SUBJECTIVITY AND OBJECTIVITY.

In our practical dealings with the neuroses we may be able to state general laws as to the pathogenesis of the symptoms which satisfy ourselves, but when we endeavour to explain our theories to our patients it often happens that what seems quite clear to us is almost unintelligible to them. It is generally agreed that the best way to help the neurotic is to make him understand his symptoms, his chief difficulty being that they seem to him so inexplicable and bizarre and yet so real. This reality of the symptoms is so intense that the attention of the patients is permanently fixed, with the result that all extraneous objects lose that "tang of reality" which they normally enjoy. Such loss of the sense of reality often increases the patient's distress, as he feels he must be losing his senses and that he will of necessity qualify for certification. For the physician, therefore, it is necessary that he should understand the patient's point of view, and should be able to explain clearly to the patient the why's and wherefore's of his complaints. To do this he must be able to view the general structure of the neuroses from many different aspects, and realize how the neurotic thinks as contrasted with his own method, which presumably represents the outlook of a sane mortal. It is only by this constantly varied presentation that the neurotic is able to understand the logical structure of his illness and to detect the premises on which it is based. Fortunately he is frequently enabled to see either that the premises were false or that here and there he was led through ignorance or emotional bias to take false steps in his logical path, and by correcting these his whole disproportioned structure falls to the ground. It follows, therefore, that there cannot be too many ways of looking at the neuroses, and one is suggested here, which has proved to be not without value.

Mr. Bertrand Russell, in his attempt to define the difference between mental and physical, has given us a contrasting pair of opposites which is of considerable importance. He suggests that both are different aspects of the same datum, the mental aspect being subjective and the physical aspect being objective. He points out that we may examine "things" in two ways: in the first place, we may consider how an object appears from every possible point of view; this is the objective
aspect, and with this, comprising its size, shape, hardness, etc., physics is concerned. In the second place, we may consider how every object in the environment appears from the object under consideration. This is the subjective point of view, and with it psychology, the science of mental processes, is concerned. While subjectivity is a characteristic, which may be considered as adequately expressing mental phenomena in general throughout the animal kingdom, we must take a modified view in respect of the human species. Animals, reacting chiefly at the instinctive level, are presumably aware of afferent impulses, but perhaps not of motor responses, since these are more or less specific, and therefore capable of performance below the level of awareness. With the advent of so-called rational action in the human being, it follows that conation is not specific but capable of almost unlimited variation, and that the process of reflective thought has emerged. Mental processes, though they may still be subjective, are not as definitely and frankly so as is the case in the lower animals. The reason of this is that the ego and its relationships may become objects of thought, and it is possible to project the self into the environment, so as to achieve identification with the object.

It thus becomes possible to differentiate mankind into types such as the introvert and the extravert, the former of whom is interested in the subjective aspect of experience, and the latter in the objective aspect. Such a classification would be meaningless at lower levels of evolution, since no such dual possibilities had emerged. In treating the neuroses a physician who is extremely extravert can never be really successful, for he is interested entirely in the objective standpoint, and cannot therefore understand the importance and reality of the patient's symptoms, based as they are on a minimum of objective causes. He is apt to dismiss them as imaginary and beneath his notice, or to endeavour to formulate some elaborate theory of endocrine or other dysfunction to account for them. On the other hand, the extremely introvert physician thinks too much in the terms of his patient, and cannot take a sufficiently objective standpoint to correct and instruct the latter.

The neurotic always thinks too subjectively, and is too much introverted relatively to his normal state. This does not mean that every introvert is neurotic, indeed, this is far from the case, for many introverts succeed in adapting themselves to the environment in a normal way, though this is more difficult than in the case of the extravert. But if the neurotic starts as an extravert, he becomes relatively introvert, and if he starts as an introvert he becomes still more introverted. The physician, therefore, must be a personality who is capable of understanding the subjective introvert attitude and yet be able to treat his patient's symptoms entirely objectively. To illustrate what is meant by
this subjectivity and objectivity, let us consider the experience of a toothache. Subjectively it is a very unpleasant pain which causes us acute discomfort. Objectively it is the inevitable consequence of a cavity which exposes a sensory nerve. The subjective aspect leads nowhere, but the objective aspect leads to the dentist and cure. When we turn to neurotic symptoms of various sorts, we may divide them roughly into those characterized by definite physical alterations of function, the hysterical paralyses, contractures and tremors, anaesthesias, hyperæsthesias, and so on, and those characterized by affective reactions of the patient, the anxiety states and obsessions in general. The hysterical paralysis is regarded by the patient entirely from the subjective point of view. It is simply taken as an inability to use the limb and accepted as such. This accounts for the apparent satisfaction of the hysteric with his symptom, whatever it may be. This is quite apart from the fact that the symptom may be a way out of an otherwise insoluble conflict, because we often find that a hysterical symptom persists, to become a secondary conflict, when the circumstances which gave rise to the first conflict have long since passed away. It also explains why the hysteric practically never cures himself, and why it occasionally happens that when the persistence of the symptom is the only remaining conflict, the simplest persuasive methods may effect a cure. The same applies to sensory hysterical symptoms; the hysteric is primarily quite at sea as to the reason of his pains and aches, though he may elaborate secondary explanations, which are generally quite illogical. It is the duty of the physician to discover the reason of the symptoms from the objective point of view, and bring the patient to the same attitude of mind, but he must also understand the subjective aspect in order that he may get into contact with the patient before his type of thought has begun to change.

In those neuroses in which affect is dominant, the subjective point of view is still more obvious. The feeling of the patient is the thing that matters to him, the object is admittedly absurd and inadequate and of no account even to the patient, but he is quite unable to get behind the affective experience and discover the real object. The physician if he is skilful may be able to do so, but his task is not complete until he can get his patient to examine this from every point of view and face up to its real value. Obsessions and anxiety states are admittedly difficult to treat, and this is so for two reasons. Firstly, the object to which the affect really belongs is often of serious import to the personality of the patient and one to which it is not easy to adjust, an actual pressing problem in life, which cannot be got over or round without great difficulty, though, given sufficient patience and perseverance, a way can generally be found. But there is a second difficulty in that the patients, who suffer from this type of neurosis are
frequently introvert, and therefore find it difficult to adopt the objective standpoint, try how the physician may. Hysterics, on the other hand, present a different problem; they are either very easy or very difficult to cure, but the difficulty arises from the maze of symbolic associations, which has to be unravelled before the true objective standpoint can be reached, before the datum can be regarded from all points of view. Once this has been achieved, however, there is seldom much difficulty in getting the patient to grasp the required objective standpoint, and so rid himself of his symptoms. This is because the hysteric is, as a general rule, an extravert, and therefore one, who in his normal state readily appreciates the objective standpoint.

Again, let it be repeated that it is in no way suggested that objectivity and subjectivity constitute the whole secret of neurosis. Obviously they do not, but to some this may be a fresh angle of view, which may open out fresh paths for investigation in the effort to understand and assist these much afflicted people.