THREE ASPECTS OF EGO-ORGANIZATION IN RELATION TO ETHER ABREACTION THERAPY.

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IN this paper I propose to describe three varieties of behaviour of patients under treatment by means of ether abreaction.

STAGE I: SIMPLE REMINISCENCE.

When a patient is given an anaesthetic there is an initial stage in which there is no apparent alteration of reality function. This can best be described in colloquial terms; the patient feels that "this is me lying on this couch talking to you, doctor." We can dispose of what follows in the average patient by saying that presently a variety of physical sensations supervene, the conscious state disappears and presently the patient becomes, as we would say, anaesthetised. It is interesting to observe, however, that there is a stage coinciding with the loss of consciousness at which the patient makes semi-purposive movements, giving the impression that mind is still operative, that is to say, the organism is still acting more or less as a whole. Moreover, if the patient is allowed to emerge from a session during which anaesthesia has just been produced to a level which would be consistent with minor surgery, then, upon waking, the patient will often appear somewhat bewildered and perplexed in relation to experience which he expresses in such terms as "where have I been? What have I been saying?" Or it may be he will say something like this: "Good heavens! I was back at school, Doctor." Such a recapitulation of mental experience may or may not be accompanied by an emotional reaction, but when this occurs the emotion is usually one of sadness. Fear and (more rarely) anger are also encountered. Laughter is not a characteristic accompaniment.

This stage may be utilized for the purpose of aiding reminiscence in psychiatric procedures.

STAGE II: CONTROLLED AND DIRECTED REVERIE.

To provoke this stage the operator must have some knowledge of the events he is going to deal with and, ideally, should then assume an exhortatory tone of voice and say something like the following: "Now there you are (doing such and such a thing)." The majority presently pass into a stage of dissociation or reverie. It is as if there were two selves:

(*a*) One lying on the couch talking to the operator.

(*b*) The other taking part quite vividly in the re-enacted reminiscence or reverie.

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Where the re-enacted incident does not possess too strong an affective charge and in the absence of other features presently to be mentioned, the patient beholds the re-enacted material as a very vivid visual drama, as if that which was watching the scene was above, generally behind, and usually somewhat to one side of the visual drama the person on the couch is describing. If the event depicted possesses strong affective significance; if a patient is suffering from obsessional forms of neurosis; with most hysterics; and most strikingly of all with patients in whom there has been a strong traumatic experience associated with subsequent amnesia; the patient on the couch gives a commentary as if he were verbalising his own thoughts which had taken place at the time of the original incident. A clear distinction can be made between this verbal commentary and the more vivid and dramatic exclamations which punctuate this verbal commentary, and which are presumably the words of the original experience. This has been described by many authors dealing with abreactive techniques and is not peculiar to ether.

In the following excerpt of a session where the patient is re-enacting a battle scene in which a comrade was killed, the soliloquy is in ordinary print, and the original words are in large print.

" . . . there is some awful stuff coming over—LOOK OUT BILL—God, that was a near miss . . . we will have to get out of here—IT'S NO USE SERGEANT, HE'S DEAD."

Working through such an incident it is as if the patient were rapidly alternating between a complete dissociation in which part of him is as good as back to the time and place where the events originally occurred, and the present entity " watching " these events. A third " part " is on the couch. I can designate our entities so far described as follows:

(*a*) Me lying on the couch talking to you, doctor " (doctor-patient relationship).

(*b*) " Myself " taking part in the re-enacted episode—(no relationship with doctor or present time).

(*c*) " That which is watching " ; not corporeal but nearly always above, behind and slightly to one side of that which is being watched. (Doctor's voice—watcher relationship plus watcher—re-enacted episode relation.)

When an experimental subject tries to discuss the relationship between the " watcher " and " me lying on this couch talking to you, doctor," and " myself (taking part in the dream)," it seems as if there is a very close connection between the watcher and that which speaks (or might we say the executive " I " ?).

STAGE III: HYPNAGOGIE.

