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**MOTIVES AND MECHANISMS
OF THE MIND**

MOTIVES AND MECHANISMS OF THE MIND

AN INTRODUCTION TO PSYCHOPATHOLOGY
AND APPLIED PSYCHOLOGY

By

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“He that sinneth before his Maker, let him
fall into the hands of the physician.”

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Without claiming more than a little originality save in certain details of exposition, this book has been written without immediate reference to any text-books, but I am well aware of my indebtedness to many writers, to whom I take this opportunity of extending my thanks, with apologies for the lack of more specific acknowledgment.

E. G. H.

146 HARLEY STREET, W.1

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PREFACE

THIS is a scientific age, and it is desirable that we should realise both the price we are asked to pay for it and the advantages which we may hope to gain from it.

On all sides, whether it be in the physical sciences themselves or in the more abstract branches of human thought such as politics, philosophy or religion, there is the same search for a formula, or generalised deduction from the data of personal observation. In this tendency we may see both a limitation and an extension of the operations of the mind. A limitation, because the data of experience become impersonal and objective, their least common denominator being obtained by a process of analysis and abstraction. An extension, because having been obtained, the formula is valid in so many other directions of its application. The result may be seen in the internationalism of politics, the relativity and dematerialism of the new physics, the neo-realistic schools of painting and sculpture, and also in the abstract formulæ and mechanistic conceptions of the "new" psychology.

What is the advantage which we may hope to gain? Primarily, perhaps, it is in a fundamental simplification of values, both subjective and objective, particular and general. Dimly in the distance we may see such a unification of our measures and our formulæ that they may approach general validity, when the disparities which at present exist between art, science and religion may perhaps largely disappear, and all may work on common ground with agreed measures towards a single goal. Our individual and collective powers will then be greater, as our confusions, conflicts, differences and wasted efforts are less. Life will perhaps be simpler, and our opportunity for enjoyment of it greater.

But what is the price which we are asked to pay for this process of scientific simplification? At present our knowledge threatens to grow beyond the power of most of us to comprehend. Relativity and the new world of the quanta and the fourth dimension are too unfamiliar to be met on friendly terms by the great majority of us. We can, if we so choose, stay by our own firesides and wait for others to pursue the great adventure of scientific discovery, scoffing a little now and then, if only to maintain our self-respect. But if we are to follow we must be prepared to face unfamiliarity bravely, to sacrifice our prejudices as if we loved them not at all, and to prefer the unseen dangers of originality to the well-tryed safety of repetitive imitation.

When we have thus sacrificed our familiar shibboleths and sacred values we may see a new and strange world, and, confusing beauty with familiarity, we may feel that we have lost our cherished idol. Is there as much beauty in the abstract formulæ of relativity and the fourth dimension as there is in the familiar curve or circle? Or is this only truth, stark, forbidding, impersonal and unadorned? The new realism in Art is striving in the same way for an abstraction of the formulæ of truth out of the familiar patterns of the form of beauty, and we may say: "But this is ugly". Einstein or Epstein are alike unfamiliar, but they are both striving for the abstractions of truth, expressing familiar form in unfamiliar formulæ. Our sense of loss of beauty is perhaps only due to our lack of understanding and our fear of the unknown and the impersonal.

It would seem that the new science of psychopathology is striving for the same end, offering the same reward, presenting a similar unfamiliar face and taking the same toll of our prejudices. It is trying to present human life and behaviour in terms of formulæ—mechanisms, complexes, principles—and introduces motive as a kind of fourth dimension. The whole may strike us at first as being unfamiliar, and not perhaps quite as beautiful as sentiment and wish-fulfilment would have it be. But it is not trying to make life look pretty, only to discover the truth about it, even at the cost of a certain crude ugliness as it may seem, though closer inspection and deeper insight may disclose still greater

beauties when our first fearful doubts and prejudices are overcome.

Amidst all the warring conflicts of prejudice and opinion, hypocrisy and rationalisation, which absorb the vitality of every sphere of life, social, economic, political or religious, we are badly in need of some standard measure of value, a standard unit which can be relied on to test other values as to whether they be true or false, and to compare one sphere of our behaviour with another. It is a very large claim to make for it, but it would seem that psychopathology has some right to be the keeper of the "standard yard", as it is the science of human motives and behaviour.

The purpose of this book is to suggest not so much a unit or a formula as a framework—a working hypothesis, a tentative system of comparative measure, and by its success or failure in doing so it must stand or fall. There is only one thing to do with a hypothesis that will not work, and that is to consign it to the oblivion of forgotten things. But if it should work, and work well, with no other disadvantages than an occasional strain upon our prejudices, that is surely sufficient justification for it to claim the honourable title of "scientific", and to allow the subject of psychopathology to rank amongst those other accredited sciences which, being more material in their data, can be so much more easily proved.

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MOTIVES AND MECHANISMS OF THE MIND

CHAPTER I

CLEARING THE GROUND

TWO POINTS OF VIEW, NEUROPHYSICAL AND PSYCHOLOGICAL

WHAT do we mean by "nerves"? It has for a long time been fashionable to blame our "nerves" for much of our disability and discomfort, both in the minor and major disorders of life. But it is not always in this sense of illness that the word is used. "What a nerve!" we say, meaning "What courage!"; or "He has not a nerve in his body", meaning that he has no fear; or "She is feeling nervous", meaning she is afraid. In all such phrases as these, our meaning would be more accurately expressed if we said "fear", which is a feeling or emotion, rather than "nerve", which is a physical part of the human body.

And in what other sense is the patient using the word, who says "I am a bundle of nerves, doctor", than "I am a bundle of fears"? "My nerves have all gone to pieces and I jump at every sound: I am afraid of meeting anyone and do not want to go outside the house." Such statements as these are common enough in the ears of doctor and layman, and perhaps we say, "You are run down and need a rest", or "I will give you a tonic to build you up again". If we think about it at all we know that "nerves" mean fears, but do we always behave as if we recognised this simple fact? Usually we subtly connive at the deception, in spite of which the patient's health may often improve. But our efforts are not always so successful, and such minor mental maladies may cause in the meanwhile an immeasurable amount of unhappiness and expense to patients themselves, their relatives and friends, as well as to society.

If we do not wish to mean anything at all by our use of

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the word "nerves", we succeed only too well in our evasion of the real source of the disorder, which is the mind. Or do we mean that all mental or emotional disorder is essentially physical, and only curable by physical means, such as drugs, rest or detoxication? Some of us perhaps may take this exceedingly simple and erroneous point of view, but these must regard the feelings of the small boy who has stolen the apples from the man who is in hot pursuit, as being in no way different from indigestion! They would give us bromide for sympathy, and aphrodisiacs for love.

Nerves are something quite definite, which form part of the organic basis of our equipment for the battle of life. Further, they are liable to disorders both of form and function, as would be expected of any part of the body. Disseminated sclerosis is an example of an organic degenerative nervous disease, tremor and morbid sensations ("paræsthesiæ") of a disordered nervous function. But when we feel afraid we know quite well that, as a rule, anything that happens through our nerves, such as cold sweat or dilated pupils, is a symptom and not a cause of our fear.

It may seem strange that even now there should be all this confusion about "nervous" and "mental" disorder, but the fact remains that the problem is still regarded from two quite different points of view, which may be described as the "neurophysical" and the "psychological", according to whether we think the "nerves" or the "mind" (including the feelings or emotions) are at fault. It is the purpose of this first chapter to clear the ground, and to attempt to distinguish between those cases which are really due to "nerves", and those other, and more numerous ones, in which this word is much better left very severely alone.

It is probable that the diagnosis which the doctor most commonly makes, at least in the privacy of his own mind, is that of "nerves", a useful word because it covers a large group of cases which cannot be classified amongst those familiar diseases with which the doctor's hospital training has made him acquainted. As a diagnosis it is satisfactory enough to patients, whether they come from Lambeth or Mayfair, because of its euphemistic value. To tell a patient that he (or she) is suffering from mental disorder would probably cause an increase in his anxiety, if it did not send him to another doctor who would be considerate enough to say that it was "only nerves".

In taking a patient's history it is a common experience,

in reply to such a question as "Have you ever had any mental trouble before?" for the patient to say, "No, doctor, but my nerves have been bad". Further questioning in one case brought to light that the patient had actually been under certificate at a mental hospital for six and a half years suffering, in his opinion, from "nerves"! It is not hard to understand the value to the patient and the patient's relatives of the use of this vague term. Rightly or wrongly, mental disorder is associated with disgrace, but there is no disgrace in having suffered from "nerves"; if anything, it is something of which to be a little proud. "She was always a highly strung child" conveys a fond mother's pride in her daughter's peculiarity.

Of late years another term has crept in, possessing the same useful purpose and the same vagueness of meaning, but expressed in a rather more dignified manner. There is a tendency amongst doctors to feel that when they have described a patient as suffering from "neurasthenia" they have added to their scientific comprehension of the patient's disorder. "Neurasthenia" is applied in the same vague and general way, and with the same aim in view, of satisfying both doctor and patient without damaging the prestige of either. But neurasthenia has a definite and limited meaning, and it should only be applied to something under 1 per cent of those innumerable patients suffering from "nerves" who consult the general practitioner. Neurasthenia refers to a condition of heightened fatiguability, and it is a comparatively rare disorder, in spite of the frequency with which it is used. Doctors wishing to distinguish between the real disorder to which the term applies and the general condition for which it is used, but to which it does not apply, sometimes speak of "true neurasthenia". It is not unusual, however, to find that true neurasthenia means no more than neurasthenia as a general group label for all mental disorder, and that a patient sent up for a consultation with the suggested diagnosis of "true neurasthenia" may have, in fact, any other kind of mental disorder, such as dementia præcox or manic-depressive insanity.

THE NEUROPHYSICAL POINT OF VIEW

Both in the out-patient department of a general hospital and in general practice, it is the custom to classify patients into "organic" and "functional", and then too often to dismiss those who are so unfortunate as to fall into the latter

category as of comparative unimportance, although the probability is that they represent a large proportion of the cases applying for treatment. From the point of view of social economy it cannot be sufficiently emphasised that so-called "functional" disorder is responsible for an incalculable amount of social inefficiency and domestic infelicity.

Whether the disorder be called "functional nervous disorder", "neurasthenia" or simply "nerves", the tendency is either to ignore it as not being worthy of medical interest, or to apply certain time-worn and not always suitable methods of treatment.

In general there would seem to be uncertainty in the doctor's mind as to whether the symptoms are due to some vague moral disorder on the part of the patient or to an equally vague disturbance of the nervous system. The treatment usually falls under one of the following four headings :

(a) *The Exhortatory Method.*—This is usually the first method applied by relatives, and assumes that the patient is in some way blameworthy for not doing what he should, and only needs talking to in the right way to be cured.

The advice given too often by doctors, as well as relatives, is that the patient only needs to "pull himself together", that "there is nothing the matter with him", and that it is "only imagination". After this advice has been repeated a few times it tends to become more caustic and more punitive. The relatives are perhaps told that all the patient requires is discipline, to settle down to some really hard work, and to be made to suffer hardship. This method of treatment begins with a plain assumption of benevolent omnipotence. It usually ends with an effective attempt not so much to cure as to dismiss both patient and symptoms by the prescription of a sea voyage, or an open-air life to be spent in digging the land—preferably in a far-off colony of the Empire, where conditions are such as to test the physical and moral adaptability of the strongest constitution.

(b) *Medical.*—Up to recent years the drugs available for cases of "nerves" were mainly either sedatives or tonics. More recently, since endocrinology has come to the fore, a great choice of remedies of this type has been put into the hands of the doctor, and exploited as a rule with an enthusiasm in inverse proportion to their therapeutic reliability. In general, where the cause of a disorder is unknown, two tendencies will be noticed. The first is an assumption that one particular treatment is a panacea, the second is a tendency to

apply a multiplicity of remedies. The panacea is an example of wish-fulfilment. It is an over-compensation for a "feeling of inferiority" towards the disorder, to cover the fact that we do not like to admit to ourselves that we really do not know much about it. Where there are many alternative remedies there is usually the same underlying uncertainty, and the degree of enthusiasm with which they are applied is not to be taken as a true measure of their therapeutic activity. The value of medical remedies in disorders of the nervous-emotional system must always be extremely doubtful, owing to the difficulty of determining to what extent they have been actually causative in any ameliorative changes which the disorder may undergo.

It must always be borne in mind that one of the great values of medicine is as a vehicle of suggestion. To what extent the action of a medicine is due to suggestion, and to what extent it is due to pharmacology, must always be open to doubt. There are many patients of the same type as the one who said, "My blood is such a pale colour, doctor. Will you give me some of that red medicine to make it stronger?" She was given the red medicine, which incidentally contained iron and arsenic; but it is quite possible that its beneficial effect, if any, was due to her faith in the colour of it, rather than to its pharmacological properties.

(c) *Rest and Diet.*—The most extreme example of this method, used as a panacea, was originated by Dr. Weir Mitchell in America. When faithfully carried out it consists of 8 to 12 weeks' absolute confinement to bed and seclusion from relatives. The patient is forbidden to make any movement of his own accord, and if he wishes to turn over in bed it must be done for him by the nurse. At the same time that his exercise is reduced to a minimum, his intake of nourishment is increased to a maximum. It might reasonably be anticipated that the balance of energy in the nervous "bank" would, by this method, be rapidly increased. Its value, however, is limited owing to the patient's inability to do nothing without worrying, and in practice it is therefore necessarily modified. It is another example of a method which has a limited usefulness in certain cases, but by being carried to extremes as a panacea it is liable to be used in many cases where it is not suitable.

(d) *Final or Dismissive.*—The last shot in the locker of a physician who knows only the "neurophysical" method of approach to his patient's disorder is the too often repeated prescription of a sea voyage. It would be interesting, if it

were possible, to obtain statistics to indicate successes and failures of this method; the number of patients who have never returned and the number who have returned no better than when they departed. Whatever may be its advantages to the patient, it is easy to appreciate its usefulness to both doctor and relatives. The patient, whether he suffers from "nerves" or "neurasthenia", can be a great trial to doctor and relatives alike, and the prescription of a sea voyage is at least beneficial to those who are temporarily set free from the responsibility of his care. It is no doubt occasionally beneficial to patients whose environment has become too difficult for them, and provides a change in the early stages of paranoia which may delay the progress of the disease. In the majority of cases, however, it is both unnecessary and unsuitable, besides being usually economically impossible.

THE PSYCHOLOGICAL POINT OF VIEW

Of recent years other methods of treatment, usually more definitely psychological in character and therefore more in the hands of specialists, have come to the fore. These aim at a cure of the patient's disorders by methods either of repeated persuasion or hypnosis. Although these methods show an advance in many cases on those already mentioned, they share with them the disadvantage of being too superficial in their attitude towards the problems of mental disorder. Like all "unscientific" methods, they tend to be invested with an atmosphere of omnipotence or God-like magic, which attempts to exorcise the patient's disability without having first discovered the cause of it. Therefore, although such methods have been found to be empirically useful, the limitation must be kept in mind that they can help us little towards a deeper understanding of the underlying motives and character of our patients. As methods of treatment they will be referred to again in a subsequent chapter (p. 239).

The greatest advance in general medicine has always come through ætiological research, the cause of the disorder being thoroughly investigated and understood before treatment is prescribed. Such an advance as the use of antitoxin in diphtheria was due to the discovery of the causative bacillus and its activities in the tissues. Previously treatment had been only on symptomatic lines, aiming at relieving such general conditions as temperature and the local affection of the throat. When the ætiology of the disorder was discovered, it became possible to treat the cause, and the import-

ance of the symptoms became secondary. The ætiological and pathological approach towards patients, their symptoms and their problems, is the bedrock of medicine as a science and the test of its progress. It is only of recent years, since the investigations of psychological material by Dr. Sigmund Freud, of Vienna, and his followers all over the world, that psychology has fallen into line with general medicine and deserved the prestige of scientific status.

The fact that psychology has at last developed a more scientific method of approach to the problem of mental disorders does not, however, necessarily mean that it should be included amongst the sciences. It is probable that there will always be more in psychology than can strictly be described as "science", but the same may be said of medicine itself.

Analytical psychology is the term used to describe this method of tracing back from the symptom to the cause. Whether carried out according to the specific technique of Dr. Freud or according to the modified methods of Dr. Jung or Dr. Adler or their followers, it aims at establishing a psychopathology which may enable us to understand disorders in psychological medicine in the same way that a knowledge of pathology is the basis of our work in general medicine. When we understand the psychology and pathology of the conditions that we are asked to treat, and not before, we are in a position to apply a general scientific technique. It is true that there are many schools of psychology which, although they hold much in common, differ at many points. Psychology as a science is still in its infancy, and the scope it offers for research is as deep as human nature itself. Differences must therefore be welcomed and doubts tolerated, for it must be many years before any degree of finality can be attained. It is sufficient to mark a new era that our understanding of, and control over, mental disorder is at last, and for the first time, being built upon the foundation of a scientific method.

Psychopathology and psychotherapy being both as yet so young, it is unfortunate that any school of research into this important branch of medicine should be unduly critical of the methods adopted and recommended by those who have adopted another point of view. Only a wide vision, with much mutual toleration and willing team-work, will solve the problems involved in the subtle interactions of mind and body, heredity and environment. But at present the neurologists can see little that is good in the methods

adopted by the analysts, and even the latter are liable to be as intolerant of divergences of opinion amongst themselves.

This tendency to be exclusive and intolerant of different opinions is inimical to progress, but it is characteristic of human nature and as such it requires to be understood, rather than regretted or ignored. The cause of it will probably become more clear in the course of the pages that follow. Every progressive movement in history has had to be born and developed against opposition and, if on the right lines, it has thrived by the experience it has gained in the struggle. It is true that some of the criticism which has been levelled against modern psychology is justified, and should, therefore, be welcomed as necessary for its development as a progressive science. But at least modern psychology demands and deserves critical and sympathetic consideration. It would be equally unwise to accept or reject it wholesale, if indeed any unified conception of it could be discovered at the present time. The tendency with a single gesture to divide the world into sheep and goats, right and wrong, is a common error latent in the immaturity of human nature. We praise whole-heartedly and blame with equal abundance, until we learn to discriminate more subtly in our criticisms. To condemn all or praise all is a sign of unbalanced immaturity. Modern psychology may have made some mistakes, but it contains a nucleus of truth which is of unparalleled importance for the human race, and it can no longer be ignored.

CASES SUITABLY TREATED BY "NEUROPHYSICAL" METHODS

The treatment which any case will receive is liable to depend on whether it be treated by a neurologist or a psychologist. Each is prone to treat the same case exclusively according to his own methods. From the point of view of the doctor it is therefore of great importance to recognise those cases which are suitable for treatment by the simpler methods of encouragement, rest, and appropriate medicine. There are many cases which do not require the psychological approach because their psychopathology is not of primary importance. It would be a very grave error, however, to believe that the psychological side is unimportant in any of the following types. In any one the psychological factor *may* be of primary importance, but the headings are suggested as including a great many cases with which the general practitioner can deal unaided.

The classification of those disorders which can arise without the need for investigating the psychopathology may be stated as follows :

- (a) fatigue states ;
- (b) toxæmias ;
- (c) endocrine disorders ;
- (d) disorders due to shock ;
- (e) disorders due to environment.

Fatigue States

Under the strain of economic conditions and the innumerable stresses of everyday life it is inevitable that fatigue should play a large part in the development of common mental disorders. It is only necessary to consider the way in which symptoms of disorder develop in a tired child. The outbursts of temper, instability of character, and signs of physical fatigue are the inevitable consequences of a nervous system which has been asked to perform more than it was able to fulfil. Treatment for the tired child comes normally at the end of the day with rest and sleep, and the next day finds it ready to resume its normal life refreshed and re-established in its adjustment towards its environment. Only after the process of undue exhaustion is repeated and prolonged is the child's capacity for recuperation likely to be insufficient. If we are wise, we do not treat the tired child with a long exhortation on the psychological causes and social effects of its disorders. We simply put it to bed, and time and nature do the rest. This is the simplest form of what is meant by neurophysical treatment.

It is a common fallacy to tell a child that he or she is being naughty, for the same reason that the doctor or relative is inclined to tell the patient that he or she is being naughty or lazy or stupid. We all find no small measure of satisfaction in criticising one another. It adds to our sense of power and well-being, but the fact remains that the child is not naughty, but tired, and that rest will do more to put things right than blame.

The case of Mrs. A. may be taken as typical of many others of similar causation which occur in general practice. She was seen as an out-patient in the department of psychological medicine at St. Thomas's Hospital.

CASE I.A.—Female, married, aged 30, five children (eldest 9, youngest 15 months).

Complained of very severe stammering, occasionally

complete loss of voice, headaches, choking feeling in the throat, nervousness, extreme irritability with the children.

Physical Signs.—Thyroid prominent, slight exophthalmos, reflexes exaggerated, pulse 100, tremor of the hands, teeth bad.

History.—Nothing was discovered of outstanding importance in childhood. She was said to have been anæmic at puberty, and to have been always of an excitable disposition. She was married at 20. During her married life her husband had been frequently out of work, and had never earned more than £3 a week. Living accommodation had never been more than two or three rooms, and the children had had many illnesses. She stated that she had never been free from worry about them. There had always been financial stringency and she had never, during her married life, been away for a holiday. During the last four weeks the baby had been suffering from bronchitis. The doctor had advised the use of a bronchitis kettle, which had been devised by inserting a piece of lead piping into a broken kettle. The water had boiled away, and the weight of the lead piping had caused the kettle to upset over the baby, burning it severely, and it had been taken to hospital a week before. It had been very dangerously ill, and the mother had been going to and fro several times a day to the hospital. The shock of this accident had brought on the stammering.

Diagnosis.—Exhaustion and shock. Psychopathology is relatively unimportant, but a more strictly psychological diagnosis would be that of an anxiety state in a hysterical subject.

Treatment.—The patient was first sent away for a fortnight's convalescence at the seaside, and she came back much improved. Her stammering had disappeared, but recurred with the renewal of responsibility and anxiety over the children. It disappeared again when she settled down at home. Her teeth were in a very bad condition, and a dental X-ray showed much pyorrhœa and some formation of apical abscesses. She was referred to the dentist, who extracted 16 at a single sitting, the remainder a week later. As a result she had a period of insomnia and complained of severe pains in the head, and a general increase in her symptoms. Four months later, having been seen at intervals of a few weeks, the patient reported that she was practically well. Her pulse was 70, there was no exophthalmos or thyroid prominence, no stammering

or headaches, and she was very cheerful. She had to continue to live in very undesirable and inconvenient quarters, which materially delayed her complete recovery.

Toxæmias

The subject of fatigue states was introduced by a consideration of the consequences of fatigue in children, and it is helpful to begin our study of toxæmias from the same point of view. Very little experience of children is sufficient to prove the importance to the child of a daily motion of the bowels. If two or three days have gone by without elimination of the waste products of digestion, the child will become lazy, ill-tempered, and apparently out-of-sorts. A dose of some mild purgative will do more to re-establish the child's equilibrium than any measure of exhortation.

It is a common experience to attribute our own disordered emotional states to a "cholæmia" (or "liver") which we do not hesitate to treat with a mild dose of calomel, in the expectation that we will view the problems of our lives from a more optimistic angle on the following day. What we do not realise, however, is that many of our patients are constantly in this condition and, not having the knowledge to apply such a simple remedy, the disordered state of their alimentary function has been allowed to go beyond such easy repair. It would seem, therefore, to be inevitable that toxæmia from the bowels should be a frequent cause of disordered metabolic function.

Toxæmia is a potent depressor of metabolism and most commonly occurs from one or other of the following sources : (a) bowels, (b) teeth, (c) tonsils, (d) sinuses.

The following case (another hospital out-patient) appeared to be one in which a chronic frontal sinus infection was mainly responsible for the patient's condition.

CASE I.B.—Male, married, two children. Aged 49.

Complained of depression, lack of concentration, complete inability to do any work. Frontal headache, worse in mornings and present on waking.

Signs.—The patient was obviously depressed, but there was no delay or dullness in his answers to questions, and he did not appear to be emotionally retarded.

History.—He was brought to hospital because he had disappeared one evening after having been very depressed, and had been found by friends meditating suicide on a canal bank. He had had certain business anxieties, but

not sufficient in themselves to be overwhelming. He had not had any previous attack of depression. He was happily married, but has always taken life seriously and was of a reserved, quiet disposition.

Treatment.—Inquiry elicited the history of attacks of nasal catarrh and postnasal discharge. He was referred to the nose and throat department, who diagnosed chronic frontal sinusitis. This was treated, and a month later he was able to resume work, having discussed the whole matter of his depression very sensibly.

At every point the general practitioner is faced with the temptation to apply a single remedy as a panacea. A word of warning is particularly applicable on the subject of toxæmia. There is no doubt that certain cases do benefit by extraction of teeth. There is equally no doubt, however, that it is a great deal easier to extract teeth than it is to put them back again, and that no artificial tooth is quite as good as a real one. The best safeguard is a competent dental X-ray, confirmed by the dentist's clinical examination, and a conservative attitude on the part of the physician.

The effects of toxæmia may be very varied. In general, we may expect to find symptoms of metabolic depression, with a tendency to stasis and low blood pressure, but the emotional symptoms which may occur depend upon the emotional constitution of the patient. In brief, the chain of the patient's psychophysical constitution will be liable to break at its weakest link, and the symptoms, whether physical or emotional, will be those to which the patient has in the past been most liable to succumb.

Endocrine Disorders

Endocrinology is still in its infancy, but the disorders which most commonly come under the notice of the general practitioner are those associated with under- or over-activity of the thyroid gland. We are faced with the question as to which may be primary—the endocrine disorder or the emotional? In the case of Mrs. A., already mentioned, her anxiety was associated with some enlargement of the thyroid, a rapid pulse, slight tremor and exophthalmos, and she therefore showed the cardinal signs of exophthalmic goitre. When the anxiety and exhaustion were removed, the function of the thyroid became normal again, and its disorder may be assumed, therefore, to have been secondary to her emotional condition.

Some cases of anxiety, with symptoms of an over-active thyroid, are found to respond satisfactorily to administration of iodine—*e.g.* Ml of the French tincture t.d.s. in milk. In others, it may be necessary to discover and remove the source of anxiety, which is frequently a sexual factor.

Another type of thyroid dysfunction is that which occurs when the thyroid is under-active, of which the following is an illustrative case.

CASE I.C.—Female, married, aged 40, one child aged 12.

Complained of depression, tiredness, head pains, swimming feelings. “I don’t mind if I live or die sometimes.” Fear of going out and crossing roads. Periods reduced in amount: duration two days. Constipation. On inquiry she stated that she felt the cold dreadfully, and was putting on weight.

Signs.—Skin very dark and thick, pulse 84, temperature 97·8, dull and lethargic.

Treatment.—Began with gr. $\frac{1}{2}$ of thyroid twice a day, increased after a fortnight to three times a day. After four weeks she said: “I feel very much freer in the mind and body. I used to feel so depressed. I have been out a lot more, and do not feel so tired.” The thyroid was gradually increased up to a maximum of gr. 2 siccum three times a day, omitted during her periods. This was beyond the limit of her tolerance, and she lost 4 lb. in weight in a fortnight and her pulse was found to be 136. The thyroid was reduced to gr. 1 three times a day, which was maintained without symptoms of intolerance, and she stated that she could not possibly do without it. At the end of another month her periods were normal, pulse normal, skin softer and moister. She stated that she was practically free from all the symptoms of which she had complained three months before. She was bright and cheerful, and said that her friends remarked that she was like a different woman.

Disorders due to Shock

Certain severe nervous or emotional shocks are liable to upset the poise of life, and may give rise subsequently to inadequate or pathological behaviour. Shocks of one kind or another are inevitable in every lifetime, and vary in degree from such an unusual experience as a severe thunderstorm, a motor accident, or the shock of a sudden death. An example of the first occurred to a child of two years old.

It was not the first thunderstorm she had experienced, but it was exceptionally severe. She had gone to sleep and was awakened suddenly by a very severe clap of thunder, by which she was extremely frightened. Succeeding claps of thunder, although not so severe, produced the same response of fear until the storm was over. She then had recurrent violent attacks of vomiting, which lasted for about an hour, and it was a day or so before her gastric condition became normal. This would seem to be a case in which a nervous shock produced a nervous disability which was chiefly gastric in its symptoms.

Up to this point it is not possible to say that there had been any psychopathology in the production of the child's symptoms. But what would happen with successive thunderstorms? The emotional response of fear at the sound of thunder had been aroused, and she had been comforted by the mother. A chain of events had been established: thunder, fear, crying and mother. It would be only natural in the event of another similar fear stimulus for her to respond in the same way and flee to the mother again for comfort and protection. From this point the need for the mother has been introduced and, with her, psychopathology. If the thunder becomes a means to gratify the child's wish for its mother, the thunderstorm, although still feared, becomes desired and made use of, as a means of gratifying the wish for the mother. To use Prof. Pavlov's terminology, it has become a "conditioned reflex". If this occurs, a psychopathology has been produced and the response may be exaggerated on subsequent occasions as a means to produce the desired end—*i.e.* maternal love and protection.

Accidents are nervous shocks, in themselves independent of psychopathology, and the patient's disordered nervous system will generally respond to treatment by rest, time and re-education. If a correct adaptation is made, the injured person should be able to run the risk again without expecting to have a repetition of his previous experience and without exaggerated fear. His experience will probably have instilled added caution, but nothing more. It is common, however, for such an accident to produce symptoms of psychopathology beyond the nervous shock. The integrative nervous-emotional unit is most liable to break down at the weakest link.

CASE I.D.—Male, married, aged 57. Four children.
Complained of depression, self-criticism, lack of concentration. Duration six months.

History.—He had always been of a nervous temperament, over-anxious about himself, and making the most of illnesses, usually more or less imaginary. He had been ambitious and embarked on business adventures until his courage failed, when he would do his best to get out of them as quickly as possible. In private life he found ambition and security in social and committee work, in which he was something of a tyrant. His wife was far more dominant in the family than himself. He met with an accident while being driven in a car, and after it he complained of shock. He was not injured and the accident was only a minor one. He returned to work the following day, but was more anxious, and complained of loss of concentration. He became worse, and after a week, being quite unable to work at all, he retired to bed. He became depressed, and spent his time worrying over trivialities and exaggerating all the failures in his life which he could remember. His integration had been destroyed by the shock of the accident, and he now became a problem in psychopathology.

This case serves to illustrate the way in which the cause of the symptoms may be primarily organic, but may give rise later to more important psychological conditions.

Disorders due to Environment

Environment may be emotional or physical. There are many cases in which disorders will clear up if the patient is removed from home surroundings. For example, where father and son are making the worst of each other. It seems to be almost a biological necessity that sons should look at life from a different angle from their fathers, and that fathers should regard their sons' developing ideas with some measure of disapproval. It too often happens that this more or less inevitable friction is carried to such a point as to give rise to symptoms of minor emotional disorders, and then removal of the son to a more sympathetic environment may help to re-establish harmony. Sometimes it is the father who is at fault, sometimes the mother, and sometimes both. The problem of environment is always more important where the patient is youthful.

Physical environment is sometimes responsible quite apart from emotional difficulties. A highly strung, intelligent, well-educated, and ambitious man of 32 was earning £2 : 12s. a week as a mechanic in a mass-production workshop, where

he was surrounded for eight hours a day with clanging machinery. He developed insomnia, irritability, nervousness and depression, which cleared up after a month's holiday, and he was advised to find a job more suited to his temperament. Similarly, young girls who have to stand for long hours in a close atmosphere are very liable to develop symptoms of emotional disorder.

CASES WHICH REQUIRE PSYCHOLOGICAL TREATMENT

Insomnia

The symptom of insomnia is an ever-present responsibility to the general practitioner. Are we here dealing with a neurological problem or a psychological one? If it is only failure of the neural integration we are right in our prescription of sedatives, with perhaps some assurance as to the relative unimportance and curability of the condition. There are cases of insomnia which clear up under such treatment, but there are others which are extremely intractable when treated only from the neurological or organic standpoint. These cases usually present underlying problems in psychopathology which can only be understood and adequately dealt with from the psychological point of view. In such cases insomnia becomes useful to the patient and the symptom is a purposive one, even though it may be quite dissociated from his everyday conscious behaviour.

Two cases may briefly be taken in illustration :

CASE I.E.—Female, married, aged 52, no children.

Complained of intractable insomnia.

History.—Her father had been a doctor, to whom as a child she had been extremely devoted. He had been in the habit of stroking her forehead before she went to sleep, and she remembered lying awake in order that her consciousness of this pleasant experience might be prolonged. She married late in life, and her attitude towards her husband was never satisfactory. She said he had never understood her, and she spent a great deal of his money in seeking doctors who might be better able to do so. She had recurring attacks of insomnia associated with anxiety. She went to a hypnotist who treated her by placing his hand on her forehead and speaking to her in a way which reminded her of her father. The treatment was far from being successful, but produced instead an attack of acute anxiety and depression, with increase of

insomnia. The cause was discovered under analysis. The insomnia was a means to an end, a way to centre upon herself the doctor's attention, and the doctor was a substitute for her father.

The symptom was purposive, and was therefore not to be cured by ordinary medical methods. The more treatment of that kind that she had, the more persistent her symptom became. It may be asked, "Why, if insomnia was the means, and father-doctor the desired end, was the symptom not appeased when she was the centre of the doctor's attention?" The end, although wished for, was an intolerable one, owing to the emotional conflict involved. This will be made more plain in later chapters.

CASE I.F.—Male, unmarried, a clergyman, aged 35.

Complained of intractable insomnia of ten years' duration. His physical appearance was perfectly healthy, and belied his statement that he never slept.

