
This is not a criticism of Coué’s work and method but an attempt to understand it by the psychoanalytic method.

The first point to be discussed is that patients are treated en masse without regard to their number or to the difference of their affections and requirements. The success or at least the fascination of the method is undoubtedly a phenomenon of “Group psychology.” Coué’s power lies in his position as the leader. Suggestion is a manifestation of one person’s libidinal attachment to another who represents to him in his unconscious either his father or his mother. To the members of a group the leader takes the place of the father, that is, replaces the super-ego in the individual members. Thus the members of a group have, as it were, a common super-ego; they are allied to one another by reciprocal identification. Each member feels within himself the power of the whole group. All Coué’s adherents have not of course seen him; they may only have read about him, but in spite of this the fiction is maintained that the leader loves each individual equally (the just father). He gives one and all the same formula. Further, he possesses the powerful ‘mana’; he can banish all ills with a formula; he possesses the omnipotence of thought and the magic word. The leader allows everyone to behave as if he were Coué himself. They may identify themselves with him or dispense the ‘mana.’ This putting oneself on an equality with the leader (father) satisfies an unconscious (infantile) wish. In hypnotism trouble is likely to arise from an awareness of the erotic nature of the relationship. In auto-suggestion this is avoided partly because of the large numbers of people receiving treatment, and partly by the individual’s concentration on the increase of his power. It might be said that Coué’s system is a flight from hypnotism (eroticism). In treating such large numbers the physician still further increases his sense of power.

Again, this system tends to dispel the narcissistic overestimation of the body; the emphasis is displaced from the illness to the miraculous power of self-influence. The idea of the power of self-influence also tends to destroy the neurotic’s feeling of inferiority. The effect of Coué’s method depends on the individual becoming a member of a group. He thus becomes credulous and suggestible. The method appeals to the intellectuals because by becoming members of a group they are saved the struggle with resistance which intellectual and artistic sublimation entails. The success of the method depends on the peculiar way in which it deals with the Oedipus complex. It directly charges the patient to identify himself with his father; to become possessed of a part of his ‘mana,’ without divulging the libidinal character of the act. The effect of autosuggestion itself is explained as being due to a regression of the libido
past the parental fixation stage to the narcissistic; this enables primitive ideas, e.g., omnipotence of thoughts, to be revived. The super-ego, identified with Coué, directs its magical methods towards an object, the ego, just as the infant directs his magical methods to external objects. This permission to enjoy license of an infantile nature relieves the individual of some of his sense of guilt. His identification with the group also acts in this direction. In mania the functions of the super-ego are suspended, and the ego enjoys a much desired freedom and consequent raising of self-esteem. This happens in a small way in Coué's method, and the patient feels in better health; but in contradiction to the revolt of the ego in mania, everything is done with the approval of the super-ego.

The formula adopted in Coué's method needs further examination. The main one is exactly like the magic spells of savage races and of civilised ones too. Coué's bit of string and its twenty knots remind us of the Roman Catholic rosary, and of a similar device—the Thibetan praying-mills. Obsessive patients frequently pick on particular numbers and repeat them. The impression is that the whole of Coué's work is that of a person with a latent obsessional neurosis. Obsessional patients not only repeat certain acts a certain number of times but invent formulae to help them to combat an obsession. Coué's repetition also reminds us of the verbigeration of certain psychotic patients. It has been shown that membership of a group dulls the critical faculty and opens the way to the unconscious. It is this unconscious that the formula is intended to influence, and, as the psychoanalyst knows, the unconscious has created in the illness an outlet for certain tendencies that have been repressed. In both the sayings and doings of an obsessional neurotic there is a pleasure tendency and a punishment tendency—present at one and the same time. The Coué formula serves this double purpose. The good Catholic tells his beads a certain number of times as the Coué prototype tells his knots. It is just in the obsessional case that ideas of omnipotence are strongly present, and it is also there that formulae are made use of to combat the illness.

