AN ANALYTICAL FRAGMENT.

By T. C. GOOD, LITTLEMORE, OXFORD.

THE following is a fragment of analysis in the case of a woman, age 47. She was married and had one son, and there was a history of two miscarriages. Intelligent and well educated, she was the youngest of a large family, and had been 'spoiled' by her father, while she was hostile to her mother. She was also very religious, belonging to the 'high church' section of the Church of England, and had thought of adopting the Roman Catholic persuasion.

The patient's general attitude to the whole analysis had been one of marked resistance, with a tendency to a negative transference; for example, all sittings started with an attempt at argument and usually with the statement, when argument was refused, "Well, what do you want me to say?" The dreams at first were long and profuse and dealt principally with childish repressions, mostly of an erotic type. For the last three interviews dreams had been difficult to elicit and were only fragmentary. On the day of the analysis with which this fragment deals the patient started with the statement that she had had no dreams. She was irritable when pressed for any associations and attempted to argue. She said she was better and wanted an explanation of why she was better. On being again asked for a dream, she stated that she had so many and that they were quite different to what they used to be. She added that she could not remember the dreams. On being asked if she could concentrate and remember anything at all, she said "they only deal with my everyday life." This attitude of the patient was obviously a resistance, and an attempt was made to break it by the statement on my part that I thought if she would cease to criticize and concentrate instead on the idea of dreams she would be perhaps able to recount some fragment.

After a short interval the patient remarked, "I remember a little bit; it's nothing; it has nothing to do with what we are analysing." It was here pointed out by me that no analysis at the moment was going on, as I had nothing to work upon unless she gave her associations. After a further short resistance the patient laughed, blushed, and said "I dreamt —, my sister, was praying."

Here there was a further resistance, but on my pressing for information as to what she was praying for the patient added, "she was praying, 'pray God make me a good girl.'"

Associations were asked for on the words "pray God make me a good girl."

PATIENT'S ASSOCIATIONS.

Pray God make me a good girl. "It's a prayer all children use. I expect you have used it yourself—it's silly in the dream my sister's saying it." Here the patient was reminded of the wish-fulfilment element in dreams, with which she was already familiar, upon which she continued, "You are trying to make me better."

Pray. "That means to ask."

God. "Good" (my name).

Make me a good girl. "You often tell me I am childish. I think I am better." Pressed for more associations the patient said, "I am thinking of lots of things. I don't see why I should tell you. Why should I remember things I have forgotten?"

At this point no more associations could be obtained. The patient attempted to argue and wished to discuss her son's conduct. Associations were then tried for on 'sister.' After some pressing she gave the following.

"Sister, that is the sister I always liked and yet we always quarrelled. She's married now and doing well." I asked at this point in what way I was like this sister. The immediate answer was, "you are not like her a bit." On my pressing still further for an answer to the question "is there anything in me that reminds you of your sister?" the patient remarked "I always argued with her."

It had always been one of the great difficulties in analysing this case that argument was attempted on the slightest provocation, and I therefore concluded that the transference was on this occasion hiding in the symbol of the sister. I could get no further association at this point on the sister, so I attempted it by dividing the word into its syllables: 'sis' - 'ter.' I got no reply from the patient except that "God was good," referring to the dream prayer itself. As my own name is Good, it appears obvious that I stand for God in the patient's unconscious, and that she is asking me to make her better. I asked her at this point what the word 'pray' meant to her. She said 'to ask,' then without any further interpretation from me or any more pressing she stated, "I suppose the dream means I wish you would make me better." I again pointed out that 'sister' seemed to mean something, and pressed for further associations. As none were forthcoming I asked the patient to associate on 'sister' and especially on the letter 'S,' which also I asked her to write. She was silent and wrote 'S' thus: **S** Although associations had stopped, I noticed that the patient still held the pen and was enlarging or drawing so as to increase the thickness of the 'S,' thus: **S** I asked her what she was doing; she said, "thinking and making the 'S' thicker." I now came to the conclusion that 'sister' must be a very condensed symbol and contained the key to the latent content. I proceeded to ask her if the 'S' she had drawn was not like a snake. She admitted it was. I asked her if this helped her, suggesting that a snake was a phallic symbol and also in folk lore and mythology a symbol of wisdom, and again pressed for associations. The patient then