History.—His father was a very dominant personality, himself a clergyman, who had decided that all his sons were to follow in his footsteps. He had also decided that they were to be a great credit to the profession which he had chosen for them, and do surpassingly well in their preliminary examinations. The patient had had doubts as to any wish on his part to enter the Church, but his father had instilled into him the high calling of the family and his responsibility as a spiritual leader. He had passed his examinations with great difficulty, and found it very difficult to fulfil his father's ambition. He had an inevitable sense of failure, and an intense fear of being unable to do what was expected of him. The insomnia began after an operation for tonsillectomy, in which he expected to die under the anæsthetic. His horror of sleep was associated with his horror of anæsthesia, a horror of "letting himself go" or of losing consciousness. His attitude towards life was apprehensive, clutching on to straws that might aid his self-approval. In his parish duties he became subject to attacks of acute anxiety with trembling, sweating and intense emotional discomfort. He could not sleep, so he could not be expected to do his work while suffering such agonies of insomnia, and it had to be given up.

His insomnia provided an excuse for his failure; it was an unfailling source of self-pity for his martyrdom, it was an escape from his responsibilities and a subtle revenge against his father. No wonder it was intractable!

THE NERVOUS TEMPERAMENT

A similar problem to that which is presented by insomnia is seen in such cases as enuresis and stammering. Are these to be regarded as belonging, in respect to treatment, to the neurologist or the psychologist? The psychologist will say that enuresis has a definite value to a child in that there is a certain element of gratification derived from bed-wetting. It is a way of making a fuss, of calling attention, and of getting into the limelight of mother or nurse. It is an example of a "conditioned reflex" in which bed-wetting has become associated with the desired object, the mother.

In the same way the psychologist will say that stammering has a defensive function. It is a means of setting the patient on one side, of separating him from the world and his problem. It is quite true that both these symptoms have a purposive value; but is not the neurologist right in considering that they are also the sign of primary failure of integration in the synthesis of the nervous-emotional system?

Integration of the nervous system normally occurs with growth and development. For example, it is the integration of the nervous system which enables a baby to walk and later to develop the finer movements of the hands and to speak. Delay or failure in this capacity for nervous integration is a sign of a primary hereditary defect, quite independent of any psychological usefulness which may later be derived from it.

This brings us to a consideration of the nervous temperament, and of the individual who is so often described as being "highly strung". The disabilities of the nervous temperament may be divided into three:

(a) *Failure of Integration.*—The nervous system—physical, emotional and mental—which should work together as a whole, as a single unit in harmony, fails to do so. There is conflict instead of team-work, disunity instead of unity.

(b) *Over-sensitiveness to Stimulus, especially Fear.*—This is the thin-skinned type, who feel more acutely and are more subject to disturbances of one kind or another.

(c) *Inadequate or Indefinite Response to Stimulus.*—The nervous temperament finds difficulty in responding adequately or definitely to a stimulus. Either there may be a lack of primary dynamism, or an uncertainty as to the course of action which the occasion demands.

It is this combination of a failure of integration, increased excitability and inability to make an adequate response in

behaviour, which makes the life of the possessor of the nervous temperament such a problem and gives the type a tendency towards instability.

Life is therefore more difficult for the possessor of the nervous temperament, and it is often through symptom formation that adjustment is made to the challenge of reality. Symptoms are developed automatically and unconsciously to solve those problems where consciousness has failed. The symptoms are therefore purposive, and only when viewed from that point of view will therapeutic measures be successful.

CASE I.G.—Female, unmarried, aged 37.

Complained of uncontrollable habit spasm, her head jerking back and her arms jerking upwards in certain circumstances.

History.—For twenty years she had been on the same stool, at the same typewriter, in the same small office, under the same employer, in an ironmonger's shop. Her symptom developed at the typewriter, and she was quite unable to continue with her work. Her head jerked back, her arms jerked upwards, as if something horrified her from which she was trying to get away.

The interpretation of the disorder is one which aptly described her emotional attitude towards her work. Her life had no other outlet, and she longed for change and freedom, but the desire was completely unsatisfied in the drabness of her oft-repeated task. Where her mind had refused to make the necessary change in her condition, her nervous system had come to her aid and gratified her strongest wish to be free without, however, involving her in the courage and independence which such a decision required. But, as is always the case with such automatic solutions of emotional problems, her freedom was dearly purchased at the expense of a symptom.

SUMMARY

There is a right and a wrong way of treating any disorder, whether physical, "nervous" or mental. The wrong way is symptomatically, the right way is ætiologically, trying to discover and remedy the *cause*.

In problems of mental disorder there are two different directions in which the cause may be sought—it may be *physical*, e.g. due to toxæmia or endocrine disorders, or it

may be *emotional*. Both physical and emotional factors may be involved.

The use of the word "nerves", as a rough-and-ready diagnosis should be limited to a description of the physical state, where it has a definite and limited meaning. For example, tremor, paræsthesiæ and rapid pulse are organic signs of nervous instability, but they are effects whose causes must be sought elsewhere, whether in body or in mind.

If a person is ill enough to be told to "pull himself together" he is ill enough to see a doctor, if he be the right kind of doctor. A patient suffering from "nerves" or mental disorder must be regarded in just the same *ætiological* way as a patient suffering from any form of organic disorder, but usually requires a great deal more patience.

Where the illness appears to be due to environmental factors, or to such physical conditions as endocrine disturbance or toxæmia, it is necessary first of all to treat such causes as can be found.

Where there is no apparent cause, a tactful and careful history of the sex life should be undertaken. Education on common-sense lines and instruction in elementary sexual hygiene—for example, of husband and wife in a case of anxiety over pregnancy, or the practice of *coitus interruptus*—may do much to remove intractable symptoms, both emotional and physical.

Where all else fails, the case should be referred to a psychological expert who has more time and knowledge to devote to such cases than the busy practitioner can be expected to possess. It is better to let him find the cause of the trouble if he can, than for the practitioner to adopt "heroic" surgical methods or advocate dismissive sea voyages.

CHAPTER II
DYNAMIC PSYCHOLOGY

PURPOSIVE BEHAVIOUR

IN the previous chapter a distinction was made between those mental disorders in which the symptoms were resultant, and those in which they possessed a "function" or element of purpose. This conception of the purposive behaviour of the different organs of the body may be traced both in health and disease, and is of importance not merely in psychopathology.

The ordered development and specialisation of function of the physical organs of the body may be considered as being purposive; for example, the purpose of the alimentary canal is digestion, assimilation and elimination; and the purpose of the central nervous system is selection, inhibition and control. The organisation of the body as a whole depends upon a working in harmony of its various functions, a co-ordination of the purpose of each unit system into a single team, under the control of the central nervous system. The purpose of the whole unified system is to produce greater order, freedom and power over the external environment in which the system lives.

A further instance of purposive behaviour in organic medicine is found in the behaviour of the organs in states of disordered function—*i.e.* disease. Let us consider, for example, the changes which take place with the introduction of a foreign body into the tissues, and the development of inflammation. The introduction of a septic body into the finger gives rise to the cardinal signs of inflammation—swelling, heat, redness and pain. From one point of view the signs and symptoms of inflammation are regarded as being something undesirable which requires immediate remedy, but when considered in detail the disorder is seen to consist of a series of related purposive interactions on the part of the tissues involved. The introduction of the foreign body causes a reaction on the part of the tissues, the purpose

of which is to expel it. The leucocytosis is a massing of phagocytic cells, the purpose of which is to remove the undesirable foreign body. The heat, pain, redness and swelling are all consequent upon this purposive activity, the increase in temperature of the part being also probably purposive in assisting the remedial process. It is as if the tissues are prepared for the invader with a fixed type of defensive reaction. It cannot be said that there is any *consciousness* of purpose in this response, but it is very important to realise that *consciousness is not necessary for behaviour to be purposive*.

Another example of purpose in organic medicine is found in vomiting. The symptom, when it occurs, is subjectively very undesirable, and the patient applies for a remedy, not realising that the vomiting is itself a remedy for a previous state of disorder. The purpose of vomiting is, again, the removal of a noxious foreign body, to the stimulus of which the muscular part of the stomach reacts with an expulsive impulse.

Nevertheless, the patient is usually quite right in regarding vomiting as needing a remedy. At this stage it is necessary to recognise that, wonderful as are the purposive defensive mechanisms in the human body, these may, and very frequently do, require medical remedy before the system can return to an ordered state of health. It is very important to recognise, on the one hand, the natural purposive remedial aspect of the human body in a state of disease. It is as important to recognise, on the other hand, that this remedial function is very far from being infallible and may itself call for treatment, besides being unable to deal effectively with the disorder without medical aid. This point will be returned to when we consider purposive behaviour on a higher plane than that of organic function.

NON-PURPOSIVE OR "RESULTANT" ORGANIC BEHAVIOUR

A little consideration will show that by no means all organic behaviour can be regarded as purposive. Take, for example, the familiar symptom of tremor, which is one of the commonest signs of a disordered nervous system. This is consequent upon a disordered state having arisen in the nervous unit. The process of inhibition, which normally maintains a controlled and ordered tone throughout the nervous system, is broken down in its higher organisation, in consequence, perhaps, of exhaustion or toxæmia, and the

symptom of tremor is *resultant* without being remedial or purposive.

A second example of a resultant, non-purposive symptom is the muscular paralysis found in Bell's palsy, where the seventh nerve has been put out of action from some cause. A ptosis of the eyelid due to conjunctivitis may be considered as purposive, but if it is due to nerve paralysis it is resultant and non-purposive.

Another example of non-purposive behaviour is to be found in the development of neoplastic growths. A neoplasm is an extension of cells in a parasitic and independent way, at the expense of the normal function of the invaded organ. It is not purposive, and surgical remedies are usually required to protect the body as a whole from the disordered activities of neoplastic cells.

TREATMENT OF PURPOSIVE AND NON-PURPOSIVE DISORDERS

It is not many years since the greater part of medical treatment was directed towards the remedy of symptoms, and there is still too often a tendency to resort to symptomatic measures. The universal (and frequently quite successful) remedy for a headache is aspirin, but it is usually prescribed without reference to the underlying cause. A patient who suffers from insomnia is given hypnotics, or if it be "nerves" he is given either sedatives or tonics. But symptomatic treatment ignores the cause of the disorder, and in many cases must leave it still uncured.

The distinction which has been drawn between purposive and non-purposive or resultant symptoms provides the clue to those cases which may be treated symptomatically and those which require deeper insight into the underlying cause. Disorders which belong to the resultant or non-purposive group may, if necessary, be treated individually and symptomatically. Those which are purposive must be treated by a method which seeks to define and remove the cause.

In no field of the physician's responsibility has the use of remedies been more symptomatic than in that of mental disorder, which, however, differs from organic in that it is more frequently purposive. The same rule applies, and in order to get the best result from treatment of mental disorder we must define and remove the cause before we can expect to effect a remedy. In the previous chapter examples

of enuresis and insomnia were given in which the disorder was primarily purposive and which could not, therefore, be expected to respond to symptomatic treatment.

Every doctor is familiar with the disheartening experience of intractable cases of illness which he feels ought to respond to simple remedies, but which, in fact, seem beyond his power to cure. Such patients usually complain of many symptoms which they describe in fullest detail, even with great satisfaction. If a symptom of headache has been improved, pain in the shoulder has taken its place; if the patient is sleeping better, then he is less able to do his work owing to vague feelings of illness or excessive fatigue. Very often such patients in their anxiety to be cured have gone so far as to write down for the doctor a list of their complaints, and successive visits will find modifications in the list, but additions to the number of complaints rather than any sign of cure. They go from one doctor to another, and sometimes their doctor is not sorry to see them go. If a patient were getting anything out of his illness, if the illness were purposive, the intractability could easily be appreciated.

It is quite obvious on a little consideration that illness does achieve a purpose. We are probably all familiar with the feeling that we should like a few days in bed, with someone to be kind to us and give us special attention. Such a rest from the cares and responsibilities of everyday life could come as a welcome relief, but only for a while to most of us. However, the fact remains that a little illness can be attractive, and under certain conditions it may be still more useful. In fact, it may become invaluable, as the following example will show.

Every child wants to be the centre of attention and to exercise some degree of authority. A child of 3 finds his small world enlarged by the introduction into it of a baby brother and, at a single blow, he finds that he has lost both his position in the centre of the domestic stage and his unique dominance over his parents. No one, after having been number one, likes to be relegated to the position of "also ran". An illness causes the displaced one for the time being to recover his position of authority. He is again the centre of the stage, again the one whose slightest whim is met with pleasure and approval. His illness is useful, and if his power of adaptability is lacking, if his will to be really strong is not keen, from this early useful experience may be developed the lifelong tendency to invalidism. His illness will be intractable because it is purposive.

CASE II.A.—A boy of 17 was working in a machine shop at a task he heartily disliked. His father, who was also the foreman, he disliked as heartily as the job. His best friend caught his finger in some machinery and was away from work for three months with compensation. The boy then expressed a wish to be ill in order that he also might be able to stay away from work. He got the worst of an argument at home with his father and went to the pictures, where he saw a film of a popular hero who lost his sight, but was married nevertheless to the most attractive heroine, who mothered him happily for the rest of his life. The following day the boy complained of failing eyesight, which rapidly developed until he was almost blind. The patient was referred from the eye hospital as a case of conversion hysteria, which was confirmed by the history and circumstances of his illness. He might have been a case of conversion hysteria. His condition seemed at first to improve under hypnotic suggestion, but after a month's unsuccessful treatment he was referred back to the eye hospital, where it was discovered that he had bilateral optic neuritis, and was therefore not a case for the psychologist.

Such are the difficulties of diagnosis. Everything in this case was suggestive of a purposive symptom, but it was in fact not purposive, but resultant upon an organic lesion.

The shell-shock cases of the war provided many instances of purposive disorder which were, nevertheless, quite distinct from the numerous other cases of malingering, with which they were sometimes confused. The man who could face the fact that he felt afraid was not subject to conversion hysteria. The man who could not face the fact, but who had to adapt himself somehow to a situation in which he felt miserably inadequate, was subject to the possible development of conversion symptoms, the purpose of which was to solve his problem for him in a way which was beyond his control. From these causes were developed the cases of blindness, paralysis, fits, aphasia and innumerable other symptoms, all of which were effective in removing the sufferer from an intolerable situation.

In the case of the malingerer the problem was a conscious one—consciously attempted, consciously achieved. In the true case of shell-shock the problem was not conscious, but was achieved through the natural unconscious method of conversion hysteria, over which he had no conscious control.

Cases of "traumatic neurasthenia" come frequently into the hands of the general practitioner and are always regarded as a difficult problem. They are frequently complicated by the question of monetary compensation. These, again, provide a simple example of a purposive disorder, in which the illness is being useful. It is only natural if there is any question of compensation that the patient should wish it to be as much as possible. He need not consciously think so, but the amount of compensation is going to depend upon the degree of his disability and the tendency is therefore for his disability to be increased. Such cases tend to clear up with greater facility when the compensation is settled. It is easy to suspect that a patient of this kind is malingering and consciously exaggerating his disability, but this is not necessarily the fact. The mechanism for what is called "conversion hysteria" is there, which makes use of the opportunity provided by the disability, quite independently of consciousness. The strain of work under conditions of economic pressure and the everyday difficulties of life are often sufficient to exaggerate the symptoms of illness as a defence, without any question of compensation.

WHAT DO WE "NEED" FOR ADAPTATION ?

If disorder is so often purposive, what purpose is it trying to achieve? In other words, what are the needs which all of us tend to feel as essentially requiring fulfilment? They are essentially three :

- (1) Love—a feeling of priority.
- (2) Protection—a feeling of security.
- (3) Power—a feeling of control.

Consideration of all the cases already mentioned will show the degree of satisfaction along these three lines which have been attained through illness. The purpose of the disability has been to achieve what the patient wanted or needed, whether he was conscious of it or not. The illness was a means to an end, and the end was love, protection, power—any or all. *It is therefore not true to say that the patient wants his illness, as such.* He does not want it as an end in itself, but he does want it as a means to an end. He wants what he gets out of the illness and not, as a rule, any particular symptom. The patient is quite right in saying that he does not want to be ill, and in repeating that he wants to be cured. Furthermore, the patient does not know what

he does want. He is not conscious of his need, but love, protection and power are goals which human nature is pre-ordained to pursue and find attractive.

The child makes use of the thunderstorm or enuresis as a way to finding love and protection in the mother. In the cases of insomnia mentioned in the previous chapter, the symptom was regarded as intolerable, but the purpose of it was to be found in satisfaction of the need for love, protection and power.

CONFLICT

Why should it be necessary to develop a symptom which is itself undesirable, in order to obtain a goal which is desirable? The answer to this question introduces the conception of conflict.

There are sometimes reasons why the goal, besides being desired, should be undesirable because it is feared, and in those cases a *wish not to* is opposed to the primary goal-seeking wish. Life possesses a primary polarity between the impulse towards inertia and the impulse towards growth. On the one hand there is a wish to retreat, or at least to maintain the *status quo*. On the other, there is the wish to grow beyond the limits of our present experience towards the attainment of higher things. Here, then, is a possible basis for all conflict. But there are other causes for our frequent experience of a duality of opposing wishes.

The importance, at any given time, of previous experience in evaluating the present circumstances is a matter which will be more fully developed in succeeding chapters, but beneath the surface of the man of any age there is always a foundation of previous experience during his own childhood and the childhood of the race. All our wishes are not socially tolerable, nor even consciously acceptable. Social adaptability is a comparatively late development and is superimposed upon primitive childish egotism. This second aspect of conflict is due to the difference between the past and the present, the old and the new, the primitive and the civilised, the child and the man. The wishes and feelings of the one are not in harmony with the wishes and feelings of the other.

Then there is the conflict between the heart and the head, between "feelings" and "thoughts". There are many things that we feel we would like to do, but that we know we must not do, and our heads are frequently in conflict with our

hearts. The most important point to recognise, however, is that our heads are frequently unconscious of the wishes or tendencies of our feelings. The cases which have already been cited were not cases of conscious conflict, but of unconscious conflict. The patients do not know what they feel or what they want, nor even that they are getting what they want. We do not realise the extent to which our behaviour is motivated by unconscious processes. On the physical plane inflammation is a purposive unconscious process, and on the emotional plane conversion hysteria is another example of a similar purposive unconscious process.

Conflict therefore may be between unconscious tendencies and conscious wishes. On the one hand there is "I feel I want"; on the other "I think I ought". That often I am not conscious of what "I feel I want" is due to the fact that so many primitive childish "wishes" are a hereditary pattern independent of individual experience. This point will be developed further in a later chapter (p. 211).

If we were to judge from the report of coroners' inquests we should have to believe that conscious conflict was usually the cause of mental illness. Cases of suicide are so often related to some immediate problem which is consciously in the patient's mind—*e.g.* disappointment in love, financial anxiety, worry over illness. It is obvious that any of these factors may impose an additional strain, but they are all external factors operating upon the patient's internal psychological constitution, and it is the internal constitution which determines whether or not illness or suicide or any other pathological behaviour may follow. As an axiom it may be stated that conscious conflict cannot, in itself, cause an illness, but it may be sufficient to precipitate it.

Overwork is frequently cited as a cause of nervous breakdown. The additional strain imposed by long hours, heavy responsibility and possible financial disappointment is an added burden, which may result in a nervous breakdown, but it need not necessarily be the cause of it. For instance, we may ask *why did the patient overwork?* In many cases it will be found that he was trying to do more than anyone would have expected him to be able to do, that he was more critical of himself than he had any right to be, that he was more intolerant of failure or unduly anxious for complete security. With any such motives at the back of his mind he must inevitably tend to overwork and must also finally be disappointed with his achievement. In other words,

overwork often depends not upon the external factor of necessity, but upon the internal constitutional factor which would make a patient overwork anyhow, whether it was necessary or not. It may therefore be said that overwork has precipitated the illness, but that the cause lay within the individual's constitution rather than in external circumstances.

CASE II.B.—A man came for a consultation complaining that he was worried, depressed, and losing his sleep. On inquiry he was found to possess two wives and two families who were ignorant of each other's existence, and at the same time he was a responsible church-worker. When one considers the difficulty of maintaining his social prestige and his domestic problems in watertight compartments, together with the pressure of economic necessity, there need be no surprise at signs of nervous strain. There must have been a great deal of conscious conflict, but there was probably also an internal and unconscious motive which prompted him to organise his life in such a difficult fashion.

Conscious conflict may be dealt with by a process of *suppression*. When I am aware that I want two different things I weigh one against the other, and choose the one and suppress the other. This is a conscious process of selection in which one alternative is suppressed in favour of another, and is not to be confused with *repression* which is an unconscious and automatic process.

It is very difficult to formulate at this stage any ideas which will define unconscious conflict, but the conception will be developed in subsequent chapters. It will be sufficient for the moment to define unconscious conflict as being derived from a source of unresolved past wishes and needs, primitive and infantile. Unconscious wishes have either never entered consciousness or, originating at an earlier stage of development, are not consciously tolerable when they have been retained until a later stage.

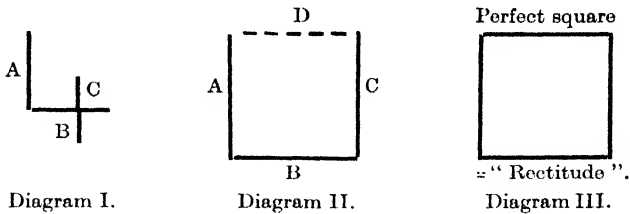
Childish wishes are very often not consciously tolerable. For instance, a small girl, aged 3, may say to her mother: "When are you going away so that I can take care of Daddy?" and the wish to be rid of the rivalry of the mother may be pictured in a dream by the mother's death. It is not long before wishes of this kind are dealt with by *repression*. This is an unconscious automatic process which eliminates the wish from consciousness altogether and cuts it out of the

conscious mental field of wish-fulfilment. It is out of sight but it is not out of mind, and repressed "unconscious" wishes of this kind are very frequently sources of subsequent symptom formation.

CASE II.C.—An example of this kind occurred in a patient aged 29, who stated that at the age of 23 she was raped by her father. She was able to give full circumstantial details without exaggeration and in a most impressive way which, had they been given in a court of law, and in the light of his known moral character, might well have secured her father's conviction. She had spent about three years in a mental hospital suffering from a very serious mental breakdown, attributable, as she said, to the shock. Her first breakdown had in fact dated from the age of 23, and her history showed that she had not been well since that time. After she left the mental institution, improved but uncured, she was seen as an out-patient twice a week at the Tavistock Square Clinic, and it became increasingly plain that if the episode which she said was the cause of her illness had actually occurred, it was in fact no more than a coincidence, because it represented her lifelong ambition, although it had never been fully conscious. She was of a very religious disposition—in fact, over-conscientious—and such an idea was quite intolerable to consciousness. She had been a lifelong enemy of her mother, and her most frequent dreams involved her mother's death. There had been many minor episodes of intimacy in which her father had played an unwise part, unaware of what the consequences were likely to be.

She had many symptoms, but only one will be given as an example of repression and fulfilment of the unconscious wish. She said that she wished to count everything in fours. This had originated, as far as she remembered, when at fourteen she had tried whilst lying in bed, to fit the tiles of the roof across the road, four at a time, inside the four panes of her bedroom window. This was a period of great emotional strain with regard to her father, and was not in fact the beginning of her tendency to count in fours, as she remembered later that as a very small child she liked her doll to have its eyes half-shut, so as to have two lids and two eyes and so make four. She interpreted this symptom entirely of her own accord, saying that she was not at all sure that it was right, but that it had just

come to her like that. She said: "If I start with the figure 4, I feel that this (A in Diagram I.) is my father, this (B)



is my mother, and this (C) is me. What I want to do is to go like that. This is my father (A in Diagram No. II.), that is my mother (B), that is me (C), and then I want to make a perfect square (dotted line D)—and this is what I want. I feel that this is something to make everything complete—like I wanted a baby when I was a little girl, and I feel that the square is something which is quite right and proper, and nothing wrong with it at all."

In phantasy, the patient had always wanted a baby by her father and she obtained it unconsciously through her obsessional symptom of counting in fours and squares, but she obtained it in such a way as to combine it with a symbol of conscious moral rectitude.

The mechanism which combines both the gratification of a wish which is consciously intolerable and the desire to be "good" may be illustrated diagrammatically :

Solution of Conflict by Symptom Formation

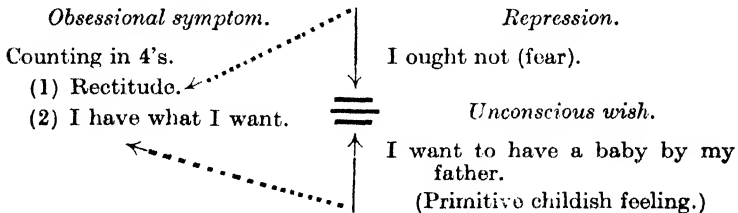


Diagram IV.

Such a purposive symptom is worth much to a patient, however anxious they may be to get rid of it, because it achieves the best of both worlds.

RATIONALISATION

Rationalisation is the term applied to the satisfactory conscious explanation of wishes and behaviour which are derived from unconscious sources and unsatisfactory to consciousness. The extent to which this mechanism can take place is almost infinite because of the freedom of the conscious-thinking process to arrive at any conclusion which may be satisfactory to itself, which it then embroiders and believes to be true, because it likes it to be so. Most of our thinking suffers from rationalisation—*i.e.* it is not what is really true, but what we would like to be true. When we are most sure, we usually have least grounds for our assurance, but most wish to be sure. Rationalisation therefore is a process of conscious elaboration and wish-fulfilment. It enables us to prove what we wish to prove, and explain in the way that we like what we should be afraid to explain in a way that is true.

In the case cited above, the patient's consciousness had rationalised her own self-deception by saying that her father had raped her, and that that was the cause of her breakdown. It was only after several months of treatment that she came in a great state of emotional disorder to say : " Doctor, it is not true—he didn't do it." Her unconscious wish had entered consciousness and from that time it lost its power to control her. She was able to return to her occupation of nursing where she has remained without further trouble for several years.

PHANTASY

Solution of Conflict by Phantasy Formation

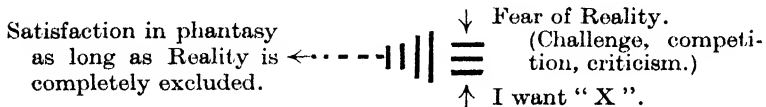


Diagram V.

Another way in which the wish may be gratified is through phantasy. The essential point in phantasy is that it must at all costs avoid reality. We can achieve in phantasy the wish that is impossible of achievement in reality and which, if achieved, would be intolerable. For instance, a child's longing for power and self-importance may make him play the part both of field-marshal and of editor of the popular press which he has created to exploit his doings. To achieve either

of these heights in reality would involve him in a degree of hard work and responsibility which would probably not suit him at all. But if this habit of phantasy is continued his capacity for real achievement will become progressively less. Phantasy is the same as day-dream, and both are an escape from the irksome reality of everyday life. Its material may be the same as imagination, but phantasy is essentially different from imagination in that, whereas phantasy must remain dissociated from reality, imagination may be a means towards achieving it. When phantasy does become real it always meets with disaster. We should all like to believe that the girl of our dreams is the most beautiful girl in the world, but to see someone who corresponds to our phantasy in the front row of the chorus and to marry her is to court disaster.

The following is an example of phantasy occurring in a male homosexual, aged 23, and represents a day-dream of wish-fulfilment, which was fortunately dissociated from reality :

“ I would have a very famous school, which would be for consumptives, arranged so that they could be naked all day long. I should start with a few boys in a Clinic, who would get on so well that we should become world-famous, so that eventually I would have about 1200 boys who would all be naked. We would have a magnificent building with a fine Chapel surmounted with a Golden Cross, and the motto would be ‘ The highest and the best ’. The boys would sleep naked under ultra-violet light, with their eyes shaded. We should do observations on them as to the effect of frequency of semination upon their work. Semination and homosexuality would be encouraged in order to add to the joy of school life, thereby encouraging the power of love. The boys would grow up to be the most important men in the Country and they would look up to me as being the most important of all. They would get into all the places of power and responsibility and would eventually become members of parliament, so that I should be elected as Prime Minister and be the most important person in the world.”

SUMMARY

The conception of “ purpose ” is essential to understanding the dynamic aspect of modern psychology. Purpose is not necessarily conscious, nor is it limited even to mind, as was shown by examples of purposive behaviour in the body in conditions both of health and disease.

Not all the "behaviour" of the tissues and parts of the body in disease is purposive, however. Some, of which tremor is a simple example, is only secondary to, or resultant from, a deeper cause. In the latter case, symptomatic treatment, if necessary, is justified. In the former, however, the purposive nature of the behaviour must be remembered, and treatment must remedy the cause. Such purposive disorders are far more commonly found in psychological medicine, and yet in the past they have been treated almost entirely symptomatically, with results necessarily disappointing.

The personality as a whole has certain primary needs, which are sought purposively, though not necessarily consciously. Most important amongst these are Love, Protection and Power. These may, under certain circumstances, be achieved through illness and development of symptoms, in which case the illness is wished for not as an end in itself, but as a purposive means to a desired end.

Man is more than the sum of his own experience, and his behaviour is often motivated by past primitive and childish wishes, which are not tolerated by his higher reason and conscience. They are therefore "repressed", but still remain dynamically active, and therefore give rise to "conflict", and often to subsequent symptom formation.

Consciousness is all of which we are aware, but does not contain all our motives. Consciousness as a whole, however, is unified in the way that pleases its own standards by "rationalisation". It therefore looks deceptively complete, and this deception is itself purposive in affording both a self-justification and an organised simplicity and unity. "I am quite sure" usually only means "I want to be sure". Rationalisations are therefore liable to be defended with great emotional intensity, and the latter is usually indicative of the existence of the former.

Purpose or wish-fulfilment may evade reality altogether, and achieve the desired end in "phantasy", which is pathological because it is at the expense of a flight from reality. Adaptation is wish-fulfilment through reality, and phantasy is false adaptation. Being a purposive and progressive detachment from reality it is a fundamental factor in the development of insanity.

CHAPTER III

THE WAY THE MIND WORKS

THE DEVELOPMENT OF MIND

It is easier to understand the symptomatology of mental disorders if we have a clear picture as to how the mind has developed and of what parts it is composed. The ordinary conception of "mind" is that it is solely concerned with processes of conscious thought, but a little consideration will show that this is not true. A great deal of the difficulty which we experience in understanding ourselves and our patients is due to this erroneous conception that mind is only occupied with conscious-thinking processes. It is for this reason that the term "unconscious mind" has proved such a difficult one to understand. If "mind" was "consciousness" how could there be such a thing as an unconscious consciousness? But is mind only consciousness, or if it is more than that, what is it?

Let us begin with the broadest view of the initial development of the nervous system. With the progress of differentiation of function, it became increasingly necessary for the organism to evolve a central selective station which might inhibit certain impulses whilst promoting others. In the ordered interaction of the nervous system, the different parts of the human organism are enabled to perform their work as units co-operating in a team. For example, the lungs and the organs of digestion, by co-relation and inhibition in the nervous system, perform in health their functions harmoniously and "unconsciously". Consciousness of the existence of a certain organ is usually a sign that that organ is in a state of disorder.

On a level above that of the co-ordinative and inhibitive cell stations we have the field of emotion. We may describe an emotion as an affective state associated with a wish or need, or more simply as a "feeling about something", as long as we realise that it is not the same thing as a sensation, such as hot or red. We may describe hunger for food as a

sensation, but hunger for love is an emotion, as are also fear, anger, wonder, guilt and many others. Emotions are associated with instincts, and although psychologists are not agreed as to what exactly the fundamental instincts may be, they are agreed on the general principle that instincts and emotions are, as it were, two points of view of an internal tendency to behave in a certain way in response to a certain stimulus. For instance, with the development of a need for nourishment on the part of the tissues a sensation of hunger is felt, and the behaviour of the organism then tends to be directed in such a way as to satisfy the need for food. The need is felt and, other needs being in agreement, the hunger feeling can be satisfied. On a higher level than that of the nutritional may be cited, as an example, needs associated with an emotion of fear and the organism's resultant behaviour. The feeling of fear is associated with a need for the preservation of the organism from the threat of the apprehended danger. Behaviour may be directed either towards escape or towards overcoming the threat. Other impulses, such as nutritional, then undergo inhibition and the activity of the organism is centred upon its reaction towards danger.

Another example of an instinctive feeling is that associated with sex. The urge of propagation, with its elementary biological function of preservation of the species, is liable to overcome in its intensity all other impulses, except those of self-preservation.

In animals and simpler organisms, what we understand as consciousness is either non-existent or only present to a very minor degree. Much of their behaviour is conditioned by simple reflexes or habits into which consciousness does not enter. Self-consciousness, the awareness of the self as an integral individual distinct from other individuals, is one of the earliest forms of consciousness and one of the least highly developed. Awareness of alternative courses of conduct, with its inevitable conflict with other impulses, only arises in a late stage of human development, and it is the beginning of a further extension of the field of consciousness. Ultimately it is enlarged to include not only the awareness of concrete external objects and internal impulses, but also a discrimination of abstract ideas of which the variety is almost without limit. Such development takes place through associative paths, in which a series of links is developed as a comparison with and extension from past experience. All later experience is, therefore, more or less intimately associated with something that has previously

happened. Whilst it is entirely new, experience has no meaning for us at all, and it is only through its association with past experience, with something old, that it has meaning or value.

A simple way of helping us to understand the problem of mental development is to relate it to the rings which develop, year by year, in the cross section of a growing tree. The central ring is the oldest part of the tree and successive rings represent the "experience" of the tree year by year. In the accompanying diagram (Fig. 1) there are five rings which

FIG. 1.