Briefly, the economic significance of Coué's formula for both the conscious and unconscious is a manifold obsessional symptom. Firstly, its manifest meaning as a consolation and a support is, that in copying the master, the disciple identifies himself with him. Secondly, it serves as a self-punishment—if the illness stood to the unconscious as a punishment, one form of penance is exchanged for a less unpleasant form. Finally, the rhythm and time of the formula and the manipulation represent the prohibited activity in the subject's unconscious, an activity now carried out with his father's consent.

It will be seen that the method of psychoanalysis stands at the opposite pole to Coué's self-mastery.

David Matthew.

This out-patient department was opened in October 1922, and in the three years it has been working has treated 340 patients, of whom 171 were discharged improved, 35 not improved, while 134 did not return. Of those treated until discharge the percentage improved was 83.6 in the first year, 70 in the second year, and 92.4 in the third year. The reasons for these variations are considered to be variations in staff and general method used; by the third year methods of training workers and of treatment had been worked out, so that the high percentage of this year should be maintained. Some attempt is made to see the discharged patients again later, and on discharge they are invited to return should any relapse occur (the numbers doing so are not given). After-care and help with regard to social conditions is realised to be important, and arrangements for this are being made with the city authorities.

The method of treatment used is essentially psychotherapeutic, though medicines are sometimes used in addition. As a rule each patient is seen twice a week for about two months, and very seldom longer than six months (the duration of each interview is not given). The patient is asked for the chief facts of his history, and invited to tell his troubles at length and in his own way, with questions only where necessary, while he becomes used to the doctor and gains confidence in him. This first part of the treatment is called ‘analytic,’ and leads to the discovery of the mental cause of the disorder. When this has become evident to the physician, the next stage is that of getting the patient to take the same view, if he has not already done so in the course of explaining himself. The final and most difficult stage is called ‘synthetic,’ and involves enabling the patient to overcome his difficulties and regain his equilibrium, and the methods of doing this vary greatly with the individual and his life situation. When he feels able to carry on without help, he is given an interval of trial and discharged if he remains well for this time.

Psychoanalysis is not used, partly on account of the length of the treatment and partly because the author, while accepting much of the analytic theories of the causation of neurosis by mental conflicts, also believes that a large part is played by a neurotic constitution, which consists mainly in a lowered capacity for resistance to disturbances in the equilibrium of pleasure, so that the chief task of the doctor lies in investigating this defect and finding the best ways to lessen its effects; the mental conflict is also important, in so far as any painful experience may precipitate the outbreak of a neurosis. At the same time he finds that the refractory cases are chiefly among those
in whom no psychogenic cause has been discovered. A certain number of patients who lack power of co-operation or time for psychotherapy are helped by suggestion methods, under which are included hypnotism, drugs, and various forms of physiotherapy, and these, especially hypnosis, are also used in addition to the usual psychotherapy in some cases. Adler's 'organic inferiority' is found even more important than sexual traumata. The author implies that his methods are preferable to psychoanalysis because he objects to the idea of the 'transference'; he appears to ignore the large part played by transference in his treatment and the possibly lasting dependent attitude of the patients.

M. R. BARKAS.


This presentation is of a purely clinical nature; its purpose is to pursue the development of some psychotic children into adult life, with the object of studying reaction types and of drawing conclusions concerning treatment and prophylaxis. The histories are given of several psychoneurotic children, some showing definitely schizoid reactions and others the syntonic reaction of Kretschmer and Bleuler. The author feels we have reached a stage in psychiatric diagnosis where one can speak of tendencies just as one does in physical diagnosis, and accurately predict later psychoses or advise as to prophylaxis. He recommends, not the psychoanalysis of young children, but rather the application of psychoanalytic principles in diagnosis and in the re-education of the parents and re-adjustment of the child's environment.

E. B. G. R.

[126] **The psychic element in human work** (O elemento psychico no trabalho humano).—CARLOS PENAFIEL. *Archivos Brasil. de hyg. ment.*, 1925, i, 9.