stated, " 'Sis' is rather like the noise a snake makes. I rather like snakes. My brother used to keep snakes and when he went away I used to look after them. I got quite to like them." Associations here stopped, patient fidgetted and said "Ought I to tell you everything?" I pointed out that if the thoughts that came into her mind were not stated the analysis could not proceed. She then gave a long account of an episode during the war, whilst her husband was at the front, in which she had misconducted herself with another man. She said she could not think why she had done it. She had always feared her husband finding out. Her sister (the one in the dream) also liked the same man, but he did not like the sister. The patient and her sister had a quarrel over the man. Then the patient said with emotion, "Why is it that I always have attracted men? I don't like it, but I can't help it." Associations were again sought, but the only one obtained was that she was very attracted as a child by her eldest brother. He was much older than herself, but she loved him because he was so handsome. Further associations followed; "I always like handsome men, they attract me." The sitting was over at this point.

DISCUSSION

This fragment appears to illustrate Freud's theories of dreams and the unconscious mechanism of identification with the analyst. In this dream 'God'—good (my name), 'good' associated with God, and also a play on words. "Pray God make me a good girl." Sister—an example of condensation displacement.

Suggestions in regard to the Latent Content of the Dream.—The drawing of the letter 'S' brings out clearly the snake symbolism in the patient's unconscious. There was here a very strong double repressive force, the unconscious emotional repression of the painful episode, and a conscious shrinking from discussion of matters relating to sex. Apparently the effort required to overcome this resistance by giving *verbal* associations was too great, until the drawing had, as it were, opened up the subject.

Again, it is interesting to note that the drawing produced immediately a symbol associated with very deep layers of the unconscious, the idea of the snake as a phallic symbol being a primitive and fundamental one. While the drawing of the 'S' was at my suggestion, the movement of the pen in enlarging and thickening it was automatic and unconscious, and synchronised exactly with a marked lessening of the repression. It appears possible that repression may be so great that deep layers of unconscious mental material can only be reached when the patient performs the movement corresponding to the idea. Primitive man first tried to communicate his own ideas to others by drawing pictures symbolising to others his thoughts. Alphabetical letters are but highly symbolised drawings. Drawings succeeded or were coexistent with sign language. Drawing or writing, therefore, is of use in analysing patients, and I have frequently found that the resistance is overcome only by getting the patient to draw or write either the word or letter about which he or she is

thinking. In the case from which this fragment is taken nothing could be analysed of the latent content till the resistance of the repressive force was broken down, apparently by the act of drawing the figure. One may surmise that it required a deep regression individually and also a regression to symbolic thinking of such an early primitive nature that thought and physical movement had to proceed together.

This primitive thought process is to be seen in the drawing and writings of deeply regressed cases of dementia praecox and among the feeble-minded. Patients under hypnosis also exhibited the same tendency, e.g., patients in whom hypnosis has been used occasionally become so deeply relaxed and unconscious that 'rapport' is lost. No command or other expedient will rouse them except direct violence. They will simply sleep for varying periods, waking naturally if left alone. During the war hypnosis was a means of dealing with amnesias, and it was during this period that I personally was able to observe this phenomenon in a few cases.