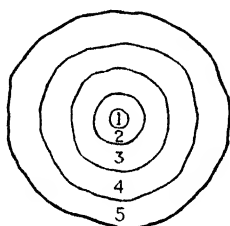
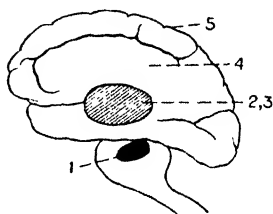


Diagram illustrating development of the brain.

FIG. 2.



The brain.
(Semi-diagrammatic.)

1. Co-ordinative cell stations.
2. Dynamic level—instinctive.
3. Emotional level—feeling states.
4. Pictorial level.
5. Abstract rational level.

may be taken as representing the development of the human brain, but not in periods of years. Each ring represents a successive stage of development by experience. The central, most elementary and oldest ring is that of the *co-ordinative reflex cell stations* in the brain—*e.g.* those which control the action of the physical organs of the heart, lungs, etc. The second ring is that associated with the *instinctive-emotional* life. It is the centre associated with energy and movement, the wishes and needs of the organism in its relation to life and experience. The third ring represents the development of *qualitative* feelings. Life and experience at this stage have definite feeling values, feelings of pain and pleasure, good and bad, but the level of such feelings can hardly at present be called "conscious". It is in the next stage that a further differentiation of feeling values takes place at what may be called the level of "*picture-thinking*".

At this stage awareness of an external world sees experience and external stimuli in terms of crude concrete objectiveness. Discrimination has picked out certain outstanding

objects, and endowed them with their own feeling tone. Consciousness is, at this level, becoming differentiated, but it is concrete, pictorial, symbolical, and always associated with a strong feeling tone.

The last level is arrived at with the outermost ring, which may be called the rational level of consciousness. At this point awareness of an external world has become differentiated into a realisation of the finer distinctions and comparisons. The feeling tone is less and symbols have become split up and qualified so as to be abstract vehicles rather than concrete pictures, and this represents the level of intellectual consciousness.

Fig. 2 shows this principle applied to the various levels of the human brain.

(1) Indicates the central co-ordinative cell stations concerned with organic function (medullary ganglia).

(2, 3) The basal ganglia which are probably associated with the fundamental "energy" of life and with emotional states. It is interesting, and it should make us tentative in all our conclusions, that we are still entirely unaware as to what the source of the elemental energy of life may be, or as to the manner of its operation. But general indications are in favour of the basal ganglia having something to do with it and, as long as it is only held as a working hypothesis to be abandoned as soon as anything better or more certain takes its place, there is no harm in the tentative acceptance of this as being true.

(4) The deeper layers of the cortex indicated by (4), with all their associated paths to the basal ganglia and different parts of the cortex, possess a larger and a cruder type of cell than the superficial layers of the cortex and may perhaps be assumed to function in the way described as "picture-thinking".

(5) This is the superficial layer of the cortex in which the higher, more abstract, processes of reason take place, but each successive higher level can only be understood as being derived by a process of differentiation and modification from earlier and more primitive levels.

PICTURE-THINKING

Those who are accustomed to think of the function of the mind as being entirely conscious naturally make the mistake, since they are aware of the dynamic quality of life, of thinking that consciousness is the centre of dynamic activity. It

is not. The function of consciousness is selective and it probably possesses no energy of its own. The energy of life is to be found in the deepest levels which are prior to and primarily independent of consciousness. This is the level of instinctive wishes or needs, and it is not necessary for these to enter consciousness. Many are dealt with by an automatic process without entering consciousness at all. Some, which originate in a distant racial past, do not enter consciousness because they are not related to any individual consciousness of "now". Others enter consciousness as wishes, and the function of consciousness is to determine how the wish may be gratified in the most satisfactory way without causing trouble. The function of consciousness, then, is selective and adaptive, but it is not dynamic. It is a means to an end rather than an end in itself. The end, from one point of view, is the gratification of the instinctive wishes and needs which activate human behaviour. From another point of view, consciousness may be said to provide a channel for the fullness and freedom of emotional self-expression. In any case its selective function is to fulfil the needs of life without conflict or discord. The "will" may be defined as that part of the individual's instinctive energy which enters consciousness and is directed towards unity, freedom, self-gratification and self-expression.

It is to be expected that the minds of the child and the savage would show something in common, since the savage is phylogenetically infantile and the child is ontogenetically primitive. The fifth layer in both, that of abstract reason and higher synthesis, is as yet not fully developed. In consequence, the layers associated with unco-ordinated wish-fulfilment, with a strong emotional content and a tendency towards pictorialising, are those which we would expect to find most in evidence. Both in the primitive mind and in the mind of the child the activities are mainly those of wishing, feeling and picturing, without strong rational or co-ordinative development.

It is now necessary to define what we mean by "imagination", because of its association with picture-thinking. Imagination may be defined as an ability to pictorialise life without relation to experience. If wish-fulfilment is associated with a strong sense of fear of the dangers of reality, imagination may then very easily become phantasy, which is a flight from life, wish-fulfilment being directed inwards as an escape from experience of reality, owing to the association of reality with the feeling of fear.

It was stated in Chapter II. that an exaggerated tendency towards fear feeling was characteristic of the nervous temperament. All those who are thus over-sensitive to fear stimuli are uncertain in their behaviour reactions. Where fear is strong, the tendency is towards false adaptation and neurosis. The neurotic may also be compared with the child and the primitive savage, because of the same strong tendency towards picture-thinking which exists in all three.

Besides being a prominent characteristic in the savage, the child and the neurotic, the faculty of imagination is also predominant in those who are assigned the quality of "genius". It has often been observed that genius and a tendency to "neurosis" go together. What is the cause of this association? Both the genius and the neurotic are imaginative, sensitive to external stimuli and emotionally responsive. In both the level of picture-thinking is strongly developed and both are sensitive to primitive and innate sources of an unconscious racial character. But whereas the neurotic is inclined to dissociate imagination from life—living in terms of phantasy—there is a quality of exact adaptation to reality in the genius which, perhaps owing to an increased "energy" factor or some innate quality of technical ability, obtains a mastery over life and achieves self-expression through the work of his artistic creation. The genius uses the material of reality as a check upon his imagination, and to innate creative ability adds an acquired development of technical knowledge. The neurotic has the same source of inspiration, without the same creative ability or attachment to reality.

It may have been considered arbitrary to give picture-thinking a place of importance as the source from which a more abstract type of consciousness has been developed. Let us consider, therefore, some examples of what is derived from this tendency to make pictures.

The first means of communication between one individual and another was probably by gesture, which is a method of making pictures with the hands. A further development of the pictorial method of intercommunication was by the development of writing, and this extension was made possible by the greater pictorial aptitude of some kind of a stick. As mastery of materials was gained, drawing and painting were developed as a means of pictorial self-expression and intercommunication. Language, which began by gesture, was developed by means of "picture noises", and the pictorial element in language has always been a

method by which meaning has been conveyed. Slang is particularly interesting from this point of view. It is essentially picture-talking, whether it is of the familiar English type such as "letting the cat out of the bag", or the modern American variety of "spilling a bibful" or "the kitten's pants". The picture-making tendency is most freely utilised in poetry, where simile or metaphor convey meanings and emotions which more abstract forms of expression are unable to convey.

I will go back to the great sweet mother,
Mother and lover of men, the sea.
I will go down to her, I and none other,
Close with her, kiss her, and mix her with me ;
SWINBURNE.

Other forms of primitive picture-making by means of words are the fairy tale, nursery rhyme, folk-lore, myth, allegory and parable. The last two only differ from the others in conveying a moral.

There is one characteristic in all forms of mental picture-making which is very liable to be overlooked. We are inclined to look at the picture as something in itself and to miss the fact that its sole function has been to convey the meaning quite apart from itself. For instance, a political cartoon of a donkey with a human head at either end, as a picture by itself might be regarded as a zoological monstrosity. It has no meaning without interpretation, and this applies to all cartoons. Their purpose is to convey a meaning, and before the meaning is appreciated the picture requires interpretation, which depends upon other knowledge of events previously possessed by the interpreter. In other words, it requires association with previous experience.

However, much of this "picture-writing" has lost the meaning which it was originally intended to convey. A folk tale, such as that of Cadmus (Jason) and the dragon's teeth, may be read simply as a story of a man who sowed some dragon's teeth in the ground with a very remarkable and unlikely result. But if the teeth are taken as pictures, which require interpretation before they can be understood, then in meaning they are not teeth at all, and the resultant armed men are no longer so impossible. Such a tale is a useful exercise in simple interpretation from picture-form to latent meaning.

Fairy stories and nursery rhymes, passed down from generation to generation from a far-off past, have also lost

the meaning which they were originally intended to convey. Let us take, for example, the common slang term of "fiddlesticks". A fiddlestick is a definite object of very limited utility which is, as a rule, not used by those who are in the habit of saying "fiddlesticks". In the nursery rhyme :

There was an old woman who lived in a shoe,
She had so many children she didn't know what to do

there seems to be no association between the fact that the old woman lived in a shoe and the fact that she had so many children she did not know what to do. But perhaps another nursery rhyme may throw more light upon the problem.

My master's lost his fiddling-stick,
My dame has lost her shoe.

Here we have an association between the fiddling-stick and a shoe. The fiddling-stick is a picture of something which moves up and down in a rhythmic fashion, so that if we are to interpret, with the material so far available, we find an association between something which moves up and down in rhythmic fashion, something which is like (but is not) a shoe, and the production of a great many children. That this is not an entirely unusual association will be seen from the following, taken from the notes of the patient (Case II.c) who had an obsessional impulse to count in fours. She wrote the following notes on her feelings as a child about her father's umbrella :

"When I was a child I used to have a particular attachment to my father's umbrella. I always told it where we were going and what we were going to do, and expected it to be upset or pleased according to my own feelings.

"It had to keep in step with my right foot. If I dropped it I was angry with it, and told it that it was stupid and clumsy and I usually shook it. When I rode on a tram or a bus I put the ferrule of the umbrella inside my shoe to keep it close to me and keep it warm. I liked best to sit on top of a bus in the back seat where I could nurse the umbrella in my arms and point out all the interesting things to it as we passed them. This was not often practicable, for if my mother found out what I was doing she generally took the umbrella away. Sometimes I was not allowed to carry the umbrella. On these occasions I whispered to it to break or tear itself or trip up my mother. Always when I got home I placed the umbrella in the stand on my father's side and

wrapped his overcoat round it, partly to hide and protect it, partly to aggravate my mother, who slapped me every time for hindering her from finding it when she wanted to go out, but I continued to do it for years."

When the patient wrote these notes she had no realisation of the meaning which the picture of the umbrella conveyed to her. To her the umbrella was an umbrella, and in the "picture" of a shoe she saw only a shoe. She did not realise that another picture of the umbrella would have been a fiddlestick and that she wished to be in the position of the old woman in the nursery rhyme.

To whatever extent language may be developed in its ultimate differentiation, it is fundamentally derived from a primitive picture form. Words are the symbols we use to express the meaning which we wish to convey, and in themselves they have no value apart from this meaning. It has been well said, "words are the counters of wise men, but the money of fools".

It is not easy to appreciate that language is derived from unconscious sources, but it is a fact. The original development of words in all languages has not been the work of philologists and academicians, but they have grown by a process of unconscious selection because of the meaning which they were able to convey. The unconscious selective factor in the example of "fiddlesticks" quoted above applies to far more than the development of slang. There is a most interesting field of psychological and philological research to be found in the *unconscious* values and associations which have determined the use and development of certain words from their original root meanings. For example, in French there are the two similar words, "mer" meaning sea, and "mère" meaning mother. It is not by chance that two such apparently different meanings as "sea" and "mother" should be linked by similar word-forms, because the Sanskrit root of each is "ma" meaning "to create", which is usually the meaning of the sea-symbol which so often occurs in dreams.

SYMBOLS

Our consideration of picture-thinking has enabled us to approach the problem of symbolism with all the information that is necessary to enable us to understand the meaning and importance of the everyday use of symbols. A symbol conveys a meaning apart from itself, and, as is the case with all primitive and unconscious picture-thinking, it usually

also conveys a feeling. For instance, the flag and the cross are symbols, simple in themselves, but pregnant with meaning and affective tone. Picture-thinking and symbolism are necessary and valuable to us for their simplicity, economy of form, and as a vehicle for the apt conveyance of emotions.

Symbolism is the material, whether we wish it or no, through which artistic and creative effort must be applied. But symbolism, apart from its undoubted value, is the source of a very subtle and serious danger, which is that in the riot of feeling which a symbol may arouse, its meaning may be ignored. The primitive and the child, motivated by an ever-present fear, tend to prefer the concrete to the abstract, the definite to the ill-defined, the known to the unknown. Fear of the unknown, the immaterial and the vague is the source from which is developed much of the so-called materialistic and rationalistic philosophy. We are sometimes liable to like our words because we fear their meanings. Like a drowning man who clutches a straw, we hold on to our symbols, lest their form should escape us in those doubts which must assail when we seek to unveil their true meaning.

To all of us symbols are a danger, but to the neurotic symbols are a disease. The life of the neurotic is full of unknown and unvalued symbolism, of forms and rituals of an obsessional character, the meaning of which has never been differentiated in consciousness. One of the functions of consciousness is to differentiate the symbol from its meaning, the means from the end, and to set free the feelings and motives which have become locked and fixed in a dead materialism of symbolism. But it is a function which is quite definitely lacking in the neurotic personality.

DREAMS

When we appreciate the meaning, importance and danger of symbolism, and the absolute need for interpretation before the meaning of the symbol is understood, we can approach the subject of dreams.

It has already been stated that the tendency with all of us is to confuse the symbol with the meaning and to say that an apple is always an apple. But this simply is not true. In the story of Adam and Eve, the apple was not an apple at all, but a symbol. Dreams are an activity of the "picture-thinking" layer of the mind, and as such are meaningless when regarded superficially as things in themselves, but full

of meaning when regarded as pictures which have been put in the story as symbols to convey a latent meaning which can only be discovered by interpretation.

The exact processes accompanying the physiology of sleep still remain uncertain, but as a working hypothesis it may be assumed that it is the cortical layers of the brain—*i.e.* those of a superficial and differentiated type of consciousness—which are in abeyance during sleep. Whether this is due to a localised cortical anæmia is uncertain, but the evidence tends to show that the depth of sleep corresponds with the depth of cortex which is inactive.

People seem to vary in the extent to which they are aware of dreaming during sleep. Some authorities state that there is always dream activity during sleep, whether the sleeper is aware of it or not. If we regard the dream activity as an activity of the deeper layer of the cortex, it would seem probable that in the deepest kind of sleep the sleeper may be below the depth of the recoverable dream layer altogether, in which case he would be in a condition of dreamless sleep. It is certain that some people are usually aware that they dream, although on waking up they may not be able to recollect any details. Others will say that they never dream, but this probably means no more than that they never recollect their dreams. A great majority will say that they dream occasionally, but under psychological treatment it is usually found that patients are more frequently aware of their dreams than in the ordinary course of life.

There is a common attitude towards dreams which attributes them merely to digestive disturbances. It is quite true that digestive disturbances do influence dreams and are furthermore usually conducive to those of the nightmare type. However, it is probably wrong to say that digestive disturbances cause a dream. A dream is the result of an impact between an internal emotional state and an external stimulus. As a rule the external stimulus has been experienced during the previous day, but from the point of view of dream-consciousness, irritation of the vagus nerve in the stomach may be considered as an adequate nervous stimulus sufficient to activate or modify the dream state. However, it must not be forgotten that there is still the internal emotional tension of the individual to be considered, and this is independent of all external stimuli whether due to indigestion or to the previous day's experience.

A dream is an expression of the inward being of the in-

dividual—it is part of himself. It differs from consciousness in being independent of conscious inhibition, which is absent owing to the abeyance of the superficial cortical layers. It therefore provides information which may never otherwise enter consciousness as to the inward psychological state of the individual. Finally, the dream is dynamic. It is as much an expression of a motive as conscious behaviour is an expression of a motive. In the same way that we can inquire with regard to conscious behaviour, “What is the motive underlying this?” we can also ask the same question of dream behaviour, but without the difficulty of having to deal with superficial conscious inhibitions and distortions. Therefore in dreams, as “in vino”, we may expect to find (and for the same reason) “veritas”.

Before we proceed to a classification of dreams there are one or two further points which deserve consideration. The material which is used in a dream is described as its “manifest content”, and is only to be regarded as the symbolism which conveys the meaning or “latent content”. It is usually related to recent experience, and much of the content of a dream may be accounted for in this way. The question is, why the dream should have selected only such material as it does out of such a large potential source of supply derived from immediate experience? There must have been some selective process which chose this part of one experience, ignored the remainder, and linked it up with some other part of some experience which was actually quite out of context with it. This is the dramatic process of the dream which chooses just such elements of experience as it requires for its own completeness, and it sometimes achieves a very high level of artistic merit.

It sometimes happens that one item in the dream may seem to be derived from many different sources. For example, a person appearing in the dream might have the face of the patient’s mother, but in other respects the person of his wife. This process is called “condensation”, and it enables the dramatisation of the dream to take place with a maximum of economy.

There is one great difficulty in dream interpretation of which all who have tried to understand their own or the dreams of others must be aware. It has already been stated that the activity of the picture layer of the deeper cortex is expressed in picture terms, in the form of symbols which, to be understood, require to be interpreted. Perhaps in a dream I find myself by the side of a river which reminds

me of a certain day on a summer holiday. Is the river to be regarded as a symbol, and therefore not as a river, or is it to be regarded as only that particular river of which I am reminded? Perhaps the dreamer is beating somebody with a stick. Is the stick to be regarded merely as a stick, or as a symbol and therefore not as a stick? It would appear that some details of a dream require interpretation, but others are to be taken at their own face value. The difficulty is a very real one, but not insuperable. All that we have to discover is the *meaning or value to the dreamer of any particular item in the dream*. This may be arrived at in different ways. For instance, of any item in a dream one may ask the patient, "What do you feel about it?" "What does it mean to you?" or "What does it remind you of?" In each case one is interpreting the meaning of the picture by finding out its personal value to the patient.

Are there any universal symbols which may be taken as having a definite meaning, apart from any value which the patient may be inclined to give them? There is no doubt that it is extremely dangerous for anybody interested in interpreting dreams to assume the validity of universal symbols, but it is nevertheless quite true that many symbols are found in the dreams of many patients, in many different circumstances, in many parts of the world. If, however, the meaning is what the interpreter has been led to expect by his knowledge of universal symbols, then this meaning may be obtained direct from the patient as being also what it means to him. It is never safe to assume that a symbol in a dream means what it ought to mean. The most dangerous ground of all in which to employ universal symbolism is that associated with sexual factors. It is too easy and too dangerous to assume that a walking-stick is always a phallic symbol. It is quite possible that it has an entirely different significance to the patient; it may be no more than it seems, an additional means of support.

Are there dreams which have no meaning, no motive and no value? It is impossible to say, but it is certain that from the point of view of the psychotherapist, dreams that have a useful discoverable meaning are definitely limited in number. With infinite patience, great aptitude and a large measure of luck, it is possible that all dreams might be found to have a meaning; but it is certain that in practice a large proportion of dreams are beyond the ability of the psychotherapist to understand with any degree of satisfaction if he is approaching his task in a critical way.

The following is suggested as a classification of dreams :

- (1) Wish-fulfilment ;
 - (a) Simple ;
 - (b) Desired but feared.
- (2) Anxiety (feared and not desired).
- (3) Telcological.
- (4) Self-critical.
- (5) Repetitive.
- (6) Indefinite.

(1) *Wish-fulfilment Dreams*

(a) *Simple*.—This is typical of the child's dream. He wants a bicycle and dreams that he is its proud possessor. It is a dream of simple wish-fulfilment without arousing any complex issues and depends upon the existence of a single wish without opposing conflict. The dreams of hungry explorers isolated without food on an ice-floe would be of this type. They might dream of luscious steaks, with succulent vegetables, served in spacious restaurants.

A young woman, who was normally as interested in shopping as all young women should be, while in bed during a long illness, dreamt that she was serving at Liberty's, Debenhams and Freebody's, and Freeman Hardy and Willis. She wanted what she had not got, the freedom of the shops, and the names chosen by the dream were all associated with freedom.

(b) *Desired but Feared*.—What more often occurs, however, is that the wish cannot be fulfilled without a certain degree of conflict being aroused. Such are the comparatively common "death-wish" dreams. The subject matter of this dream is usually in terms of dead bodies and coffins, perhaps with added gruesome details, and the feeling tone aroused in association by the patient is that of fear or horror. A wish is being expressed in the dream for the removal of some undesirable person, but it is a wish that obviously cannot be accepted or even visualised in consciousness without disapproval. In point of fact, when one appreciates that the dream is only to be taken as symbolism, the wish is seen to be not so horrible after all. The motive of the death-wish is a "wish to be rid of". Death is the simple and practical form in which the "wish to be rid of" is expressed. It will, however, be readily realised that after the "wish to be rid of" enters consciousness as a death-wish, the patient may be horrified to find himself possessed of the motives of a would-be murderer. Much of the patient's anxiety can therefore be allayed by the

interpretation of this type of dream from its simple wish-foundations. To accept the idea in consciousness of the wish to murder a person is a reasonable cause for anxiety, but there is nothing to worry about if the patient realises that he is only anxious to get rid of that person because he happens to be in the way of his wish-fulfilment.

(2) *Anxiety Dreams (Feared but not Desired)*

This is a common type of dream, of which probably the most familiar example is that of "missing trains". The dreamer is afraid of his inadequacy and feels incompetent to fulfil the task which lies before him. His dreams express his lack of confidence and fear of failure. A medical student, preparing for an examination, may dream that on the way to the examination hall he misses the train, that when he has caught it, it goes to the wrong destination, that he finally arrives half an hour late, that he has then lost his pen and when the closing hour has struck he is still only half-way through the first question. The feeling tone throughout is one of anxiety owing to a feeling of inadequacy.

(3) *Teleological Dreams*

Dreams, besides referring to the past and present, frequently contain suggestions as to the solution of a patient's difficulties. A woman of 47, whose horn-rimmed spectacles, severe expression and masculine type of dress gave pictorial evidence as to the type of her psychology, was the headmistress of a large girls' school. She had entered and passed with honours every examination within her power, and judged from one standpoint her life could be measured as successful. As a child her parents had told her that they were bitterly disappointed that she was not a boy, and her whole life had been directed towards making up for this unfortunate defect on her part. Up to a point she had succeeded and she had been able to contribute, from very small beginnings, to her parents' comfort in their old age. But she was subject to extreme fits of depression and she was afraid of going out for walks by herself in lonely places or if it was dark, in case she should be attacked by a man. It was for this depression and anxiety that she came for treatment, during the course of which she had the following dream :

"I was on the top of a high hill with some other people and I was told that we had to go down and cross the river that lay between the base of the hill and some rugged barren ground on the other side. I did not wish to go and wanted

to stay on the hill. I told the others if they went there would be an awful disaster, but in spite of my warning they went down the hill and commenced to cross the river. They had only got half-way across when suddenly there was a terrible storm with rain and wind and they seemed to be washed away. Then I found myself going down the hill and knew that I also had to cross the river, but somehow I did not feel afraid because in my hand I held a talisman. It was circular, like a little box, and I seemed to touch it with my forefinger and then touch my face. With this talisman I was able to cross the river without danger."

She found some little difficulty in evaluating her talisman, until she was asked to make the gesture that she had to make in the dream. There was no doubt about it, and she discovered its meaning for herself. The talisman was a powder-box and puff, symbols of femininity which she had always affected to despise.

(4) *Self-critical Dreams*

It is a great mistake to regard the unconscious or its dream activity as being entirely either stupid or evil. This part of the mind is possessed of creative power, a sense of humour, and a vivid artistic and dramatic sense. The critical capacity of the dream consciousness is occasionally devastating and may occur with startling vividness in otherwise uncritical people. For example, a patient entered a consulting room one day, obviously displeased with life. He said he had nothing to talk about and then he admitted that he had had a dream, but said that all dreams were nonsense and that this dream was particularly useless from the point of view of analysis. In other words, his defensive reaction was very strong and was an indication that the dream was likely to be a very fruitful one when interpreted. It was as follows :

"I was in the corner of a field alongside which was a muddy lane. In front of me was a donkey harnessed in a broken-down little cart, but it had funny legs. They were all twisted like the tendrils of a vine and it looked very unsteady."

The donkey may be taken as a universal symbol in this dream and no experience of dream interpretation is required to understand the self-criticism which it displayed. The patient's association with the donkey's legs was that they were just like the tendrils of a vine which, he explained, could not stand up by itself but required support from something stronger.

(5) *Repetitive Dreams*

The repetitive dream is due to a tendency to continue into the dream state the experiences of the previous day. If one has been driving in a car all day, the motion of the car may occupy a prominent part in the dream. Another example is when the mind has been occupied all day with the addition of figures or any work requiring intense application, and continues in the same way in the dream.

(6) *Indefinite Dreams*

This last group has been left to contain those dreams which cannot be fitted into the previous categories. It is at least useful as an indication that there are many dreams which we do not understand. Perhaps they are just dream imagination, play without purpose, without meaning in themselves.

Nothing has been said in the foregoing categories with regard to prophetic dreams. Prophecy has always been regarded historically as the main function of the dream, as, for instance, in the case of Joseph and the fat and lean kine. It is interesting in this connection to realise that the measurement of time is a useful convention on the part of consciousness, which has no existence in the dream state, or in fact at all apart from our consciousness of it. This has been said by some to explain the prophetic nature of dreams, but if there is no time in the unconscious there is at least a difference of before and after, as much as in consciousness. The difference of before and behind, future and past, is independent of any conscious convenience obtained from the time measure. It is probably true that telepathy occurs in dreams, but a claim for anything so remarkable as prophecy should be regarded with a good deal of hesitation. What is certainly the case is that the unconscious, as once was said of Manchester, sometimes feels to-day what conscious London is going to think to-morrow. It is therefore obvious that it may be possible to deduce from a dream the course of a patient's subsequent behaviour.

SYMPTOMS

To complete our understanding of the method in the madness of unconscious processes, it is useful at this point to link up dreams with symptom formation. It has been said that the dream is the activity of the deeper picture-forming layers of the brain associated with instinctive wishes and fundamental emotional states. The same applies to symptoms.

They are derived from the same source, motivated from the same wishes and cast in the same pictorial and unreasoned mould. The following is an example of such a phobia.

CASE III.A.—A man, unmarried, aged 37, had a phobia of policemen and begged to be allowed to have a personal interview with the local police inspector in order to find out exactly what it was of which he was being accused. He never passed a policeman without feeling that he was going to be arrested, but he was completely unaware of having ever committed a crime. It was easy to recognise that the policeman was a symbol representing law and punishment, from which it was a short step to deduce the fact that the patient had, at some time, done something of which he felt ashamed. This was discovered by analysis. When he was 3 years old he had been induced to commit an improper practice with an elderly female relative, and had been discovered doing so by his father, who had severely and quite unjustly punished him. From that time he had always felt terrified of his father's presence. The episode had been long forgotten, but the sense of guilt and the fear of punishment had been transferred to the symbol of policemen in general. The situation had been pictorialised and the meaning had been lost in the neurotic's adherence to the form of unconsciously chosen symbolism.

The obsessional case (II.c) mentioned in Chapter II. was another example of a picture-forming symptom in which the patient gratified the two conflicting wishes in a single obsessional compromise. On a more complex level of behaviour the following case may be cited.

CASE III.B.—A man, married, aged 39, was under treatment for sexual impotence. In a dream which occurred early in the course of his analysis, he had dreamt that he was standing in a Liberal Club waiting for the entrance of a world-famous politician. He and a few others had just started to sing "For he's a jolly good fellow", when a procession of athletes in shorts and vests filed smartly into the hall. These changed from male to female figures in a state of nudity.

Interpretation of this dream showed a double tendency in the patient's life to identify himself on the one hand with the successful extraversion of the politician and the athletic prowess of the male athletes, but on the other

hand an identification at a deeper level with the feminine sex. The further his analysis proceeded the more examples were adduced of this feminine identification. He wished to be a woman. His analysis had proceeded for a long time when, for psychological purposes, he was asked to notice the characteristics of the way in which he shook hands. At first he said this was perfectly normal, but then he realised that he shook hands high up, about the level of his neck, holding the tips of the fingers. His first association was that some people had a ridiculous method of an exaggeratedly hearty and dramatic hand-shake. His second association was "I feel if I were to shake hands in the ordinary way, down there, there would be a danger of touching one another in the sexual parts". Then he said, "This is what comes into my mind. If I shake hands in the (h)air it is nearer my head and therefore away from my sexual feelings. Perhaps this may be an escape." At this stage, it was pointed out to him that although his grammar was usually perfect he had aspirated "air" making it into "hair". He was asked to say what came into his mind with regard to "hair". He said: "I will tell you what comes into my mind, but surely it cannot have anything to do with it. I remember when I was about 14, being told by a rather nasty-minded young friend of mine of how he had sat with a friend of his on the sea front at night with a girl. They had shaken hands with each other inside her knickers."

In such a brief space of time (about ten minutes in all), it had been possible to arrive at the cause of the manner of hand-shake. Again he was identified with the girl of this episode, and by his first association he wished to be touched on the "hair" (sexual), but this wish had been repressed. The elevated hand-shake was a defence, of course, against the wish to be touched in the region of the pubic hair. As he had said, it was "nearer the head", but the original wish for female identification was fulfilled through the fact, which he readily recognised was quite obvious, that his type of hand-shake was a distinctly feminine one.

Illness, as a whole, needs also to be evaluated from the point of view of its symbolical significance. A patient is not ill for the sake of illness, but for the sake of the value or meaning which the illness possesses for him. The life of the neurotic with its phobias, obsessions, and characteristic

behaviour is meaningless when viewed superficially, but when it is interpreted and personally evaluated, it is as full of significance as his dream activities. Behaviour characterised as "simply insane" and therefore judged as meaningless is, in fact, full of meaning if it is regarded as symbolical and purposive. It is not for nothing that the insane patient regards himself as a stone, or Napoleon, or pleads that he is the object of mysterious external influences. Insanity, although a mental disorder, is arrived at by an inexorable, ordered and understandable, although unconscious, process.

SELF-KNOWLEDGE AND ITS LIMITATIONS

The interpretative method can do much to resolve the patient's anxiety simply by exposing the motive and meaning of his apparently disordered and uncontrollable impulses. In particular, a patient with an obsessional psychology always wishes to have everything ordered and simplified. To be possessed of a dissociated impulse, the origin, motive and meaning of which he cannot understand, causes him acute discomfort and anxiety. An understanding of what is the matter and why it is the matter goes a long way towards allaying both his anxiety and his obsession. This applies also to the anxiety states, where the source of anxiety is unconscious. To know what we fear is bad enough, but not to know what we fear is infinitely worse. Fear that is finite can be fought and faced, but fear that is infinite and indefinite can never be overcome.

Treatment can be carried out by illustration, explanation and interpretation, but to gain self-knowledge is not always to gain cure. For example, in the case of the man mentioned above who wished to be a woman, it was not sufficient for his cure to know that this was what he wished. His wish to be a woman must cease, or at any rate be modified to such an extent as to be compatible with the ordinary standards of manhood.

The difficult cases to cure are those who do not wish to give up their unconscious wishes when they become conscious. For example, a patient of 27 had spent his whole life contentedly attached to his mother's apron-strings, resorting to invalidism and self-pity when things got difficult. During the course of treatment he realised that what he wanted was a perfect opinion of himself and complete possessive intimacy with his mother, but even when he was conscious of the motive of his illness it still remained as what he

wanted. There are many cases which present this difficulty, but a further step may be achieved by helping the patient to understand that even his mother is not the end in herself, but only a means to an end. She is, in fact, only a symbol of his wish for priority, security and power. To the neurotic the end is always lost sight of in devotion to the means, because the means has become the symbol of the end. It was not really the possession of his mother that he wanted, but that he should be valued, that he should be safe, and that he should feel the strength of his power. These are not essentially neurotic goals. It is the means by which they are sought, and with which they are confused, that are the characteristics of neurotic behaviour. It should be possible for such a patient to see that these goals can have a real value and a possibility of real achievement, without necessarily expecting too much either of himself or of life.

SUMMARY

Mind is more than consciousness, and includes the basic energy of life, the wishes and feelings, instincts and emotions, which existed prior to the development of a differentiated awareness, and therefore need never enter consciousness at all any more than do the normal activities of physical functions such as digestion. If we accept the word "mind" in this larger meaning, there is no inherent contradiction in the phrase "unconscious mind".

The development of mind may be traced from its primary function of serving, by selection and inhibition, as a co-ordinative cell-station situated in the medullary ganglia, through successive phases of developing self-awareness, self-expression and self-control. The highest levels of consciousness, associated with the most developed superficial cortex of the brain, are inhibitory to the deeper levels of instinct, feeling and impulse, which are more closely associated however with the intermediate picture-thinking level of the deeper cortex.

The predominant importance of the picture-thinking level may be seen, with differences in each case, in savages, children and in genius, but particularly in neurotics. It forms the basis alike of gesture and of language, especially of myth, poetry and slang. It determines the use and meaning of all forms of symbolism, and possesses the advantages of simplicity, economy of form and of being an accepted vehicle for the expression of feeling. But all

picture-thinking requires interpretation before it can be consciously appreciated, as distinct from being crudely and unconsciously felt. This is its danger, that it may be regarded from the superiority of consciousness either as being childish and ridiculous, or that it may be blindly accepted without interpretation, regarding the form of the picture as itself the meaning, the image as the god. This failure to interpret symbolism and to differentiate feeling is the chief characteristic of all forms of mental disorder.