In the case of a significant number of patients, but by no means the majority, a third stage is encountered as follows: Having stopped the ether and roused a patient who has just been describing his reverie along the lines delineated under Stage II, he or she will sit up and say " Good heavens! where have I been? . . . I was at school," or it may be I was here or there; and this is the curious thing, the events described at this point are quite different in

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time and place from that which they have been talking about a minute previously. Metaphorically speaking, it is as if the patient had just been in a room which had two doorways, one opening into the real world, " me lying on this couch talking to you, doctor," and the other opening into a room which contains the mental furniture which is the subject of this third stage.

In this stage the figures in the drama are usually of slightly less than normal size. Colouring is present which differs from normal colouring in emphasis; it may be richer and vitalized, reminiscent for instance of the paintings of Georges Rouault. The patient's description tends to be about dominant colours, which are most frequently orange, yellow, then green and occasionally blue. Red is very rarely encountered. A quite common expression for the patient to use is " everything is yellow, bathed in glorious sunlight."

There is always a symbolic link between the second and third stage. The following is an example :

A soldier was referred with a severe stammer and blindness which had come on following the explosion of a hand grenade. There was no amnesia. Under ether the whole of the incident was re-enacted with vivid reality, but as he woke up he said words to this effect : " Good heavens ! I have been in the movies," and when asked to describe this (third stage effect) he proceeded to describe how on his embarkation leave he had attended the film " Gone with the Wind," in which it will be remembered there is a rather gruesome casualty clearing station scene in which one of the characters of the play is blinded. Now this particular patient, as a boy, had suffered from a squint, for which he had been successfully operated. He had attended the movies with a friend and, after his visit to the movies, had proposed to her and the next day had sailed for duty overseas. It is clear, therefore, that the affective charge of the hand grenade experience threatening him with loss of vision (he had been " blinded " by the flash) had got linked up with the affective charge associated with his embarkation leave experience, for which the movie event had been the symbol. This, in turn, was related to the earlier worry about losing his sight. As a rule the third stage is not utilized for therapy except as a link which leads to the fourth stage.

Stage IV : Dream-like Phase.

The fourth stage resembles ordinary dreaming, and compounds in condensed form items from adult and infantile experience. Most patients, and indeed experimental subjects, are temporarily disturbed, sometimes to a very severe degree, if one takes them through this fourth stage. They become afraid and bewildered in a manner reminiscent of acute schizophrenia. I have formed the impression that the extent to which they are disturbed depends on their real situation and also on their mental type. Patients differ markedly in their ability to enter the fourth stage. Taking it by and large, I associate spontaneous entry into this fourth stage with the more psychotic fringe of my case material. On the other hand, some experimental volunteer subjects also can enter this stage with ease. The schizoid hysteric who has general psychopathic traits very frequently exhibits this fourth stage.

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The figures which are described in this fourth stage also contain colour and are vivid and defined, though this may occasionally have caricature-like qualities.

The emotional context of this stage is described as being diffuse, and not specific to the items of experience. This is also true of Stage III, but very different from Stage II, in which there is specific emotional context comparable to normal experience.

This evidence appears to suggest that there may be at least three related ego systems which are dependent one on the other, and that a fourth system may relate to that which I have called " the watcher." I have occasionally thought that the phenomenon of the " watcher " links up in some manner with the problem of the auditory hallucination.

The following is a verbatim account, taken down at the time of the interview by a stenographer, which illustrates the main varieties of phenomena which have been referred to in the text.

The subject was a volunteer control subject selected from a group of non-medical students. She had absolutely no knowledge of the technique, and had not attended any lecture on psychotherapy.

Very special care was taken to ensure as far as possible that the subject was not unwittingly producing the phenomena we were endeavouring to observe. All sessions were conducted with a second trained observer to check on this. This subject, so it eventually transpired, was in the throes of a very minor emotional problem. In addition she bore a surgical scar on her neck, the result of childhood injury. At the time of the experiment she was concerned about a particular pupil's progress. She was asked to discuss the events of the previous week, included within which was a visit to the home of her pupil. This episode was selected for ether abreaction. She was placed on the couch and told to visualize her going to the pupil's house :

Doctor : You can see yourself quite clearly . . . there you are getting off the tram and going into the shop.

