GROUP PERSONALITY IN NEUROTICS.

By DOUGLAS R. MACLACHLAN, ARGYLL.

At the Cassel Hospital for Functional Nervous Disorders the writer had the privilege lately of meeting the patients socially, and it seemed to him rather a good opportunity to study the behaviour of the neurotic as an entity of society. There are few hospitals where the patients are entirely of this class ; where, indeed, a neurotic society is created ; and, as far as the writer is aware, no study of such a society has been made. It is the very physician who specialises in treatment of functional nervous disorders who has no opportunity of seeing his patients away from the atmosphere of the consulting-room, of noting how they attempt to combat the difficulties which they find in the everyday world. With the object, therefore, of presenting the point of view of the neurotic himself this paper is written, in the hope that it will be of use to those who practise psychotherapy.

The writer would like to make clear at once the meaning which he wishes the word 'neurotic' to convey. As this is a study of patients suffering from functional nervous disorders, irrespective of whether their individual illnesses may be neurasthenias, hysterias or obsessional states, the word 'neurotic' will be applied to them all. A neurotic is a patient who is suffering from a nervous disorder and in whom no physical lesion can be found to account for his illness. To make clear the distinction between the psychotic and the neurotic the following quotation from *The Common Neuroses*, by Dr. T. A. Ross, is used. "The psychotic lives, in so far as he is a psychotic, in a world of phantasy, the neurotic in a real world ; its difficulties are greater by far for him than they are for normal people but they are the same difficulties which all of us have. The difficulties of the psychotic arise from the fact that he is living in quite another world, in one which is not subject to the same physical laws."

THE NEUROTIC AS A SOCIAL ENTITY.

(1) *His Attitude towards the Normal Individual.*

Naturally enough there is in the neurotic a latent jealousy of the normal individual. Indeed, it may be said that anyone suffering from ill health is jealous of those who are perfectly fit ; but the neurotic feels almost resentful of good health in others. The tuberculous patient or the patient with a fractured femur harbours no ill-will in his envy of those not so afflicted because he is not ashamed of his infirmity. There is no stigma imposed on organic disease. Not so with mental illness, for tradition has attached to it a hopelessness and contempt which are hard to bear. "Once insane always insane," is a sweeping dictum in which the general public take lugubrious delight ; and no distinction is made between neurosis and psychosis. To have a mental

illness is to be disgraced, to be despised rather than pitied. The neurotic with his hypersensitiveness and extreme fear of insanity exaggerates this and feels rather touchy about the whole business.

Two incidents will illustrate his attitude. The Cassel Hospital is the only large house on a certain 'bus route likely to have a number of a certain social class staying at it; and, in consequence, the bus conductors can recognise a Cassel patient fairly readily. Now, whenever a conductor demonstrates this by handing a patient his ticket without asking his destination, the incident is retailed with great wonderment and laughter. But the laughter is hurt laughter and there is a vague fear in the wonder. The neurotics seem to fear that they can be recognised by the fact that they differ in some way from other people. Again, a certain patient had been playing tennis all morning and after lunch was, in consequence, playing very poorly. But immediately afterwards, in a set against one of the resident doctors, he played brilliantly, contrary to all expectation. There was almost a note of viciousness in the satisfaction with which he smashed cross-court drives which the doctor could not possibly take. Yet this same man, in the normal way, was a most sporting and considerate opponent. This patient had no doubt had a strong inferiority complex and felt in most respects inferior to the doctor. But on the tennis court he knew that he was superior and determined to make the most of it. No doubt it gave him a splendid feeling of well-being to demonstrate his superiority.

(2) *Attitude towards other Neurotics.*

Towards each other they are wonderfully charitable and kind. It is as if they, out of their own pain and trouble, were more acutely aware of the suffering of their fellows and more ready to help them. On the other hand their great desire for sympathy may make them extend it to others in the hope that they will themselves be rewarded with a similar sympathy when they feel in need of it; or, again, their motive may be actuated by their pride in saying, "I know just what it is myself." But whatever the cause, the neurotic is almost tender to his fellows. In almost startling contrast to this it can be noted that when two normal people have a headache they are not kind to each other. When anyone is more ill than usual, one hears on all sides apparently genuine expressions of sympathy, and the sufferer is treated very gently. The newcomer, too, receives great kindness and consideration, and many who are recovering adopt protégés from among the new patients. Whether it is altogether good for the protégé is quite another matter, but it is significant that the custom is a popular one. To the normal individual this atmosphere of sympathy and kindness might be found too cloying to be stimulating. The absence of conflict and friction, which render a normal society stimulating, might make the healthy individual long for 'sterner stuff,' but there is no such desire in the neurotic. Genuine rudeness, ragging and badinage do not exist.

It is not an absence of humour but an absence of robustness and easy tolerance—an avoidance of controversy and what to them would be unpleasantness. They swear neither politely nor impolitely at each other. So, too, there is an abundance of easy praise with no dislike of compliments and the obviously untrue, for this makes for a superficial pleasantness in social intercourse. That it also makes for the absence of joy and the lack of refreshing vitality in no way disturbs them. Social life for them is an eternal afternoon tea-party where they eat the sugared cake of each other's sympathy and balance the teacup of their existence politely but insecurely on the knees of reality.