Dreams and symptoms both illustrate the same picture-making activity, and require to be interpreted in terms of their feeling value before they can be either controlled or understood by consciousness. The apparently ridiculous vagaries of dreams and the disordered behaviour of insanity both require to be interpreted as a foreign language of simple picture-forms and associated feeling-tones, when they are found to be inspired by motive and pregnant with meaning.

Such interpretation opens the way to deeper understanding of motive and behaviour, but it does not necessarily eliminate the motive itself, which must be modified or re-directed in some way agreeable to the higher dictates of consciousness, before harmony of thought and feeling can be attained.

CHAPTER IV

MIND: ITS EVOLUTION

THE CONTINUITY OF DEVELOPMENT

PERHAPS the greatest cause of a lack of proportion, whether in viewing our own lives or history in general, is the fact that the *now* in which we live is so vivid that we are unable to see it in correct perspective with regard to past events. If we had been away for a summer holiday living under unusual circumstances, it is very difficult, after we have returned to the usual routine of everyday life, to imagine that the life which we have left is still continuing unchanged and undisturbed in spite of our absence. We feel as if the place where we are not must be less real than the place in which we are. We may also compare this lack of a sense of proportion with the way in which we usually try to understand others as if they were like ourselves. Our awareness of life, at any given moment, is liable to be too limited to awareness of *me, now*. It is obvious, however, that there is really no objective difference in the vividness of experience as between what *I* experience *here, now*, and what *he* experienced *there, then*. The difference is merely a subjective one of *my awareness*, but to me the difference is so great that I am very apt to ignore the equal importance, except to me, of *him, there, then*.

If we realised the fact that two events taking place at intervals of time and space were relatively equally important in all but our awareness of them, we should be able to preserve a sense of proportion, and perhaps also a sense of humour, which should save us from an exaggerated sense of personal self-importance. But *me* and *now* together share the intensity of co-existence and vividness, and so we are liable to forget the extent to which *me, now* is only a development of *me, then*. *Now* is the growing point of our individual development, as it is also the growing point of history. But we are inclined to value it in a two-dimensional way, ignoring the time factor. We do not comprehend the way in which *I* and *now* are only built up as the sum of past experiences.

But it is in fact true, that the value of *me, now* is largely determined by the value which has been previously attached to past experience.

For example, suppose that *I* am afraid of this dog *now*, it may be that this dog is a particularly fierce dog and that *I* am actually in danger of him biting me, but my awareness of my danger depends upon my previous value of danger and my previous value of dogs, and also, it should be added, my value of myself. But past experiences tend to be forgotten in our valuation of the present situation, however important they may be. We learn by experience, but rarely do we remember how or what or why we learnt. The child who is afraid of dogs does not necessarily remember any occasion when a dog injured him or frightened him or he heard that it was dangerous. He is only aware of feeling afraid of this dog *now*, however harmless the animal may be. Every event tends thus to be valued by itself, instead of as the last link of a chain which has been developed in inexorable continuity.

The development of our lives is a continuous process beginning before we are born and ending, so far as our present awareness extends, at death. It is important to realise the fact that this development is initiated prior to what we are aware of as individual experience. The nine months development of the foetus in the uterus must be considered as part of the continuity of life's experience. It is perhaps associated, for instance, with our ultimate evaluation of rhythm and music. The most primitive source of rhythmic satisfaction is probably the tom-tom, with the first beat louder than the second. Our earliest experience of the "tom-te" rhythm is probably intra-uterine, the developing ear of the foetus becoming accustomed to the sound of the maternal arteries. All later experience of "tom-te" rhythm, and its associations, must be evaluated upon the basis of this earliest experience. Similarly, in order to appreciate the psychology of the emotional value and recuperative qualities of a holiday at the seaside, it is necessary to associate them with our earliest experience of the comfort of water—namely, during our intra-uterine experience.

But the continuity of mental development begins from a still earlier point than that of conception. It is as if two converging lines traced back to a single point are found to diverge beyond to an ever-widening infinity. This earlier experience which determines our valuation of *this* and *now* is altogether beyond and outside our own lives. *It is derived*

from the sum of racial experience born within us as part of our hereditary equipment. The chick that can peck seeds as soon as it comes out of the shell is reacting to a deeper pattern than any that has been acquired out of its own limited experience. It is an inborn tendency of behaviour, acquired from the sum of innumerable experiences by great numbers of its species in the past. We are born equipped with a certain anatomical pattern which is independent of experience, with organs and nerves which develop and fulfil their function according to an inborn law. Similarly, there are inborn instinctive patterns with their associated feelings shared by all individuals of the species, operating in each in a similar fashion and towards a similar end. These are more than individual experiences, and so the value which we give to this and that, to now and then, will depend upon hereditary instinctive and emotional factors, as well as upon the sum of those associated experiences which we have acquired during our lifetime.

Freud, from his own psychological standpoint, has put an end to the age-long controversy between free will and determinism, by declaring finally that free will is an illusion and that our behaviour is determined by forces and experiences of which we are mainly unconscious. His conclusions will not satisfy the great majority, for if free will is only an illusion it is an illusion that will die very hard. Without committing ourselves one way or the other, it is at least necessary to recognise a greater degree of what is known as "determinism" than is generally recognised. Much that we consider to be free will is found on investigation merely to be the last link of a chain, the origin of which is traced back to unconscious sources. Freud proved to his own satisfaction that if an individual were asked to think of a number of three digits and thought of "257", the choice of the number was in fact due to various selective motives of which the individual himself was unaware, and that he could not under the circumstances have chosen any other numbers than those which he did. However meaningless the apparently disconnected and stupid images or tunes may seem to be that flit unbidden over the screen of consciousness in our unguarded moments, they are all the products of a hidden cause.

Similarly, where there is apparently an option as to which path shall be chosen, the actual selective factor will be found to be unconscious, rather than a conscious exercise of free will. We are the victims, not of an external fate, but of an internal compulsion, the origin of which lies outside our own

experience, perhaps—and probably outside consciousness also. Seeing individual life in this perspective, we must be willing to forgo some of the illusion of free will, retaining it however as an ideal which may be attained when we are free—if ever—from this unconscious motivation.

ASSOCIATED IDEAS, TRANSFERRED AFFECTS AND COMPLEXES

The previous paragraphs have dealt with continuity, but continuity by itself does not account for the development of mind. A second factor is required in order to give us a balanced aspect of mind in both time and space. Besides proceeding in continuous lines, the development of mind takes place through what is called "association". The process of association is one by which innumerable cross-references and comparisons are made, experiences being split up, evaluated, and compared with one another. We then conceive of the mind as being a network of associations, the number of potential links being infinitely extensible as the process of splitting up and comparison is developed.

The factor which determines the associative link is one of a common emotional value. "There is something about this that reminds me of that, because I feel somewhat similar about this and about that." To say that there is a common quality of meaning puts the same idea into a different form, because meaning is a more abstract and highly differentiated valuation of a primary quality of "feeling about" a certain object.

Association may be of many different kinds, but is always based upon some quality of similarity. For instance, "bell, tell" has an association by virtue of a similarity of sound without regard to meaning. "Bell, tone" has an association from the idea of "bell" to a certain quality of its function. This is an association upon a more abstract level of ideation. "Bell, bicycle" introduces a more individual feeling quality. I would not associate "bell" with "bicycle" unless "bicycle" at the moment possessed a value of considerable importance to me. Another person might associate "bell" with "visitor", if one were expected, because that would possess a stronger valuation for him.

The method introduced by Freud, known as "free association", has been of inestimable value in determining the cause of a patient's feelings about any particular event. No event stands alone, because any event must strike many links of

association with other events similar or different. The value to the patient of *this* event will therefore depend upon the links of association. For instance, fear of this dog *now* is linked by an association with that dog *then*. Perhaps the fear of dogs has led, by an extension of the association, to fear of other animals. Feelings originally associated with only one object tend to become extended by further association with an ever-widening group, linked by some bond of similarity. The free association method consists of obtaining the patient's immediate and uncensored reaction to a stimulus word. The patient, being in a relaxed and passive state, lets his mind respond to the stimulus word with the first association link, and this may be continued with other associations. What is happening is a quite irrational and unconscious process, but it is nevertheless logically determined. The patient is merely telling the doctor that to him there is some common quality of feeling between each of the words which he is saying and the one which preceded them. A similar result is obtained by saying to a patient, "What does so and so remind you of?" or "What do you feel about so and so?" In each case we are trying to trace back, through links having a common quality of feeling, to the original source from which the feeling sprang.

We can now consider what is meant by the term "transferred affect", which is an extremely important one for our understanding of psychological medicine. The "affect" is the feeling value which becomes transferred under certain circumstances to an associated idea. For example, the feeling which I originally had about *that* dog which frightened me becomes transferred from that dog to all dogs and so to *this* dog. The transferred affect may be carried still further to include other four-legged animals, in which case the ultimate result of the original experience of being frightened by the dog is that I have now become afraid of all four-legged animals. The feeling of fear "affect" has been transferred from *that* through *these* to *this*, and from *then* to *now*, and my value of *this*, *now* is determined by the transferred affect from *that*, *then*. That feeling which we have acquired by experience at one time may therefore be very easily transferred to an associated but quite different time and circumstance to which it does not apply at all. Yet we shall behave as if it does, feeling sure that we are right with unreasoned certainty. Thus transferred affects may cause false judgments, the experience from which we learnt being no longer valid in spite of association of ideas. For instance, I may feel sure that

this dog is going to bite me, or this thunder "strike" me. Such a feeling is derived by association from past experience, although perhaps not of dog, and certainly not of thunder. The association in the latter case is from past experience of punishment, and the connecting link across which the affect (fear) has been transferred is chosen quite unconsciously.

From another point of view the conception of free association and the transferred affect may be usefully linked with that introduced by Pavlov and used a great deal in the behaviourist school of psychology—namely, the "conditioned reflex". The conditioned reflex is one that has been acquired as a result of an experience being built on, as it were, to an original experience. Salivation in dogs is a simple reflex consequence of the sight of food. If at the same time as food is presented a bell is rung, and this experience is repeated on a sufficient number of occasions, the bell and food become so intimately associated that in the absence of food the bell becomes an adequate stimulus to produce the reflex of salivation. The bell stimulus and salivation response is then said to be a conditioned reflex.

Examples have been given already in previous lectures of association and transferred affects. For instance, the patient who was terrified of all policemen because he felt that they were going to punish him, had transferred to "policemen" that feeling which had originally been associated with his father at the time of the guilty experience with his elderly female relative. Similarly, the patient who wrote the notes about the umbrella and her shoe had transferred her feelings about her father's person to the umbrella, and from herself to the shoe through unconscious feeling association. Affects are usually transferred in this way to representative symbols, which then have the feeling value of the original object.

The conception of "complexes" is also a very fundamental one in psychology. Unfortunately some confusion has arisen owing to the fact that the word has been used to cover two rather different meanings. On the one hand, any group of ideas associated with a single feeling, such as love or patriotism, is, by some psychologists, described as a complex and the word is then used synonymously with "sentiment". This use of the word is gradually and wisely being abandoned. The use of the word complex should be limited to pathological association of a feeling with an object—in other words, to those cases in which a transferred affect has taken place. For example, in the cases cited

above, one patient has a policeman complex, another an umbrella complex, because the quality of feeling tone has been transferred from the original object to some other object to which the feeling does not in fact rationally belong.

The word complex is also used to describe certain pathological states of feeling which are not simply due to transferred affects, such as the "Œdipus", "Electra" and "inferiority" complexes. In each of these transferred affects have taken place, but the particular complex indicated by these names shows a certain pattern of associated feelings, and tendencies towards certain types of behaviour. They will be dealt with individually in this and successive chapters.

TRAUMATA

In the early days of Freud's psychological work he was largely interested in certain phenomena of hysteria, and he came to the conclusion that he was dealing with cases in which affect had been transferred from some previous injurious experience which had usually occurred in childhood. Pathological states of feeling and behaviour were thought by him to have been caused by some definite previous injurious experience which was called a "trauma" or wound. His further investigations showed him that his earlier results were in many cases at any rate due to a fallacy, the patient having described to him events as if they had actually taken place which were, in fact, only products of an hysterical imagination (*i.e.* wish-fulfilment, as in the case of rape mentioned in a previous chapter).

However, the importance of traumata or injurious experiences in the ætiology of psychopathological developments came into great prominence again during and after the war. It was found that the shock of being blown up, or some other particularly terrifying episode, had caused the development of the pathological state, and the investigation of ætiological traumata assumed further importance. It was found that by inducing the patient to live again through the injurious experience, an abreaction or emotional recapitulation of the events took place which, by reassociation and reorganisation, restored the patient's feelings and behaviour to the normal.

By itself, however, this was in many cases found not to be enough, and once again the ætiological importance of traumata was found to be insufficient. Why did certain cases develop shell-shock whilst others did not? Besides

the injurious episode, there was always the personal psychological factor and, as mentioned already in the first chapter, the type of case which was most liable to shell-shock was the one who was unable to face the fact that his feelings were those of fear. It became apparent therefore that abreaction of the experience was not in itself all-important, but effective therapeutics required an investigation and elucidation of the patient's individual psychological reactions.

The importance of traumata has nevertheless remained exaggerated, and it is very common indeed to find patients, especially those who have read a little psychological literature, expecting to have all their troubles cleared up by the discovery of some single important event of childhood or infancy which had long been forgotten. But this in itself is very like an infantile wish for "something for nothing". It is perfectly true that traumatic episodes have sometimes occurred, and, especially when they have become forgotten, beneficial results occasionally bordering upon the miraculous have been derived from their recollection and reassociation. On the other hand, it must be remembered that the patient's individual psychology still remains an all-important factor, and that there are many cases in which the trouble lies not in any single experience, but in the patient's individual tendency to react to normal experience in an abnormal way.

There is another way, however, in which the idea of trauma still remains useful, and this is when it is extended to include those cases in which the injurious experience, instead of happening in a single event, has been spread over many events and over a long period of time. The "single event" type of trauma might be, for example, some premature injurious sexual experience or a thrashing from a drunken father. A far more common type of injurious experience, however, is that which is spread over a long period of time. The father, instead of beating the child once in drunken anger, might have been one of those stern, orthodox, patriarchal parents whose influence upon the sensitive emotional system of the child is far too crude and severe to permit of normal development according to the child's own inward light. The sentimental, tender-hearted, over-affectionate type of doting mother is again an example of an oft-repeated injurious experience, which can have the most devastating effect upon the child's ultimate development. The "spoilt child" type is therefore the commonest result of repeated "traumatic" experiences in infancy and childhood.

“ RECAPITULATION ”

In order to understand aright the development of mind we must know what is meant by the principle of “recapitulation”. Recapitulation is the process by which an individual life repeats a line of development which represents a sum of previous racial experiences. The best example of recapitulation is that which takes place in the development of the foetus *in utero*. During this nine months the foetus passes through all those stages of development which have marked the biological progress of the human race in the ultimate evolution of humanity. It begins as a unicellular structure which, after dividing into many cells, eventually becomes differentiated into fish-form, frog-form, mammal-form, monkey-form, and finally human form. It is as if the time factor has been infinitely speeded up, and within the short space of nine months the racial evolution of many thousands of years is repeated in the individual. But recapitulation is not limited to the intra-uterine life. Progress is continued after the child is born, and as the development of the nervous system is completed the child becomes able to make the complicated co-ordinated movements of walking and talking.

It is therefore wrong to talk about teaching a child to walk, because it can only learn to do so as soon as its nervous system has become sufficiently developed. The same applies to much other so-called teaching, which can never hope to do more than develop innate potentialities. Our estimate of our own self-importance is liable to be entirely wrong if we regard these developments as being due to something that the child has been taught. It is quite true that example and encouragement are useful, but they would be of no use were it not for a primary inborn capacity which must develop to a certain stage before such co-ordinated behaviour can be attained. If we appreciate rightly the importance of recapitulation, we shall realise that education must always be secondary to it. The capacity to learn depends upon the state of development to which the individual has attained, and this capacity for development represents the stage of *recapitulation* which he has reached. We cannot teach beyond that point, however hard we may try.

It is very important therefore to recognise the existence of stages of emotional development in infancy, childhood and adolescence, which are right enough at certain ages, and will disappear in due course, if all goes well. It is

adult interference which too often prevents normal development, either by snubbing criticism or sentimental prejudice. The adult easily takes upon himself the task of curbing and criticising conduct of which he does not approve in the child, trying to introduce his own ideas which are not necessarily correct, by teaching them as an external pattern to which the child is expected to conform. But this method is fundamentally wrong, because the child does not require to be taught, but *educated*—that is, to be allowed to develop and express all that he *socially* can, that is concurrent with his own recapitulatory phase at any particular moment. It is perhaps wise to stress the word *socially* in view of certain exaggerated beliefs in letting children have their own way. Social adjustment and mutual co-operation must always be considered a very desirable part of normal development.

ENDOGENY

We can now consider some of the phases of emotional recapitulation which appear during individual development. It is possible to outline only their general principles, recognising some degree both of modification and similarity as essential in different cases. It is not wise to make cast-iron generalisations where human life is concerned. But it is certainly true that, through our understanding of emotional recapitulation, it is possible more clearly both to foretell and to understand much of human behaviour that would otherwise be obscure to us.

The axiom we are about to consider may be put as follows: "Behaviour cannot be understood merely in terms of individual experience". Prior to, and independent of, actual experience the individual starts with *inborn feeling and behaviour tendencies*, developing at different ages, originating in a distant past, and therefore not always apparently relevant or suited to the circumstances in which they occur. But our awareness of this recapitulation can be only in terms of immediate experience. We do not know that we are living again the racial past, but we are more or less aware of certain feeling states which we can consider only as a reaction to experience of our environment. It is to these feeling patterns of emotional recapitulation that we must now direct our attention. They will be common to all individuals, in the same way that anatomical and nerve patterns are common to all individuals, but will be subject in the same way to individual variation.

In order to correlate the emotional development of infancy with recapitulation of a previous racial experience, it is necessary to go far back in the history of the evolution of the race. The infant is in a position of primitive dependence, and its environment is limited to experience of the intimate family circle. There is no doubt that the most intense emotional experience of infancy is associated with the mother or mother-surrogate for both sexes, the father being of secondary importance. This fact, of the primary satisfaction derived from the intimacy with the mother through the food-function, is of the greatest importance in psychology. It throws the infant literally "into the arms of" the mother, and from this primary basis is derived all later experience of emotional gratification. We must remember, in the case of the boy, the difference of the two sexes, and this will lead us to anticipate certain differences of ultimate evaluation as between the boy and the girl, because her primary association with the mother does not show the same sexual polarity.

Recent anthropological researches suggest that in the origin of man there is a common factor in what is known as the "endogamous principle". Whatever type of civilisation is investigated, the further the search goes back, the more evidence is there of early endogamous states of tribal organisation, based upon a marriage system within the limits of the family or tribal circle. It is therefore suggested as a working hypothesis that this endogamous orientation of primitive racial emotion may be associated through recapitulation with a similar endogamous orientation in individual infancy. Firstly, it is a fact of individual experience that those who matter most in infancy are mother, father, nurse and family. Secondly, it may be granted that it is the earliest experiences which leave the deepest impression upon the sensitive plate of the developing mind. Thirdly, the outstanding importance of this phase is the commonest clinical experience of psychologists. It is therefore both interesting and helpful tentatively to link up the common experiences of infancy with past racial experience, as an example of recapitulation.

In Egypt it was the custom for fathers to marry daughters, mothers sons, and brothers sisters. Marriage outside a very limited circle was under this system regarded as immoral. The system of endogamy was still in force in Egypt at the time of Moses' leadership of the Israelites. Much of the Mosaic law was based upon his appreciation of medical

factors, and amongst his other qualities for leadership Moses must be considered as a biologist. He seems to have appreciated some of the principles which are at the present day in common use by stock-breeders. It is well known that inbreeding from healthy progressive stock may be used to increase their desirable characteristics, but if there are decadent factors then inbreeding will intensify the bad characteristics just as much as it may intensify the good. Apparently Moses believed that inbreeding in the Egyptian stock was giving rise to a progressive decadence, and we may suppose that it was for this reason that he ordered the Israelites: "After the doings of the land of Egypt, wherein ye dwelt, shall ye not do" (Leviticus xviii. 3). The Mosaic law is at the present day standardised in English Church Law and appears in the English prayer-book as the Table of Kindred and Affinity, in which the taboo of endogamy has gone so far as to forbid marriage with the deceased wife's father's sister and the marriage of cousins.

It may be objected that the evidence is extremely thin on which to try to correlate the emotional orientation of infancy with that of the primitive endogamous system. In fact it is impossible to prove this correlation in our attempt to get a true perspective, but it is very useful in that as a working hypothesis it coincides with the proved experience of psychological research. In practice we find that the emotional orientation of the infant is essentially endogamous up to a period of one to three years, at the end of which recapitulatory phase the Mosaic taboo or its equivalent seems to operate unconsciously and automatically to repress the incest motive. All the world over the incest motive is regarded with horror, because of the primitive taboo under which it has racially been placed, and this taboo also seems to be an object of individual recapitulation.

Psychologists are well aware of the prevalence of this incest motive in the emotional lives of their patients. Freud has called it the "nuclear complex of neurosis". It is in fact probably the most important primary motive, but it requires considerable amplification from the simple conception of sexual incest before we can see it in correct perspective. There is no doubt of the recapitulation of the sexual factor in infancy, in spite of the absence of physiological sexual development. Any intimate and detailed experience of the psychology of patients will easily demonstrate the truth of this in spite of the initial presence of a "resistance", due to the incest taboo, on the part of the investigator. The experi-

ence of the infant is so intimately associated with the mother that the pull of the maternal apron-strings remains the greatest problem operating against individual emotional development.

The name which has been given by Freud to the incest motive is in the case of the male the "Œdipus complex", and in the case of the female the "Electra complex". The story of Œdipus is one of the Greek myths, and since these are themselves derived from unconscious emotional sources, we may expect that they will therefore picture many of the deepest problems and conflicts of humanity.

The story of Œdipus is as follows :

He was the son of Laius, King of Thebes, and Jocasta, his wife. His father, having learnt from an oracle that he was doomed to perish at the hands of his son, exposed Œdipus on Mount Cythæron immediately after his birth, with the object of killing him. The child was found, however, by a shepherd in the service of the King of Crete, and was taken to the King's palace where he was reared by him as his own child. When Œdipus grew up the prophecy of the oracle was fulfilled, because in a scuffle he slew his father without recognising him.

In the Kingdom of Thebes there was a celebrated sphinx who put a riddle to every passing Theban, and whoever was unable to solve it was killed by the monster. Œdipus solved the riddle and as a reward became the husband of his mother, Jocasta, by whom he had several children. When Œdipus discovered the guilty nature of his alliance he put out his eyes and Jocasta hanged herself.

The choice of Electra as the feminine counterpart of Œdipus is due to the legend that she avenged the death of her father, Agamemnon, by assisting in the slaying of her mother, Clytemnestra. The case (II.c) mentioned in Chapter II. of the girl who stated that she had been raped by her father is a very obvious example of the Electra motive, as was shown by her very embittered and antagonistic attitude towards her mother and the frequent occurrences of death-wishes in which her mother figured.

The following is one of many cases which might be given to illustrate the Œdipus motive :

CASE IV.A.—Male, unmarried, aged 24, professional musician.

Complaint.—Homosexuality with cough fetishism, self-consciousness, insomnia, depression and suicidal feelings,

Family History.—His grandfather was an alcoholic. The patient had one sister 10 years older than himself.

History.—The description of the fetishism was as follows. Hearing a cough of a definite character in certain individuals was the strongest (and in fact the only) sexual stimulus which he experienced. The person afflicted with the cough had to be of a rather rough working-class type and about the age of 25. If he heard a cough of a desirable kind he would follow it wherever the owner might be going in the hope that the cough would work up to a paroxysm, which would provide him with the crisis of his own sexual excitement. He stated that the man must be healthy and handsome with a large mouth and thickish lips, and that it was most important that the mouth should not be covered during the paroxysm of the coughing.

His mother had died when he was 21, and he stated that he had never got over it. He traced the attractiveness of coughing back to the fact that up to the time when he was about 7 his mother had always had a severe cough. He was most devoted to his mother and said that his life had always centred around her, and that, as a child, he had "yelled if she went out until she came back". He stated that he loved kissing his mother and all the physical things that one does with one's mother, and he had had many phantasies of intimacy of various degrees with her. As he grew up he said that he had never found anyone to take his mother's place. He had no use for girls of his own age but got on well with elderly women. He stated particularly that he had never felt any protective love for anyone, but only love of being protected.

When he was about 8 he came actually to dislike his mother's cough, but from that period he always became attracted to people of his own sex, in whom a cough became the focus of his sexual gratification. A man of about 40 years of age, however, with a cough gave him an intense feeling of nausea and fear.

With regard to his father, he said that he had never got on with him and had always been afraid of him. His father had a rather violent temper and he felt that his father ill-treated his mother. As a small child, in the mornings he used to try to get into their bedroom, and remembered the satisfaction of being in bed with his mother, especially if she had her back turned towards her husband. He said that he never lost an indefinable feel-

ing of grudge against his father because of the way he had treated his wife. "It would not worry me", he said, "if I never saw my father again." With regard to his sister, he said, "I always feel I should be more fond of my sister if I did not feel I grudged her her place in my mother's affection." He could never tolerate the thought of growing up, and said that if anybody said "be a man", it made him ill with disgust.

He had a dream during his treatment: "I seemed to be in school, but it was not exactly a school. It was either a hospital or a prison, in which I had to attend some lectures, but I found myself in bed under treatment. Near my bed there was a coffin in which I was told was my mother's body, from which my father's brother was going to take something out and give it to me. I was told it was some kind of material of evacuation which I should have to take into the lavatory. I felt the whole thing was ghastly, awful, and I said that I could not possibly do it, but I was told I must." He had no idea at first what had to be taken from his mother's body, and it was suggested after a while that he should draw what came into his mind. When he started to draw he was quite uncertain as to what would be forthcoming, but eventually produced the accompanying diagram, the significance of which would seem to be apparent, although he did not at first recognise what he had drawn.



He stated that he was quite sure he did not want any sort of cure, but only that things might be just as they were without any resultant dissatisfaction. When he realised the sexual and childish nature of his attitude towards his mother he accepted it freely and consciously. He said, "I know it is perfectly true that I would like to have intercourse with my mother better than anything else in the world", but the acceptance of such an attitude in consciousness is very unusual. (The cough fetishism is an excellent example of a "complex" due to a "transferred affect".)

THE PATRIARCHAL SYSTEM

Another aspect of primitive family life, which is important from the recapitulatory standpoint, is to be found in the "patriarchal system". The primitive tribal unit was held together by the tribal chief or patriarch, who was in a very

real sense the head and owner of the tribal family. The patriarch possessed supreme rights over the members and property of the tribe and held his sway until such time as he was no longer able to maintain it. It is easy to imagine that his authority was maintained only in the face of considerable resistance on the part of certain stronger and younger members of the tribe. As the patriarch grew old and feeble, the power of his rule inevitably lessened and the criticism of those younger members who wished to take his place grew stronger. Eventually, either the patriarch died or was removed, and after a certain amount of quarrelling amongst the rival sons for the leadership of the tribe a new patriarch was installed in his stead.

The two outstanding points that interest us are firstly the rivalry between the patriarchal head and the younger tribal competitors, and secondly, the rivalry amongst those who wish to become the patriarch in his stead. This conception of a *recapitulation of unconscious rivalry* adds to our knowledge and understanding of adolescent development. On the one hand stands the father, with the knowledge and power acquired through the status of his years. On the other, the growing sons whose developing urge towards the fulfilment of their lives leads them to regard the father with criticism and disapproval. When we regard the problems and conflicts of adolescent development, it is important to look deeper than the levels of conscious rationalisation and superficial adaptation. Beneath this there is an underlying rivalry due to recapitulation of a primitive patriarchal system, deeply seated in the emotional lives of fathers and sons. It is in consequence of this that the father is liable to behave disparagingly towards the groping omniscience of adolescence. The other side of the picture is even more apparent, the son's intolerance of paternal authority and what he feels to be his father's prejudiced conservatism. It is not always that the rivalry breaks out into conscious conflict, but very frequently this recapitulation of primitive emotions is the cause of overt domestic quarrels.

The older generation needs to be conscious of this underlying tendency to regard the rising generation as rivals, to be held down and disparaged. Similarly, the younger generation need to be conscious of their underlying feeling that only the young know what they are talking about. The rivalry and mutual disparagement is very real, and because it is unconscious it may be very dangerous. The patriarchal head of the family belongs by no means always to the remote past.

His prototype ruled many Victorian families, against which the present generation is reacting as the pendulum swings with a sometimes excessive freedom. If it is possible to detach ourselves from processes of unconscious recapitulation, we can discover virtues and feelings of sympathy both in father and in growing son, in die-hard Tory and in hot-headed "left-winger".

The passage of years and the acquiring of experience may add to our wisdom, but unfortunately this does not by any means necessarily always occur. A lifetime is but a small space in which to arrive at ultimate goals and whole-hearted wisdom, but it is nevertheless the only measure of our span. We are inclined to regard the sum of our own experience as ultimate and objective wisdom, whereas it is in fact no more than an incomplete total of our prejudices. Both the virtue and the vice of adolescence lies in its assumption of omnipotence and omniscience. Whatever the patriarch may feel, his is only the past and to his sons he must be content to leave the future. Whatever the sons may feel, they must eventually recognise that with the passing of the years they will become not much different from their fathers. The patriarchs were great rulers, but patriarchs are liable to fail as educators of the next generation if they rule too strongly.

There is another characteristic of adolescence which may be noted at this point. It is a feature of the living organism that it tends to react in the opposite direction to that in which it is pushed, and develops the opposing corrective to the forces which act upon it. Growing lives cannot be pushed or driven for very long without developing an emotional attitude of corrective rebellion. The patriarchal system can be maintained so long as growth remains subjugated, but it is very difficult to maintain the yoke. The stronger the patriarchal suppression the more intense will be the ultimate rebellious upheaval. A successful patriarchal system will either produce sterility or revulsion, whether it be in the nation or the more limited environment of the family.

It must be borne in mind that phenomena of recapitulation are largely independent of individual experience, although they may be modified or exaggerated by it. Of this point the following is an illustrative case, because the father was not obviously of the stern patriarchal type.

CASE IV.B.—Male, unmarried, aged 20. Eldest son, two younger brothers, two younger sisters.

Family History.—Good, but showed a difficult com-

bination of optimistic, subjective, artistic strain on his mother's side and a pessimistic, abstract, legal type of mind on his father's.

Physical Health.—Good.

History.—The boy had always been rather difficult and eccentric. He had gone at the age of 8 to a boarding school and at the age of 14 to a public school, but had never been very happy or friendly except with boys who, like himself, found it difficult to fit in. At school he had shown more intelligence than the average, but it had always been applied on strongly individualistic lines. He was particularly keen on mechanical contrivances and inventions and on amassing encyclopædic knowledge of doubtful practical utility. He was a destructive critic who was never satisfied with the existing order of things, or with such educational and social opportunities as came his way.

At home he never got on with his family and was regarded as a thorn in the domestic flesh, especially by his father, who was shy, nervous and retiring, and had brought up his family on the principle of letting them take care of themselves, except for certain terrifying injunctions which he frequently tried to impose on them, such as the statement that drinking hot tea induced cancer, and the general belief that young people never knew what they were talking about.

When the boy left school he went from one job to another, never staying anywhere longer than a few months because it had not afforded him sufficient opportunity to fulfil his egotism and because of his destructive criticism of the system in which he found himself. He combined curiosity and hot temper to a degree, with the result that he constantly got himself into trouble with his superiors, and was finally referred to a doctor, who advised that he should be occupied with nothing more stimulating or responsible than digging in his father's garden. This he proceeded to do with growing irritation for 18 months, trying his hardest to exercise his inventive capacity by numerous ambitious and unpractical schemes, while his political opinions became progressively "left-wing". Finally he could bear it no longer, and wrote an ultimatum to his father to the effect that he wished to disown him, that his meals were to be served apart, and if his father interfered with him in any way he was not to be considered responsible for his behaviour.

Upon the strength of this evidence the boy was certified, and spent 4 months in a mental hospital, where, however, his behaviour was exemplary.

He then came under analytical treatment, and it was easy to understand that his intense enthusiasm for Communism was a defence for his unexpressed egotism. He was an intense propagandist, utterly intolerant of convention, whether national, religious, or domestic. Communism was the only outlet for his egotism and was adopted passionately and uncritically. His psychology was that of the complete rebel, but it was as dogmatic, intolerant, and authoritative as that of any dictatorial patriarch. His dreams were often of being on a high place such as a rock or tower and being attacked from behind by an elderly man who was trying to push him down to his destruction.

He had no sex life and no interest in girls, nor indeed in anything other than of an entirely material or scientific kind. His system of philosophy was inflexibly rationalised, but it was in fact only symptomatic. In its dependence upon unconscious emotional sources it was as unscientific as the most emotional type of evangelical hysteria, in spite of his own intense belief to the contrary.

As an example of the variety of behaviour which may result from unconscious motives, it is interesting to note that this patient's passion for inventing was only part of his rebel psychology, which was always demanding something new to take the place of what was old and therefore intolerable, because associated with father imago.

SUMMARY

Because we learn by experience there are certain important causes of error in our judgments or "feelings about" things and in our general perspective of life. The spot-light of consciousness is focussed upon "this, now", which is therefore liable to assume undue importance in our feelings, at the expense of all and everyone else that may be, or ever have been, upon the stage of life. But "this, now" is only the apex of a pyramid of past experience, associated by similarity and difference, the base of which lies deeply and invisibly rooted in the past, far beneath the stage of consciousness. It is from these "feelings about" past experience that the meaning and value of "this, now" is derived.

