Editorial.

A SURVEY OF PSYCHOTHERAPY.

The fact that one or two recent publications have demonstrated a tendency to revival of the use of hypnosis in psychotherapy suggests some dispassionate examination of the various methods of mental treatment and an evaluation of their scientific validity. It becomes the more necessary to make some such review since not only has psychotherapy now taken a recognized position in medicine, but it has an ever increasing area of application in the out-patient departments of hospitals. We have spoken of a dispassionate examination because in this sphere of therapy there exists a regrettable liability to the formation of exclusive schools of thought, whose disciples follow one method only and can see nothing rational in the use of any other procedure.

It is not only of interest but essentially helpful to keep in mind the historical side of the subject and view its changes during the last thirty years. At the commencement of this period, apart from a vague so-called "moral treatment," hypnotism was the main definite method in use, and followers of Liébault of Nancy made extensive claims for its curative value in functional disease. The bulk of the medical profession, however, looked askance at hypnotic practice. Even though it was in the hands of competent and reputable physicians, we recollect that in an address to the students at a London hospital an eminent consultant thought it right to give a warning against hypnosis and "other forms of charlatanism." The use of hypnosis in medicine, for varying reasons, never extended far, and its practice became mainly confined to the realms of experimental psychology. Its disuse was stimulated by the discovery that just as good therapeutic results could be obtained by suggestion when the patient was merely in a passive state and without the production of artificial sleep. Whether or no this passivity was a hypnoid state, identical with or akin to the first stage of hypnosis, need not here be discussed. It remains simply to note that a suggestion school sprang up and that at
that time suggestion and psychotherapy were practically interchangeable terms. Always have there existed those who have attacked neurotic disorders by appeals to logical reasoning, and following the publication of works of Dubois and Dejerine there arose not a few who looked upon persuasion as the sole rational method of approach. These, however, voiced themselves but little, and though persuasion was practised a good deal not much was said or written on the subject.

The next great stimulus to psychotherapy arose when the psychoanalytical theories of Freud became known. The fierce discursive battles that took place as to their correct scientific value are fresh in our memory. Since then a definite analytical school of psychotherapy has arisen which tends to regard any other line of treatment as unscientific. Whether the members of this school are followers of Freud, Jung, or Adler, they claim the application of their own special principles involved as the only rational course to pursue.

At the present day, in the majority of cases, the psychotherapist is more or less a strict adherent of one therapeutic cult. This we venture to think is handicapping to both the practising physician and his patient. The former must in the end suffer from a constant one-sided viewpoint, and the latter cannot receive the benefit he should unless he is dealt with, not in a stereotyped way, but in relation to his particular temperament, his type of malady, or according to the amount of time and money he can expend upon treatment. We would therefore make a plea for the creation of a type of psychotherapist who, having had a wide training, is prepared to adopt any method which the circumstances may call forth. It is sometimes the fact that, because of his ultrascientific approach, the patient may go with his nervous symptoms unrelieved. It is true that our aim must always be to attack the 'fons et origo mali,' but how often is there any necessity to explore the uttermost depths of the unconscious mind? How often will not a careful longitudinal survey of the patient's experiences and adaptions point out the road to re-education and consequent mental health? We do not wish to underrate the need of psychoanalysis but only the extent of its application, when a brief psychological analysis in the conscious realms of the mind would suffice. We may fully recognize that suggestion is a 'blind' method of psychotherapy, that the source of the symptoms remains untouched, and that it only works through the use of childish affective forces. Yet, nevertheless, it has a wide sphere
of usefulness. When time is very limited; when the patient's intelligence is such as to preclude adequate collaboration; and when the neurosis is of long standing, the employment of suggestion is commonly called for. This is especially so in our out-patient hospital departments where the patient only visits once weekly. Added help is undoubtedly obtained in such circumstances through the mere emotional outlet afforded by an understanding and sympathetic medical listener.

Hypnotic suggestion comes into a somewhat different category. There is a deeply ingrained fear of its use on the part of a large number of people who refuse to submit to the procedure unless the severity of their suffering or their intense desire for cure overrides their prejudices. Possible insusceptibility to its influence is another point in its disfavour. Hypnosis, however, might in many cases be used more than it is, even if fashion decrees otherwise. During the period of the Great War its employment was amply justified, and we think that, notwithstanding its limitations, it might be more practised in selected cases. For the recovery of dissociated memories it is preeminently serviceable and there is good reason for believing that we can thus obtain a greater suggestive effect than through the procedure of ordinary suggestion. With our modern knowledge of the psychological mechanisms involved in its production and its phenomena, the well-grounded therapist is well able to steer clear of the possible drawbacks attending its application. It must certainly be stressed that the personality of the psychotherapist counts for much and that the removal of symptoms, which is not infrequently credited to some particular method of treatment, would have taken place just as surely if any other mode had been adopted with conviction by the self-same practitioner.

Psychiatry has in the past been too much divorced from general medicine. The cultism which has been so prone to develop in this branch of knowledge has by no means been conducive to unification. We think that psychotherapy would be held in greater respect by the bulk of the profession if those who specialise in it embraced wider views and became less divided amongst themselves. In the main, undoubtedly, far too high a standard is expected of the results of mental treatment. Apart from glaring constitutional anomalies, the type of mind that so easily develops fears and anxieties and reacts to life's stresses in an exaggerated way is not sufficiently taken into consideration. Attempts to bring about normality only bring
disappointment to the patient and disrepute to the physician. In the same way that a poorly developed chest, or some other innate physical defect, is likely to be attended by pathological features, given certain circumstances, so may the inborn structure of the mind be such that abnormalities in that sphere must necessarily result when the calls upon it involve strainful adaptations. In the former case, chronic cough and dyspnoea on exertion are taken for granted, while in the latter the psychotherapist is often expected to attempt the impossible. We feel that in this respect the worker in this field is often unjustly criticized. In days now happily gone by his aid was usually only sought as a last resource when all other means had failed. He is now frequently consulted primarily and we think that his reputation will be still further enhanced if he takes a wider vista in both his theory and his practice.