It is easy to understand just why the neurotic creates or seeks to create such an atmosphere, because the strength and energy which the normal individual expends in healthy conflict with his fellows, are, in the case of the neurotic, sapped by the fixation of his energies on his obsessions and fears; this leaves but little excess to be wasted even on the most mild conversational conflict. Again, because his anxiety or obsessional state has caused a formerly pleasant world to assume the characters of a veritable hell the neurotic finds existence very hard. Few people are capable of understanding his suffering and all tend to be unsympathetic and cold. His desire, therefore, if he has any part in the shaping of his environment, is to make it as innocuous as possible, as soothing a haven as his tortured imagination can devise.

It has been noted that the neurotics are critical of one another. There is an atmosphere of watchfulness which is distinctly above the average, but it must be pointed out that a greater part of their watchfulness is engendered through fear that they themselves are being talked about, ridiculed, or thought unusual. Their inferiority-complex makes them suspicious of this. They are like a herd of cattle made restless and watchful through fear of something unknown. None the less they are critical of each other, often in superficial things at least, for there are few more correct in manners or popular beliefs than the neurotic set. Their belief and social code are simple because they seem as incapable of criticism of accepted codes as they are of original thought on any abstruse idea. They are, therefore, narrow-minded, and being narrow-minded are resentful of anyone who diverges from their own simple faith. Their religion is that of the Forsytes, their fear of the sexual that of their Victorian ancestors. It is this very social correctness which divided the patients at the Cassel Hospital, during the writer's stay, into two large sets. And bitter was the enmity between them. One set was younger and more modern than the other and was regarded by the latter as rowdy and boorish. The original breach of etiquette which earned them this reputation is no doubt long forgotten, but each new patient perforce joins one or other set and dislikes the other cordially, which shows that their power of likes and dislikes is quite unimpaired. These two large sets are split into smaller sets who generally group around one person, occupation or recreation; and these smaller sets are again divided into people who have fixation of affection on each other. The writer does not deny that a

precisely similar state of affairs takes place say on board ship, but he wishes to emphasise that with neurotics the whole position of affairs is more acute. It matters more to them; they are more childish about it. What happens in a normal society is exaggerated and carried to extremes.

(3) *Conversation.*

With regard to their conversation the neurotics can be roughly divided into three classes :—

- A. Those who talked with maniacal incessancy, 5 per cent.
- B. Those who hardly talked at all, 15 per cent.
- C. Those who were rather more silent than the normal, 80 per cent.

Very often those of class B pass into class C as they recover somewhat. The neurotics of class A invariably choose subjects for conversation reminiscent of their past life, in which they seemed to have met a remarkable number of noted or world-famous people, which no doubt is a compensation for their inferiority. They seem to be totally unaware that they talk excessively and complain bitterly when they have to sit at table with another of their class. As can be imagined it is amusing when three or four of them meet together.

Those of class C in general tend rather to grumble about their illness, bad luck or environment. Yet they do not pay too much attention to what their neighbours say but are engaged in their own thought or in thinking of what they are going to say next. A small section of this class are thorough malcontents and Ishmaels. They revel in conversations in which "The doctor said" and "I said to him" figure insistently and interminably. In such a conversation great satisfaction is felt when the patient says something rude or nasty to the doctor and sympathy is felt for those who are "told off" or "dressed down" by their doctor. Their argument is that they are paying so much per week to be cured and that they ought to get cured without following the doctor's advice or treatment and with no effort on their own part.

To the neurotic, of course, the most interesting subject of conversation is himself or his illness. And in talking of himself he does so with considerable naiveté and lack of guile, as will be apparent by the following examples.

The writer was talking one day with Miss H— when Mr. H—, a new patient, appeared downstairs for the first time. Miss H— was greatly struck by his facial appearance. In all seriousness she said that he was a "strong silent man," a "man with a far-away look in his eyes," and was grateful for the writer's suggestion that he might be a "man from the great open spaces where men are men." After further study she added that he had "a hawk-like look in his eagle eyes." In point of fact he was an ordinary-looking middle-aged man who appeared rather miserable. Later the writer saw them walking up and down the lawn deep in conversation. He was telling her his life-history—matrimonial and otherwise. They had known each other for half an hour. The writer asked her, when she told him this, whether she

had felt embarrassed when that flood of intimate and private detail was poured so lavishly over her. She replied that she had been deeply interested and why should she have been embarrassed ?

This desire to pour a flood of private life-history into the ear of anyone who will listen is fairly characteristic of the neurotic. But one notes that they only tell the unimportant parts and the parts in which they can expect sympathy. Theirs is a tale of woe, hard luck, injustice or difficulties from which they can never free themselves. Indeed they are extremely resentful of sound common sense or advice. Sometimes they will tell you things which they have hidden from their doctors but they will never tell you their doctor's view of their case. In short they cover the roots of their illness with a subsoil of misleading detail which does not in reality trouble them.

