SOME FACTORS IN PSYCHOTHERAPY.

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THERE is no panacea in the treatment of the psychoneuroses. Different schools of thought may tend to emphasize one or other factor of cure, but there can be little doubt that these factors are many, and that a rational psychotherapy should take account of all. Their relative importance and psychological relationships to one another can be finally decided only by reference to a scientific knowledge of the causes of this class of nervous disease. The theory that the nature of these causes is shown by the conditions of the cure is but a half truth, and may be positively misleading in some cases. A much wider psychological analysis of the whole situation is needful to satisfy the demands of science.

During the late war, out of the thousands of soldiers suffering from one form or other of psychoneurosis, it was possible to meet with many in which the conditions of the onset of symptoms were greatly simplified, and the results of treatment correspondingly definite and scientifically instructive. In other words, relatively 'pure' cases occurred which showed the working of isolated psychological factors in a clear light. This was especially so with cases treated in the field shortly after the moment of onset of their symptoms. In about 15 per cent of such cases which came under my observation in France, a well-marked symptom was an *amnesia* of greater or less extent for events immediately following upon the shell-explosion or other emotion-exciting incident which originated the illness. Accompanying this amnesia were functional symptoms of a physical nature—mutism, deafness, anæsthesias, tremors, paralyses, contractures, etc. I found at first that if I restored these lost memories under light hypnosis, the physical symptoms tended to disappear more readily—under the influence of rest, explanation, rational persuasion, etc.—than they did if the amnesia was left untreated. This general result illustrates the working of *re-association* or *psychosynthesis* as a definite factor in psychotherapy, and agrees with the findings of Dr. C. S. Myers¹ while working with similar cases. The redintegration of the mind increases its power to grapple with the physical symptoms. But I soon found that if I made a special effort to recall the accompanying emotion (fear) in all its original vividness and detail, along

with the missing memories, the patient passed into a 'second state', in which he could speak (if he was previously mute) and was free from all his physical symptoms, just as he was at the time of the shell-explosion. I would let him work off his emotional reaction of fear as completely as possible, and then wake him up from his light hypnosis, after first giving him the post-hypnotic suggestion that he would continue to remember what he had just re-experienced. Some cases cleared up less perfectly than others under this treatment, but in scores of cases the recovery was complete.

It would seem that the continuation of the symptoms was incompatible with the reinstatement of the original fear which had been their apparent cause. The patient had not had sufficient opportunity to work off his fear adequately at the time. The fear became bottled up, and could only show itself indirectly in the form of symptoms.² This situation corresponds to those of the 'retention hysterics' and 'defence hysterics' first described by Breuer and Freud,³ and the psychotherapeutic factor which removed the symptoms is that of *psychocatharsis* or abreaction. The fear was worked off later, and so the symptoms were deprived of their underlying support. I have myself explained the mechanism in terms of re-association in a recent article,⁴ but I am inclined to think that a further mechanism is involved, viz., an actual persistence of a past emotion in the unconscious, under certain conditions of mental conflict and repression. By experiments on some of my hypnotic patients I have satisfied myself that the emotions of early life, even those of the first two years, can persist, and be recalled in their original form under hypnosis.

The above results were obtained by means of light hypnosis, but I do not wish to over-emphasize the importance of this method in psychotherapy. Where gross amnesias of a hysterical nature occur, as in so many war cases, it is the most rapid and satisfactory method of clearing them up; but in other cases it should not be used. One very rarely has occasion to employ it in civilian practice. Here waking suggestion, persuasion, and mental analysis suffice.

In my opinion, hypnotism and suggestion do not coincide. All men are more or less susceptible to suggestion, but hypnotism is something more definite than this. It involves a definite dissociation, and the state of hypnosis is a 'second state' (which is not *always* a state of increased suggestibility) and corresponds to the condition of the hysteric. Among the hundreds of hysterics whom I treated during the war, I found that the degree to which they were hypnotizable corresponded with the degree of their hysteria or dissociatedness. As they became cured they became less hypnotizable, although they retained a certain amount of suggestibility.