In these days the workman works mostly as a psycho-physiological machine. The organization of industrial work on scientific lines has only been started of late years through practical experiments. The writer shows how medico-psychological examinations can discover the aptitudes of each individual, and calls for the setting up of psychological laboratories which should be applied to the scientific study of the labour of workmen and the education of children. He would like to see founded in Rio de Janeiro a Central Institute under the patronage of the Brazilian League of Mental Hygiene, an institute with practical psychological aims applied to various technical researches and with the threefold purpose of promoting (1) justice; (2) the education of the child in the workshop and at school; (3) social economy, by seeking to establish those mental qualities which would furnish the best result for industrial work and the general psychological conditions capable of insuring the best and greatest output from this work, and still more, the instructive means which would raise to the maximum the faculties of which industry and commerce have need.

C. S. R.
Intravenous injection of bismuth salts in general paralysis (Les injections intraveineuses de Bi dans la paralysie générale).—Ruchateau.
Jour. de neurol. et de psychiat., 1925, ix, 567.

Two cases of general paralysis treated with bismuth tartrate, with a fatal termination, are described.

Both cases had withstood an initial intravenous injection of bismuth; the second dose in each case caused an almost immediate convulsive seizure with death. Unfortunately no post-mortem examinations were obtainable. The publication of these two cases is extremely useful in pointing out the danger of bismuth therapy in syphilis. Cases of this kind are known, but only a very few have been published, and the authors’ work may be a timely warning against the too vigorous bismuth therapy of syphilis of the central nervous system.

E. A. C.


The conclusions drawn are from the treatment of 25 cases which had been a long time in the Grangegorman Mental Hospital, Dublin, and which were in an advanced condition of paralysis. In each case the diagnosis was confirmed by serological tests. The most noticeable features were: (a) the recovery of control of sphincters in all cases except two out of 20 in which incontinence was a feature; (b) the marked physical improvements (only three patients out of the 25 remained in a weak condition); (c) the ease with which the malaria could be controlled by quinine; (d) in no case was there recovery of the light reflex or of knee-jerks, or of speech where these were lost; (e) the greatest improvement followed in those cases where the temperature was very high, and where the course of the malaria extended for more than ten rigors.

Eight out of 25, or 32 per cent., greatly improved. This result corroborates the findings of others who have been engaged in this work. The death-rate (five out of 25, or 20 per cent.) exaggerates the danger of the treatment, as in only one out of the five was death directly caused by malaria. The malarial treatment is regarded as undoubtedly arresting the disease in its progress, and if given in the early stages before there is extensive destruction of the brain-cells, should offer a reasonable hope of cure.

C. S. R.


In a series of malaria-treated cases of general paralysis, a gain in weight above the pretreatment level took place during the first three months subsequent to treatment in 80 per cent. of the sixty-two patients. Such an advance was found in about 50 per cent. of the mentally unimproved cases; but it occurred
in 95 per cent of the patients who achieved full remissions, and of those who showed more moderate mental improvement. Failure to recover part or all of the weight lost during the actual course of the malarial infection seems definitely to be of unfavourable prognostic significance. On the other hand, a marked and rapid rise of the posttreatment weight-curve is often exactly coincident with well-marked mental improvement, and is of favourable prognosis up to a certain point: but this improvement is sometimes only temporary, and even in the presence of a maximum response from the standpoint of weight increase, a maximum result as regards the mental outcome may be prevented by the presence of other factors, such as organic damage beyond the possibility of functional restitution. The posttreatment gain in weight is probably more or less intimately connected with the mechanism of the malaria therapy itself as suggested by the facts that: (1) many patients exhibit it who show no mental improvement; (2) the maximum weight reached is not infrequently considerably in excess of the usual weight in health; (3) the maximum gain is often temporary, and (4) a similar phenomenon has been observed in connection with foreign protein therapy of other types. The principal significance of the gain in weight here described consists in the suggestion of a fundamental alteration in the vital processes of the organism, which in some obscure way underlies the striking therapeutic results following malaria treatment.