Again, a patient, apropos of nothing at all, told that Dr. R—— had come into her room and found her in a state of undress. She added with childlike innocence that she loved sitting in this particular garment. "What did he say ?" someone asked. "He was very nice about it," she replied, "and said that I had better get dressed more fully in case another patient should come in." It is interesting to note that this patient wore her dresses extremely short above and below, and loved to be told that she was indecently dressed. Yet she could not have failed to know that she had an exhibitionistic complex and to be aware of its significance. But though she did know she simply did not apply it personally to herself. This is a marked characteristic of the neurotic crowd. They hate to think that they differ in any way from the normal.

In general the neurotics gossip a lot, but no importance can be attached to this, regrettable though it may seem. It is inevitable among people who have so much time on their hands and is indeed not uncommon in any walk of life. But a rather amusing fact is that many of them save up the choice bits of gossip for their doctors, as if the daily interview was the *raison d'être* of their existence and of their gossip.

What one does miss from their conversation is the "Sunday paper" element ; by which is meant current murders, rape, divorce, accidents, floods, disasters, fires and acts of God. These things frankly are fascinating and enjoyable to the average man and woman, for they talk about them, read about them, and go to see them on the screen. But to the neurotic they appear perhaps more in their true light. To him horrors are horrors, the gruesome is gruesome, and he avoids them, so that, in the main, conversation is simple and unaspiring but quite pleasant and enjoyable. It is like the conversation at a children's party in which the children have lost their natural vigour and rudeness.

(4) *Physical Attitude.*

We must next study the physical attitude of the neurotic. What strikes one as differing greatly from the normal is their listlessness and apathy. Young adults who normally would be full of energy and boisterous spirits move about

as if pressed down by a load of years, or are content to sit doing nothing as if deadly tired. Even when playing games only about one per cent. are at all active. They do not dance or play enthusiastically and one seldom or never sees on their faces that expression of healthy satisfaction and joy which is characteristic of active bodily exercise. This was very well seen when, for instance, some of the staff were playing tennis with the patients. At meals they tend to seem bored with their food, but this air of boredom is assumed, to disguise the fact that they are nervous and frightened of eating in public. On closer inspection one can see they dread going to meals and sit wishing that it was over while they are in the diningroom. The reason for their apprehension is that they fear doing anything which will compel them to remain in one place for any fixed time, or of being in a place from which their exit might be noticed or commented on. They are hypersensitive to the opinions of others.

A great number of neurotics are characterised by their almost catatonic capability of sitting absolutely still for long periods gazing with blank eyes in front of them. But they pull themselves together quickly when spoken to, as if activated by a desire to appear normal.

One begins to see after a time that their laughter lacks gaiety, their conversation enthusiasm, and their activities purpose. In short their attitude is pre-occupied. This lack of what Bergsen has called "élan vital," Freud "libido," and MacDougal "hormé" is an important characteristic of the neurotic. It is not, in the writer's opinion, due to an introversion, to a withdrawal from reality, but to the neurotic's ever present fear or apprehension. If a neurotic withdraws from reality it is because that specific reality is extremely painful to him. His impulse, in fact, is often not to withdraw into himself but away from his fellows. For example, he may rush from the room when the conversation is unpleasant, or away from a street accident. And it is his apprehension of having to do that or his fear of being unable to go on doing what he is doing at the present which prevents him from entering fully into any activity. The result is a lack of "élan vital."

(5) *The Neurotic's contact with Reality.*

It is extremely difficult to generalise with regard to the extent to which the neurotic is in contact with reality. A stranger with no knowledge of neurotics would not find the patients at the Cassel Hospital differing greatly from the usual crowd at an hotel or hydropathic in their interest in newspaper news. Newspapers are read with keen interest but it is only the more pleasant news which is read; accounts of murders are not read or discussed. They take a fairly average interest in sport, politics and current events and can discuss such topics freely. Where they differ from the normal hotel crowd is in the emphasis which is placed on the outside world being the outside world, and on the fact that there is a huge difference between living at hospital and living in the outside world. They feel as if they were living at the end of the world instead

of being only within a short distance of London. The reason for this feeling of remoteness from the outside world is undoubtedly that they are afraid of it. Life outside the hospital is difficult and rather frightening to them, and they dread leaving its security to go back to a life which they were driven to give up.

But their vivid interest in life within the hospital is very marked. It is as if they felt that here was a society in which they could live pleasantly and without fear, and that they were going to make the most of it. They discuss events and each other with huge interest and are keenly alive to the most minor incident.

One thing, however, which is worthy of note is that no one individual is as keenly alive to his surroundings as the normal person is all day. There are times when their interest vanishes and they retire to their rooms or to a quiet part of the grounds. Nor can one retain their interest in a game of occupation for any length of time. A tournament which will last longer than an hour will be a failure. Patients will talk or play bridge brilliantly perhaps for an hour at a time but they do not seem to have the strength to go on much longer than that. Thus individually they may be apparently wholly extroverted for a time, but never for very long.