To evaluate "this, now" only by reference to past

experience of "that, then" is to run the risk of being quite wrong in our judgment, as was shown in the simple example of a quite friendly dog being feared because it was similar to, and therefore reminiscent of, a fierce one of a previous experience. A "feeling about" A may thus be transferred to B, which is similar to A perhaps in all respects except that the feeling is this time inappropriate, in which case our judgment about B will be quite wrong. By transferring an affect thus inappropriately we have produced a complex.

A further extension of this difficulty occurs in relation to symbolism, the affect appropriate to A being transferred not only to things similar to A, but also to all symbols of A, which may be quite different from it and the affect ridiculously inappropriate, in spite of the fact that the feeling has become so unteachably attached to its new focus, the symbol. Thus fear of being punished (the affect) may become transferred from experience of father (the source of the feeling) and firmly attached to thunder (the symbol of wrath), and we are wrong again, having developed a "thunder complex".

Any intense emotional shock or injury (trauma) may give rise to a strong affect, which through persistence may become attached to a later experience to which it does not correctly apply. A common example of such a transferred affect occurs where a premature sexual experience has precipitated a strong feeling of fear and guilt, which later becomes attached to all subsequent sexual experience. Wrong feelings cause false judgments, and application of the lesson of a single experience too generally may create a "sex complex". The commonest and subtlest form of trauma is found where there is not one injurious experience but many, such as repeated bullying by the father or spoiling by the mother, which may cause an "inferiority complex" by a transfer of the inferiority feeling to all subsequent circumstances in which it does not apply.

But there is still another source of error in regard to our judgment of "this, now", because feeling values are not derived only from personal experience. The individual is himself but the apex of another pyramid of which the base is formed by ancient history. Anatomically, physiologically and psychologically the individual is recapitulating at different times a distilled essence of the sum of racial experience. Into the nine months of uterine development is squeezed the experience of ages of evolution's progress, and this recapitulation continues as the nervous system and complex

emotional phases of the individual develop with ripening years. Thus his value of "this, now" is determined by factors far beyond the horizon of his own lifetime, and his learning by this wider experience beyond his years is again fraught with potential danger of misjudgment.

The two most important examples of recapitulation in psychology are to be found in the emotional reactions and conflicts which are derived from the primitive endogamous and patriarchal systems of tribal organisation. Affects transferred from these unconscious and extra-personal sources occur in the individual as in the crowd, the primitive as in the civilised, the sane as in the insane. But it is particularly in regard to sexual development and the emotions aroused by family life that the phenomena of recapitulation are important, because they give rise to many of the common problems of mental disorder, besides the lesser discomforts of domestic and social conflicts and unhappiness.

We think because we feel : and if our feelings are wrong our judgments are wrong also, but never without good cause even if we do not know the reason why.

CHAPTER V
INDIVIDUAL EMOTIONAL DEVELOPMENT

THE SCOPE OF PSYCHOPATHOLOGY

It is desirable at this stage to get as clear an idea as possible of the scope of psychopathology. Does it propose to reduce all experience, behaviour and personality to nothing more than mechanisms and unconscious motives? Does it apply to everyone, sick or well, normal or abnormal, or only to those mental aberrations which are termed psychoneuroses and psychoses?

Let us imagine for a moment that we are working a magic lantern, which has thrown on to the screen a blurred image that is unintelligible both to us and to the audience. "What does this confused picture mean?" we ask. Parts of it seem to be plain, but not obviously connected with each other, and the whole is confused, as if several slides have been projected on to the screen at the same time, overlapping one another. Perhaps someone comes to our assistance, pulls a slide out of the magic lantern, and holding it up to the light, says, "Look, it is quite simple. This is a straightforward picture of an Inferiority Complex". And so perhaps it is. But then another helpful person comes forward, and taking out another slide, says, "This is obviously an Œdipus Complex, and those things are only phallic symbols". Then there are others, who each discover different slides. One says, "The man is a thinking introvert, and that accounts for everything". Another says, "Recapitulation mechanism". Another, "The man is hyperthyroid with an over-active sympathetic system". Another, "He is toxic: look at his teeth". But each is liable to see only the one slide which he is examining, whereas the fact was just that confused picture on the screen, showing the sum of many factors, which was the man's life as a whole. Each slide was, in fact, included in that whole, but it was not the only one.

Let us try to generalise about these "slides", and

classify them a little, to show of what factors each individual life is composed. In other words, we can sort out the confused picture which each individual life presents, by analysis of its component motives and experiences.

The first "slide" which we must look for is *individual experience*, the particular factors of environment which have influenced development. Remembering the importance of "transferred affects", we can analyse back from the value of "this, now" to the cause in an experience of "that, then". This slide seems to be complete in itself, developed in continuity and by association, but it is not all of a person's life and character, and leaves much still to be understood.

A second slide is *recapitulation*, and is quite separate and distinct from the first. It does not refer to individual experience, but to the expression of inborn racial factors, which seem to be quite independent of experience, and conform to general types. Both what we fear and whom we love are influenced by recapitulation, as well as by experience. Recapitulation therefore makes our understanding of life infinitely more complex, because it introduces deeper factors independent of personal experience.

A third slide is that of *type*, which is a matter of great importance in individual variation. The best classification of types is that of Jung, who divides people into (a) extraverts, (b) introverts, each again divided into (1) thinking, (2) feeling, (3) intuitive, (4) sensorial as subjunctions. This is in itself a very large subject, and readers who are interested in pursuing it further are referred to Jung's "Psychological Types".

A fourth slide is due to *physical factors*, such as endocrine variations (*e.g.* thyroid, pituitary, gonad and adrenal excess and deficiency) or toxæmia from any source.

So far our analysis may be mathematically logical and determined. We may examine each slide separately and say, "This is only a form of that, and has been produced in such a way, having been irrevocably caused and determined by so and so". Much analysis seeks to be of this mechanical and final kind: but is it then complete in its understanding of the individual, his character and behaviour? Or is there yet another slide, an original unique individual potentiality, distinct for each one of us, and not able to be analysed or defined any further? It may be regarded as being a difference of quantity or of quality, but we must allow for its existence, and accept it as the basis of our

technique and the limit of our therapeutic success. Analysis cannot change fundamentals or make "silk purses out of sows' ears". It can only make the best use of the potentialities of each individual's innate endowment, and with that limitation it must be satisfied. We may call this last slide a *unique individual integrative and dynamic factor*.

Finally, we see that these five "slides" may be applied to everyone, well or sick, normal or abnormal, sane or insane, psychoneurotic or psychotic. But it is obvious that psychopathology will occur to a more marked degree in the sick, the abnormal and the insane. The difference, however, is only a matter of degree, and we may expect to find our knowledge and understanding of our patients greatly increased and simplified by our knowledge of ourselves, our motives and our behaviour.

"UNDIFFERENTIATED EGO" AND GROWTH

We must now go back to the beginning of the individual life and enter, so far as we are able, into the world of the infant. A good deal of stress has been laid in some psychological quarters upon the baby's first experience, that of birth. There can be very little doubt that the more or less sudden change from a life of complete tranquillity within the womb to the very different outside world must come as a rude shock, towards which the infant's first cry is an appropriate expression of feeling. As soon as this is over and the baby safely bestowed between the warm blankets of its cot, it has become more nearly restored to the earlier state of peace and tranquillity, except, however, for the urge of hunger. Warmth may be provided by the blankets, but the satisfaction of hunger requires food in quite a new way from that to which the baby has in the past been accustomed.

Before birth the state of the baby must nearly approach Nirvana in its feelings of bliss, peace and omnipotence. Every need is supplied without effort, and the foetus is protected from every external shock and danger. With birth comes a rude awakening, and the baby realises its first sense of *deprivation*. Food can now only be obtained at intervals, and with a considerable degree of effort. Certain functions are expected of it, and it is surrounded by unaccustomed stimuli. Every detail of life is a new experience, and the constant struggle with environment, which must continue until death, has begun.

If we are to put in words the state of satisfaction which

the foetus must feel in intra-uterine life, we do so as a comparison with the changed state which must follow upon birth. Within the uterus the foetus possesses a "limited omnipotence"—*i.e.* the immediate satisfaction of desire and a complete sense of safety. When it is born the omnipotence has departed, familiarity and safety give place to novelty and fear, and the satisfaction of desire has to be postponed to suit the convenience of others. Development has taken place by deprivation, and this earliest lesson of gaining by losing is only the first of many more which are to follow. The sense, of deprivation, gives rise to feelings of resentment and rebellion, and would seem to account for all the behaviour disorders of earliest infancy. The infant does not give up its prerogative of omnipotence without a struggle.

In the beginning the world of the infant is only a large undifferentiated "me". There is no distinction between "me" and "not me". This is termed the condition of the "undifferentiated ego". Differentiation takes place through a gradual realisation of deprivation and a progressive distinction between what is "me" and what is "not me". In the beginning there is no difference between "my mother" and "me". She exists only as a source of gratification of my feeling of hunger, and her nipple is as much part of "me" as the mouth which receives it. This experience of deprivation is an early one, and gradual distinction is made until awareness of the limits of one's own ego is finally acquired. For the rest of our lives, however, we may be said to be struggling against our limitations, struggling as it were to fulfil our infantile conception of undifferentiated ego and effortless omnipotence. We seldom entirely give up the illusion of this extended possessiveness, and our passion for property and power in later life is often only a recrudescence of this infantile longing.

Let us try to trace the sequence of this development from the beginning to the end.

1. In the beginning is "me". *I feel and I wish.*
2. Then comes differentiation between "me" and "not me". "*I feel it is not me*". This is accompanied by a sense of deprivation.
3. Experience of what is "not me" leads me to know what I feel about it (the *sense* of it).
4. I can then learn to know what "it" is, distinct from what I feel about it, and as having its own independent existence apart from me.
5. I make use of what is "not me" where I can to fulfil

and satisfy "me". I can thus eventually get over my initial sense of deprivation.

We must now define what we mean by psychological *growth*. It is the process of emotional development, which on the one hand occurs according to the pattern of recapitulation, and on the other results from interaction between individuality and experience. It is a consequence partly of the development of an inborn pattern due to past racial experience according to the law of recapitulation, and partly of the individual's experience of interaction between himself and his environment. It begins with a differentiation between "me" and "not me", and proceeds by continuity and association, selection and integration, to the completeness of individual character. The dynamism of growth operates from within outwards, according to certain instinctive urges and through associated emotional states. Growth is a progressive distinction between "me" and "not me", in which the focus of interest is in the first place ego-centric and finally cosmo-centric. Self-expression and wish-fulfilment are achieved through manipulation to our ends of an external reality, which is viewed as something objective and independent of ourselves.

Failure in the development of individual character may be due to two distinct causes :

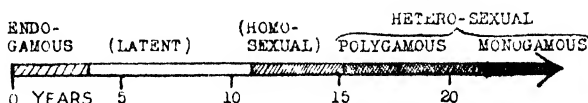
1. *Defective material* may cause an inborn weakness of individual constitution.

2. *Environmental factors* may thwart and overcome innate tendencies and potentialities. In either case it will be seen that the defect is due to a failure of individual growth to overcome the resistance of the external environment. The struggle between the two is a relative one, in that the lesser individual constitutional strength will only be able to cope with a less difficult environment, whereas the stronger constitution can succeed in the face of greater difficulties. It may be said that some defects of character are born, but others are made by environmental influences. As Freud has said, some patients would have been ill in any case, but others under easier circumstances might have remained well.

It is now necessary to correlate individual development, through experience and association, with what was said in the previous lecture about recapitulation. Individual emotional development and recapitulation take place, as it were, one overlaid upon the other, recapitulation being the underlying principle which is all the while being modified by experience.

In the following diagram¹ the earliest phase of emotional development, 1-3 years, is correlated with recapitulation of the endogamous racial phase. The homosexual phase, from 10-15, is probably not associated with recapitulation, but may be due to a cause which will be mentioned later. From 15-20 we enter the heterosexual polygamous phase, which passes eventually into the heterosexual monogamous phase, which probably represents the highest level of sexual adaptation, both for the race and the individual.

FIG. 3.—*Recapitulation Scale.*



EMOTIONAL DEVELOPMENT

In the following scheme it is proposed to limit our consideration to the male for the sake of simplicity. In Chapter VIII. some attempt will be made to distinguish between the differences of development and general psychology of the sexes. To a large extent the principles will be found to hold good for both sexes, although they sometimes appear to be considerably more clearly shown in the male than in the female.

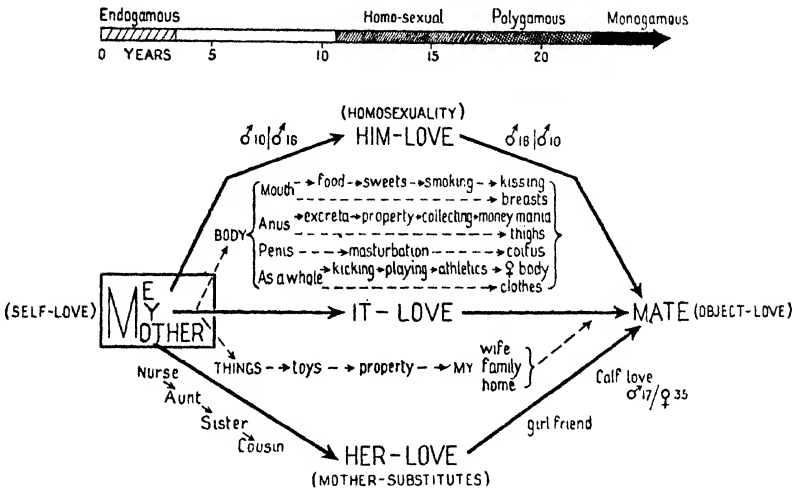
Let us be quite clear again as to the starting-point of emotional development. Essentially it is a state in which "I love myself", and "myself" is in the condition of undifferentiated ego. The infant's interest in life is determined by what he can get out of it without putting anything into it. He is entirely ego-centric, self-willed, self-loving and self-centred, competitive rather than co-operative, possessive and keenly resentful of dispossession. At the other end of the emotional scale, which may be described as "emotional maturity", the opposite is found to be the case. Instead of self-love we have a state of object-love; instead of being self-centred we are object- or cosmo-centred. Altruism has taken the place of self-will and self-love, and a co-operative attitude that of the competitive. A completeness of differ-

¹ A word of warning is necessary about these diagrams. They are only of use in such a subject as this if their value is very strictly limited. They are not intended to be actually representative of what occurs, but only to suggest a scheme to simplify our understanding. Any diagrams are therefore put forward tentatively as the nucleus of a framework upon which to hang ideas, and too much must not be expected of them.

entiation has taken place between "me" and "not me" in which the possessive, competitive attitude is replaced by the sharing, co-operative one. All this takes place through normal development and growth.

By what process of development and through what stages is this change achieved? In its simplest form the continuity of the process is suggested in the accompanying diagram (Fig. 4). The initial state of undifferentiated ego is represented by the three characteristics of "me", "my" and "mother", at this stage only potentially distinct. This is the primary goal of the earliest love feeling and is *self-love*.

FIG. 4.—Emotional Development (Male).



At the other end of the emotional scale is the *potential mate*, the goal of sexual object-love. The purpose of the diagram is to show the continuity of development between infantile self-love on the one hand, which is competitive and possessive, and mature sexual object-love upon the other hand, which is altruistic and co-operative. Both of these must, of course, be regarded as theoretical abstractions subject in practice to individual modification.

As we proceed from left to right of the diagram, development roughly corresponds with the recapitulation time scale which is placed above it. The principles of *continuity* and *association* must be preserved, and in order to get from A to Z we have to proceed through intermediate phases represented

by the other letters of the alphabet. In the beginning we have a state of "me love", in the end a state of "mate love". What are the intermediate steps? The intermediate source of emotional interest would be partly "me love", partly "object-love"—someone who is like me but not me, yet someone who is also like the mate but not the mate. This condition is fulfilled by what is called on the diagram "him love", reached in the adolescent phase of homosexuality, say between 10 and 15. "He" is like "me", being of my sex, but he is not me. In the early phase of homosexuality the emotional interest is usually of a younger boy for an older one, say of a boy of 10 for a boy of 16. In the later phase, however, the condition is usually reversed, the boy of 16 tending to be more attracted to the younger boy, and the emotional position then corresponds more nearly to what will ultimately become mate love. The younger boy is more nearly in the feminine rôle of dependence. It is characteristic of the homosexual phase of early adolescence that normally boys should only be interested in each other, and have very little use emotionally for the opposite sex.

"HIM LOVE": HOMOSEXUALITY

What do we mean by homosexuality? First of all, it is a normal phase associated with adolescent development, and is not therefore necessarily to be regarded as a perversion. Secondly, the normal phase of homosexuality is independent of any overt sexual expression. This, when it occurs, may be regarded as a pathological expression of a physical sexual factor, but seeing that the normal phase of homosexuality occurs at the same time as the sexual glands are developing, it is not surprising that some overt practice of homosexuality does often take place amongst boys, the most common being, as would be expected, the practice of mutual masturbation, with more or less pronounced differentiation of masculine and feminine rôles.

The following classification of homosexuality may be suggested:

1. Physiological.
2. Psychological—
 - (a) Normal phase.
 - (b) Fixated—
 - (1) Sublimated.
 - (2) Overt.
 - (3) Repressed.

In *physiological* homosexuality, the bisexuality which is physiologically present in all men and women to a greater or less degree usually shows some evidence of those characteristics which are associated with the opposite sex. In the more obvious cases of male physiological homosexuality the physique and behaviour is strongly suggestive of the feminine type, with a tendency towards prettiness, passivity and timidity. Physiological homosexuality is an individual predisposition and is very rarely amenable to successful psychological treatment.

Psychological homosexuality is the more frequent of the two. In these cases the feminine characteristics are usually lacking, but the choice of object-love remains towards a member of the same sex. Such cases offer a far greater hope of satisfactory treatment.

Psychological homosexuality may be divided into two phases: (a) normal phase, (b) fixated. The *normal phase* of psychological homosexuality occurs in adolescence about the years 12-15. It is very common, however, in the absence of opportunity for heterosexual self-expression, for the homosexual phase to persist beyond adolescence up to 20 and sometimes 25 or even later. Young men of this age are often aware of the attractiveness of members of their own sex, while being at the same time also susceptible to feminine attractions. It is as if the usually brief homosexual phase persists in the absence of complete heterosexual opportunity for development. Such men when they marry usually become fully and normally heterosexual without any difficulty. Sometimes heterosexual development does not take place, however, and the condition is then referred to as *fixated*, and is liable to show itself as what is known as *perversion*. The possible causes of such a fixation will be referred to later.

Homosexuality may occur in any of three ways. It may be: (1) sublimated, (2) overt, (3) repressed.

Sublimated homosexuality is a normal and desirable emotional activity of adolescence, and occurs without any overt sexual expression. The tendency of boys to seek only each other's company, to associate in clubs, packs and gangs, and to be completely intolerant of and indifferent to the female sex, is the normal expression of this phase. Sublimated psychological homosexuality is the attitude of the normal schoolboy. After heterosexual development has taken place, sublimated homosexuality remains of great importance as being the tie which binds men in friendship,

and through which they enjoy each other's company in clubs, masonic gatherings, and the everyday intercourse of business and social life. The homosexual impulse is therefore of great importance in regulating and inspiring social behaviour.

Overt homosexuality finds active self-expression with a member of the same sex sometimes by the practice of mutual masturbation, often by the more sexually differentiated form of intercrural intercourse. When it occurs this may be regarded as a perversion, but in the absence of the teaching of the elements of sexual hygiene and development it is not really to be wondered at, and need not be considered seriously pathological, although it is certainly morally and psychologically undesirable. The comparatively very rare perversion of intercourse *per anum* is a sign of fixation at the earlier anal-erotic level, which will be referred to later, and is a far more serious though much less frequent problem.

Repressed homosexuality is a matter of great importance because of the unconscious influence which it brings to bear on the subject's attitude towards others who possess a similar tendency. It is only natural to expect that the choice of the scholastic profession is largely determined by a man's degree of emotional interest in boys. It is therefore also to be expected that there should be an increased degree of homosexuality amongst schoolmasters, but without any opportunity for its overt expression. It must be repressed, and this causes certain consequences. It can only be repressed by the individual regarding it as a very serious misdemeanour in himself and therefore in others. Intolerance of homosexuality is a defensive mechanism required to preserve its repression and the observance of moral standards. Schoolmasters as a whole, therefore, are very liable to be unwisely intolerant of masturbation and homosexual practices, and are inclined to regard them with undue severity when they are discovered amongst their boys. Their attitude is inclined to be drastic and punitive and the punishment unwarrantably severe.

Repressed homosexuality presents a problem which it is difficult for the moralists to answer. There may be no outward expression of homosexuality at all. On the contrary, the individual's life may be lived according to the highest moral standards, but it may still persist. A great many marriages are wrecked owing to the fact that one partner is a repressed homosexual and therefore sexually intolerant of the other. Heterosexual union may take place with the subsequent birth of children, and yet repressed

homosexuality may persist, of which the following is an illustrative case.

CASE V.A.—Married. Aged 52. Three children.
Occupation : master tailor.

Symptoms.—Excessive anxiety, intense feeling of guilt and delusions of persecution (paranoia).

History.—The symptoms had developed about two years previously in the following circumstances. The patient had been discussing with his friends a case at the Old Bailey of homosexual practice, but he found that he could not get the case out of his mind. He thought people were accusing him of homosexual practices, and, although he had never been guilty of them, he felt an extreme sense of guilt. He imagined that people who passed him in the street were making accusing remarks about him, and this state of affairs caused him intense anxiety.

As a boy he was entirely innocent and ignorant of sexual matters. He was apprenticed to tailoring and his combination of skill as a cutter with his social aptitude made his business a great success. People used to go to him as much for his friendship as for the quality and cut of his suits. It may be imagined that his contact with those of his own sex, measuring and fitting, etc., gave him considerable outlet for homosexuality, although it was to him entirely unconscious.

When he married he was quite ignorant of sexual matters and he chose a very timid and invalid wife, by whom he had three children. He was a very enthusiastic social worker in connection with the church, in which he held at various times all the responsible positions open to a layman. He was very rarely at home in the evenings but always sought the company of his friends.

Analytical investigation proved the existence of his homosexual impulse, which had never been conscious or overtly expressed. Its existence seemed, however, to have determined the subsequent insanity from which he did not recover. His sense of guilt applied not to what he had done, but to what he unconsciously wished to do, and the repression of his homosexuality ultimately came out through the mechanism of his delusions.

“ HER LOVE ”

The lowest line of the diagram (p. 84) is that which proceeds from the beginning “ I love my mother ”, to the end

"I love my mate". Again it is necessary to preserve continuity and association. "She" must be someone who is like my mother but not my mother, like my mate but not my mate. This line preserves the heterosexual continuity and is the line of "her love", the loved object being more or less a *mother substitute*. The transference of emotional regard shifts in turn to various associated mother figures, the first probably being the nurse. (This is an example of a normal transferred affect.) The strength and weakness of the position of the aunt in the family lies in her near association to the mother. At a later phase, the cousin is of importance as being the last emotional link with the family. She is still in the family, but is so nearly outside it as to become very near the potential mate. What is known as "calf love" occurs when a boy of 16 or 17 finds his most loved object in a woman of mature years, 35 to 45. The cause of this lies in the fact that her age and maturity remind him of the origin of his love feelings, his mother. In the final adjustment of the man to the mate, there is usually not a little of this "mother-love", but it can easily be too much for matrimonial harmony. "All husbands need to be treated like children sometimes." But a true mating involves a loosening of many bonds, of which the most important is complete unbinding of the maternal apron strings. If all parties in matrimonial experience realised this simple fact of human psychology, many marriages would be happier than they are.

"IT LOVE": PROPERTY FIXATION

The third potential division of undifferentiated ego comes from "my" love. This may be divided into two: *my body* and *my things*. The part of the body which is of primary emotional significance is *the mouth*, by its association with the maternal breasts and the infantile food-supply. Sucking is therefore an activity of great importance, from which is derived a large amount of emotional gratification. Through what line does this continue and through what associations is it maintained? We find an intense interest during the whole of life in food, exaggerated in some cases such as the glutton, the gourmand and the gourmet, in all of whom the importance of food as a means of gratification is more than it should be. Eating sweets comes into this line of continuity and association, and is particularly an activity of childhood and adolescence. After adolescence the sweet-sucking tendency gives place to that of cigarette and pipe smoking, which

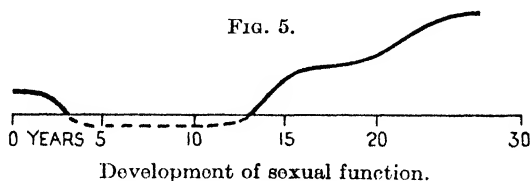
is probably an extension from the primary sucking gratification. A more definitely sexual derivative of this oral source of gratification (known technically as "oral erotism") is kissing, which is of ultimate significance with regard to the mate.

The next part of the body which assumes importance as a source of gratification is that which is associated with the alimentary excretory function—*i.e.* the *anus*. The degree of interest which the infant takes in its excretory function may be rather surprising, but it is quite definite. Perhaps this interest has become exaggerated owing to the importance attached to it from the beginning by mother and nurse. It is rather strange to realise the extent to which, at the most impressionable age, the excretory function is associated with the moral concepts of good and evil. A child is "good" whose bowels function regularly at the behest of mother or nurse, and the child is "bad" if they fail to do so. From the first day the child is born, the ordered exercise of this function is expected, and for the most impressionable years of life it is associated with the moral qualities of good and bad. Besides the moral aspect there is also a more physical aspect of "well" and "ill", and it is perhaps for this reason that alimentary function may develop an exaggerated importance even in general medicine. If our bowels have not been opened we feel "bad" or "ill", and probably a large part of this feeling has been built up by association and continuity from the values inculcated in us in infancy and childhood. The alimentary function is important, but not to the degree which we unconsciously ascribe to it. To some it assumes an exaggerated importance, and the tendency to rebellious independence may show itself in the development of intractable constipation, which is therefore in such cases of psychological and not physiological causation.

It has been suggested that another derivative by association of this "anal-erotic" interest is the habit of collecting, best exemplified in the case of the miser. In this case money has become the symbol of a primary anal-erotic interest in *fæces*. It is also suggested that all collecting manias originate from this source, although they may be as varied in object and degree as the obsession of the miser and the highly sublimated interest of the collector of objects of art.

A more definite derivative in simple continuity is the erotic gratification derived from the thighs, corresponding to the oral gratification derived from the breasts, of the loved one.

Early in the second year the *penis* is an object of possessive interest and pride, and it is also sometimes a source of gratification by masturbation in infancy and early childhood. It is again associated in the first place with its excretory function, and children often take great interest in urination. It is not, however, until puberty that it becomes of dominant importance, with the physiological development of the gonads. It is the greatest possible mistake, however, to think that sexual development commences at puberty. *The sexual function of puberty is only a continuation of all antecedent sexual function*, which has begun not only in the individual lifetime, but also in a far-distant racial past.



The above diagram shows the way in which sexual function and interest tend to be latent from the period of about three to puberty, but the sexual feelings of puberty are all derived from earlier infantile sources.

The first thing to recognise in consideration of *masturbation* is, in the absence of adequate sexual instruction, its logical inevitability. Nature has been unduly prolific in its endowment of the human race with the sexual procreative urge, and it is in adolescence, with the development of the sexual glands, that we must expect a sudden development of sexual interest and activity. It is possible to keep children ignorant by encouraging repression, but this does not mean that they are innocent. The sexual factor is an inborn urge of great intensity and, when associated with a healthy curiosity and the normally developing phase of homosexuality, it is not surprising that masturbation should occur in males at some period of their lives. It is, of course, impossible to give accurate figures, but authorities put its frequency at over 95 per cent.

If masturbation is so logical and inevitable, why is it always accompanied by such an intense feeling of *guilt*? Even where it is practised without apparent self-restraint, there is always an underlying guilt sense, and it is owing to this that the practice of masturbation is *psychologically* injurious. In spite of much that has been said to the con-

trary, it is not *physically* injurious unless practised to excess. It is difficult to define "excess", as this must of course involve an individual factor, but it frequently occurs daily over long periods without giving rise to physical injury, although on the psychological side there is always a loss of self-respect and strength of character. It is quite impossible to be so frequently overcome by impulses to do what one feels to be wrong, without suffering in strength and co-ordination of character. But in spite of this it is quite untrue to say that masturbation causes insanity. It is primarily a symptom, not a cause, although it may secondarily become a cause of various degrees of anxiety.

The guilt of masturbation is due to a "transferred affect" from which all our sexual feelings are afterwards inclined to suffer. The origin of these sexual feelings, being associated with the mother, takes its guilt from that source, and the guilt of masturbation is a transferred affect from the primary incest motive. It is common for patients, and sometimes boys also, to feel that they have committed the "unpardonable sin", and this association of extreme guilt is derived from the incest motive. In a later chapter (p. 122) it will be suggested that the Holy Ghost is a derivative of the mother figure, and the "sin against the Holy Ghost" is therefore an unconscious link with the primary love for the mother.

We can now understand why the idea of *punishment* is so frequently associated with the guilt sense of masturbation. Well-meaning pamphlets written by ignorant propagandists stress the terrible consequences of the practice of masturbation, which they say causes physical diseases and insanity. Unfortunately it might be said with some truth that these pamphlets have done more harm, both physically and mentally, than ever the practice of masturbation has done, by exaggerating fears of punishment which are already present in the individual's unconscious feelings. The unconscious tendency is to connect guilt with punishment, and it needs no pamphlet to help us to do so. These pamphlets are too often only a defensive "projection" from the writer's own feelings of guilt, and they do nothing towards the elucidation of what must always be a difficult problem. There is no doubt that feelings of guilt and fear are inborn tendencies capable of causing great harm, which require to be eliminated, not exaggerated. Exaggerating guilt and fear, however well-meaning, is always harmful and prejudicial to normal development.

There is a very real gratification to the infant in the exercise of his limbs. Happiness is to lie naked with every movement of arms and legs free and unfettered. This satisfaction of free movement is the source from which is afterwards derived much of the pleasure of athletics. Running about on a football field is in continuity with the untiring activity of the child who never wishes to keep still.

The *body as a whole* is a source of pleasure, especially in a state of nakedness. "Exhibitionism", as it is called, is frequently found in small children, who may suddenly be discovered with no clothes on at all enjoying themselves intensely. In early childhood it should not be taken too seriously, because repression of it is liable to give rise to those cases of impulsive exhibitionistic self-exposure, which may occur as a perversion in later life.

The affect may be transferred from the body to the clothes, and the "dandy" is a person whose exhibitionistic self-love has become at least partly transferred to his sartorial elegance. The ultimate conclusion of this line of love interest is fulfilled through the delight in the clothing and body of the beloved.

The second division of "my love" is derived from those things which are mine, apart from my body. In the first place these are "my toys", about which the child is inclined, in the beginning, to be exclusive. A great sense of power and personality becomes associated with property however insignificant the property may seem to be. The contents of a boy's pocket, to the superior adult, may seem to be trivial, but the collection of string, stamps, foreign coins, clasp-knife and other "rubbish" represent to him symbols of the utmost significance which are in no way to be treated lightly.

Our sense of personal valuation, which it is very often hard to achieve owing to adult superiority, is easily extended by our possessions, and their quality and quantity may come to be taken as a measure, quite wrongly, of our personal prestige. The man who is so proud of his wireless set is often using it as a means of extending his own personal value. It is not merely a wireless set, it is a part or expression of himself. "It is perfect, it is mine, it is me". Pride of possession in a new car is also to a large extent the expansion of the owner's ego. "It is my car, it is me. It is a very fine car, therefore I am very fine". The man who requires to raise his prestige through the possession of a two-seater coupé Rolls-Royce is probably in need of

a great deal of over-compensation for his feeling of inferiority. These are all examples of "undifferentiated ego" and of failure to distinguish between what is "me" and what is "not me".

A certain type of early-Victorian parent was an example of this attitude of property fixation and undifferentiated ego. He adopted the patriarchal attitude of possession of his tribe and permitted very little individuality to its members. His wife decorously submitted; his sons were appointed to their respective professions of the Church, army or navy; and the daughters were so many elegant appendages to the family tree. "Property fixation" is always possessive and exclusive, denying the individual rights and freedom of others. It is interesting to surmise that this has perhaps been partly the cause of the development of the present commercial system, which would suggest that the state of our economic development has also not progressed much beyond an early emotional level.

The parent of mature emotional development values himself for what he is and each individual member of his family for what they are, independent of himself. He is not patriarchal, dogmatic or possessive, and is not intolerant of the divergent views of different sexes at different ages.

NARCISSISM

It is interesting and useful to give a more definite psychological meaning to the three words—pride, conceit and vanity. We are *proud* of a heritage which we have not made ourselves—*e.g.* our school, our family, our country. There is no undifferentiated ego in pride. It is impersonal. We are proud of our bodies, our physique and our health, but we are not "self-made men". Pride is a consequence of ego differentiation and is therefore entirely free from vanity or conceit. It is the only one of these three words, which, used in this sense, represents an unqualified virtue. True pride is always humble because it is impersonal, and it seeks to gain no personal value out of the object of its pride.

Conceit is associated with shyness and is an over-compensation for a feeling of inferiority. The conceited person takes every object of undifferentiated ego that he can to add to the stature of his prestige. He needs it all, because of his fundamental lack of self-respect. It is not abuse or even criticism that he requires, so much as some measure

of real achievement which will add to his self-respect. Conceit and shyness are the twin horns of the dilemma of the inferiority complex and are always signs of an undeveloped and unstable emotional synthesis.