Dr. W. McDougall⁵ dissents from this view, and finds "that a

large proportion of normal persons can be hypnotized, and that [his] patients remain hypnotizable when cured." I cannot help thinking that he is here using the word hypnosis where I would use the word suggestion. I would add that I certainly do not adopt the 'domineering attitude', as he calls it, when hypnotizing patients. Quite the contrary. I ask them to relax their muscles, fixate a bright object for a short time, and think of sleep. I do not even mention the word hypnosis. Moreover, the submissive attitude is certainly not sufficient to ensure hypnosis, as he seems to imply in his paper. One meets with patients who are exceedingly anxious to be hypnotized, and are exceptionally submissive, but who have been unable to reach the hypnotic state.

One can artificially increase the suggestibility of most normal people by appropriate means, but to my mind this increased suggestibility is not *eo ipso* hypnosis. On the other hand, when the memory continuum of the patient is broken across in hypnosis we have a psychological phenomenon quite distinct from that of suggestibility, and calling for a distinct explanation. Dr. McDougall has himself given us a most interesting explanation of it in terms of physiological dissociation.⁶

A psychotherapeutic factor closely akin to re-association is the process whereby the patient gains an ever-deepening insight into the exact nature of his mental condition. It is a complex psychological process in which the patient endeavours to obtain an objective view of his own mind, its past development, present condition, and strivings towards the future, so far as his symptoms are concerned. It is more than a mere intellectualizing of the mind—although this is a very important element—since it stimulates and purifies that power of intuition or direct insight as regards psychological matters which all men possess to a greater or less degree. Schopenhauer has made the statement that "genius is simply the completest objectivity".⁷ In a less degree, objectivity is a condition of mental health or sanity in all men. I have suggested the term *autognosis* (self-knowledge) for this process. In practice it takes the form of long talks between the physician and the patient, in which the latter is encouraged to describe as minutely as possible his exact feelings and thoughts at the time of the outbreak of his symptoms and just before, and also his present mental condition, his hopes and fears for the future, his regrets for the past. He is then led backwards in memory, and encouraged to discuss emotional memories of the past, especially those where he failed to adapt himself adequately to his physical and social environment. In this process he will from time to time display emotion of one kind or another, and give the impression that he is completing the emotional reaction to a past situation to which he had not had

the opportunity of reacting adequately at the time. This is the factor of psychocatharsis to which we have already referred. He is also encouraged to look at his wishes, longings, interests, ambitions, and personal relations with others from all points of view, to adjust them to one another, to seek out and eliminate contradictions, etc. It is this kind of intellectual work that strengthens the healthy part of his mind and cuts the ground from under his symptoms. His dreams may also be analyzed, and will be found to throw light upon his memories of the past and his aspirations for the future, as well as upon the difficulties of the present.

The method differs from psycho-analysis in all its forms, in that the theories and presuppositions of the psycho-analytical schools are not necessarily involved. It includes education in its literal sense—a drawing out of latent powers and ideals,—and an element of suggestion springing from the affective bond of mutual interest between patient and physician—a form of suggestion which is *not* incompatible with the patient's self-reliance.

The autognostic method is applicable to all forms of psychoneurosis, and should be used with all, even if symptoms have already been removed by other means. In *a certain class of cases* it may give findings that correspond with the theories of psycho-analysis. In such cases it should, of course, be called psycho-analysis, and make use of whatever Freudian conceptions the treatment demands for intelligibility and therapeutic success. But in many cases this result does not occur. To use a metaphor from mathematics, the findings and results of autognosis are to those of psycho-analysis as the properties of the general conic are to those of the circle.

I would call a case a Freudian one when its analysis brings to light very early memories of excessive interest in the excretory functions, of sadism, masochism, exhibitionism, etc., which have subsequently given rise to mental conflict followed by repression. From my personal experience with patients I can confirm the existence of such cases. The analysis is usually a very protracted one, extending over many months, and showing strong 'resistances', which have to be overcome by persistent urging on the part of the physician. Dreams give important clues, and provide invaluable material for the analysis. In fact, dream-analysis may form more than three-fourths of the entire analysis. I have recently analyzed a patient suffering from an obsessional fear of infection. This phobia had grown more and more oppressive, extending to more and more objects, so that she was forced to devote a very large part of her time and energy to washing and to other precautionary measures. In the course of the analysis, especially in the dreams, thoughts of lavatories, etc., eventually began to recur persistently,

and at long last it became manifest that in early life she had experienced inordinate interest in excretions, from which she had failed to free herself in later years, despite great effort. The interest had persisted in great strength in her unconscious, and her conscious efforts at self-defence or repression had taken the form of an ever-extending phobia of infection. The phobia did not appear until the age of puberty, and even then was not very pronounced. Ten years later, a hopeless love affair coincided with a nervous breakdown in which the phobia appeared in great force as the main symptom. She at first feared carrying infection (tuberculosis) to this particular person. Later on the fear became more generalized. The improvement produced in this patient by means of the analysis was partly due to the autognostic factor, whereby she had gained an objective view of her own mentality, and had replaced a false (and alarming) view of her illness by a sane and rational one.

