UNTIL recently the main problem which confronted us in the field of psychotherapy has been the etiology of the neuroses. An interesting corroboration of this view is to be found in the report of the B.M.A. committee, which for two years has been deliberating upon the various problems raised by the rapid growth of medical psychology. For it is concerned almost entirely with a theoretical disquisition on Freud's researches into the etiology of neuroses, leaving the thorny problem of therapy practically unconsidered. This is intelligible since intellectual comprehension necessarily precedes effective practice. But although intellectual recognition may be enough for the investigator it is scarcely enough for the patient, Freudian doctrine notwithstanding. This phase of psychotherapy marks only the beginning of the task confronting doctor and patient. The knowledge of the sources of his difficulties may give the latter such a new sense of relief from an unbearable pressure that he will gladly grasp at the illusion of cure contained in this temporary release. But the cure of a neurosis leaves its etiology far in the background, and reaches forward toward a radical re-education of the patient. There is always a lurking desire on his part to escape this ordeal of re-education, and only too often this desire is reinforced by a degree of laziness or unreadiness on the part of the doctor.

Every physician who has had direct experience with tuberculous subjects knows well that however impressively he confronts the patient with full knowledge of his disease, and however explicit he may be concerning the indispensable rules of tubercular hygiene, there are few who have either the discipline or the intelligence to establish a new regime of life, which involves deliberate conquest over immemorial human habit, unless they are schooled to it by strict supervision. It is a lugubrious and solemn fact that men and women are so constituted as to experience considerable difficulty in taking independent responsibility for their actual condition, whether their affection be psychical or physical. It would seem that at bottom we still possess the magical mentality of primitive man, whose magical explanation of disease also demands a
magical cure. Miracle-working, faith-healing, the application of rays, heat, cold, electricity, sea-water, mud-baths or any other like measure, which the vogue of the day chances upon, are plausible to the mind just in so far as the inertia of primitive mentality provides an ‘all-too-human’ justification for this paradisiacal state of faith. The myth of paradise is a perennial truth. But the dreams and illusions which are the very pith and substance of our instinctual processes are deceptive only because of our profound unwillingness to interpret them. Dreams, as such, are nothing but wish-fulfilments. This is the misleading half-truth, it may be contended, of the Freudian doctrine. Blood, as such, is nothing but a collection of cells existing in a plasma of a certain constitution. Clearly any science which is concerned with the living organism would be almost meaningless if it regarded one vital process of an organism as a per se phenomenon quite apart from its function of relation to the whole. Faith in the physician’s power to cure, like the faith in the priest, the medicine man, the father, is a primal instinctual attitude based on an age-old dream, and this dream must be interpreted as an indispensable condition of readiness on the part of the patient for the specific education which his morbid or infantile condition requires. The way in which the physician responds to this faith will exhibit the degree in which he also is imbedded in the magical mentality of primitive man. We can trace the gradual evolution of psychological realism from the laying-on of hands of the faith-healer and the exhibition of rays, baths, belts, rest-cures and the like, up to the belief in hypnotism, suggestion, abreaction, persuasion, hortation, auto-suggestion and finally psycho-analysis, until at last we are actually on the threshold of realising that the problem is fundamentally an educational problem. The principles of psychological or mental hygiene have to be laid down and accepted as every bit as necessary in the prevention of psychical maladies as physical hygiene is indispensable for the prevention of tuberculosis and other social diseases.

One of the most important aspects of preventive mental hygiene has to do with a change in our attitude toward family life. Medical science had to use the full weight of its authority in order to ensure the isolation and segregation of the tuberculous patient from the dangerous proximities of the family circle. Analytical searchlight has now revealed beyond any doubt that the toxins of neurosis may be generated within the sacred
precincts of the family, and so jealously is this social fortress sometimes guarded that it will require the full power of enlightened medical opinion to ventilate its ancient recesses with the pure air of common sense. To modern taste it is hard to realize that the fragrant perfumes, regarded nowadays as a feminine elegance, were actually required by our Elizabethan forefathers to mask the insanitary state of their underlinen, their teeth and their skins. It may be that to the eyes of our descendants the sentimental idealism with which we are in the habit of disguising the actual state of our intimate personal relations for the purpose of preserving the sanctity of marriage and the family will appear equally curious and distasteful.