Vanity is the everyday word used for the more psychological one of "Narcissism". It is different from both pride and conceit. It is personal self-love, without that feeling of inferiority and its over-compensation which is characteristic of conceit. The vain person loves himself without criticism, admiring himself in every reflection which he sees and expecting to be admired in the same measure by others. Narcissism is an unqualified expression of self-love and the vain person has not developed far on the emotional scale. He is the god of his own idolatry.

SEX : ITS SOURCE AND ITS DERIVATIVES

Those who wish to criticise modern psychology usually find cause to do so in what they call its sole preoccupation with sex. From what has already been said it is obvious that the general attitude towards sex must be to some extent uneducated and unconsciously based upon motives of guilt and fear. Any true valuation of sex must be independent of these unconscious sources of guilt and fear, and will therefore arouse a great measure of unenlightened criticism from those more subject to unconscious motives. Nevertheless, a part of the criticism is probably true. Psychology is still somewhat new and unbalanced, and it is probable that the sexual factor, neglected for so long, has now received undue importance which time will tend to correct.

Our great difficulty in getting a true estimate of what we mean by "love" is that our use of the word covers such a large range of experience. On the one hand there is the religious conception of love, on the other the sexual, and for the two we use the same short word. Even in sexual love there are the extreme limits of Narcissism and mature mate-love. We can only begin to see the problem in its true perspective when we realise that it is one of growth, the beginning of which shows very wide variation from the end. It is as if both the acorn and the oak tree were described by the same word, in spite of their obvious disparity.

The infantile undifferentiated ego is only interested in self-love, and like the acorn, represents the beginning from which growth develops. Altruistic object-love, with all its extensions and associations in relation to sex, represents the

mature development of the oak tree. Sex is only one aspect of emotional development, but it is the source from which arise by continuity and association our feelings for all the people and objects we love. Sex is a limited focus of love and the sex activity is a limited development of the love-life, which is capable of expression in innumerable other forms. The function of sex is the all-important one of reproduction and the continuity of the species, but it would also seem to be only the procreative aspect of a greater theme. The greater theme is the urge for development, growth, progress. Love is the builder, not only of individuals and families, but of races, causes, and of all creative and artistic effort. When we get our perspective of sexual life in some degree of order we can see the beginning, but we cannot see the whole because the ultimate potential development is so far beyond. Sex is not all of love, but it is the beginning, and in order to understand the end it is necessary to know something of the beginning also.

Our view of life generally suffers from being unduly anthropomorphic. Love is not necessarily the tender emotion of our sentimental fancy, as its beginning in intolerant and competitive self-love proves. "Nature red in tooth and claw" is an example of an early phase of self-love, competitive, exclusive and self-centred, but nevertheless as a beginning it is in ultimate continuity with the highest level of self-development. Love is the force which both preserves and develops the individual, and at the same time defines his attitude towards others. Love is the urge towards all co-operation, synthesis and growth. What we see of love in human life is only its human aspect, and what we see of love in sex is only the sexual part of its human aspect. The essential principle of love would seem to be independent of sex, independent even of the human race. Is it not the force, the primal urge, of all that grows and is creative in life ?

SUMMARY

Emotional development has been studied in this chapter primarily with regard to "sexual" feelings. It may be said to occur as to its length and breadth through continuity and association, moving forward from an initial state of "undifferentiated ego", in which all the world with which I am familiar is me and mine, to the end of mature object- or mate-love, as different from the beginning as the oak tree from the acorn. There are many transitional phases, some

of which may sometimes appear to be undesirable in themselves, but it is only fixation at a previous phase which should have been out-grown, that is really undesirable. The essential factor all the time is growth, which requires change, movement, patience and a measure of freedom. Failure in growth, with resultant fixation, may be due either to defective material (*e.g.* seriously neuropathic stock) or environmental factors. Amongst the latter must certainly be included the restrictions and suggestions imposed by any well-meaning but ignorant and unconsciously motivated persons in authority.

Development from self-love to mature object-love involves to some extent a reversal of motive, *e.g.* from taking to giving, from competition to co-operation, and also a tendency towards desire for less material and concrete values. There is no short cut from the beginning to the end except in falsehood or in phantasy, and it must be the inward energy of desire which finds the way, rather than the external influence of well-meaning efforts on the part of others either to help or criticise.

Intermediate phases were indicated for the sake of simplicity along the three main paths of "Him-love" (homosexuality), "Her-love" (the mother substitute) and "It-love" (the body and its parts, and property), and the lines of continuity and association traced through to the goal of mature object-love, the Mate. Fixation may occur on any of these lines and at several points, at the expense of normal growth.

The vanity of the Narcissan, fixed at an infantile level of undifferentiated ego, was contrasted with conceit and its "other side of the penny", the intolerable feeling of inferiority for which it is trying to compensate and thus raise the tone of self-regard. Both differ essentially from pride, which is as humble as it is impersonal, and has, when used in this sense, no interest either in praise for itself or blame for others who may be less fortunate.

Love is the mover and maker of life, and thus of all emotions it is the most fundamental and the most important. Psychopathology, like life and love, is more than sex. The importance of sex, as is true of any motive, is inevitably exaggerated when it is neglected and repressed. It may then become dominant and compulsive, but needs always to be regarded as only part of a greater whole, yet a part well worthy of our better understanding.

CHAPTER VI

LAW : THE RÔLE OF THE FATHER

IMAGO : INBORN FEELING PATTERNS

THE principle that the individual is more than the sum of his experiences has already been stressed. Apart from those individual inborn characteristics which later give rise to the uniqueness of personality, there are certain instinctive and emotional tendencies which are to be found deep-rooted in us all, originating not in our own experience but in a distant racial past, and yet actively causative of much subsequent behaviour. It is the purpose of this chapter to discuss, in particular, that inborn "feeling pattern" of which the father is the object. Does it seem improbable that there should be in the individual a feeling pattern prior to, and independent of, actual experience of the father? But when we consider that feeling patterns are born in the individual as the result of the summation of racial experience, we realise at once that the father must have been one of the commonest of all experiences.

We may very broadly divide the feeling patterns which we are going to consider in this and the next chapter into three—namely, "feeling about the Father", "feeling about the Mother", and "feeling about Self". These have arisen as the result of racial experience and are only subject to secondary modification in the individual's lifetime.

These "father" and "mother" feeling patterns are referred to as father and mother *imago*, and contain much material of a very primitive and unconscious origin. "Father imago" is the source from which savage and civilised, child and adult, derive their conceptions of gods and devils, magicians and giants, priests and medicine-men. Associated with these primitive, archetypal figures is much of mystery, majesty and power.

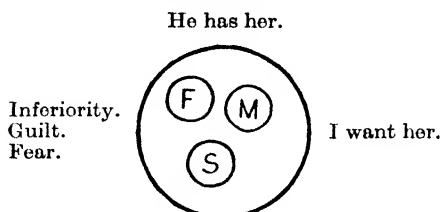
The original father imago feeling pattern is subject to modification by experience of the actual objective father or father-surrogate, but it is only upon this primitive pattern

that ultimate experience reacts by a process of secondary modification. It is very important to realise this, because of the consequences which result where the individual has in childhood lacked the influence of a father, who may have died before birth or in early infancy. If there were no father one might expect there would be very little of the "feeling about father", but this is far from being the case. It is as if the absence of a real objective father has permitted a free and unfettered development of the imago pattern, and it seems to be the fact that fatherless individuals are more susceptible to the development of father imago feelings than those in whom the actual experience of the father is able to cause their modification. It is also necessary to realise that actual experience of a real objective father may still permit in some cases of unmodified imago reactions. The experience of father during the individual's lifetime may be entirely "good", if the father is happy enough to deserve that description. The individual reaction, however, to this experience of a good father may be, and very often is, of an unfortunate and undesirable kind. It is a matter of common experience that good fathers often have children who fail to come up to the standard which their fathers have set them. This is due to the development of imago reactions which interfere with the imitation due to suggestibility which might be expected.

Although this factor of suggestibility is important, it does not entirely account for individual reactions to experience of the father. Of the two, it is probable that imago reactions are the more important. These imago feelings, which have been recapitulated within the individual and become modified by experience of the father or father-surrogate, then give rise by extension to certain important derivatives, which comprise the feeling basis for the whole conception of "authority" and "law". The feeling which the individual develops with regard to authority and law is the result of the modification which has taken place in imago feeling through his later experiences. Father imago is therefore something independent of father, deeper and greater than experience, and the derivatives of father imago extend beyond the individual's attitude towards his father, determining his attitude towards all those who are in authority and his opinions on various subjects, especially those of religion and politics.

IMAGO AFFECTS

FIG. 6.—“Feelings about” Father Imago.



Encircled letters = F, feeling about father; M, feeling about mother; S, feeling about self.

In the above diagram (Fig. 6) the outer circle represents the individual as a whole. The three inner circles represent his feeling about his father (F), his feeling about his mother (M), and his feeling about himself (S). We are dealing with the primary concept of the eternal triangle, and again, for the sake of simplicity, we will limit our consideration to the male. It may be stated at once that, from clinical experience, it is found that as far as “s” is concerned, his inborn imago feelings are according to the primitive pattern of the desires and fears of the Oedipus complex. What then are these primary “affects” or feeling tones concerned with father and mother, but independent of actual experience of them? They may be discussed under the headings of inferiority, power, guilt, retaliation and fear.

A. *Inferiority*.—The standards of measurement taken by the unconscious are crude and simple, and the effect of stature and age is of great importance in determining the feeling of superiority or inferiority. The infant born into the world is in a position of extreme inferiority. He is so small, whereas the other members of the circle in which he finds himself are relatively so large, especially father. He is so young and by contrast father seems so old, and by that so much superior. He is so weak, father so strong, and on every hand the superiority of father is demonstrated. The consequence of this experience, so extreme, and so often repeated, is the development as an inborn pattern of a feeling of primary inferiority, especially felt with regard to father. This factor of inferiority is one of the most important components of father imago feeling. With this is associated the feeling of *jealousy*: “because he is so much stronger than I

am, I feel he can take away from me all that I most want to keep for myself ”.

B. *Magic Power*.—Associated with this feeling of inferiority is the sense of power which father possesses by contrast. Comparatively, father is *omnipotent* and endowed with all the qualities of *magic*. The second factor in father imago feeling is therefore the desire for magic power, through which may be obtained the superiority of father. Magic power is omnipotent and effortless, a matter of magic carpets, seven-league boots, miracles and electric buttons. With this desire for power, “ to be like father ”, is associated the feeling of *envy*.

C. *Guilt*.—To what extent does feeling about mother have an effect on feeling about father ? A simple statement of primary feeling tone may be made as follows : “ I love my mother. I want my mother for myself. My father has my mother, and he is omnipotent. If my father knew I wanted my mother, he would be angry, and would punish me ”. This is the familiar pattern of the *Œdipus complex*, with its inevitable feeling of conflict and guilt. The third factor in father imago feeling is therefore guilt.

D. *Retaliation*.—The wish to retaliate is a consequence of wish-fulfilment frustrated and is accompanied by feelings of envy (“ he has got what I want ”) and jealousy (“ I am afraid of his taking from me that which I have ”). The wish to retaliate, to get even with the father, is the fourth factor in father imago feeling.

E. *Fear*.—With all his invested superiority, power of magic and omnipotence, added to the feelings of rivalry, frustration, envy and jealousy, and the wish to retaliate, inevitably goes the feeling of fear. The fear may be of being crushed or lost, but most important of all is the *fear of being punished*. Fear of father is the fear of father’s power and father’s punishment, and is particularly connected with punishment for the guilty wishes associated with the mother.

These are the primary affects which together make up the pattern of father imago feeling and which become secondarily modified by the actual experience of father or father-surrogate. They are essentially *unconscious* in origin (*i.e.* merely basic undifferentiated feelings), but they may later become partly rationalised. From this more or less modified primary pattern much that is of importance to individual wish-fulfilment is ultimately obtained, the details of which we may now further consider.

It is quite obvious that a father-figure of this type is going

to be an object of fear and conflict, rather than one of wish-fulfilment. He stands badly in need of a compensatory corrective, in order to give stability to this primitive world of desires and feelings. This presents only a slight difficulty, because phantasy is always ready to step in to correct the deficiencies either of reality or a too morbid imagination. The *compensatory father phantasy* must have the following attributes in order to be satisfactory.

(a) He must be *personal*, possessed of as much familiar form and substance as any earthly human.

(b) He must be *beneficent*, possessed of all loving kindness.

(c) I must be his *chosen one*, raised up above all others in a very special and irrefutable relationship of absolute superiority.

(d) He must be *omnipotent*, in order to overcome all the doubts and fears of reality and imagination.

With such a compensatory phantasy, it becomes easier to withstand the shocks of experience, the deprivations of reality, and the fears of imagination. Such a help is badly needed, and its real existence will be as stoutly defended.

AFFECTS TRANSFERRED TO ASSOCIATED SIMILARS

Father-surrogates, for the purpose of modification of father imago feeling, are many. Some, and most probably the first, are elder members of the family, perhaps elder brothers, uncles, or any adult in immediate authority. Later, when the boy goes to school, the father-surrogate, and therefore the object of imago feeling, is the school-master. A very important member of this series is the preacher, and others are the authorities of politics and law. The power of the law and of the policeman is imago power, and is not due so much to any individual prestige as to this inborn feeling tendency. All those who may be invested with authority at any time, large or small, have become linked with the authority series, and the feeling attached to them is a modification of imago feeling. Income-tax collectors and ticket inspectors derive their power and authority from the same source. It is not from themselves, but from that which they represent *in us*, that they derive their importance.

A further and most important extension of the father-figure is the king, president or tribal head. It is not for himself alone that he is loved and feared, but because unto him has been extended the imago feeling. He is the source

of pomp and power, to be loved in his mercy and dreaded in his wrath. The feeling which a people may have about their king is largely independent of his personal character and individuality. This is in some cases fortunate and makes his position stronger and happier than it might otherwise have been. But the retaliatory motive associated with unconscious imago sources often becomes transferred to a person in high authority, who may be entirely innocent so far as the individual's imaginary sufferings are concerned. These retaliatory and antagonistic forces associated with father imago are liable to find expression in acts of parricide, regicide and anarchy, by the simple process of the transferred affect, and sometimes to the grave danger of the innocent representative of authority.

The most important of all derivatives of father imago feeling is to be found in the conception of God. There is a tendency to extend the projection of father imago feeling to the utmost, and understanding of this mechanism is of the greatest importance to those who are interested in religion. It is surely most desirable for us to try to make some distinction between our *ideas of God*, which are to a greater or less extent derived from these unconscious sources, and those characteristics which may perhaps belong to the *true objective nature* of God, quite independent of our imago feelings and compensatory wishes. It is possible that our subjective unconscious feelings and rationalisations may coincide at some point with the objective attributes of God, but it is certainly most unlikely that the coincidence will be identical. Father imago feelings, though certainly inspired from one part of their source, are extremely primitive and crude from another, relating, in fact, to oft-repeated and very earthly experience of mortal parenthood, which is a fact that still waits for general recognition.

It must be apparent, also, that doctors owe much of their authority to imago reactions. They are the modern "medicine-men" to whom the general public turns in search of omnipotence and magic. It may be inferred that to some extent at least the medical profession is not averse from this invested prestige and the added power bestowed upon them by this "transferred affect". It is certain, however, that unconsciousness of the effects of imago reactions sometimes leaves much of their work misunderstood, and it may be liable to suffer in consequence.

As an illustration of the diversity of objective experience associated with the subjective imago feeling, we may

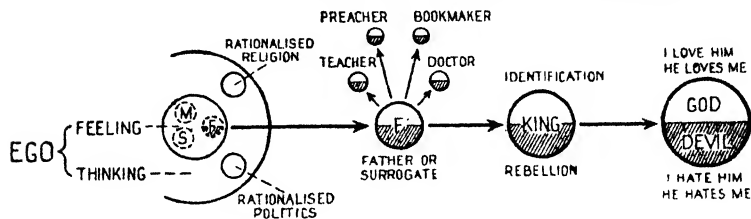
mention that another object to whom it becomes attached is the bookmaker. The connection may not at first be obvious, but the bookmaker, as an object of wish-fulfilment for these unconscious feelings, in his imaginary benevolent omnipotence, may perhaps be placed half-way between the doctor and God!

It will be seen from the above that many of our beliefs and opinions are derived from unconscious sources associated with imago feeling, and their origin is therefore very different from what our subsequent rationalisations would have us believe. A great simplification of our understanding of the many constituent threads and facets of individual life occurs when we link them up with their simple unconscious sources. Take, for example, religious faith, political opinion, and our attitude towards authority. These are all found to be allied in their basic feelings in any one individual, and are therefore similar in type. On the right wing is the staunch maintainer of the tradition of the English Church, upholding also the tradition of conservatism and the rightness of things as they are, and the wrongness of all that is new and young. The single pattern to which the "conservative-Church of England" type conforms is that he is anxious to *maintain authority*, the authority of parenthood, the State, the king and God. This pattern will be referred to later as "father identification", and its exponent will tend to be as authoritative himself as is the authority of that system which he does his utmost to maintain. On the left wing stands the *rebel* type, atheist and anarchist, who is *against all government and authority*, and in fact every system which represents law and order. He will always tend to associate himself with any left-wing group, and many examples of this type exist amongst Socialists and Communists. He is against his father and the authority of fatherhood; he is against the king and the authority of the State; and against God and the authority of divine rule. He sweeps them all aside with a single rebellious gesture. There is no paternal authority (hence free love), there is no king (hence varying degrees of republicanism and anarchy), there is no God (hence the varying degrees of atheism, rationalism, etc.). Such feelings and their various rationalisations are particularly common in the rebellious phase of later adolescence, and all are examples of unconscious wish-fulfilment, having no real relation to the domestic, political, religious or economic circumstances. They are material for psychopathology, not for argument—as is further shown by the

amount of undifferentiated "affect" which argument is liable to arouse.

If we refer again to those feelings which form components of father imago (p. 100), we find two types which are very different in character. These are the feelings, broadly, of *love* and *fear*, and being so different in character they give

FIG. 7.—*The Split Father Imago: Reactions and Derivations.*



rise to two entirely different series of derivatives. From the love feeling is derived a conception of a benevolent God full of protective indulgence, and in general a phantasy world of blissful wish-fulfilment closely connected with the primitive conception of "Providence". Providence is a personal, more or less anthropomorphic, entirely beneficent figure which "counts the hairs of our head" and "without whose knowledge no sparrow falls to the ground". "We are his chosen people", as a rule mainly interested in our unique singularity, anticipating with delight our final adoption into eternal life in a heavenly kingdom where we shall live happy ever after. It is all rather like the fairy story which expresses the same phantasy of personal wish-fulfilment and, as in the fairy story, when we read a little further, we find that there is another and quite evil genius to contend against, be he giant, dragon or devil.

God's beneficent omnipotence is frustrated on every hand by the evil and punitive machinations of the devil and his lesser satellites. Again, the figure possesses a personal and anthropomorphic detail, and into his character is projected all that we feel of evil and of fear. His home is the home of punishment, every sin being painted with all the gloomy details of sadistic imagination. He is in so many ways like the giants and ogres of fairy stories and the threats of the punitive policeman of old-fashioned and ignorant nursery maids.

The Jehovah of the Old Testament was a projection in crude simplicity of the father imago archetype. In him

were combined the two conceptions of beneficence and punishment, fear being stronger than love. He was the authority who ruled like the patriarch of old with a rod of iron, claiming an eye for an eye and a tooth for a tooth, and the right to punish "the sins of the fathers unto the third and fourth generation". He was a composite figure, unconscious in origin and latterly tending to be split into a more benevolent God and a more malevolent Devil, the fear aspect becoming progressively less important with the emotional development of the race.

It is interesting and important to trace the same tendency for imago feelings to split into good and evil, in the other derivatives which have been previously mentioned. In general the tendency is first of all to idealise authority (*i.e.* wish-fulfilment), to feel that now at last the perfect one has been discovered, be he a hero of politics, the army, the stage or any field in which an individual may be generally admired. The fickleness of the general public is a by-word and the popular hero of to-day is despised or forgotten to-morrow. It is as if imago has turned its other face and all-ill has taken the place of all-good. The hero who yesterday was praised and sung to-day is crucified, and the cruelty and unreason of the change is the measure of its unconscious and infantile emotional source.

The doctor will here be specially interested, as this mechanism closely touches his own professional status. His patients wish to regard him as omnipotent, benevolent and uniquely interested in themselves, and they may feel at first that he is all that they wish him to be. But suddenly the patient may go elsewhere, and for the most inadequate reasons is ready to turn and blame unreasonably the authority whom he had previously so enthusiastically praised. Imago thus easily may turn his face to show the other side.

The status in public esteem of the quack is due to the same mechanism. There are many people who characteristically prefer quacks, and these will be found on the whole to conform to the rebel type. It is the price that authority has to pay for its imago power, that it is always liable to stimulate the rebel motive, even in its most devoted adherents. However devoted they may be to the medical profession, the general public has a warm place in its heart for the quack for two reasons. The rebels and faddists will like him because he is opposed to authority, and the rest because he claims the powers of magic and omnipotence—and that is what the world is looking for.

This desire on the part of the public for "omnipotence" and "something for nothing" earns the bread and butter, and all that he gets besides, of the bookmaker, and anyone who likes to claim omnipotence is welcome to it, although his day may be short-lived. Disappointment, however, does not always teach the lesson which it should, as is shown in the case of the gambler. The unconscious does not learn easily by experience. The idea of omnipotence may be regarded as one of the most important diagnostic signs of infantile wish-fulfilment and unconscious motivation. There is no evidence for it in objective reality, and yet it is the object of fear and wish-fulfilment. In fact we may say that the fear of, and wish for, omnipotence is one of the most important signs of immaturity and is always associated with that failure of growth which is a cardinal factor in the development of neurosis.

IMAGO REACTIONS

It may be stated as an axiom that the *goal of wish-fulfilment for the son is to become the father*. This is true both biologically and psychologically. It may be obtained in one of the three following ways: by (a) identification, (b) rebellion, (c) growth.

(It is perhaps interesting to recognise how these three alternatives are the only methods by which change can be effected, as long as we understand the conception of growth to include both backward and forward movement.)

Identification is change by means of adaptation of the external form, and is a process of *imitation*. It may be related to the "teaching" method, as distinct from the "educative". The distinction is a very important one, as "teaching" is typically a process of imitation by which something which is outside the individual is pushed into him more or less successfully, when there was nothing of the same kind inside him before. The identification method is that primarily emphasised by all authoritarians, whether educational or domestic. It is obviously not sound psychologically, although often economically useful, as it produces the desired result more rapidly and with less expense of effort.

Rebellion, on the other hand, is essentially a change by *revolution*. Unlike identification, which is a change from without inwards, rebellion is a change from within outwards, but it is of the type of turning upside down or inside out. When a penny is turned over on the table it is still the same penny, although it shows a different face to the world.

Rebellion and revolution are the most sudden of all changes, but of this method may be said "Plus ça change, plus ça reste". It is the method advocated on the one hand by political revolutionaries, and on the other by a certain type of religious enthusiast, and in the latter case the "conversion" is liable to be psychologically a doubtful one, the tendency being for the motive to remain the same.

The third method of change, *growth*, is the only one which is psychologically desirable. It is change from within outwards, due to the spontaneous creative self-expression of the individual. It is slow but it is sure, because it is based like a pyramid upon the widest possible foundation. It is the only psychological ideal, because it is biologically sound and individually free.

It is now necessary to relate these three methods of change to the conception of imago which has already been described. It is by identification, rebellion and growth that the son strives to achieve equality with father imago.

IDENTIFICATION

In this method, the son strives once and for all to be the father in all his power and authority, and seeks to invest himself with magic power. In every way he tries to support authority and at the same time to identify himself with it. The psychological attitude is essentially that expressed in the word "conservative", with all that it means for the maintenance of the *status quo*. In general, the attitude is "My father, right or wrong". The extensions of the father principle all possess the same transferred affect, and the same feeling therefore becomes applied to God, king, country, doctor, teacher and so on. Authority in every form and of every kind has to be maintained to the utmost. The law of the family, of the Church and of State is the law of external authority, of duty and of "ought". But herein is the important factor—that all these authorities owe their importance to the fact that they represent "me", because I am identified with them.

Father imago feeling is a very important component of conscience, especially for those who are identified with it. It is the standard of conduct, the measure of duty and the "ought" by which they live their lives. But this factor of conscience is very different from "the still small voice". It is liable to be an inexorable argument which shouts, rather than whispers, "I must, I ought". It is important to realise

the extent to which it is an internal factor in spite of the fact that it usually has an external reference. It does not matter if the father is dead, or the individual living on a desert island free from the comments of external authority. His authority is always within himself, in his father imago feeling, and it is this inner law that he must obey. The conception which we are outlining of this dictatorial and compulsive internal conscience due to father imago identification is similar to Freud's conception of the *super-ego*.

What, then, is the harmful effect of super-ego and father imago identification? It is largely caused by the feeling of fear which it engenders and the lack of opportunity for individual development which it causes. This is the conscience which "makes cowards of us all" and keeps us children. It is impossible both to grow from within outwards in spontaneous development and to identify oneself with a standard to which one has not attained. The wolf remains the same whether it wears sheep's clothing or not, and "I" remain the same whether "I" am identified with my father or not. There must always be conflict between my own individuality and the authority pose which I have adopted. Father imago identification involves a repression of the opposite mode of change—i.e. rebellion. The spontaneous individual factor remains undeveloped in spite of the assumption of an external form of growth and power. The consequence is that there is a serious gap between "what I feel I am" and "what I feel I ought to be", and it is this gap which many psychological mechanisms are required to fill.

The individual who assumes imago authority, who is inexorably strict in principle, and who commands others without understanding the limitation of his own individuality, is no more than a child dressed up in adult clothes. In many ways he shows his immaturity, and not the least in that he cannot stand at all without someone to lean on, usually the person of a woman (mother substitute), whose services he can neither dispense with nor appreciate.

REBELLION

Where identification seeks to preserve the *status quo* and the integrity of external authority, the rebel attitude seeks with a broad sweep to eliminate both history and law. It is as if the world is to start all over again "now", with "me". No past, no law, no father, no church, no God to limit "me". The rebel is as much against the law, accord-

ing to a single feeling pattern, as the person who is identified with authority is for it. The rebel is a "free thinker" (or so he supposes), an atheist and an anarchist, and has no use for the sanctity of the home, which involves the limitation both of love and power. But the rebel is firmly and inevitably fixed upon the horns of a dilemma of his own creation. He says there *is* no law, there *is* no authority, and in doing so he denies his own right to existence. In striving to eliminate the external power he forgets that he is also eliminating his own internal power, and yet it is that same power which he is all the time striving to attain. The rebel has essentially a self-destructive psychology, "cutting off his nose to spite his face", and denying the existence of that which he is at the same time trying to achieve. He does not understand that external and internal authority systems are primarily one and the same and not to be thus easily dissociated. *Authority outside ourselves is only the external reference of our internal wish for the goal of manhood and maturity, and to deny its existence is at the same time to deny our own life's objective.* Hence the destructive and ineffective psychology of the rebel, which is liable to create chaos in its search for the new and perfect system. A point to note about the rebel's psychology is its close affinity with that of the "die-hard" Conservative. Both are seekers after ultimate and exclusive power, and in their behaviour and point of view they have much in common in spite of the opposition of their attitudes.

Rebellion is part of the normal psychology of adolescence, and its biological utility cannot be denied, but it must be essentially limited to a passing phase. It is the means by which the shackles of authority and the traditions of the past are thrown off, but it must be followed by a period of spontaneous growth. If it remains fixed, the rebel is against everything, and all his objectives must be different from those of the herd. He is against the government, he is the crank and faddist in religion, politics, medicine, and every aspect of life. He can never work in any team and never co-operate except from the motive of his own egotism. If his government should attain power he is still against it, and becomes the government's left-wing, which is a more painful thorn in its flesh than that which any other party could impose. The rebel is the enemy of all that was and is, and his own worst enemy as well. He must grow in individual spontaneity, in co-operation and herd-centricity, or remain for ever outside the pale of social and individual progress.

The essential conflict of the rebel's psychology is due

to the fact that on the one hand he wishes for completeness of his own authority, but on the other he fears, hates and denies its existence. For the external and internal authority systems are fundamentally one and the same.

THE INFERIORITY COMPLEX

The pattern of imago feeling being thus subject to modification during the individual's lifetime, we may ask what kind of experience of father is going to give rise to the development of the inferiority complex? In general it may be said that any exaggeration of the power and authority of the father, and any exaggeration of the fear and weakness of the individual, will give rise to reactions according to the pattern of the inferiority complex. The power and authority of the father may be impressed upon the individual in various ways. If the father is one who has unduly identified himself with authority he will tend to use it with all the display and autocracy which he can assume. He is the father whose word is law and whose example is set as the domestic ideal. His is the voice which orders all family councils, and his is the dreaded punishment which assumes the omnipotence of Jehovah. He is constantly in the mood of "England expects" (and is himself identified with England) and he is usually expecting far more than he has any right to do. His son (because he is his son and part of his undifferentiated ego) must be, or ought to be, both a double blue and a double first. In this atmosphere the father imago feeling and super-ego are being inflated day by day at the expense of the development of individual spontaneity. An ever-widening gap is growing between "What I feel I ought to be" and "What I feel I am". Compared with this all-mighty father I feel smaller than I really am, because such measures are all a matter of relativity.

There is another type of father who presents an even more difficult problem, and this is the good and uniformly successful father. In his life he has done well and "made good". He may, in fact, be as near being a good or perfect man as he can possibly be. It is difficult to explain to him that herein lies the danger of his parenthood, because of the difference relatively between all that he is and all that his small children feel themselves to be. He is always right, they are always wrong. He is always good, they are always bad. He is always big, they are always small. It makes no difference that he is really good and successful without any bluffing

or self-deception; the problem remains the same, of a relative exaggeration of the already great difference between father and son.

Other problems arise when the father is a drunkard or bully, or when separation or divorce take place between father and mother. This must produce conflicts and crises of great importance in individual feeling. The father must be the ideal and the first measure of wish-fulfilment. If experience of him conflicts with the wish to be like him, stresses and strains of varying intensity must inevitably result.

If we refer to the first diagram of this chapter (page 100) we can put the problem of inferiority feeling or want of self-respect in a very simple ratio, namely :

$$\text{Self-respect} = \frac{S}{F}.$$

The difference is a relative one. The smaller is S (*i.e.* my value of myself), or the larger is F (*i.e.* my feeling about my father), the smaller is the fraction. The consequence is "I feel I ought to be so big and good, but I feel I am so small and bad," and this is the basic conflict of the inferiority complex.

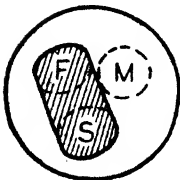
It may be put mathematically. For the purpose of my own individual spontaneity I am in fact 1, but relative to my feeling about father I feel myself to be only $\frac{1}{2}$, and I feel my father's measure of what I ought to be is $1\frac{3}{4}$. I therefore try to be and feel I should be $1\frac{3}{4}$, while all the time I feel I am only $\frac{1}{2}$. This is the psychology of over-compensation with all its mechanisms of conceit, snobbishness, priggishness, bullying, etc. It is based fundamentally on a false value of myself, for I am not really a $\frac{1}{2}$ but 1, and it is not my job really to imitate my father, but to be myself.

THE SOLUTION : GROWTH AND AT-ONE-MENT

Growth can only proceed by the slow process of evolution, and although the change may sometimes appear to be sudden, if the "conversion" is a true one it only comes at the end of a long preceding evolutionary phase. Growth must proceed from an inward, individual and spontaneous development until the authority of maturity is attained, after a long period of effort, failure, disappointment, modification, and learning by

experience. There is no royal road or short cut. Identifica-

FIG. 8.



tion and rebellion pay for their apparent success with all the necessary props and mechanisms which are required to support them. Growth that is spontaneous and free is a gradual development of the individual source of power and authority, attaining progressive freedom from the feelings of fear, guilt and inferiority. Ultimately there may come the identification with father imago, which this time is true in fact. There is a real "at-one-ment". The individual becomes the standard of his own authority, he expects no criticism other than his own, and fears no punishment other than that which he himself can give. The external and the internal authority have become as one, and they are a unique possession of the individual, derived from his own experience.

The biological symbol of development and maturity is fatherhood. "I am the father, now the power and authority are mine." It is not necessarily true that paternity is equivalent to psychological maturity, but it is at any rate a form and symbol of it, which is of great value in increasing the individual's sense of responsibility and self-respect. Much adolescent enthusiasm, which previously spent itself in rebellious politics, has later become transferred to acquiring the power and property of paternity.

THE IDEAL RÔLE OF THE FATHER

From what has been said already, it should be possible to derive some positive suggestions as to how fathers should behave towards their children. There are certain dangers which should be obvious. The first point to realise is that, quite apart from experience of father, the individual possesses certain feeling patterns and potential mechanisms, of the existence of which parents must be consciously aware. It is too easy to make children feel afraid, guilty and inferior, because these are their primary feeling patterns. But if we are to help them to grow, they can only do so by getting rid of their feelings of fear, guilt, and inferiority, and this they will never do if experience tends to exaggerate rather than minimise these feelings. Fathers who have achieved their own power sense through identification or rebellion will themselves possess a feeling of inferiority, which they will be prone to defend by the assumption of exaggerated authority, thereby inducing inferiority in others, especially their children. This accounts for much destructive criticism on the part of elders who should be better, but in this respect they certainly

are not. Fear, guilt and inferiority, punishment, sarcasm and the assumption of superior wisdom are all injurious to the sensitive material of individual character.