When their interest in a conversation or game vanishes it seems to do so because of two factors : firstly, because they seem actually to get tired physically or mentally and secondly, because they are worrying about something specific. This something blocks their thought or activity. They do not retire into themselves ; they are called away, as it were, on urgent business. Something, which is usually a phobia, turns up and they must give it their undivided attention.

(6) *Attitude towards Work.*

At the Cassel Hospital patients are expected to have something to occupy their minds and hands between the hours of 10 a.m. and 12 noon. The choice of occupation is wide, ranging from hard physical labour, in which no one indulges, to art and kindergarten crafts. The latter cannot be called popular, but they claim the attention of many patients. And it is called work with a large capital W. No galley slave, no sweated labourer ever harboured more resentment against his masters than these neurotics do against the patient lady who endeavours to teach them childlike occupations. One and all are convinced that they are being unjustly worked to death and harbour appropriately bitter feelings about it. One physically robust young girl told the writer that she was a Marxian materialist and that she had on that ground moral scruples about making raffia bags. The writer pointed out that no one would dream of buying or even accepting one of her bags as a present but she still persisted that she was depriving numbers of raffia workers of an honest living. This same young economist refused to make her own bed, keep her room tidy or make up her own fire on the plea that she was depriving the maids of honest toil. Yet she failed utterly to apply her theories to her own case, so much so that her general uselessness to society would have made Herr Marx mad with despair.

Yet in the abstract they have great admiration for work and may even applaud it. One morning Mr. M. came into the workshop with a look of firm determination and announced with an air of grim triumph that he was going to work. Mr. L. feeling less virtuous tried to persuade him to cut work and play tennis. He talked eloquently for ten minutes, telling Mr. M. just why it would be sheer madness to attempt anything but tennis that morning, but Mr. M. stood firm for work. To the writer's surprise Mr. L. then said, "That's right, Mr. M., there is nothing in the world like good, honest, hard work," and went off to play tennis.

The following conversation took place in the drawingroom before lunch one morning when several people were resting after their morning's toil.

Miss B.: "And what were you working at this morning, Miss D.?"

Miss D. (rather shortly): "I never work."

Miss B. (thinking this is undue modesty, graciously): "Oh! you work very hard, dear."

Miss D.: "I amuse myself a bit, but I have never *worked* here and have never seen anyone else working either."

Indignant howl of protest from all present. Miss D. very unpopular. Miss B. retires to her room, presumably in tears, and does not speak to Miss D. for days.

If there is one form of work which is popular it is work on the wood pile; rather one should say that wood-cutting is borne with more grace and forbearance than any other form of work. It requires less expenditure of energy to engage oneself in simple gardening or in looking after golf course greens than to saw and cut wood, but, despite this consideration, important though it is to the neurotic, the latter retains a much greater popularity. The writer has come to the conclusion that the only adequate reason for the popularity of wood-cutting lies in the fact that it gives greater scope for the self-assertive instinct. It may be that the neurotic feels satisfaction in giving vent to this primitive instinct, if it be true that it is a relief to indulge a primitive instinct when a higher instinct is hurt. For example, when anyone is jilted rudely and suddenly by a lady with whom he is æsthetically in love his impulse is to find the nearest prostitute and indulge his primitive passions to the full. An individual may also become æsthetic with regard to food—may even become a vegetarian—but if he has any experience which makes him lose faith in his æsthetic attitude he will, in all probability, straightway gorge himself with the very food which he lately despised. Or again, year after year as the summer vacation comes round highly cultured people hurry to remote parts of the country in order to live as primitively as they can. The writer has seen professors, famed for their culture and learning, sweeping the doorsteps of a two-roomed tin-shanty with a look of contented happiness on their faces, and society ladies drying dishes with no less evident satisfaction. Their culture seems to be made all the more bearable by their living in an uncultured environment for a month or so every year. The neurotic is an individual to whom

cultured existence is terrifying, who has found life as he has formerly lived it unbearable, and who has in self-defence slipped back to the childish. As a defence this regression is admirable because by becoming childish one can, without loss of self-respect, be terrified and receive comfort, can shelve the responsibilities of one's age and become dependent on some other person, and finally be absolved from the necessity of working or living a normal grown-up life. There have been recorded cases of patients who have reverted entirely to childhood in habits, behaviour and speech ; but such a procedure would carry with it a loss of self-respect and the advantages of being grown up which would be hard to bear. The neurotic manages to retain the advantages of being grown up and behaves as such to the casual observer and reverts to the childish only in as far as it will make life less difficult. In other words the change is neither gross nor obvious, but it is sufficient to meet its purpose. Those who have studied the psychotic know how dramatic the regression can be in, for example, the schizophrenic. The process of regression in the neurotic is the same but to a much less degree evident.

As an example of this childlike mind of the neurotic one might consider their attitude towards their doctors. At the Cassel Hospital each patient has an interview lasting for about an hour with his doctor each day. These interviews become the centre of their existence. They seek advice for the little problems which arise in their everyday lives, they relate the trials and tribulations to which they are subjected and they do not forget to mention the deeds and words of others if they be interesting enough. Their doctors in this way become confessors and gods, all-wise and ever ready to help, while they, the patients, become their worshipping children. The following example will help to make this clear.