It is all too easy for a human society to exalt, even to the point of ostentation, the all-knowing wisdom of Providence in order to divert attention from a state of ignorance and incompetence, and there is no doubt that the indulgent idealism which has pervaded our intimate emotional connexions has served to deflect scientific investigation from an objective study of the nature of human relationships and into the cause of the toxins there generated. The education of the neurotic inevitably leads to this investigation since it is in the realm of human relationships that his sickness is most manifest. The psychological doctor has no more justification therefore for washing his hands of this problem of educational therapy on the grounds that it encroaches upon the forbidden territory of intimate feeling and individual morality than has the specialist in tuberculosis to disclaim his educational responsibility on exactly the same grounds.

Agreed that it is no part of the doctor's task to dictate to a man how he shall conduct his life. But it is certainly expected of medical science to formulate those general hygienic principles upon which the ideal of health and well-being is based. The study of the etiology of neuroses has definitely extended the province of hygiene to include the previously tabooed sphere of human relationships.

The Freudian method of reductive analysis has a clear therapeutic value in this sphere since it aims at an exhaustive survey of the patient's relations to his parents and immediate circle. But it appears to miss the full requirements of the psychotherapeutic objective, in so far as the analyst does not accept responsibility for educating his patient by the very means which the transference provides—viz. to build up a concept of relationship in which self-respect is won by an
impartial and generous criticism of all the unconscious claims
and pretensions which in ordinary family life may tend to turn
the milk of human kindness into gall. Through this conscious
use of the transference the patient can experience for the first
time perhaps a wholesome and poised relationship in which a
developing human being can live and thrive.

When the doctor recognizes his patient's relationship to
him as one of reciprocal responsibility in which it is his task to
lead the patient to a new attitude toward the problem of human
relationships a stage of psychotherapy never before attempted
has been reached. It is at this point that Jung enters the field
as a pioneer and proclaims that no psychotherapist is worth
the name if he is not ready to offer his own life as proof of the
principles he is trying to convey to the patient. The patient
has perforce to re-enter life under the ægis of superior wisdom
on the part of the doctor. The task of educating neurotic
patients is without argument a thankless task when it is under-
taken, as with tuberculous patients, from the level of assumed
normality, since it largely consists in facing the patient with
those very tasks and obligations which it has been his lifelong
policy to evade. Psychologically the level of assumed normality
means that the physician is in the position of educator by virtue
of the fact that he himself has already solved the essential
problems of his own life in both his personal and his public
capacity.

Among the many uncertainties of psychotherapeutic practice
one fact remains unchallenged, that is, that the assumed
superiority of the physician over the patient cannot be merely
a 'guiding fiction,' but must exist in reality. Otherwise the
whole structure of the relationship between doctor and patient
collapses like a house of cards. The neurotic has an uncanny
flair for scenting the weak places in the doctor's character, and
if one of the latter's weaknesses is to save his own face by
hiding behind the mask of professional infallibility he will find
that all his attempts to transform his patient are met by ironic
incredulity. Most of the irritation exhibited by doctors towards
their neurotic patients is traceable to the fact that however
socially inadequate or inferior the latter may be, yet in the field
of personal integrity they cannot be bluffed.

The natural effect of this psychological perspicacity on the
part of the patient is for the physician to intensify his profes-
sional intangibility, with the result that the resistance of the
patient is likewise intensified. Thus an impasse is almost
certainly reached. The cure for this evil state of affairs is not to rail at the stupidity of the patient or the infantilism of the transference, but for the educator to lay aside his professional superiority and bring to the solution of his own personal problems the same medicine he is offering to his patient. As soon as the doctor descends from the professional rostrum and is able to convince the patient that he teaches no theory or principle which he has not first tried out in his own life, the relation with the patient is transformed. The educator then discovers that his pupils are able to risk and to venture in a new spirit. They are willing and free to transform their lives even at the cost of suffering, when they perceive that the physician believes in evolution with sufficient passion to test it out without flinching in his own life. Thereby the educator also becomes educated and the principles of psychological hygiene which he is then able to teach are neither modern forms of ancient magic, nor the flimsy precepts of the man with good intentions, but possess the concrete validity of experimental findings.
Editorial:
PSYCHOTHERAPY: MAGIC OR EDUCATION?

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