A large part of the trouble is due to the crudeness of our measurements and values. Because A happens to be four feet taller than B and thirty years older, he is not necessarily superior to B, however much he may feel so. Years and stature are not the true measure of personal superiority, although B will be the first to feel them so, and A will be prone to make as much capital as he can out of the difference. For all his advantage of height and years, the only true way of correlating A and B is to realise that they are both pilgrims on a long road with many turnings and still far from their goal. Measured by the years of racial evolution and history, and by the possibilities of psychological development, there is not so much difference after all.

It is absolutely necessary to preserve the integrity of individual values as being personal and unique. There are far too many factors in heredity and personality for any father to have the right to dictate as to what his son should be or do or think. Development must be from within outwards according to individual spontaneity and wish-fulfilment, and this must not be deterred by the assumption on the part of external authority of the right to interfere with and dictate to individual freedom. The easiest way to rule is by stimulating feelings of fear, guilt and inferiority. The best way to rule is by co-operation, equality and freedom.

It is perfectly true that there are occasions when individual freedom is inclined to behave in a way which deprives others of equal rights or involves undue risk. It is on such occasions that parental responsibility is justified in asserting itself; but even then it must be on the assumption that there is, latent within every individual, a wish towards social co-operation and harmony of mutual although independent adjustment. The father who is wise will not need to come down to his children, because he will realise how nearly they are on a level with him. He will feel that his influence is best exerted as a co-operative companion, and worst as a punitive patriarch.

CASE VI.A.—Aged 50. Married. No children. Clergyman. Complained of depression, dissatisfaction with his job, a feeling that he was being neglected and ill-treated, and compulsive phrases that he could not control, such as: "There is no God. Damn God. Damn the Church".

Family History.—He was the youngest of thirteen children. His father died when he was six months old. His mother was still living.

History.—When his father died, his mother lavished an undue proportion of her affection on her youngest child, whom she called “her Benjamin”. He actually shared his mother’s bed until he was 7 years old. At this time he stated that he felt an extreme degree of guilt, especially with regard to his elder brothers and uncles. He was terrified of meeting his mother’s brothers, because he felt that they were accusing him of something terrible, but he did not know what it was.

At school he was laughed at by his companions as “the boy who slept with his mother”, about which he felt both extremely guilty and inferior. At the age of 12 he was asked what he proposed to be. He said he intended either to be a carpenter or to go into the Church. (The association of the two at once suggests Messianic identification.) His mother was very anxious that he should go into the Church, as she was a very religious woman of extremely high ideals. He accordingly embarked on a university career at a theological college, where he was regarded as being one of the most promising students. In his final year he was expected to get the Gold Medal, for which he had only one serious rival, who was of an entirely different temperament from himself, being famous in the college for standards of behaviour with women and drink which might be thought prejudicial to a successful theological career. However, his rival was awarded the Gold Medal and he was announced as being second. A week later he was told that there had been some error in the marks and that in fact it should have been a tie, but the authorities had decided not to change the award. He felt what he had always felt—that the authorities were against him and were punishing him for something that he had done wrong. He said, “I felt despised and rejected”. He attributed his failure to the fact that during the strain of working for his examination he had suffered from occasional involuntary semination and that God had punished him for this guilt by depriving him of the award.

His suffering was so extreme that he had a nervous breakdown and was incapacitated from further work for a period of three months. He then went into a parish, but he was never happy in his parish work because, on

the one hand, he was terrified of meeting the bishop, as he felt he was always criticising him and he did not know what for, and, on the other, he felt that his congregation were doing the same thing. He said he felt that something was always about to come to light of which he would be ashamed and which would ruin him. He felt at times intense resentment and jealousy, knowing that he was not doing as well as he should and feeling that other people were being preferred whilst his merits were ignored.

At the age of 47 he married a woman who was older than himself and whom he described as being like a sister to him. He was unable to have normal sex relations, and this added to his sense of guilt and unhappiness. But before he was married he felt that he could never take this step, and again an obsessional phrase came into his mind which he could not explain. It was: "I am already married to a woman with thirteen children". (To the unconscious the actual ceremony of marriage is not so important as having shared a bed with a woman for a period of seven years.)

The phrases of which he had complained: "Damn God; damn the Church: there is no God" crept into his mind involuntarily and he was afraid they would do so when he was in the pulpit. He said that a phrase of General Gordon's was constantly in his mind with slight modification. "Whatever facts may come to light, I *always* shall be blamed." Finally, in pronouncing absolution at the end of the service to his congregation, he said that there was another alteration of what he should say that was always trying to trip his tongue: "Father, have mercy on all our *sons*".

This case is particularly interesting, as it shows the effect of the lack of experience of a real father on the development of father imago pattern and mechanisms. The mechanisms were free to develop without modification, and this again was exaggerated by the extremely unwise conduct of his mother in permitting him so much emotional intimacy with her. He developed both the wish to be the chosen one, perfect and immaculate, and also a terror of the punitive aspect of unjust authority. It was not to be wondered at that in spite of quite exceptional ability and goodwill his life was largely ruined by the emotional conflict derived from experiences in infancy and early childhood over which he had no responsibility.

SUMMARY

The inborn pattern of feeling associated with "father imago" is the basis of our unconscious attitude towards all Authority and Law. Fear of punishment, guilt and inferiority may be modified by what we learn from our own experience, but the tendency remains for much that we regard as our conscious judgment in matters of politics or religion to be fundamentally derived from unconscious sources, our opinions being only systematised and rationalised in consciousness. We are again dealing with a problem in transferred affects, from the primary source of the (Edipus complex and the "eternal triangle" of mother, father, son, to all that may be associated with authority and law. The feeling pattern is always of the same type, although it possesses a fundamental bivalency, according to whether love or hate, identification or rebellion, imitation or rejection are the dominant motives. The existence of these transferred affects is cruder and more obvious in states of mental disorder, but they are also present more or less in "normal" individuals, and determine to a large extent the unconscious organisation of society.

In regard to motive, the goal of wish-fulfilment for the son is to be the father, to become one with father imago, and thus to identify impulse with conscience, inferiority with power and possession. The false ways of doing so are to be found in two extremes. On the one hand there is the extreme of identification in phantasy, with an assumption of autocratic authority (the "die-hard" type), and on the other an attitude of destructive negativism, equally autocratic and dogmatic, but always "agin the government" (the "anarchist" type). The same unconscious feeling pattern is applied to politics, religion and sex, systematised, rationalised and "proved" by each according to his taste.

But the only true solution to the problem is by growth : spontaneous, individual development, recognition of the time factor, acceptance and overcoming of limitations, making mistakes and learning by experience, until finally at-one-ment with father imago is achieved, biologically by parenthood and psychologically by maturity. When the problem has thus been solved there is no longer any assumption of, or desire for, omnipotence, or even any demand for superiority, because conscious wisdom sees that such measures in terms of superior and inferior are only residues of unconscious imago feeling patterns, which are not in fact true measures of the real differences which must always exist between individuals of any age or class.

CHAPTER VII
LOVE: THE RÔLE OF THE MOTHER

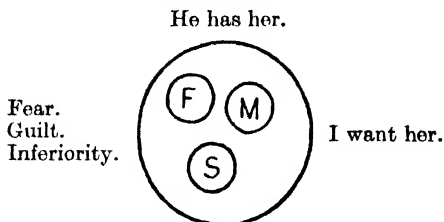
MOTHER IMAGO

THE preceding chapter dealt with the idea of "father imago" and the importance of the feelings, rationalised opinions and projection images derived from it. It is now necessary to consider the closely related conception of "mother imago". Although for the sake of convenience father imago and mother imago have been divided, it will be seen that they are in fact interdependent, the feelings about the one being closely associated with complementary feelings about the other.

The origin of mother imago is the same as that of father imago. It is an inborn feeling pattern with regard to the mother-figure, derived from past racial experience. In the same way that father imago is more than father, so mother imago is more than mother. The feelings are present originally as an inborn *potentiality* and become modified by experience of mother, mother-surrogate, and mother-similars. We shall confine our attention to the imago reactions of the male for reasons of convenience and simplicity.

The inborn primary affect of the son for the mother is:

FIG. 9.—"Feelings about" Mother Imago.



Encircled letters = F, feeling about father ; M, feeling about mother ; S, feeling about self.

"I want her, I want her to love me". The way in which this love and longing for the mother clashes with feelings

associated with the father imago—namely, those of inferiority, guilt and fear of punishment—was discussed in the previous chapter. The problem then is the following: “How is it going to be possible for me to possess my mother for myself without conflict with father imago?” It is suggested that the answer to this fundamental problem is provided by a very large number of psychological disorders. In general it may be solved in one of the following ways:

- (a) Normal emotional development.
- (b) Fixation compromise.
- (c) Total repression.
- (d) Messianic compensation.

NORMAL EMOTIONAL DEVELOPMENT

This has already been dealt with in Chapter V., in which was pointed out the way modification of the mother-figure occurs through a series of associated similars, such as nurse, aunt, sister, cousin and mother-substitutes.

We are now able to realise something of that normal but often chaotic process of *falling in love*. Love does not begin with adolescence, nor with the first girl after that period to whom we lose our hearts. Love begins with the mother, and all love thereafter is a modification of love for the mother. It is obvious what a complete change there must be, since the sexual component must be *kept absent* with regard to the mother, but must be *dominant* with regard to the mate. This psychological development must occur before a man can be physiologically potent.

At puberty the physiological development of the gonads introduces a more or less sudden factor of sexual dominance. The main continuity of development, however, is still in the line of transferred affect, from individual to individual, of the mother-mate series. It is as if there were in the beginning a sensitised plate containing certain hidden potentialities, the detail of which has been brought out, little by little, by successive experiences of loved ones. The earliest and therefore deepest impression results from experience of the mother, but this gradually becomes modified by successive experiences of mother-substitutes. The love image carried within the individual is in the first place the primary object of his love, and the external loved one is no more than an external reference or reflection of this inward image.

When a man falls in love he has found the external reality who appears to correspond more or less with his internal love

image. It is as if he has superimposed his love image upon someone, but she may in fact be quite different from it. If the love image is still emotionally immature it will contain much of the mother-figure, and the loved one will in all probability be older and more experienced than himself ("calf-love"). In this case there is very likely to be an absence, due to repression, of the sexual factor, because of the fundamental importance of dissociating sex from the mother-figure. If the girl is his own age or a little younger, further modification and growth has taken place and the sexual element is likely to be more dominant. The crisis and chaos of falling in love is due to the conflict of the new experience with the old, the difference between love for the mate with all its sexual dominance, and love for the mother with its inevitable sexual repression.

One of three things may occur. It must be remembered that the man has not fallen in love so far with any real person, but only with his own love image. He may therefore try to modify the external person to correspond with the details of his love image. This is liable to be disastrous, because the girl only feels that she is being criticised and, worst of all, that she is being criticised in favour of her mother-in-law to be, whom she unconsciously and quite truly feels to be her rival. Even a slight hint of criticism may cause a violent reaction, such as the suggestion: "My mother would not like it if . . ." or "The way my mother cooked was different". The man may be so devoted to his mother love image that he cannot tolerate the reality of his loved one, whereas she cannot tolerate the comparison with her mother-in-law. This situation, whether it occurs before or after marriage, spells failure.

The second possibility is that the man will, after a little experience of his loved one, find that after all he has made a mistake, because she is not the person that he thought she was. It is as if the projected love image is no longer applied to her and she is now herself, unloved instead of invested with the love image. He is no longer in love with her and wonders, in all probability, why he ever thought he was.

The third alternative is the only one which can lead to mutual happiness. In the beginning, when he first falls in love, the man is in love with his love image rather than with the girl upon whom he has attached it. A modification takes place of the image towards reality, until it finally coincides with the real personality of the loved one. Love image and loved one are now one and the same, and if this has at the

same time taken place with regard to the girl's love image for him, they can be said to be at last truly in love with each other. But it must be realised that this is, as a general rule, a matter of prolonged experience and emotional development on both sides. Many people are inclined to think that when they fall in love they have at last achieved a long-looked-for end. But this is not true, they are so far only at the beginning, because the need for so much mutual modification and growth remains. It is a very easy thing to fall in love. It is much more difficult to be in love with the real truth of the loved one. If lovers realised that falling in love was the beginning, love would not end so soon as it often does.

FIXATION COMPROMISE

The second method of obtaining fulfilment of the wish to love and be loved by the loved one may be called *fixation compromise*. It is partly a fixation and partly a compromise : " I want my mother, but it must be without guilt or fear ". Can this be done ? If so, it is quite certain that a great many will succeed in doing it. The simplest way in which it can be done is by *idealisation* of the mother, the sexual component in her womanhood being entirely eliminated, because it is the primary source of both guilt and fear. She must be perfect, pure, virginal, immaculate, and she must be mine, without any suggestion of rivalry or competition for her love. Also, in order to complete the picture of wish-fulfilment, she must love me as I wish to be loved.

This idealisation of the mother-figure takes place as a modification in phantasy of the mother imago, which then becomes attached to some suitable external objective, real or imaginary, which is loved with the deepest—but quite asexual—emotional regard.

It is interesting, therefore, to note that the Virgin Mary figure, who so fully satisfies all these requirements, is not peculiar to the Christian religion. In many others the Virgin Birth and the idealised and de-sexualised mother-figure is introduced. It is as if, the world over, the same wish-feeling in men has striven unconsciously to possess for themselves the mother-figure without guilt. The immaculate Virgin conceives without human impregnation and the father is thereby eliminated, at the same time that the sexual factor with its association of guilt is also spared. The Virgin Mary is the idealised and de-sexualised mother, with the deepest unconscious emotional appeal. The maternal aspect of relig-

ion seems to be an essential factor. It is as if, although father imago is the main source from which the conception of God is derived, the mother imago is also an essential component of the divinity, as a corrective to that stern and patriarchal figure.

It is possible, however, to carry this process of idealisation and de-sexualisation of the desired mother-figure yet a stage further in the escape from fear and guilt. She can be more than *de-sexualised*, she can be *de-materialised*, and thus placed altogether beyond physical form and feeling. Is there any evidence that such a process has been at least partly responsible for the unconscious formulation of our ideas of God? There are certain facts of clinical psychopathology which suggest that there is this unconscious motive in the conception of the Holy Ghost, Who was referred to in mediæval literature as "she" and "the mother".

It is a matter of frequent experience that patients possessed of an intense feeling of guilt, as in melancholia, often say that they have committed the sin against the Holy Ghost, the "unpardonable sin". The evidence which they are able to adduce may seem very small to us, being frequently associated with nothing more uncommon than masturbation. But it sometimes happens that boys for whom masturbation is a "secret vice", and who have only heard a passing reference in church to the "unpardonable sin", will feel that they are utterly condemned because they have committed it. The unconscious mechanisms of psychology are not interested in modern religious criticism, but they strike deep through the superficial form to the underlying origins of religious belief, where the doctor, who wishes to understand his patients' disorders, must be prepared to follow, even at the expense of a strain upon his own prejudices. We must accept all our patients' "lunatic" statements as being *perfectly true for themselves and under their circumstances*, which is not at all to say that they need to be true for us. But we cannot convince them of what we wish, until we first know *why* they believe what they do. If we approach their statements analytically, which is easy enough, and without personal prejudice, which is very difficult, we can find the key to all that seems so illogical and unreasonable. The only difficulty which finally needs to be overcome for our complete understanding of it is the extreme simplicity of the material with which we are dealing. Psychopathology is only difficult to understand because of its extreme simplicity.

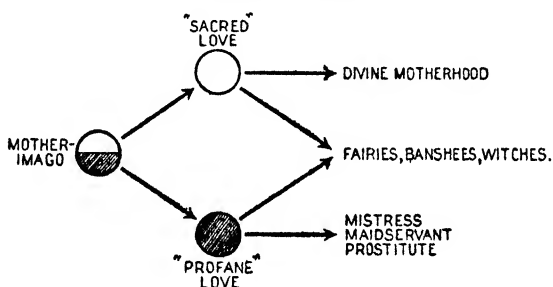
It is suggested therefore that the "sin against the Holy

Ghost " is derived from the guilt of the original incest motive, and is closely linked with what has already been said of the psychology of masturbation, with its associated mother fixation. Although the concepts of the Virgin Mother and the Holy Ghost have been developed as a means of escape from the guilt feeling, while at the same time fulfilling the wish for the mother, it is plain that the device is far from being always successful.

SACRED AND PROFANE LOVE

In the same way that the father imago was split into " good " and " evil " types, mother imago is also split into

FIG. 10.—*The Split Mother Imago.*



" good " and " evil ". The Virgin Mother, idealised and de-sexualised, is the type of what is spoken of as " sacred love ", in opposition to " profane love ". Sacred and profane love represent the two derivatives of split mother imago (Fig. 10). Sacred love, in itself an escape from the burden of guilt, is also an escape from the biological sexual factor, which still remains, urgent and obsessive, to be accounted for and satisfied. This can only be achieved by what is left after the idealised part has been removed. What remains still clamouring to be satisfied is a crude, physical, and sexual factor, without the check of virtue and the ideal. The loved object tends to be both despised and degraded, and therefore to conform to the prostitute type. Very frequently, it is found that the only son, or the mother-fixed son, is strongly addicted to masturbation, and later to attraction by women of the lower classes. He is filling in a supplementary detail of his love for his mother by a *dissociation*. On the one hand is sacred love, of which the idealised mother-figure remains the object ; on the other, profane, attraction being felt towards a woman of a lower class and crudely sexual type. The

servant girl, also, possesses an added attraction to those with dissociated mother imago feelings, owing to the fact that she is inferior and may be both possessed and despised. The cause for her being despised is the craving on the part of the man for superiority comparable to that with which father imago is endowed. He must feel superior, and in order to feel superior in his possession of the woman he chooses an inferior woman as his sexually desired object. Further, there is also the need to evade responsibility as far as possible. Mother fixation psychology is a dependent psychology, immature and lacking in self-reliance. Mother fixation evades responsibility and finds satisfaction where most can be obtained and least given.

It is important to realise the extent to which the usual idea of immorality coincides, although for different reasons, with psychological values. In general, psychology agrees with the more or less unreasoned judgment of conventional moral standards, and does not condone that complete freedom from sexual restraint which is frequently claimed for it by enthusiastic but usually amateur supporters.

It is not the purpose of this chapter to present a psychological criticism of religion, but the subject is of great importance in psychopathology, and so much has already been said about the conception of God derived from father imago and mother imago that it might be useful at this point to say a little more. The mother element cannot be left out of religion. If she is not projected into the Virgin Mary, she is present in the Holy Ghost. But this figure is too vague to give much emotional satisfaction. The mother-figure then tends to be applied to and confused with father imago, giving rise to a sentimentalised version of the Deity, with a strong maternal and feminine component. The mother element is again very liable to be introduced into the third member of the Trinity—namely, the figure of Jesus Christ. Primarily, as of subjective psychological importance, He is the compensatory figure for personal guilt. He is the perfect man, guilt-free and sex-free, and the mediator between guilty man and the omnipotent punitive father. However, again the mother imago affects tend to confuse the Christ figure, introducing a quality of effeminacy and sentimentality into his character, which is essentially foreign to it.

All that has been said is not intended to refer in the slightest degree to matters of objective, historical validity, but only to the unconscious factors of the subjective psychological approach to what may have its own objective validity.

To say that father imago and mother imago are factors in our conception of the Deity is merely to state a platitude—namely, that our feelings about God do not correspond necessarily with the objective truth of His reality. What *we feel* about God is a psychological matter due to psychological factors. The *objective validity* of God is altogether a different matter, but it would seem to be essential to know first of all why we feel as we do about God, before we try to discover what objective validity there may be. Unless we can do so we look not at objective reality, but into a mirror in which we shall see only the reflection of ourselves, our feelings, and our wishes. To look in this mirror and to interpret what we see is the function of psychology, but all that can definitely be said is that what we see there is probably not God.

There are other female figures than those which appear in the religious hierarchy, also created by the imagination, like the giants and ogres derived from father imago. These are the fairies, furies, witches, and banshees of fairy-tale and mythology, sometimes good, sometimes evil, and loved or feared accordingly. All that is to be feared or loved or wondered at in sex and woman-kind is projected on to those figures, which frequently appear in dreams with the same significance as in fairy-tale and mythology.

REPRESSION

The third method of dealing with the problem of obtaining the desired loved object, without the conflict engendered by guilt, is that of *emotional repression*. Repression is obtained by one of two mechanisms; either a complete negativism in which feelings are repressed altogether, or by a defensive over-compensation in which the character of the original affect is replaced by the opposite. In the first case the statement, "I love my mother" is replaced by the statement, "I have no feelings whatever". Frigidity and freedom from the dangerous course of love solves the problem of guilt, if it does not provide fulfilment of desire. It is a state of negativism, of nothingness, but as a rule wish-fulfilment seeks its goal through some other channel. Negativism simply has no use for women, but, as in the case of the normal adolescent phase of homosexuality, wish-fulfilment finds its way by some other means to the original goal, after it has undergone the necessary modification and disguise.

Pseudo-intellectualism frequently accompanies emotional negativism, as being the source through which wish-fulfilment can be at least partly obtained. Such false intellectualism maintains *distance* and *safety*. Women are approached on a "high-brow" or intellectual plane and contact is distantly through speech. It is probable that much that has been written and much that has been said would never have seen the light of day had there not been emotional repression behind it. Talkative people are not usually psychologically stable. People who feel keenly and behave actively in tune with their feelings have not, as a rule, got much to talk about. The high-brow is typically neither creative nor emotional. He is rather a fraud, who finds safety from the fire of feeling in the smoke of words. In his psychopathology he is fleeing from fear, guilt, and inferiority, posing as superior because he is afraid to be what he is.

Negativism alone is not usually sufficient to preserve emotional repression. Perhaps the safest of all methods of escaping from guilt is by means of *reversing* the affect from love to hate. This is a simple unconscious mechanism which is the origin of the phrase: "Hell knoweth no fury like a woman scorned". To love and to be scorned is intolerable, and only by a transposition to the reversed affect of hate can the situation be stabilised. Similarly, to love when love can only be requited with a feeling of intolerable guilt is impossible, and the situation can only be stabilised by the introduction of a reversed affect. "I love my mother" therefore becomes "I hate her", but this sign of a repressed mother fixation makes it very difficult for a patient to realise what his true underlying feelings are, when he says: "I cannot bear my mother to kiss me. I never kiss her good-night. I do not even like to touch her. I hate all women." Such a misogynist is suffering from repressed mother fixation. He hates all women because he loves his mother, and therefore he must hate her too. It is possible that in some earlier emotional experience he was jilted with intolerable suffering to himself. His hatred of women is again defensive, but it provides security at the expense of frustrated wish-fulfilment, and he must remain an embittered and disappointed man. Emotional repression is always the cause of subjective embitterment. The acidulated spinster is more than frustrated and disappointed, she is also retaliating against life for having robbed her of the gratification of her greatest wish.

MESSIANIC COMPENSATION

A feeling of guilt is intolerable and requires unconscious and mechanical relief. "If I feel very bad, what I need is to feel very good—to feel not only very good, but the best of all possible." This is again an example of a reversed affect in which primary black becomes secondary white. The psychology of the prig is that of "Messianic compensation" for an underlying feeling of guilt. He is a person who never does anything wrong, but is always seeing wrong in others. In two ways he evades his own intolerable guilt feeling—by looking white himself, and seeing only black in others.

Priggishness shows itself sometimes as one of the signs of adolescent "green-sickness". Adolescence is the period at which there is a normal increase of sexual feeling and therefore a normal increase in guilt feeling. It is the time at which priggishness is most liable to be needed psychologically as an evasion of guilt. Adolescence is a time of vivid imagination and great ambition, seeking enemies to slay and new fields to conquer. It is a time when knights pursue the vision of the Holy Grail and seek opportunity for the rescue of fair and embarrassed ladies, but it is also a time of guilt and green-sickness, of priggishness and conceit. But the adolescent knight is often more interested in the gorgeousness of his armour and the purity of his motive, than in the distant goal of the Holy Grail and the imperilled lady. It is therefore perhaps unfortunate that this should be the time that is usually chosen for seizing upon a boy's religious enthusiasm, which is too often mixed with unconscious motives, with a view to confirmation. The safest motto for adolescence is "It is better to *become* good than to *be* good". Confirmation at this phase of rapid growth and emotional instability will too often lead to undesirable repressions, or to a later regret and refusal of religious experience.

THE WRONG KIND OF MOTHER

The three cardinal psychological errors are fear, guilt, and inferiority, and the wrong kind of mother is she who stimulates any one of these. It is the fault of the father chiefly to stimulate the last, although there are mothers also who succeed in doing so. The easiest fault for the mother to exaggerate is *fear*. She loves the child so much that she tries to protect him and make life always easy and happy.

There are mothers who with the best possible conscious motives say: "I only want my children to be happy". The child cries and is comforted or given what he wants. He is told by an adoring parent that he is the most wonderful child that ever lived. But however sure the fond mother may be to the contrary, the motive is not unselfish, being due to undifferentiated ego. "My child is me. I praise my child, I praise myself." Such an attitude, however well-intentioned, is pregnant with disaster for the child.

Many mothers are over-disposed towards cotton-wool and sentimentalising. Their zeal for protection is obsessed with fear of all the multiplicity of life's dangers, but of them all probably the greatest is cotton-wool. The chest which is kept padded by cotton-wool against fresh air is most liable to be attacked by the first virulent germ which comes in contact with its over-sensitised mucous membrane. The individual who is kept padded with cotton-wool falls the easiest victim to every danger and difficult circumstance. The mother who is afraid herself encourages fear in her children, and where fear is love cannot thrive, nor progress make its way.

All mothers want their children to be good. This is largely a matter of domestic economics and comfort, but it is very easy to expect children to be too good. Again the danger is of causing repression and making prigs of them. The mother is often the last person suited to deal with the child's deepest moral problems, because she is already the cause and centre of his deepest guilt feelings. Only if the child is free from guilt can he be expected to be emotionally co-operative with his mother, and only if he is free from fear can he be the same with regard to his father.

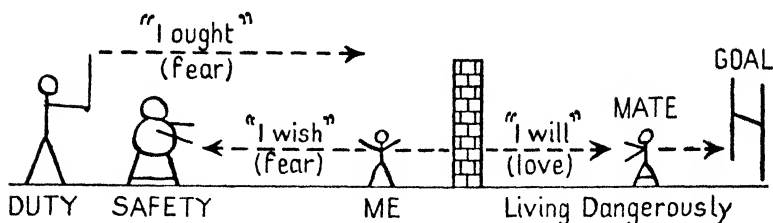
Motherhood is too often the source of unnecessary disappointment and tragedy. Conscious intentions may be so good, and yet the psychological consequences may be so dangerous, owing to ignorance of the elementary psychology of unconscious motives. Mothers must learn to regard their function as limited, their opportunities as fleeting, and their task as being truly unselfish, and its own reward. It is no use trying to prevent the child from growing beyond their care. It is no use trying to protect the child from his own urge towards living more abundantly. It is no use to sacrifice the present and the future for a sentimental attachment to past joys. At the right time there is much that the mother can do, but when that time is past, it is best to leave things alone, rather than attempt to live the past again.

A patient of 18, whose history clearly showed him to be in danger of developing dementia præcox, was prevented from entering a nursing home for early treatment because his mother wrote saying that she felt she loved him and knew him so much better than anyone else, and she felt sure that she could take better care of him !

THE RIGHT KIND OF MOTHER

The right kind of mother is a means to an end and a point of departure rather than of arrival. She is not possessive, but realises her children are not more for her than a temporary loan. She is not afraid of life, but realises that where caution is a virtue, fear is only a vice. Life must be lived dangerously, and although danger requires no seeking, when it is inevitable the safest thing to do is not to shirk it but to face it wisely. She does not expect her children to be perfect and would rather see them strong and happy, even if there were at times room for improvement in their cleanliness, manners, and clothes. She realises that goodness is more a matter of the inward spirit than the outward form, and the inward wish than the external condition. She likes to see her children as they are, rather than as they ought to be, and is content to see them grow according to their own spontaneous individuality, rather than according to her own maternal prejudice. She does not want them to be the best, nor expect them to be the worst, amongst their fellows. She does not use criticism or praise unduly, but each as it is due. She recognises her children as separate individuals, sometimes asking for her help, sometimes rejecting it ; sometimes succeeding, sometimes failing, but always growing according to the way of their own urge. She holds no apron-strings, but shares her experience and wisdom when it is sought for and is content to be a lifelong comrade. Her greatest task is to regard her function as limited and herself as no more than a means to an end. The end is the mate to whom she must surrender first place, with the reward that in doing so the number of her children and the source of her happiness will be doubled.

The following diagram has been found useful to illustrate these points, both to individual patients and in lectures. It is intended to show the three forces which motivate us all : the will to go on, the wish to go back, and the fear of authority.

FIG. 11.—“*Highly Strung.*”

"I ought" and "I wish to go back to my mother" are always in conflict. Each one activates the other's opposition. Only "I will go on in my own way" is single and free from conflict.

The above picture may be told as a dream story :

"It was raining and dark. I was standing out on a road, and in front of me there was a high brick wall with spikes on the top. Behind me was my mother with her arms outstretched, and she seemed to be drawing me towards her. Behind her was my father, looking very fierce, with a stick upraised in his hand. I knew that the other side of the wall was a very beautiful girl, and her arms were stretched towards me also, but I felt afraid to climb it because it was too high. Beyond her, in the distance, was what I knew to be my goal, and there the sun was shining.

"I went a few steps towards my mother, but it became darker, and the face of my father was more threatening as he made gestures with the upraised stick. Then I turned to climb the wall and my fear seemed to leave me. As I approached it the sky became lighter and the wall less high. I managed to scale it and dropped on the other side, where the girl met me and we walked on up the road together."

ILLUSTRATIVE CASES

CASE VII.A.—Male; unmarried; aged 33; grocer's manager.

Complained of.—Insomnia, depression, thoughts of suicide. Everything too much trouble. Terrible headaches. Impulse to throw himself under passing traffic. A few days previously he had disappeared for 48 hours and had been found at Southend.

Duration of Symptoms.—About two years.

Family History.—He had one elder brother, two younger brothers, two younger sisters. Father living. Mother had died two years previously.

History.—The beginning of his symptoms followed his mother's death. At that time he had been the eldest son at home. He stated that his mother had refused to have anybody but him to nurse her, which he had done for six months before her death. He said that she could not stand her husband near her whilst she was ill. The patient stated, however, that he got on well with his father. Masturbation had commenced at 15 and continued up to date. He had read that it would cause all kinds of physical disorders and possibly insanity. He said that he had never, at any time, taken any interest in girls, but that his mother was his greatest pal, to whom he took all his troubles and in whom he could always confide. He felt that no one could ever replace her. Since his mother's death he had felt that he had no one with whom to share his worries. He had been asked to take over the management of the business, but he had felt that it was too much for him without his mother's support and encouragement. He could have managed it, he said, without any difficulty had he had his mother to help him.

He had at one time spent a holiday with his mother at Southend. On his way to business one morning he felt an irresistible impulse to return there, which he accordingly did. He stated that he had the clearest visions of his mother. "I could see her as if she were coming towards me, as plain as you are." He felt that he was rejoining his mother at Southend and his intention was to commit suicide. He did not do so, however, but wandered about until he was discovered and taken home.

In the course of several interviews the patient talked a good deal about his mother, and it was explained to him that he needed to face the fact of his mother's death and to realise how excessively he had been dependent upon her. After a fortnight he said that he was feeling much better, that his sleep was returning, and that he had not been so depressed. He said, "I did not even go to see my mother's grave last week". After another fortnight he was able to return to work and stated that he was feeling normal. After that he did not return for further treatment.

CASE VII.B.—Male; married; age 50; insurance clerk.

Complained of.—Sudden suicidal impulse in which he had made an abortive attempt at cutting his throat during a period of temporary depression.

Family History.—His father had died of delirium tremens when he was 3 months old. He was the youngest child, with six sisters older than himself and no brothers. His mother had been left very poorly off and had had to work very hard, which caused her to become embittered. He said that he could never remember his mother kissing him or giving him a kind word, but his sisters had been inclined to spoil him.

History.—He had married a woman 12 years older than himself, who was well-meaning but rather hard and authoritative. She always knew what her husband ought to do and expected him to do it, and had never discovered the difference between "taking a horse to the water" and "making him drink". She just expected him to do so, and if he did not, her feelings were compounded of self-pity and self-righteous criticism. There were no children as the wife had had an operation for ovariectomy early in her married life. His sexual life had been uneventful, except that he had found himself liable to be unduly attracted by any girl who was a little extra nice to him. There had been a small affair with a typist at the bank, whom he had on one occasion taken to the pictures. His wife got to hear of it and had been filled with righteous indignation. It was not so much that his peccadillo was often referred to, as indeed it frequently was, but that he felt that it was always there between himself and his wife, and he was filled with remorse. To refer to it was his wife's strongest card, which she frequently played with great effect. It was his Sword of Damocles.

He was over-conscientious and was in the habit of worrying unduly about his work. For the past year before the suicidal impulse, he had been working under a manager whom he did not like, and this had caused constant irritation and anxiety. He was in the habit of bringing his worries home with him and discussing them, over and over, with his wife. On the evening of the suicidal impulse he had wanted to talk about his troubles, but his wife had refused to allow him to do so, and he had felt her to be hard and unsympathetic. She had suggested that his worries were really due to some moral failure which was on his conscience, and in a moment of desperation he had said, "Yes, I have lied to you. I have always lied to you. I am lying now, and I shall always lie to you." He was, in fact, a most truthful and most conscientious

man, and this was only a desperate, hysterical, rhetorical gesture. His wife was horrified but coldly superior, and told him that she was ashamed of him, and if he felt like that he had better go to bed, where she would bring him a cup of tea. He went into the bathroom and locked himself in. A few minutes later he was found in a dazed semi-conscious condition, bleeding profusely from a wound in the throat where he had cut himself with a razor.

