepared to gather what we can from all, for none of them are likely to be all right and none likely to be all wrong. Now

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one will meet a purely Freudian case, again one where the fear in the case seems to be derived from purely fearful incidents, another where the fundamental struggle seems to lie with the deficiencies recognised by the self and the endeavours to overcome, and some which it is impossible to pigeon-hole at all, but—and this is the important practical thing—we cannot now do without the mechanisms and methods (most of which we owe to Freud), and we must not let our prejudice against the causative theories, nor yet the confusion and lack of agreement, prevent us making use of the mechanism and ideas, many of which help to an understanding of the simpler failures. And when all is said and done the simpler predominate.

From the clinical point of view there are various roads of approach just as there are various causal theories, but the one most generally useful as a sort of general basis is that for one reason or another the patient has failed to make some adaptation to immediate circumstances. This is most useful for a double reason: first, to elucidate the cause of failure, and secondly, to aid in the production of re-adaptation, for this is the job in hand—to help the man to adapt to his immediate environment or to certain sets of circumstances that which he cannot harmonise with his ideals.

The man who finds himself saddled with a conflict may deal with it in several ways. He may deal with it openly, faithfully and consciously, and in this way a solution will be found; so long as this course is pursued a breakdown is most unlikely to occur. On the other hand he may try in other ways to get peace; *repression* may come into use by one device or another in the endeavour to get rid of the un-pleasure, but in adult conflicts repression would seem to be but a poor resource for other than minor matters; for matters of much feeling a price has usually to be paid, and often in some form of neurosis. The repressions of childhood would almost seem to be the only really efficient ones—that is, when the whole body of experience, incident and emotion cease to exist in any form, as far as we are aware. Even the childhood-repressions frequently return in the aberrant form of psycho-neurotic symptoms. In adults, repression even in simple matters constantly fails, as shown in many an amusing or awkward mistake. In the big things the hopelessness of the effort and the partialness of the success, as well as the price paid, were constantly seen in the war cases.

A point that Rivers makes in his book would explain this greater efficacy of childhood repression. His proposition is that the effective repression (what he calls "suppression") is an unwitting thing belonging to the instinctive domain, and therefore more potent in childhood. The adult effort may be a witting thing, and its failure in that case be due to the attempt to do wittingly what can only be effectively done at the level of instinct. The less witting it is the more potent it will be.

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Repression to complete amnesia of incidents, or of whole periods of life, cannot be called symptomless, because, apart from the lack of integration, so much else than the affective incident has to go as well, and also in affairs of moment much energy has to go in keeping these matters from consciousness.

A certain element of repression may be useful at times, but to my mind it is only successful if along with it other outlets are found for the emotion at stake.

We may take three other possibilities of attaining peace or comfort:

(1) Sublimation.

(2) What one may call, for want of a better word, "cover."

(3) The neurosis.

In sublimation the forces or emotions aroused or desiring expression are diverted into some other channel sufficiently allied to give them expression, or of sufficient interest and intensity to act as a bye-pass.

What I have called "cover," on the other hand, cannot act as a bye-pass or diverting agency, but simply—and generally temporarily—overlies the trouble. There is no hard and fast line to be drawn between these two measures, but in treatment it is of the greatest importance to recognise the distinction. Alcohol is one of the crudest forms of "cover" and can never do other than cover; it is only a temporary alleviation or let-up.

Occupation-therapy comes in here; work simply as work is, in my experience, of little avail until and unless real interest is aroused, for through interest an emotional outlet may be attained. Work often does little more than alcohol, and it is with work that the gradation between cover and sublimation is best seen. The man who takes furiously to work in an attempt to overcome his neurosis might just as well take to drink, except that it is a more socially desirable means and also a more constant "cover"; but let the work arouse real interest and emotional outlet and much may be got from it. The woman who takes to slumming ceases simply to cover her trouble, and begins to sublimate it so soon, for example, as real pity is aroused. Occupation, therefore, is rational therapy, and to be employed always provided the conditions necessary are fulfilled.

The third solution is the onset of a neurosis, or at least what may be called neurotic reaction to the situation.

Psycho-therapy deals, not only with the abstract and complicated, but much more often with the simple and every-day troubles; but though this is so and though it may be said that there is little new in the treatment of these simpler conditions, it is certainly a gain to bring these things into line with the more grave conditions as much as possible without distorting the facts or complicating the treatment;

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however simple the fault, a definite conception of it—especially if it at the same time points the way out—can only be a gain.

Non-adaptation to the immediate circumstances or requirements is seen in its simplest form in fruitless worry. The dictionary does not help one much, except that the original meaning is to strangle, but I *do* know that it is no good telling one to desist from worrying. We know that something has to be done, some situation has to be met, but beyond that we do not go in our minds. The urge of the situation is there, but we refuse to let it free in the only possible way that will carry us forward. Worry leads nowhere, and the attempt to get rid of the situation will be unsuccessful. The situation still remains, and so does the urge to produce a change; the resultant emotional state is one of worry.