R. M. S.


Recent reports by the Prison Commissioners show how much their attitude has changed towards crime and delinquency. Dr. Charles Goring in the early years of this century dispelled the illusion that there is a criminal type. The criminal is of the same clay as others, only he tends to be a little inferior, physically and mentally. Delinquents come from every class, though poverty predisposes to crime, especially stealing. Goring's investigations paved the way to the idea that individual examination is essential. It is being more and more recognized that severe punishment is not necessarily followed by less crime. The habitual offender, getting more and more severe sentences, often goes on to commit worse offences and to commit them more frequently. The young delinquent is most likely to respond to treatment, and Goring proved that the habitual offender nearly always begins his criminal career between the ages of 16 and 19. Potts thinks that nine or ten is a more important age and early cases should have full investigation. If treatment rather than punishment is to be the aim, we ask what treatment? We can only tell by individual examination physically, intellectually, and psychologically, and by learning all possible facts about the subject, his environment, his training or lack of training. It must not be supposed that every case can be reformed. Some are beyond treatment and there must then be segregation. The mentally
defective cannot be cured and only a few can be trained to lead a satisfactory life. The number of mental defectives among delinquents or those in prison is not large. East records them as from 3 to 5 per cent. High-grade feebleminded are difficult to recognize and any such examination can never be made in court, which is unfair to the delinquent. Only a limited number of those charged at the courts are available for individual examination, for which thorough and competent experts are necessary. Increased demand will in time less supply such experts. The selection of suitable cases for investigation should be by the magistrate and court officials, guided by expert advice. Careful examination is required in young delinquents in cases of stealing; in offences dangerous to the public; all sex offences; in all who look ill or who are suspected of having any physical defect or disease; and in all those offenders who are not understood. The important mental defective should first be excluded; then those who have any mental disorder picked out. Though these are only about one-half per cent., they may be a serious danger to the community. The possibility of encephalitis lethargica must be borne in mind. Physical abnormalities are more easily recognized than mental ones, are easier to treat and may be connected with a feeling of inferiority. Constitutional disorders in the earliest stages should be discovered. We must also recognize cases of mental conflict. Difficulties may be caused by an extreme father- or mother-complex, by an unhealthy attitude owing to absence of moral training or to a hyper-Puritanical upbringing, or because of little or no opportunity for healthy recreation. If punishment is of limited value, is discipline of no use? It is essential, but never should lead to repression through fear. Probation is one of the most effective means of dealing with delinquency, but to be effective it must last a much longer time than usual. In many cases it should not be less than five years. Better trained probation officers are required and a thorough examination at first should determine its conditions. The indeterminate sentence is the only way of dealing with some offenders. All magistrates should be compelled to attend lectures on psychology, sociology, psychiatry and penology. Classification in penal institutions ought to be according to character and ability to reform. In all cases where parents are incapable of providing for the moral education of their children, the court should have the power of boarding out in a suitable foster-home.

R. S. C.


Here it is pointed out that while many phobias are realised to be neurotic and unreasonable, the very general phobia of speaking in public is seldom treated and overcome, yet it is important for every educated person to be able to express his thoughts clearly and convincingly before an audience or meeting.
The author urges the value of training in the art of oratory as being most valuable, alike for the neurotic and for the normal person, in that it cultivates self-confidence, clear thinking and speaking, control of emotions and their bodily expression, strengthens the will, and trains the speaker to prepare his case thoroughly and expound it logically, while it also induces presence of mind in dealing with interpolations and replying to controversy. He has seen many a timid, shy, distracted neurotic gain self-control by such a training, which has altered for the better his whole character and reaction to life.