Miss B. and some others were discussing the number and duration of their daily interviews. They wondered whom they, the doctors, talked to when they wanted help and advice. Miss B. said scornfully that doctors never wanted advice ; how could they when "they knew everything?" They were sufficient unto themselves.

The beliefs of the neurotics are childlike. For example, one finds, among every set of neurotics, people who believe in witches, 'evil eyes,' fairies, ghosts and all the personæ of the mediæval necromancer. Many of them are believers in spiritualism.

Miss C. asked the writer what the cause of hay fever was and immediately Miss B. said that it was caused by an evil spirit. On being asked what she meant by "an evil spirit," she replied, "Well, doesn't it say in the Bible that evil spirits"—her reply trailed off. The writer explained, tentatively, that people of the time of Christ regarded an epileptic as one afflicted with an evil spirit, and added that it was, from their point of view, a satisfactory explanation of the disease. Miss B.'s eyes grew round, "Then it isn't caused by evil spirits?" she asked wondering and adjusting her mind to this new belief.

"Who said it wasn't?" asked Mr. —, suddenly, indignantly, and with a determined air. But when the writer admitted that he had, the determined look faded from Mr.—'s face, and his enthusiasm waned. He mumbled something and the talk drifted into another channel.

Not only in mind, but physically, are the neurotics infantile. Let him who prides himself on his ability to judge age go to a psychiatric clinique and he will find himself baffled time and again. The best examples are those who have been almost 'backward' as children and who develop a neurosis in later life. They live at home and allowances are made for them. Life passes them gently and they may reach the age of thirty or forty, unwrinkled and childlike. Even the normal person may find that life has this subtle trick of sliding past without making any impression; many are much younger in experience than in years. These people, among people of stable mentality, are a small minority, but the same cannot be said for the neurotic.

THE NEUROTIC AS AN INDIVIDUAL.

We now come to consider the neurotic as an individual. Much has been written about this subject and the general impression gained is that the neurotic is a person to be despised, pitied and avoided. He is represented as a person who, through perhaps some mysterious weakness in character, has become a coward and a shirker—that he is an almost unpleasant companion to live with. Such has not been the writer's experience. Rather the neurotic should be regarded as a person who through environment or experience or inherited tendencies has a hypersensitiveness of affect—is 'tender-minded.' For the normal individual it requires courage to stop a runaway horse, to go into a burning building, to 'go over the top,' and quite justly he receives praise when he so risks his life. But to the neurotic it may require even more courage to have a meal in a restaurant or to go to a theatre. He, on the other hand, does not receive praise for his heroism in doing these things because the normal individual finds pleasure in theatre-going and cannot imagine anyone being afraid of it. Such is the popular present-day attitude of the lay public to the neurotic, but there is no excuse for the physician's taking up such an attitude. Our knowledge of the pathogenesis and treatment of neurosis is so far limited, but we can realise that the neurotic is suffering from a definite disease from which he can recover if properly looked after. It may lead us to a better understanding of the obsessions and fears of the neurotic if we consider the pathogenesis of a typical case.

It is usually the case that the illness is fairly well advanced when the patient comes to his doctor. He will complain of being "afraid of everything." On investigating the case his doctor will find that a year or perhaps five years ago the patient, for no reason that he could see, fainted at his work. Next day he had another attack and so on till he went to a doctor who gave him a bottle and sent him away for a week's holiday. Feeling somewhat better he came back and perhaps had no other fainting turns, but found that he was afraid of his

work. Next he noticed that he was afraid of travelling in a train, and then successively of going to a picture house or church or any entertainment, of eating in public, of sleeping, of meeting his friends, until slowly and surely fighting against it, forcing himself to do things he was madly afraid of, worrying lest he should be going mad, he was driven into a state of being "afraid of everything." He cannot sleep at night, develops gastrointestinal disorders, gets thin and out of condition and suffers from pronounced asthenia.

On investigating his case further the physician will find that there was a definite reason for his being afraid of his work and for his fainting for the first time. It might be an incident in his childhood or a series of incidents or circumstances throughout his life which led up to this initial attack. If these are explained to his satisfaction and he is made physically fit again he may go back and tackle his big fear—the fear of doing his work—find himself fit and return to normal life with joy.

From this case we learn firstly that the neurotic personality can be created, apparently, in a normal individual. But in the writer's opinion this is a thing which seldom happens. It may be that a normal individual has an emotional shock which results in his developing a neurosis, from which he will recover completely, but in the great majority of cases there is, as it were, an initial 'tender-mindedness' which renders the patient liable to this form of illness. The neurotic has no natural immunity to emotional upset. Immunity is used here because a distinct parallel can be drawn between immunity to bacterial infection and immunity to emotional instability. On the one hand the neurotic seems to have an anaphylaxis to one form or other of the neurosis and on the other hand an anaphylaxis can be created in a person previously immune by successive doses of the fear of a particular thing. Again, an active immunity can be created in the individual by making him go through the experience of which he is most afraid. This active immunity is in the nature of confidence in himself.