In worry the subject is up against some proposition or situation with which he cannot deal efficiently; he has failed to adapt to the particular circumstances, be these outside or inside himself. Instead of efficient thought or thought-action there is a vain repetition of the situation leading to a single idea, which is simply the *fact* of the situation, and it is this absence of directed thought that is responsible for the un-pleasure in the feeling tone; worry is, in fact, a paralysis of thought and action—they are strangled. Produce adequate thought around and in connection with the matter and worry will cease as such. The piling up of responsibilities and of work only produce worry when and if we cease to feel that we deal efficiently with them—when they strangle us. If worry is not relieved by the appropriate thought or action, fear is apt to become predominant in the emotional reaction with the greater abnegation of thought, and it is in this condition that egregious actions are produced and the danger of a definite neurosis is threatened.

The reasons for the wrong reactions to the circumstances are, of course, innumerable, but at the bottom of them all is the desire—more or less conscious as the case may be—to avoid some source of un-pleasantness—something unpleasant which will have to be brought to the surface if the matter is gone into.

So resistance of one kind or another comes into play to try and stifle the urge to get rid of the situation. If these resistances had been efficient the subject would have been dismissed from the mind at least temporarily, but all they have achieved is to focus attention on the central core of the experience and so throw everything else into darkness—the shutting out of thought. Worry, therefore, may be looked upon as a failure of repression, though not a complete failure, and the price paid is the un-pleasure produced. The treatment is to completely lay bare the conditions and experiences responsible, and to produce thought and, if need be, action, leading out of the experience. But the thought must be germane to the experience, for the only way to drain a bog is

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to dig ditches from it. In the process one will have worked along each resistance as it presents itself until thought or action is released.

The habit of worry has so far the same basis, though it might be looked upon more in the category of a mood, and the immediate incident has little enough to do with the matter as a causative factor. It is a very difficult condition to bottom in extreme cases, as its construction is much the same as those of purposeless and multiple fears.

Yet another important factor in this maladaptation idea is the permitting of inadequate reactions, instead of the requisite efficient response, to result from a definite motive. This is constantly to be seen, and in the simple hysterical cases is fairly obvious. The motive here cannot be one recognised as such in consciousness, else would the patient be a malingerer and not an hysteric, but the purpose served is often too obvious to allow of any other conclusion. In a recent case, after having cleared most of the trouble, I asked the patient for a motive: it was repudiated. Later I asked what had been gained by the illness and was promptly given a long list of gains, when the motive was, of course, laid bare. This question of recognition of motive is of great importance not only in definite treatment, but also as one factor in the prevention of relapse. It is by no means always an easy thing to lay bare, as misunderstandings are apt to arise, but it has to be gone through. The motive as a motive has to be accepted by the patient and the adaptation to the situation realised. A patient may be relieved of physical symptoms such as pain, sickness or any invalidism and be apparently in good health again. Let this patient return to the old surroundings with the same exciting causes for the hysteria still operating, and the chances are that a relapse will sooner or later occur so long as the motive is not laid bare and accepted by the patient; and in prophylaxis, if the patient has accepted the motive, something else will have to be found for a real relapse, but the pitfall here is that it is but seldom that an hysterical illness is singly motivated. One main motive may be got at and accepted, but disappointments follow because there are others less obvious or important, and one must therefore be on the look-out for hints of these. It is not easy at times to make the point, and I have known the issue robbed of success by a too abrupt making of the point, though the clearing up of motive is seldom the whole matter, it is a valuable point in many cases.

There is also the practical side to the necessity or not of invoking the unconscious whenever one is dealing with a neurosis. Here the trouble of definitions at once comes in. The symptoms may be due, not to a burial, but simply to a non-recognition of cause and effect, as previously mentioned, between the symptoms and the disturbing cause. Take hysterical pregnancy symptoms, for example. Here the

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effect is anything from morning sickness to a phantom tumour, and the cause is frequently the extreme desire for pregnancy. Bring cause and effect together in consciousness to the extent of belief and the symptoms terminate. The mere statement of a pious belief, however well backed, will not be sufficient to produce relief. The symptoms can only exist so long as the two ideas—the positive one of pregnancy and the extreme desire for pregnancy—are unrecognised in the true position; without the separation, it is obvious there would be no symptoms.

I remember a young officer, who had nightly a terrifying vision, which was simply of an officer in uniform. Subsequently he described to me one of his superior officers, of whom he rightly stood in great dread. The description of the vision and the reality were identical, but there was no conscious recognition of cause and effect.

But is it sufficient simply to clear up the morning sickness or phantom tumour and leave the case there? In most circumstances it is not; for surely the fact of the symptoms arising shows something is amiss that needs inquiring into if further trouble is to be avoided. There are some jarring notes somewhere which will have to be rearranged to produce harmony and to prevent disharmony again appearing. It is not just easy to place this idea of cause and effect: it would not seem to quite come under repression, because both are fully in consciousness in the cases under discussion—often, of course, cause is *not* in consciousness—but at the same time it is certainly an element in repression. In the case of the vision it would appear to have been a result of the endeavour to repress, and yet it was so ineffective that it is not easy to see the purpose served, except the removal from the plane of painful reality.