M. R. Barkas.


This is a preliminary report on the subject, which the author thinks is worth publishing, even on a small number of cases, since the improvement obtained is so striking that it is worthy of widespread trial. It also bears out the views published by Sagel that anaphylactic processes play a part in this disease, since these cases give a positive reaction to intracutaneous beef-albumen, other psychoses being negative.

Dodel has treated 14 cases with intravenous injections of 'Afenil,' the calcium preparation of Knoll; he gives 10 c.c. every two or three days in a series of 30 injections. His most striking successes were with four cases of periodic acute catatonic excitement, in which there had been regular prolonged attacks of excitement every month for seven to ten months. In all four the excited periods either ceased or were very greatly diminished in severity, one patient having been now free for five months, having regained insight and capacity for normal activities and interests, while the other cases have shown similar improvement for three months; in all cases the remaining autistic characteristics of the intervals improved equally after the 'afenil,' improved emotional contact with the environment being maintained. All the patients seemed to appreciate the improvements and while usually objecting to the first injections, later co-operated and even asked for them.

One case was that of a man, age 43, of 22 years' duration, with typical mannerisms and considerable dementia, who was found to react by an increased degree of extroversion, which led to his attacking persons about him during an excited phase of unusual violence, and he returned to certain actions which had been present years before, but there was no improvement and he lapsed into an autistic stupor. The remaining cases were of various types still changing in their reactions and fairly recent; it is too soon to judge how far any improvement had occurred in these, but the author's impression is that on the whole the treatment does seem to tend to remove or render latent whatever process underlies the acute development of schizophrenia, and he recommends its trial in all early cases, as being generally beneficial, and possibly curative in its effects.

M. R. Barkas.
ABSTRACTS


Modern psychotherapy has a variety of methods, each with its good points; the patients wish to be relieved of their symptoms but attribute them to external causes and chance, and show resistance to the disclosure of their underlying psychological connections, while the critical point comes with all methods when the causative factors have been discovered, but the symptoms still remain.

As a routine the author takes a brief history and makes a thorough physical examination; he then starts with a detailed exploration of the patient’s life from childhood to the present, finding that this often leads to a sort of hyperamnesia and the disclosure of many complexes, and in quite a number of cases (47 out of 116) this sufficed to restore the working capacity. Failing this, deeper methods are used, strict psychoanalysis, and the psychocathartic method of Frank. The choice of method depends on an intuitive feeling in the physician, but a change from one to another may be necessary. Thus one case with mild depression and headache was improved after nine months’ analysis, but the patient still had headaches; two years later she returned asking for hypnosis; in this no fresh material was brought up, but much more emotion was displayed and the abreaction gave relief. He remarks that in analysis there is a risk of telling the patients one’s own surmises and revealing matter they are not able to tolerate, such as the Oedipus complex, which may upset family relationships. He specially condemns casual interpretation of dreams on symbolic lines, without analysis of their actual meaning to the dreamer.

The difficulty of transference occurs in every form of psychotherapy; but the author thinks that the cathartic method offers less objection, since the doctor can keep the patient at a distance and on an impersonal basis and speak more readily of sexual matters under the screen of hypnosis; the patient does not become so dependent on the hypnotist as in cases treated by hypnotic suggestion. A further advantage of this method over analysis is its shorter duration, though it should not be too brief, lest repression recurs; it is also more suitable for most people, requiring less experience and training than analysis.

After the disclosure of complexes by any of these methods, some suggestion and re-education in sublimation on the persuasive method is required.

He has made a statistical summary of his material, and finds that of 116 cases roughly 91 per cent. of the patients were capable of resuming work and remaining fit for it, while 50 per cent. of all cases remained free from symptoms. This shows a marked improvement on the methods of previous years, his cases published in 1911 showing 72 per cent. capable of work. The main etiological factors he found were as follows: of 116 cases sexual factors in 34 per cent. men, 82 per cent. women; excessive ambition in 40.8 per cent.
men, 9 per cent. women; instinct of self-preservation in 24.5 per cent. men, 9 per cent. women.