It will be seen, therefore, that it is comparatively easy to understand and to treat a Freudian neurosis or a traumatic anxiety state because, as a general rule, these are not accompanied by a previous disorder of personality. But these two clinical forms are distinctly uncommon and we are faced with the majority of cases which have an inherent tender-mindedness complicating the existing disorder. The difficulty lies in understanding what the writer has called a 'tender-mindedness,' whence it arises, and whether it can be eradicated.

The type of individual with whom we are dealing is not, as might be supposed, one who simply lacks the courage to face any difficulties and trials which he may meet. He is a person rather who is being courageous all the time if he is to live at all, who is using all his store of courage in order to behave in the normal way. Fear and apprehension are his constant companions and sit grimly and sardonically before him all his waking hours. If anyone doubts this let him take a neurotic to a gay restaurant and watch him there fighting

his fear. One might say that he often gives way to his fear and avoids it, but one has to consider that it is often sheer exhaustion that makes him give in, for one cannot fight fear for years without being defeated many times. Preoccupied as he is, to this extent the neurotic is not a social being; he is not an interesting companion. He is gloomy and morose, pessimistic and sad, but if one can only get to his underlying qualities one will find that he is usually a likeable fellow. If a neurotic is lucky enough to be cured he will be found to be a man who is cheerful, undisturbed by petty troubles and annoyances, modest and courageous and understanding. Granted that he may no longer have the carefree air of a child, his enjoyment of the simple pleasures of life is real enough. In dealing with the neurotic, therefore, one must understand that such a personality may be underneath his present preoccupation.

Hypochondriasis.

The neurotic is apt to be hypochondriacal only to the extent of choosing diseases, aches and pains which he is fairly convinced have no serious significance. That is, he would like to have a disease which is painless, not dangerous, and yet which incapacitates him for normal life. And therefore, in contrast to the true hypochondriac, he is not really disturbed by his symptoms. But let a doctor or one with authority tell him that he is suffering from a disease and he will be seriously disturbed. Miss A. told the writer that she had a sore throat—one of the usual sore throats which she developed every week. The writer suggested that she had septic tonsils, and she turned pale. Her sore throat disappeared and has not recurred. Miss H. had been having a cold off and on for some time to the amusement of everyone, for her cold reappeared when asked if it were better and disappeared again when she had forgotten it. The writer took it seriously and told her what treatment she should have. That night it disappeared altogether. The writer does not wish to suggest that every neurotic will react in this particular way or that the clearing up of his symptoms is as easy as in these illustrations. He merely wishes to point out that, carried to extremes as these cases were, the hypochondriasis of the neurotic is less serious to the patient than it would at first appear. It is as if he feels himself ill, as indeed he is, and being unable to conceive of illness without symptoms creates a few harmless ones. Physicians who have treated neurotics will realise that a patient may come to them suffering from symptoms A. B. and C. But even though the physician is successful in removing all three symptoms the patient will be no whit the better, and feeling no better will promptly invent symptoms D. E. and F, and so on until the real cause of his illness, which itself may be symptomless, is discovered and removed.

In consequence of this, perhaps, the neurotic is rather scared of real symptoms even when he sees them in others. Thus if a patient new to the neurotic society or more seriously neurotic than usual betrays a serious symptom everyone looks dismayed and the unfortunate is shown that he must

never lose control of himself to that extent again. Two ladies had been pouring into the ears of the writer all the popular symptoms. Miss M., a third lady present, said that she could not understand bridge owing to her mental incapacity to follow the game. The two ladies soon masterfully settled her difficulty. It was obvious that Miss M. was as much at sea as before but she did not dare to confess it. She mentioned serious delusions she had with regard to food. "Don't be silly, Miss M.," one of them snapped with such severity that it is doubtful whether Miss M. will confess to a delusion again.

A word might be said here with regard to the neurotic's attitude to illness and treatment. The neurotic has good insight with regard to his illness; indeed he tends to exaggerate it to the point of malingering. One finds oneself thinking that they are not nearly so ill as they make out, whereas the psychotic is always trying to disguise and hide his illness. The former also has no desire to leave the hospital, whereas the latter is insistent and unwearied in his plea to be allowed home.

With regard to treatment one feels disappointed in its results. Psychiatrists have long known that the success of their present mode of treatment depends largely on the patient himself. The most dramatic successes occur with patients of good education and mental stamina. The more capable the patient is of understanding the treatment the quicker and more lasting will be the cure. Now the neurotic in general is an individual of somewhat simple mind and little real education and it is in this large class that the difficulties and failures occur. One can imagine the difficulty of explaining, for instance, the theory of emotional reaction or conditioned reflex to a person of little education or small mind. Time and again the writer has seen the lack of grasp of even the simplest principles. For instance he has heard patients who had been treated for six months discuss whether dreams "came true" in the same way as do those who have never heard of the subconscious or dream analysis. It makes one think that the method of treatment is above their heads and that their doctor's patient labours have been mostly in vain with this type of patient. If they did understand it they would surely discuss it and yet the writer has never heard the subject mentioned.