Another important aspect may be looked at from the same point of view of separation of cause and effect in consciousness; I refer to the persistence as physical symptoms of what can be traced as a residuum of the physical manifestations of an emotion. This is most common when the emotion has been frequently aroused, or perhaps more correctly when it has persisted for long. Whatever view one adopts as to the relation of the bodily signs of emotion to the whole emotional process —whether one trembles because one is afraid, or is afraid because one trembles—does not seem to me to matter in this connection. A sudden profound emotion with accompanying profound somatic physical symptoms or sensations may also have its remainder in the form of symptoms of physical illness, especially if it has been a rude awakening. These are, I think, most commonly shown in abdominal symptoms, though frequently the heart or sometimes the function of respiration is affected: "hope deferred maketh the heart sick." Fear, disappointment, apprehension, and the hoping against hope all produce uncomfortable abdominal sensations—diarrhœa and frequent micturition are common phases. The sudden or profound awakening, without gratification, of

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sex emotion is very apt to persist in physical symptoms if a neurosis arises.

It is only the non-recognition of these as remainders that enables them to persist as hysterical symptoms. The treatment, of course, obviously is to connect up again cause and effect with conviction to the patient.

Another small matter that is often of importance is the interchanging of emotions; this perhaps is best seen in the case of fear and the sex emotion, "though frequently also in wonder and fear." In many of their somatic manifestations fear and sex are extremely similar. In many cases without a neurosis, but still more so within a neurosis, they have been aroused at one and the same time and by the same external stimulus. The recognition of the connection between these two emotions is not new, though of course Freud has brought it into the lime-light by his separation of anxiety neurosis and hysteria from other neuroses; and one frequently meets cases entirely in agreement with Freud's description. Freud says the psyche merges into the affect of fear when it perceives itself unable to adjust to an externally approaching task (danger); it merges into the neurosis of anxiety when it finds itself unable to equalise endogenously originated (sexual) excitement. That this happens in certain cases there is no doubt. The reason of the fear is the question. Is part of the connection between fear and sex not due to the similarity of many of their manifestations, and to the fact that fear so frequently accompanies the arousal of sex emotions, fear being in fact many a time the only defence? I recently had a case in which the two emotions were so intimately connected that they were not separated as individual entities. I believe that many phobias are constructed on this basis. The fear is quite unreasonable and inadequate to the occasion which is the apparent exciting cause, that cause being some sex association—it may be quite remote.

From these few considerations of the simpler problems and mechanisms it is but a gradual transition to the most pronounced manifestations of neurotic conflict—the major hysterias, phobias, compulsions and obsessions. The same problems have to be faced, the same mechanisms are evident, and it would seem rational to suppose that the same open-mindedness as to causative factors and theories of production should be preserved.

The man who is unprepared to see the purely sex causation, even if it arises out of childish repressions, the man who is unwilling to recognise the workings of the inferiority complex, so called, as his basis, or he who is so deterministic in his view-point that he will not allow the teleological or purposive factor in the neurosis, is to my mind going to have to adapt the case to his views and not his views to the case. And what is more, many cases can only be fully understood by a combining

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of more than one view-point, for without the whence the object of the whither can often not be seen, and without the recognition of the whither the whence is of little value, and also at times disappointment will come for want of recognition of the inferiority factor in character formation.

On the Possibility of a Biological Conception of so-called Functional Nervous Disorders. By G. H. MONRAD-KROHN, M.D.Chris., M.R.C.P.Lond., Censor and Lecturer in Neurology at the Royal Frederic University, Physician in Charge of the Neurological Section, Rikshospitalet, Christiania.

SURVEYING the enormous material of observations of psycho-neurosis during and following the war, it looks at the first glance as if the old distinction between organic and functional nervous disorders has been more firmly established than ever. To most writers this distinction seems to be a fundamental one, and the majority of those nerve specialists, whom the war has developed in such abundant numbers, seem content to regard the distinction (which before the war was being regarded with increasing suspicion) as a permanent one—the primary distinction in the classification of all nervous disorders. It has even been suggested that the two groups should be studied and treated by two different classes of specialists—to my mind an arrangement that would represent a most effectual barrier to any further development of psycho-neurology.

It is my aim in the following lines to prove that the distinction between organic and functional disorders is unfounded and misleading, and to show that a biological conception of the functional disorders is possible.

The distinction is already logically a bad one as the "organic" disorders are also functional in their clinical appearance, *i.e.*, it is only through their functional disturbances that one can recognise them clinically.

Whilst thus we have to admit that the "organic" disorders are functional, we have no foundation for the belief that the so-called functional disorders are not organic in an anatomical respect. On the contrary there is every reason to believe that they are. The only thing we know is that they are as a rule unaccompanied by organic changes so gross, that they can be discovered by the means of anatomical investigation—macro- or microscopical—at present at our disposal. But here it must be emphasised that our anatomical methods are very crude and highly inadequate.

When studying an elementary vital process such as vital deoxygena-

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