P. : I am walking in the door . . . there is no one in the shop. I had better press the bell . . . I am teaching Ted; could I speak to his father ? I will come back later. . . . Oh, good morning ! I'm Ted's teacher . . . is Ted happy ?

Doctor : Do you picture yourself or do you seem to be there ?

P. : I picture myself . . . there is the bell. I can see myself in a green coat.

D. : Where are you in relation to yourself in the shop ?

P. : I am standing behind myself—slightly above—slightly to the left side.

D. : You can see " myself " in a green coat, what is it that is seeing " myself " ?

P. : It seems to be me " here now " that is watching.

D. : Has it bodily attributes ?

P. : No. I don't think so.

D. : And yet it is the same as " me here."

P. : Yes, there are three people—" me lying on the couch " talking to you," " me in the shop " and " me watching."

D. : What are the physical attributes of the " watcher " ?

P. : Nebulous.

D. : Where is " me " talking to the doctor ?

P. : Mostly in my head.

Ether was recommenced and the experiment reproduced. Then ether stopped.

Doctor : Where have you been ?

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P. : I suppose I was in the shop.
D. : Were you really in the shop ?
P. : Yes, but I was conscious of this.
D. : Which was the more real ?
P. : In the shop.
D. : Have you been anywhere else ?

(This part illustrates the first and second stages. The subject of the experiment had no prior knowledge of the phenomena involved in the experiment.)

P. : Except at one stage I seemed to be outside Shore School.

More ether given and subject taken to Shore School. The third stage emerges.

D. : There you are. Ted is in the room.

P. : I can see the teacher at the desk. . . . Ted is standing up. . . . Hallo, Ted ! what have you been doing ? . . . I haven't seen you since last Friday—(patient very restless)—I like this one. I will paste it in for you (patient re-enacting in reverie a paste-book exercise).

By this time the patient was mildly intoxicated but easily rousable. She was left a second time and asked where she had been.

D. : Have you been anywhere else beside Shore School ?

P. : That's funny . . . I seem to have been outside our old house in Shore. (The fourth stage emerges.)

More ether was given and patient was " put " in front of the family house where she had spent her childhood. She recounted how she had cut herself with a knife whilst having dinner one day and there were carrots on the table. She was prompted to live through this childhood traumatic experience. As she emerged from the fourth stage with the discontinuance of the ether she appeared bewildered and disturbed, but recovered in the course of approximately fifteen minutes. She then remarked spontaneously that she had noticed some carrots in the greengrocer's shop of the second stage reminiscence.

This subject was then asked to return in four weeks and meanwhile epitomize her experience. I would reiterate that this subject was a non-medical university graduate without any knowledge of my technique. This is her story (author's comments in parenthesis) :

" I can differentiate three stages of experience under ether, but I do not differentiate qualitatively between them. First there is " me " lying on the couch, then the " watcher " situation, and finally the stage I am actually " in "—viz. the recalled situation. They seem to be progressive states. . . . As far as emotional reactions are concerned I can distinguish two classes :

" (*a*) In the situation where I was placed into a remembered experience there was no particular emotional feeling except what arose from the respective conversations, except this was perhaps more intense under the ether (second stage).

" (*b*) When I was placed into the situation in front of my old home and where you were clearly with your dreams there was a general emotional tone covering the whole experience, more diffuse than (*a*) and more difficult to analyse. (In this instance the subject made no distinction between the second and third stage.)

" I feel that the watcher did not do any of the speaking, and was just there and did not seem to have any relationship to me. I find it hard to believe that I did not remember the second incident (third stage), as I seem to have been there quite a long time. I can find no connection between the various incidents, but I now remember that when I was a year and ten months I had cut my neck while my mother and father were having dinner, and when thinking back to it it always seemed to me that there were carrots on the table. I had a definite feeling of relief when this connection was explained to me."

This subject produced typical material illustrating the four stages: (1) reminiscence, (2) reverie, (3) hypnagogie, (4) " dream." Recent experience, together with less recent experience and infantile experience, relived without being recalled by the operator. The " watcher " problem is also brought into clear outline.

The general purposes of this article have been to record my experience over the last few years in what appears to me scientifically verifiable samples,

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and not to advance the therapeutic claims or push speculative theory beyond what is reasonable.

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