Fear of Insanity.

Again, the following incident will illustrate the neurotic's fear of insanity. Several patients who were riding in a 'bus passed another patient walking along the village street. They waved and called greetings but she refused to recognise them, because, as she explained quite openly afterwards, she did not wish to be labelled as a Cassel Hospital patient. This incident was told as a creamy jest and was received with great joy. But to the other patients the humour of it lay not in her petty snobbishness but in the fact that she considered it possible that Cassel patients could be recognised by the villagers. The incident shows how insistent is the fear that they were becoming different from other people, that they might become insane, that they were already a little mad.

Physicians who have to deal with this class of people will agree that the fear of insanity is present in the majority of their cases and that it is difficult to persuade them that there is no foundation for their fear.

THE NEUROTIC IN HIS EMOTIONAL LIFE.

(1) *The Fixation of Affection.*

The subject of fixation of affection is an interesting one and much has been written on it by Freud and his followers. Interest has naturally settled round the fixation of affection on the physician and the subject of transference and in consequence there has been a tendency to forget that the neurotic has other fixations of affections. For he is so constituted that he must have someone on whom he can lavish a wealth of affection and adulation, and from whom he can draw the strength to live which he so badly needs. This attitude of mind is easily understood if we consider his mental condition. Indeed one might go as far as to say that the tendency towards fixation of affection is one of the primary symptoms of a neurosis. For here we have an individual who finds life too hard for him, and it matters little whether this is a temporary attitude or a life-long one. Place him in what society you will and he will look around for someone on whom he can cast the burden of his living. From that rather unfortunate individual he draws the fancied or real encouragement and incentive which will carry him over difficulties which he could not surmount alone. And this capability of deriving help from a sometimes unconscious source is often the salvation of the neurotic, for without it it is possible that he would be driven to a more serious mental condition or to suicide. Digitalis is given to a patient suffering from pneumonia not because it will have any specific effect on the course of the disease, but in the hope that it will strengthen his heart sufficiently to meet the exhausting demands made upon it. The fixation of affection has a similar action in the case of the neurotic; it gives his mind the added strength which will enable him to meet the now greater difficulties which crowd upon it. That is its mode of action, but it is difficult to say what this strength is which the neurotic derives from the object of his fixation. If the object be his physician or a sympathetic and wise friend it can be imagined that he will derive benefit in the nature of "therapeutic" talks, but if the object is no one in particular and unsympathetic to boot, wherein does he derive strength? Yet undoubtedly he does. Again, some writers speak about the fixation of affection as something which is difficult for the physician to accomplish. That has not been the writer's experience—a kind word, a look or even a failure to be absolutely rude and there is the fixation: no power will lessen its weight: it remains unashamed and vaunting, immovable, and always pathetic like the simple and trusting devotion seen in a child's eyes.

Freud has reached the conclusion that such a fixation is sexual, but the writer can find but little evidence for such an assertion. The sexual instinct,

one of the strongest primitive instincts of modern life, undoubtedly plays a large part in the causation of neurosis, and the patient himself may often regard his fixation in a purely sexual light ; but beyond that the fixation, as it were, shows no symptoms of being sexual. The attitude of the neurotic to the object of his fixation is one of devotion and worship, rather than of the hungry and blind love which is unmistakably sexual. It is the dumb devotion of a dog who sees in his master the meaning of life ; it is the unquestioning and dependent love of a child for its parents who sees in them only perfection and omnipotence. It may be noted further that the neurotic fixation is made without regard to the sex of the object ; that is, it matters not whether the object of the fixation be of the same sex or the opposite, except in the manner in which the patient himself will regard it (i.e., if the object of the fixation be of the opposite sex the patient will regard it as sexual ; if of the same sex he will regard it more as mere admiration and respect), which seems to point to an essential difference between this fixation and purely sexual affection. The enthusiastic Freudian will postulate the homosexuality of a fixation on an object of the same sex but again it can be said that a purely homosexual love would differ radically from a fixation of affection. The most convincing argument against the sexuality of a fixation is the asexuality of the neurotic.

The lack of sex appeal, sex attraction and interest in things sexual is an impression characteristic of the neurotic crowd. Out of 65 patients at the Cassel Hospital only one could have been said to possess definite sex appeal and that one patient was an early psychotic. There is no coquetry in the eyes of the women, and the men would be dubbed by the normal girl as a "dull crowd." Although there is opportunity for the development of minor *affaires d'amour* they are hardly ever thought of and never occur. Although patients' rooms are all over the house without regard to sex no pregnancy has ever occurred. There is no flirtation, and even cheerful badinage is nearly unknown. Couples wander about, dance together and talk intimately by the hour, but their attitude towards each other has no glimmer of sex in it. Their conversation is castrated and their love is the love of lay figures. Yet characteristically they do not consider their attitude to each other as abnormal. They may consider themselves much in love and may even look forward to marriage. But to the onlooker it is at once pathetic and impossible.