He regards as indications for psychoanalysis chiefly refusal of hypnosis (e.g., on religious grounds) or inability to be hypnotised. M. R. Barkas.

[134] **What practical medicine should learn from psychotechnical work** (Was die praktische Medizin von der Psychotechnik lernen sollte).—


The author criticises the present haphazard methods used by doctors for estimating the working capacity of patients when such an opinion is required, and suggests that unless the medical profession takes some pains to gain knowledge of this department, it will all go into the hands of factory experts without a medical training, whereas it might open a large field for doctors who are unable to find posts.

He emphasises the fact that we have very little accurate knowledge of the normal range of capacity for work of various kinds; in testing heart efficiency a rough and ready examination is made, but even here we do not know any accurate curves of large numbers of cases showing the incidence of various capacities, while for all sorts of common measurements, pulse, temperature, blood-pressure, etc., there are no statistics of the range of variation within normal working capacities.

He illustrates his point by giving a series of graphs or frequency curves correlating percentage numbers of groups with capacity for endurance, appreciation of form, comprehension of verbal orders, technical skill, while another series correlates the height of apprentices of different age groups with the incidence of each set of values; in most of these frequency curves there results a typical form, the maximum being about the mean value, while smaller groups fall on either side into those less and greater than the mean. He contrasts such curves with the inaccurate ones found by a mere subjective estimate of working capacity. He shows further, from his own work of the after effects of head injuries, that the curves given for number of times of bending down and lifting up weights show a somewhat different form in groups of normal people from those in groups of injured ones, the latter being more closely grouped around the mean, which is of a lower value; yet a large proportion come within the overlap with normal ranges, and though some probability of defect occurs in the injured patients, it is not, in most cases, outside normal limits of variation, only a small proportion falling there; this, no non-statistical observation would have shown.

He also stresses the fact that in estimating fitness for work—in insurance, compensation cases, etc.—the tests given must be of an appropriate nature; thus a slight weakness or slowness of movement may be quite incapacitating to a man whose work demands fine and rapid co-ordinated movements of the limb. He argues that psychotechnical training would be a valuable addition to medicine and is well worthy of study. M. R. Barkas.

This article is a commentary on one by Krecke in a previous number, on ‘asthenic women and the mania for operations.’ The author disputes Krecke’s view that the asthenic patient is especially prone to get herself operated on for functional disorders, believing that all types of constitution are liable to this tendency; he also disagrees with the view that such patients, who usually first consult the specialist in diseases of the organ where their symptoms are localised, should be referred to a nerve specialist. He believes that they are much more ready to confide in, and benefit by psychotherapy from, the specialist who has thoroughly investigated their physical condition, and that it is of the greatest importance that the general physician and specialist alike should have some skill in psychotherapy and look in their functional cases for the psychogenic factor. He urges that if the state insurance scheme would realise the importance of spending money on this form of treatment, which at present is too costly in time for its general application, much saving would result in the long run in the expenses of hospitals, sanatoria, etc. He concludes by saying that one group of cases will not respond to psychotherapy, viz., those whose home conditions are so intolerable that the rest and peace of a stay in hospital more than compensates them for the discomfort of an operation; but he fails to draw the obvious conclusion that in-patient clinics are required for these patients. Generally speaking, however, he agrees that it is most important for the medical and surgical specialist to avoid operations in doubtful cases and to consider the possibilities of psychogenic causation of symptoms and their relief by psychotherapy.

Krecke replies that at present few specialists have the necessary experience of psychotherapy, or time to practise it, and that the essential thing is for them to recognise the neurotic case and refer it to the psychotherapist, with a strong suggestion and reassurance that no physical disorder exists.

Both insist that there is too great a tendency in the specialists of to-day to consider only their own particular sphere of the body, and fail to deal with the patient as a whole and as a human being.

M. R. BARKAS.
PROGNOSIS AND TREATMENT

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