In other Freudian cases, the roots of the psychoneurosis are found to be early memories of intense affection for the parent of the opposite sex and concomitant jealousy towards the parent of the same sex (*Œdipus complex*). I can illustrate this by another of my own cases. The patient was an unmarried lady who had suffered ever since the age of puberty from an impulse to kill, as well as from other minor impulses of a criminal nature. For more than twenty years she had struggled with this illness, giving herself up to many kinds of mental treatment—suggestion, rational persuasion, etc.—but all in vain. Several doctors had tried to hypnotize her without success. She came to me hoping that I would be able to do so. I found her very suggestible towards me, but not hypnotizable. I treated her by means of psycho-analysis, and after forty hours her symptoms had completely—and, apparently, permanently—disappeared. She had always been exceedingly fond of her father, now dead, and could remember her mother saying to her when she was quite small, “You are trying to steal father from me.” In the course of the analysis, she eventually seemed to remember a night, at the age of 5 or 6, when she slept in the same bed with her father. On waking up the next morning she had a feeling of hatred and horror, as if something had happened to her in the night. These feelings changed into love again during the following days. At the age of 13 her symptoms broke out. Some years later, she noticed on going one morning into her father’s sick-room that a murderous hatred suddenly boiled up within her. She attributed it to her obsession, and was horrified by it. Before that moment the obsession had not referred to her relatives. The feeling disappeared and did not return. When she had brought herself to confess to me the early ‘memory’, all her neurotic impulses disappeared at once, as if by magic, and she

broke off the analysis, as she had to return home. But she found the symptoms back again a few days later, as I had expected, and she came to me once more. Further analysis showed that she had transferred to me the feelings of affection that she had felt towards her father, and had then repressed them a second time. A few hours' talk sufficed to overcome this second repression, and the symptoms once more disappeared. As far as I know, the cure is now a permanent one. I feel little doubt that the early 'memory' which she seemed to recall was really a 'phantasy', having psychical reality but no reality in the outside world. I explained this possibility to her, and she found that she could accept it. The phantasy corresponded to her repressed sexual feelings, and illustrated the working of the factor of *regression*. In her own view her impulse to murder referred to her father, not to her mother. There is much more that I might say in further explanation of this case, but I content myself with this short summary, as my main object here is to show that the facts upon which Freud bases his theory of psycho-analysis do admit of verification in certain types of patients. Whether his 'libido theory' can hold its ground as a general theory true alike for normal and abnormal psychology, is a question that has yet to be decided. Even this case does not fit in entirely with his theory. The factor of *transference* which it appears to illustrate is not entirely clear, and needs further discussion in another place. The patient showed herself to be exceedingly suggestible throughout the analysis, although I should add that her early 'memory' was certainly not suggested to her in any way by me, as it was a great surprise to me. I was at that time very sceptical about Freud's sexual theory, although trying to preserve an unbiased mind. The one thing that I did insist upon, as of course I always do in psycho-analysis, was that the patient should tell me everything that came into her mind.

In conclusion, I would like to emphasize the factor of *suggestion* as a *vera causa* in psychotherapy. In the case, especially, of bad habits such as enuresis and masturbation in children, analysis and persuasion often fail where repeated suggestion produces a complete cure. In my own method, I ask the patient to relax his muscles as completely as possible while lying on a comfortable couch, and to think of sleep, and I continue this treatment for an hour at a time, giving appropriate suggestions every ten minutes. Every case of enuresis that I have treated has cleared up completely by this method. Psychotherapists seem rather afraid of championing suggestion treatment nowadays, lest they be considered out-of-date and superficial. But in selected cases it is all that is needed for complete and permanent cure. I of course assume that a thorough neurological and psychological investigation is first carried out. Freudians find

a difficulty here because of their identification of suggestion and transference,⁸ a view which I cannot entirely accept. The training of children into good habits, even in the first few days after birth, illustrates the enormous potency of suggestion, and its relative independence of transference.

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