One was the case of a sergeant who was so easily hypnotised that at the simple suggestion of sleep he became so deeply unconscious to his particular world that all 'rapport' was lost. No command seemed to make any impression on him. If left to himself he would sleep for about three or four hours waking perfectly naturally. This phenomenon occurred on several occasions. On failure to get any 'rapport,' the step taken was to try various movements of the limbs. These were tried on the supposition that the hypnosis was a resistance on the part of the patient to some painful dissociation returning to consciousness. Various stimuli were tried without waking him, such as touching him with a lighted cigarette, or pricking of the skin. All his limbs were then moved in various directions. When the right wrist was grasped the patient suddenly regained consciousness, and appeared to be about to attack the operator. He was assured that all was well, and that he was only probably remembering something. He was then associated on what that particular grip of the wrist reminded him of, and after considerable resistance and with a good deal of emotion, he stated that it reminded him of a time at the second battle of Ypres, when he was held down by one of the Prussian Guard while another tried to cut his throat. He maintained that he had completely forgotten this episode and showed a good deal of emotion in recounting it. He was then re-hypnotised, and now was found to react in the normal manner, a good many other long-lost memories being regained.

The second case was that of a gunner who yielded easily to hypnosis, but, again, lost 'rapport' with the operator and could not be roused by the usual means. In this case it was noticed that while the man was hypnotised he made a movement of the right arm across the body, bringing it sharply back at fairly regular intervals. This movement, it was considered, might be the clue and also show the path to the dissociation, and he was questioned under hypnosis as to the reason of it. This question was answered by the reply, "the breech of the gun," and 'rapport' was

established from that moment. It was then found by further questioning while under hypnosis that he had been blown up by a shell at the moment when he was opening the breech of the gun. The movement, of course, represented habitual action, which he had performed and was performing at the time when the psychological repression broke down.

Both these cases appear to illustrate the point that repression may be of such a depth that the autonomic system may be involved. In other words, till the movement which occurred is reproduced and brought into consciousness the dissociation remains buried and inaccessible to consciousness, because it is at such a deep level regressively as to be only accessible to what one might call the symbolisation of movement.

Biologically, man in the process of evolution first symbolised his wishes and fears by coordinated muscular movement, and it would appear, therefore, that in a mental pathological condition the regression may be so deep that it reaches this very low mental level, and that till the movement which has been performed at the time of great emotional repression is able to be recalled to consciousness, this association or dissociation connected with movement cannot be regained.

This theory, needless to say, is at present purely hypothetical, and needs the support of numerous cases before it can be accepted as a fact, but if it were even provisionally tenable it would give a logical explanation of some movements seen in cases of dementia praecox and other forms of psychosis.

As an instance of this, a man suffering from acute confusion due to marked toxic degeneration of the cerebral cells (the autopsy showed complete disintegration of their chromatin and nuclei), who previously to his illness had been working on some problems connected with 'zero' and also on wireless telegraphic phenomena, during his delirium babbled incoherently words connected with these sciences, and by his movements continually illustrated the problems that were occupying him before his illness. That is to say, he continually brought the forefinger and thumb of each hand together, thus forming a circle of the thumb and forefinger, and then brought the two forefingers and thumbs in front of him, forming thus the form of 'zero' (the two '0's'). This movement was a fairly constant one throughout his period of confusion, which lasted for about 14 days, and in which he was apparently quite inaccessible to any influence, or to his fellows.

CONCLUSIONS

To sum up, this fragment of analysis would appear to emphasise the following facts :—

(a) In psychoanalytic technique the movements made by the patient during analysis are of great importance. This, of course, is recognised; but, further, where the resistance is extreme drawings should be resorted to, as movement was one of man's earliest ways of expressing thought-processes to his fellows, and in psychoneuroses and psychoses regression biologically to

these early thought-processes may be necessary to regain the patient from his state of delirium.

(b) If (a) is a correct hypothesis, it tends to prove that all pathological mental states are a regression to earlier forms of mental feeling, and therefore have a biological significance.

(c) It is suggested that further investigation of the psychology of the feeble-minded will strengthen this hypothesis, as here we have an admitted failure of intellect and control of emotion. In the feeble-minded it can sometimes be observed that the expression of wishes is often confined entirely to gestures, and in all cases there is a manifestation of feeble powers of expressing or understanding wants through the medium of speech. Moreover, such few words as are used show a great paucity in associative value.