Nor is it surprising that the neurotic should be so asexual when we consider the preoccupation in which he lives. Their minds are never given over to work, conversation or life's normal activities. One cannot imagine the normal man making love with zest if he suspects, let us say, that he has just drunk a glass of poisoned wine, nor does one expect a timid sailor to have a strong libido, no matter the provocation, while crossing the Channel in a stiff gale and wondering when he is going to be sick. No less insistent and ever present is the preoccupation of the neurotic ; his mental state may be enough to check even insistent libido.

(2) *Sense of Humour.*

The neurotic crowd cannot in any sense of the word be called a happy crowd, and when one considers the mental agony to which they are prone it is not to be wondered at, because the neurotic, no matter how ridiculous it may seem, goes through the torture of a lost soul. One has only to live with them for a short time to realise that. In consequence, therefore, it is difficult to find examples of neurotic humour. There are, of course, individual flashes of clever wit, but as a rule it is short-lived. As a rule their humour is somewhat crude and infantile, as the following example will show.

For a bet of eighteenpence a rather wealthy young man swallowed a fat and healthy garden worm. His action and motive were surprising as he professed that he did it to see his friends look disgusted and sick. From his point of view the joke was a success, for his action was greeted by some with incredulity as if indeed it were too horrible to be true, and by others with such disgust that they had to leave the room. The perpetrator of the joke enjoyed all this and offered to swallow any other invertebrate or insect at various prices.

The next example will show the difference in mental age of humour between the neurotic and the normal individual.

The writer was coming in from a short walk one evening and met a patient with a member of the staff. The patient asked how far he had walked ; " Oh ! about fifteen miles," he replied, jocularly. " You must be a splendid walker to do that in two hours," the patient said, with wonder and complete belief. The member of staff laughed and called the writer a liar.

CONCLUSIONS.

Our conclusions may now be briefly summarised.

I.—The Neurotic as a Social Entity.

(a) His attitude towards the normal individual is tinged with jealousy because, consciously or not, he feels himself inferior. He is also anxious that he should be, outwardly at least, as like the normal as possible because he is hypersensitive to criticism and ridicule.

(b) His attitude towards other neurotics is kindly and sympathetic. They create for each other a society easy to live in, a society in which there is a minimum of conflict, because their experience of normal society has been painful ; and, feeling that they are not fit for another such society, they create one in which the painful elements are eliminated.

(c) In conversation also the neurotic misses out things which to him are unpleasant. His conversation therefore tends to be simple and displays childlike lack of guile. He talks of himself in a way which lacks the reticence of the normal individual.

(d) His physical attitude and activities are characterised by a subtle lack of *élan vital*, which is not a true introversion but a result of his preoccupation in his phobias.

(e) The neurotic's contact with reality is impaired only in that (1) he lacks the robustness, mentally and physically, to be in contact with the world around

him for very long at a time ; and that (2) he never quite loses sight of his fears and obsessions. This gives him an air of preoccupation and a fear of actively taking part in normal life.

(f) Work, frankly, is distasteful to the neurotic. It is often to him his greatest fear because the memory of his occupation or profession is usually an unpleasant one. He may and often does admire work and those who are capable of working but he feels that it is beyond his capabilities and avoids it ingenuously. When compelled to occupy himself in some way the neurotic chooses childlike and primitive occupations. Thus simple art crafts and occupations like wood-cutting are fairly popular. It seems that as a class neurotics tend to retrogress into a childlike state, physically and mentally. The purpose of this retrogression is to be able to take advantage of the privileges of a child and still retain the advantages of being grown up. The change is a purely defensive one.

II.—The Neurotic as an Individual.

(a) The neurotic should be regarded as an individual who has a hypersensitiveness of affect, who is 'tender-minded.' The neurotic has no natural immunity to emotional upset.

(b) It is generally supposed that all neurotics are hypochondriacal. The writer has found that neurotics are not very serious about the diseases which they imagine they suffer from. Firstly, they imagine that they suffer from diseases which they are not likely to have, and secondly, they are ready to change the disease at the slightest suggestion. They feel themselves ill and by a process of conscious rationalisation they attach their feelings of illness to a disease or diseases. But none the less they would be disturbed if told on good authority that they had that particular disease, because they are frightened of real disease.

(c) The fear of insanity is a constant symptom. They are apprehensive that other people will notice that they differ from the normal in word or behaviour.

III.—The Neurotic in His Emotional Life.

(a) *The Fixation of Affection.*

So important a characteristic is the fixation of affection that the writer regards it as one of the primary symptoms of a neurosis. The neurotic is so constituted that he must have someone to fix his affections on and from whom he can draw the incentive and strength to go on living. It is not in the nature of a sexual affection, though it may be regarded by the patient as such. Rather it is devotion and admiration and shows none of the characteristics of a sexual love. The true neurotic, also, is almost incapable of sexual love, as such, because of his striking asexuality. This can be understood when we consider the preoccupation of the neurotic.

(b) *Sense of Humour.*

As the neurotic cannot be called a very happy person, his sense of humour is limited. Individual flashes of humour may be brilliant but they are usually short-lived. His humour is in the main crude and infantile,