A month after the event he came for treatment. There were no signs of depression, and it appeared to be clearly a case of hysterical fugue due to an impulse of the moment, caused by a feeling of frustrated love hunger. He said that he had always felt that he had wanted someone to take his mother's place. His wife, he said, had always been a very perfect wife to him—although he said he quite wrongly felt that at times she did not give him the sympathy and affection which he required. (Under different circumstances his wife might have been adequate, but she was not adequate for him.)

CASE VII.C.—Male ; divorced ; age 41 ; an ex-garage proprietor who had been out of work owing to his illness for about five years.

Complained of.—Intense suicidal feelings. A desire to murder people and smash things. Feelings of horror with regard to sex. Terrible pains in the head and feelings of impending disaster.

Family History.—The patient's father had been an alcoholic, and had died when he was 15. He was the youngest son with three brothers and a sister. One of his brothers had had a severe nervous breakdown, but had recovered after two years.

Physical Signs.—No signs of physical disorder. Reflexes all very much exaggerated. Wassermann negative.

History.—About the age of 9 he described how he had had a fight with his father, who had come home drunk and tried to assault his mother, abusing her and flinging things about. He had struggled with his father, and said it was touch and go as to who won. He said that at the time he hated his father with a furious hatred, and vowed, "You won't beat me". He always felt afraid of his father and an intense resentment towards him. He sometimes felt that he would like to murder him.

His childhood evinced abnormal sexual curiosity, with many experiences of a sexual nature with domestic ser-

vants, etc. His first experience of sexual intercourse was with a housemaid at the age of 15, when he was impotent. He had always regarded sex with a combination of lust and horror. Masturbation was very frequent from 15 to 21. He was typically an extravert and an exhibitionist, and his sexual experiences always tended to involve self-display. They were always regarded afterwards, however, with extreme self-reproach and emotional conflict. He was for some time on the professional stage and had great natural ability as an actor.

At the age of 15, when his father died, he stated that for some months his mother took him into her bed. He had intense sexual feelings with regard to her and would try to touch her secretly whilst she was asleep. He said, "I had excited, weird feelings that she might slightly awaken and accept these advances in some way, because my father was dead". At the same time, he had an intense feeling of disgust and impropriety. He had suspicions, at the time, of his mother's infidelity. She would have parties in the house at which a good deal was drunk, and he suspected that immorality was taking place. He felt that he wished to spy on her, but he then got the idea of conniving at his mother's infidelity and protecting her. When he did this he said that although he felt that it could not possibly be true, at the same time he got intense sexual excitement from believing that it was true. At this age he had a nervous breakdown which lasted for some months, in which he was intensely afraid of everything.

At the age of 17 there was a very typical sexual experience in which he spent the night with a girl in a car in a garage. He attempted intercourse but was impotent. In the morning when his mother wished to know where he had been, he told her that a girl had tried to seduce him, but that he had spent the night in praying with her that she might be converted from her evil ways.

With regard to sex, he stated that he felt that all women should be like the Virgin Mary, and that one ought not to have any feelings of a sexual nature with regard to them. He felt, however, that it was himself who was the cause of their falling into sin, and yet that he wished to destroy their purity. He said, "I believe the devil is in me. I am a devil. I am sexually a wreck and a criminal. I always feel I want to let women down". At other times he said he felt like Christ, and that he wanted women

to wash his feet. On the other hand, women of the prostitute class had a special fascination for him, and he said, "I was always wanting to save women on the streets. I had an intense horror of prostitutes, and they had a sexual fascination for me, but I always felt I wanted to make them into good women". After any sexual experience, at which he was usually impotent, he said that he felt, "Now that I have done that, I am finished and done for".

On one occasion, he said that he spoke to an old woman of about 60 of the poorest class, whom he met in the street. At the same time he felt absolutely terrified, and ran away from her in a panic, but could not forget the experience.

At the age of 25 he married a girl whom he knew to be immoral. He was at first impotent, although he had in fact previously had successful coitus with her, but even in marriage his sexual feeling was associated with a most intense guilt. Very early in their married life quarrels developed, and they led what he described as "a cat and dog life". He was sure that she was unfaithful to him, but he found that he got more excitement from feeling that she was unfaithful than from anything else. When he was in bed with her he imagined that it was not him but someone else, and that she was a prostitute, because in that way he got greater sexual excitement. He found himself again conniving at his wife's unfaithfulness, in the same way that he had connived at his mother's. It was as if sex meant guilt, and that, without guilt, sex possessed no attraction. They had one child, who was a constant source of quarrelling, and after about ten years he finally divorced his wife for infidelity.

His nervous breakdown had lasted for about five years. During that time, as he had no money of his own and his relatives disowned him, he had been taken pity on by a woman who ran a nursing home, where she allowed him to live. She was some 20 years older than himself, and his feelings were that he hated her and wished to murder her. He felt that her intentions were immoral towards him, although, in fact, it was only out of the kindness of her heart that she had taken pity on him. He felt that she was an immoral woman who was keeping him, and from this he got both torture and satisfaction. He could not bear to see two people in love without feeling a wish to murder them. He could not see a girl's leg as she walked down the street without an intense conflict being

aroused. Anything that was beautiful he felt an irresistible impulse to break, and all the time he felt that he was the very incarnation of wickedness, outcast and condemned. He fell in love again, but the girl was for him completely idealised and unreal. She was at times the source of most intense conflict, because although he had idealised her, he sometimes felt she was no better than a prostitute.

Course.—When he came under analytical treatment he had been ill for five years and was getting worse. Analysis took the form of history-taking and catharsis, with most intense emotional abreactions, but had to be frequently abandoned. It was decided that the environment in which he lived was maintaining his emotional conflict, and he was therefore transferred to a hospital where after some months, during which he was in the care of the hospital physician, he fulfilled his oft-repeated threat and committed suicide.

SUICIDE

The above three cases were chosen from among many as illustrative of the problems relating to the mother, sex and women. It is, however, significant that in each one of the three there was a strong suicidal impulse, one of which was nearly successful, one only abortive, and one quite successful. In their reports of cases of suicide, coroners do not perhaps tell all that they know, nor do they know all. Suicide must be included amongst examples of purposive behaviour, but the purpose is not always conscious. Viewed superficially, suicide may be said to be due to depression, or to a wish to escape from insuperable difficulties. But we may ask what is the cause of the depression and, if the escape is made, may it not also be an escape towards a desired goal?

If we consider these deeper motives, we may divide them into three :

- (1) Self-punishment.
- (2) Self-deprivation.
- (3) Regression.

Self-punishment is the unconscious motive introduced by a feeling of guilt. Self-deprivation, the final act of which is the taking of one's own life, is often associated with such gestures of castration symbolism. But finally there is death as the desired goal and haven of peace, rest and freedom from

pain and responsibility. Suicide is a flight from reality, but it is also the great return towards the all-embracing arms of maternal oblivion. It is suggested, therefore, that there is a very deep and intimate connection between suicide and certain extreme degrees of mother fixation.

SUMMARY

Mother imago and father imago are interdependent and complementary feeling patterns. From mother imago is derived our wish for security, priority and the satisfaction of emotional desire, especially of a sexual kind. From father imago is derived our attitude towards authority, law and conscience. The problem in its simplest form is to get what we want without getting ourselves into trouble with authority; to satisfy desire without conflict with conscience, to obtain possession of the loved one without competition, guilt or punishment.

This may be done in various ways, but only one, namely, normal emotional development, is psychologically desirable. But this involves all the difficulties of growth and adaptation to reality. It is the unconscious attempt to find short cuts which provides the material of psychopathology, and the symptoms of the disordered mind.

The first short cut, described as "fixation compromise", is an attempt to have the best of both worlds, which very nearly succeeds, but it is at the expense of dissociation, conflict and phantasy. Women tend to become divided into "sacred" and "profane", the first type having all the qualities of the idealised and sexless mother-figure (and they are therefore guiltless), the second despised, inferior and with little to redeem their physical sexuality (and they are therefore "mother"-less). The idealised figure is seen typically in the Divine motherhood of the Virgin Mary, the same conception being still further extended into that of the Holy Ghost. But it is also to be found in slightly different form in the fairy godmothers and good fairies of nursery tales. The dissociated and opposite extreme is found in all the crude and inferior forms of sexual womanhood; but also in those fearful figures, the furies, banshees, and witches of fairy story and mythology.

The second short cut method is by emotional repression, which may give rise to sexual negativism (frigidity), a reversal of the feeling tone from love to hate (as occurs in the misogynist), or to the pseudo-intellectualism which is the psycho-

pathology of the " highbrow ", in whom intellect has fulfilled by substitution the flight from feeling, and mental distance has provided an escape from the feared reality of emotional contact.

The third short cut is found in the psychology of the prig, who assumes the mask of virtue to cover the desire and feeling of guilt. This is an example of over-compensation, and, as a reaction to the problems of the eternal triangle, may be described as " Messianic identification ".

The right kind of mother stimulates the love of life, the growth of independence and the satisfaction of adventure. The wrong kind of mother is a refuge and remains a goal, who thus reverses the biological trend to suit her own selfish and possessive desires. She is therefore both the origin and the motive of the " sin against the Holy Ghost ", which is in its essence a reversal of the fundamental law of growth and spiritual progress.

CHAPTER VIII
SEXUAL CONTRASTS

INTRODUCTORY

STRANGE though it may seem, psychologists are not at all sure as to what really is the difference between a man and a woman. It has been a subject on which much has been written, but for our purpose mostly of doubtful value. This chapter certainly does not try to present any final elucidation of the problem, which is at the same time so simple and so difficult. It has become necessary, however, to make some attempt to distinguish between the psychology of the sexes, because for the sake of simplicity, Chapters V., VI., and VII. were almost exclusively devoted to the psychological development and emotional reactions of the male. We should be getting off too lightly if we attempted to leave it at that, and we must now try to see what particular deviations may be expected in the female, and to point out such psychological differences between the sexes as seem to be of importance.

It may seem strange that there is so much doubt and difficulty about the subject of psychological sexual differences, but some of the reasons will become more apparent as we proceed. It is not, however, in psychology alone that simple problems are often the most difficult to solve. There is the same difficulty to be found in general medicine, such as, for example, to find the cause and cure of everyday disorders like the common cold or chilblains. Such deficiencies as these in the otherwise imposing structure of our knowledge should help to keep us humble.

ANATOMICAL AND PHYSIOLOGICAL CONSIDERATIONS

It is perhaps because the anatomical differences are so simple that the psychological ones appear by contrast to be so complex. Anatomically, the undifferentiated borderline between the two sexes is a matter of extreme rarity, although those cases in which unfortunate individuals have publicly

to change their sex at puberty, prove the occasional existence of the true anatomical hermaphrodite. Even in such cases the literature of the subject does not appear to show any case of actual bisexual potency. Although both the male and female organs may be present in the same individual, they never both seem to be able to function. Anatomically then, except for rare cases of hermaphroditism, distinction between the male and the female is perfectly definite.

Developmentally, however, we see how the male and female organs are derived morphologically from a common origin. The testes are derived from the same embryonic tissue as the ovary, and the penis and clitoris correspond in origin, but not in function. Biologically it is known that the simplest type of organism possesses no sex differentiation, but reproduces itself by a simple process of fission. Only at a later stage of development does sexual differentiation take place, with fertilisation of one sex by the other. It would appear that this method arose in a later state of evolution, as a more effective way to safeguard the propagation of the species.

Behind the apparent anatomical contrast, we find the morphological correspondence. Anatomically, the difference is as simple as male, female and hermaphrodite. Morphologically, both male and female are potentially bisexual. Psychologically, there would seem to be to some degree the same bisexual potentiality, a graduated scale of "maleness" and "femaleness", as if one sex is functional and dominant, at the expense of the more or less complete elimination of the characteristics of the other sex. It would seem, therefore, that the psychological problem is in reality a very difficult one, as in each individual of either sex there are varying components of "maleness" and "femaleness", dominant or in abeyance.

HISTORICAL CONSIDERATIONS

It has been an important part of our psychological theory to regard each individual as the sum of certain racial experiences acquired by repetition over a long period of evolution. If this be granted, it is obvious that such differences in general experience as men and women must have had during the history of the race, will have added in some degree to their deeper psychological divergences. Biologically the function of women has always been procreative, and their duty was to produce and care for the children. Men, on the

other hand, were the fighters and fenders for the family. The functions, experiences and emotional reactions of men and women must therefore have always been very different. The men went out hunting, met with various adventures, and had to solve innumerable problems of transport, battle and food-supply. This probably encouraged the development both of the aggressive and rational elements in their nature, as these were required for the tasks which were part of their everyday lives. Women, on the other hand, developed different characteristics more suited to their different function. There was less need to be aggressive, because their duties were maternal and domestic. They did not have to kill the animal, but to cook it. They did not have to fight, but to feed and protect their young. Women, therefore, would tend to develop a more passive and emotional, and less rational, attitude towards life. Their feelings would be more tender and their hearts more soft.

When it came to comparative judgment as to the relative importance of the two sexes, there is no doubt as to who were the judges and, we may therefore suspect, who were judged superior. In battle and in council it was the men of the tribe who mattered. The function of women was "only" child-bearing, and their position in the tribe was generally regarded as inferior. For how many centuries have women been *regarded* as inferior, and therefore *experienced a feeling of inferiority*? Whereas the tender emotional quality of women may be a primary psychological characteristic, associated with their biological function of child-bearing, it is suggested that this feeling of inferiority may have been acquired from the source of historical repetition. If this is so, we may expect to find inferiority feeling as the dominant factor in the psychopathology of women.

It is only in comparatively recent years that the status of women has been raised above that of the primitive tribal child-bearing level. In parts of the world at the present day women are still regarded as being of less value than cattle. It is a matter for congratulation that civilisation, having at last partly discovered women, has now added to that first progressive step the discovery of children. But the fact remains that however much the last few generations of women may have been raised as to their social status above their forbears, they seem still to have an inborn feeling of inferiority which remains an important characteristic in their psychology, quite independent of the fact that there is at present less justification for it. The unwillingness on the

part of men to afford women the privileges of an equal social and professional status is probably due to the same historical cause. In spite of their improved status women are still meeting with more than a little resistance from the male sex, and it seems as if the influence of the past still demands that men should try to keep them in a state of subjection.

While we are considering the effects of historical repetition on the production of inborn feeling tendencies, it is probably necessary to review the psychological effect upon both sexes of the customary relative positions in the act of coitus. The aggressive dominance of the male is temporarily at least in a position of complete superiority, whereas the woman is in a position of inferiority. It has been pointed out already how our unconscious feelings and values are determined by such simple factors as years and stature. The position in coitus is such another simple factor which, through age-long repetition, has probably had important psychological consequences. In such simple ways are our present values dependent upon past experience. *But they are not, therefore, by any means necessarily correct.*

INDIVIDUAL EMOTIONAL DIFFERENCES

Can we speak of the psychopathology of "normal" men and women? It depends what we mean by the word. Only if an individual is perfectly mature and developed will psychopathology be absent, and this is rarely if ever the case. Some degree of psychopathology is normal in all of us, and it is therefore correct to speak of the normal psychopathology of the sexes.

It would seem that the psychopathology of men is simpler than is that of women, in whom mechanisms and complexes are less obvious. Analysis of women is usually found to be more difficult to understand clearly and in detail. And yet from another point of view their psychology seems simpler, because it is more fundamentally instinctive and emotional, and less obscured by rational complications. Perhaps we may say that women are partly modified men, but we must also allow them to some extent an independent nature of their own. They have always been associated with sphinx-like impenetrability, and psychologists also find themselves faced by the same figure of veiled mystery. However, psychologists can have little respect for veils, and must do their best to see what lies behind them.

If the fundamental psychopathology of women is *in-*

feriority, what unconscious affect may we expect to find occupying the same position in men ?

Let us start at the beginning. The infant's first desire is for food, and the source of gratification is the maternal breast. (The breast has been so often repeated as a racial experience that the introduction of the comparatively modern feeding-bottle seems to have made no difference. To the infant mind it is taken as if it were breast.) The infant, whether boy or girl, is "thrown into the arms" of a woman, if we are allowed to speak a little metaphorically, and there the primary desire of hunger is satisfied under conditions of peculiar emotional significance. But for the boy there is a difference of sexual polarity, which is absent in the case of the girl. There is no need for us to suppose that he is conscious of any difference, but this is beside the point, since we are dealing with the reaction and development of inborn feeling states. The boy experiences this primary emotional intimacy and gratification under circumstances which are radically different for the girl, because of the absence of the heterosexual factor. The latter is never thrown into quite the same emotional intimacy with her father, experience of whom is deferred until later, when many other impressions have been absorbed. From this we may deduce that the Œdipus complex will be simpler, deeper and more frequent in its effects in the male than the corresponding Electra complex in the female. This statement is confirmed by clinical experience.

But the primary affect of the Œdipus complex is guilt, especially associated with sexual stimuli. This then would seem to be our starting-point in male and female psychological divergence—*the primary emotional intimacy of the male with the mother induces a stronger defensive affect of guilt towards sex than is the case with the female.*

These affects of guilt in the male, and inferiority in the female, are normal, in so far as they are subjectively and generally present to a greater or less degree as the results of past racial experience. But, like other normal psychopathology, they require to be outgrown before objective reality can be appreciated at its true value. We may state the following axiom : "Although a feeling tendency, such as sex guilt, may be universally distributed, it is not therefore necessarily true". The unconsciously defensive attitude towards guilt is only associated with the earlier stages of sexual development, not with its maturity. In so far as it is universal, it is an example of a general psychopathology, and indicates a general "fixation", or incompleteness of sexual

development. It is part of the function of growth to remove this initial defensive and unconscious guilt-feeling from sex, which is apparently particularly deeply rooted in the male sex.

But we seem to be on dangerous ground. Do we wish to eliminate guilt altogether, or can we analyse it and distinguish two different kinds, one bad and one good? Perhaps a consideration of "morals" will help to clear up the problem.

There are two kinds of morals: (a) defensive and unconscious, (b) selective and æsthetic. The former are those which are associated with primary unconscious guilt, and their function is protective against a desire which is felt to be wrong, and the consequence of which is a punishment to be feared. The latter are not motivated by fear, but by desire. They are on a higher plane, consciously selective, emotionally æsthetic, and are compounded of desire, caution, consideration for others and a mature wisdom of outlook. To infringe the unconscious code, which is akin to taboo, is to invoke unconscious guilt and fear of punishment. To infringe the other code is to experience a quite different and psychologically desirable feeling of moral or æsthetic disapproval.

If we generalise at this point we must do so tentatively and cautiously, or men will all be found in the group of morals of the defensive and unconscious kind, and women presumably in the other. That would be quite untrue because it would go too far. All we can suggest is that men are more prone to react to sex with a feeling of pathological guilt, and a defensive unconscious moral code, than are women. For this statement we have some confirmation in the fact that women are generally regarded as being more "amoral" than men, and at the same time simpler and more free in sexual matters. But immediately a doubt comes into our minds—"That is not true, either for all men or all women, although it may be true for some. What about the others?"

We can only pick out certain general tendencies, and examine them for what they are worth. If they are there we can expect the consequences—but not in every individual nor all the time. There are so many other factors which have their own consequences which complicate the picture, and of those one or two will now be mentioned, which go some way to account for the exceptions to those principles which have already been suggested.

The assertiveness, "superiority", comparative independence and ready "over-compensation" of the normal male help him to cast off the fetters of his early emotional fixation,

whereas the female is more prone to accept the moral code to which she is accustomed, as she has not the same aggressive attitude towards life. The male is by nature more inclined to adventure and rebellion, but his guilt code effects his attitude towards women, if in no other way than by his trying to pass it over to them. If women are brought up to the belief that sex is guilty, they are more liable to believe it than are men. It is the guilt sense in man which tends both to idealise and to desexualise women, at the same time contributing to that social conspiracy which has in the past attempted to deny women the right either to sexual knowledge or sexual feelings. When a girl develops an Electra complex all society and conventions help to fix it upon her. But when a boy develops an Oedipus complex there is much more "over-compensation" to help him to lose it. Hence, when it occurs, the Electra complex and its sexual repression is liable to be very severe. We may summarise by saying that over-compensation is a help for men to solve their problems of unconscious sexual guilt after a fashion, but it is obtained at the expense of projecting that guilt on to women.

The subject of masturbation is also important in the influence which it brings to bear on guilt psychology. Being much more frequent in the boy than in the girl, the guilt with which it is associated is very liable to become transferred to all subsequent sexual experience. There are many men who regard sex intercourse in marriage with much the same guilt feeling as masturbation, as something sensually desirable but morally improper, to be got over as soon as possible without a corresponding sensual gratification being permitted to the woman. The result of this attitude is disastrous, and is responsible for much unhappiness and subsequent ill-health, especially for the woman.

For the man there are, therefore, three different kinds of defensive reactions for his guilt feelings. The first is *morals*, of a defensive and unconscious kind, which tend to a certain degree of sexual clumsiness, priggishness and ignorance of the elements of mutual sexual hygiene. The second is *over-compensation*, which shows itself in various ways as a bold bid for sexual freedom and adventure, but does not usually overcome the underlying tendencies of unconscious motives. The third is the *idealisation* and *de-sexualisation* of women—a refusal to see them as they really are, a preference for an exalted and sphinx-like inscrutability in women, and a general attitude of sentimental unreality between the sexes. It is for these reasons that women must be kept "innocent"

of sexual facts and of the "seamy side" of life—as if knowledge of the elementary facts of life would harm them.

In the same way the unconscious defensive mechanisms in women must protect them from feelings of inferiority. It is perhaps for this reason that women need to be constantly praised, to be told repeatedly of their charm, the beauty of their clothes, and their superiority over others. There is a fundamental Narcissism in women which is lacking in men, and which men cannot afford to neglect. Women like to be admired quite as much as they like to admire themselves, and clothes carry the transferred affect from their bodies. They want to feel admired, loved, superior, and it is not enough for them that the appreciative male should be silently aware of their charm. It is because of her inferiority, perhaps, that a woman wants to be told that she is superior to all others—and told again.

When inferiority feeling is not assuaged, the results are those familiar examples of defensive mechanisms, jealousy, cattiness, nagging and scandal-mongering, the underlying motives of all of which are relative disparagement of someone else, whether rival, no one in particular, mother-in-law, or husband. Of how much unhappiness on all sides are such uncorrected inferiority feelings and defensive mechanisms the cause! Whether the unconscious punitive and retaliatory dynamism is directed towards cattiness, nagging or intensive propaganda, it is both a waste of good energy and a source of progressive and widespread unhappiness.

In confirmation of the preceding remarks, the following quotations have been taken from the autobiography of Sir Ellis Hume-Williams, who was for 40 years a divorce court barrister (*The World, the House and the Bar*, p. 260 *et seq.*).

"I think, strange as it may seem, women are less faithful than men. The risk of an illicit liaison is sometimes better to a woman than the sameness of uneventful domesticity. There are happy, if usually selfish bachelors. But the average woman cannot live a life of even moderate happiness without love, affection and attention. It is the food of her soul, and without it her spiritual being droops and withers, just as her body would without nourishment. If her husband does not or cannot realise what affection means to a woman, and does not both possess it and show it, he is not entitled to be surprised if she takes a lover.

"Men are, it is true, more subject to a 'sex urge', but the visitation is generally transient and a tactful woman can usually deal with it. Also, while no man has really under-

stood a woman, the average man is the easiest thing in the world to understand and manage by any woman who thinks it worth her while.

“Matrimonial differences generally begin by the man being too content at having secured his woman, too content to continue the little attentions with which he has wooed her. There are still men in existence who look on a wife once won as a sort of possession with which they can do what they please. The thing which keeps together many a couple who might be happier apart is the love of the woman for her children—a love which, as a rule, moves a woman more deeply than a man.”

WHAT MEN AND WOMEN WISH ABOUT EACH OTHER AND THEMSELVES

The reason why the subject of sexual differences has remained for so long in the dark is perhaps because the men and women who have written about it did not know what they wanted to find. Before we are able to see anything correctly as it really is, it is necessary first to find out what it is that we want to see because, unless we do, we shall probably only see what we want to see and so deceive ourselves. We must first of all take the mirror of wish-fulfilment from in front of our eyes. What do we want to see? The truth may be the same as that, but on the other hand, it may not.

In the previous chapter it was suggested that there was a very strong reason for men wishing to idealise, sentimentalise, and de-sexualise women. Men want women to be maternal, superhuman and possessed of immaculate purity, and therefore they wish to protect them from any tarnishing touch of reality. Such women would, of course, have no sexual feelings, which would be the height of purity and propriety. They would have no knowledge of sexual facts, and must be kept sublimely innocent of what goes on behind their backs.

So much for one side of the psychopathology of what men want from women. The other side completes the picture. They want sexual satisfaction, male superiority, and completeness of possession. Sometimes they also want somebody to punish and despise, from a motive of retaliation. It is easy to realise that a great deal of what has been written about women falls under one of these three headings: they are either sentimentally idealised, voluptuously over-sexualised, or generally despised. But women are not, in fact, any

one of these three. They gain nothing of moral stature or æsthetic beauty by being idealised into benevolent mother phantasies and impossible prudes. Their sexual attractions require neither to be sentimentalised nor despised. Much of what is called "the veil of the impenetrable Sphinx" is due to these errors of phantasy which men have projected on to women in the chosen blindness of their wish-fulfilment. Behind it all there is the real figure of the woman— independent, maternal, co-operative, sexual, and above all, human. If men continue to think that women are only such as they wish them to be, they must always be wrong and women must remain impenetrable riddles. But it is not true. A woman's sexual feelings are quite as intense and quite as worthy of fulfilment as are a man's. A woman's function is different, but to be valued quite as highly. Women are, in fact, just that indivisible unity of the "sacred" and the "profane", but only phantasy can take the one and ignore the other. Therein lies their humanity, their living character, and at least part of their charm.

While we are considering what men wish women to be, it will perhaps be useful at the same time to discover what men wish themselves to be. Again there is the tendency to divide themselves into two very different characters: one, the prig, the other the omnipotent and omniscient cave man. By doing so, they effectively disguise from themselves any feeling either of guilt or of inferiority which may be unconsciously causing them anxiety. But again, seeing themselves as the image of their wish, they are blind to themselves as they really are.

Sex is for men a subsidiary function, but not so for women. It is too intimately associated with their primary function, maternity. For men, sex is only a part of life, but in that part it is an *end in itself*. For women it is a *means to the greater end of maternity*, which is the function for which they are biologically and psychologically intended and without which their lives must always remain, to some extent, incomplete. Women are probably less inclined to idealise men. They regard the successful exercise of man's sexual function with more simplicity, both as an end in itself and as a means to a greater end. Women have not the same reason to be wrong in their judgment of men, as men have in their judgment of women. In spite of the conventional platitudes of society and men in general, women do not require much experience of men in order to see them as they really are. It is true that they may also tend to idealise and hero-worship,

but provided they are not made to feel inferior and unattractive they are willing to tolerate men's multiple deficiencies.

What do women want to feel about themselves? Again they seem to be more satisfied with reality than men are, and their goal is primarily a simple one. It is not for nothing that women's interest in clothes and jewels is greater than that of men. All women wish to look nice, to be at their best and most attractive in appearance. It is not only that they are more "Narcissan" than men, but their attractiveness is also the chief means to the desired end of their biological function—namely, maternity. It does not matter if maternity has been achieved or is unattainable, the need to look and feel and be acclaimed attractive remains dominant in female psychology. Whatever may be the standards of present-day civilisation and culture, the desire to be attractive is an inevitable hereditary contribution from woman's past.

AGGRESSION AND SUBMISSION—SADISM AND MASOCHISM

There are two psychological characteristics which we seem to be able to apply respectively to men and women—namely, aggression and submission. The male is characteristically the aggressive type, the female the submissive. This distinction may have been determined, at any rate partly, through historical repetition, the quality of aggression being necessary to the hunter, whereas submission is more necessary for the woman at home. But the aggressiveness and submissiveness are not necessarily the qualities by which superiority and inferiority are to be judged. They are perhaps more to be regarded as modes of feeling associated with different functions. However this may be, these characteristics seem to apply to the typical male and female. There are, of course, many aggressive women and submissive men, but it has already been stated that psychology and anatomy do not always correspond. From the psychological point of view the aggressive woman is a male woman, and the submissive man is a female man.

Although not by any means identical, it is useful to link sadism and masochism with aggression and submission. In sadism we have a typically masculine reaction, which tends to associate sexual feeling with super-domination and a certain pleasure in the infliction of pain. In masochism, on the other hand, sexual gratification is associated with a feeling of being overpowered and the pleasure of pain in-

flicted. There are many difficulties, however, in understanding the psychopathology of sadism and masochism, and it is best to admit that we do not know by any means all about these two very fundamental and primitive feelings. It is quite true to say that sadism is to some extent a normal component of masculine, and masochism of feminine, sexuality. The two, however, so frequently occur in one individual that they may be as intimately linked as the two sides of a penny. The sadist is frequently also the masochist, and the masochist the sadist.

Sadism and masochism vary in degree from the normal to the severely pathological.

CASE VIII.A.—A boy of 14 was able for two years to behave like a young Rasputin, and to completely terrorise the younger boys of his house at school. He would make appointments to thrash a certain boy every Wednesday afternoon during the term at 3 o'clock in a certain spinney; another would be told that he was to forfeit every breakfast egg; another that he was to contribute 2s. 6d. a week of his pocket money; and another that he required a pocket knife which, though it was broken and useless, would cost him 4s. 6d., and if he had not got the money he would need to borrow it or be thrashed. He possessed such awe-inspiring qualities that no one for two years dared to disobey his orders or report him to the authorities. He had no other sex life than these sadistic thrashings, which were accompanied by sexual orgasms.

A patient with a less pathological degree of masochism made the following remarks:

“When I was playing bridge the other night, I held ten hearts to the ace, king, queen, but I let myself be called out by my partner. I would always much rather someone got the better of me, especially if I were quite sure I was in the right.”

It is not everyone who is so fortunate in being able to evade responsibility, whilst retaining both a sense of power and of unjust grievance. Masochism to a more extreme degree is found in those cases which delight in inflicting punishment upon themselves, sometimes by binding themselves with cords or being beaten, and is again associated with sexual pleasure. A perusal of the daily papers, other than those of the highest repute, shows the extent to which the general mass of readers like suggestive, sadistic sensa-

tionalism served at the breakfast table. In the Sunday press of the same type this tendency is even more evident. The following interesting example occurred in a Sunday paper when this chapter was being written :

“ A strange form of hero-worship has taken hold of the young women of Czecho-Slovakia. Hundreds of them have fallen in love with a newly appointed hangman. Physically he is a fine specimen of manhood. He was appointed hangman only a few weeks ago. On the day following the execution huge crowds, consisting mostly of young girls and women, besieged the inn where he was staying. After carrying out his first execution he received more than 6000 offers of marriage in letters.” (The probability that the figure 6000 was journalistic exaggeration, is itself evidence of the writer's estimate of his readers' wishes for the sensational superlative.)

One of the after-effects of the sadism of the war seems to have been the liberation of the craving for sensationalism, which has been given free vent of recent years in detective novels and cinema melodramas.

Before we try to understand the source and value of sadism and masochism, it is useful to realise the extent to which every intense emotion tends to arouse sexual feeling. The scenes of Armistice night were, perhaps, typical of the sexual excitement associated with the intense feeling of emotional relief after the strain of the war years. Intense religious feeling may also very easily find a sexual channel of expression, and to this association is due, on the one hand, the exploits of a Rasputin, and on the other the emotional difficulties of the religious-minded spinster. It is also sometimes stated that a woman in the intensity of her grief at the loss of her husband is liable to fall to the seductions of another wooer. Any intense experience of beauty, whether visual or auditory, may have the same effect. In general, therefore, it would appear that emotional intensity of any kind tends to express itself through the sexual channel.

It has been suggested that the origin of sadism and masochism is to be found in the feelings of the infant towards the maternal breast. The pummelling and thwarted desire of the feeding infant when the breast is removed is certainly suggestive of the sadistic attitude, whereas the satisfied and submissive relaxation when desire is fulfilled at the end of a meal is again suggestive of masochism. To what extent this can be regarded as the sole source of sadism and masochism it is difficult to say. In sadism there is also the

punitive and retaliatory tendency, which derives pleasure from inflicting pain and punishment. Sadism may, therefore, be an infantile reaction towards deprivation. Masochism, on the other hand, as a form of self-punishment, may be related to the need for a defensive self-punitive reaction against guilt. Whatever may be their psychopathology, we must regard both sadism and masochism as wish-fulfilment at an infantile level of emotional satisfaction, and they require raising to a higher sublimation before they can be considered as typical respectively of male and female psychology.

THINKING AND INTUITION

Sir Ellis Hume-Williams was quoted as saying that "No man has ever really understood a woman", and this is frequently a cause of man's complaint. In spite of the fact that unconsciously they are themselves largely responsible for their own ignorance, men feel that they ought to be able to understand a woman and they are annoyed when she will not fit into any one of their logical watertight compartments. When a man is annoyed with a woman, one of his strongest criticisms of the female sex in general is to say that they are all "unreasonable", and therefore, by his reasoned and logical system, so much inferior to himself. Men regard their reason as something undubitably superior and are liable to be extremely annoyed when a woman arrives at her judgment with miraculous ease and swiftness, while he is left behind, still anxiously weighing the pros and cons. He is sometimes inclined to ascribe the woman's method to nothing higher than emotional prejudice, without any basis in logical fact. However, it frequently happens that the woman's rapid intuition, which has leapt at a single bound over all such difficulties as reason perceives, is quite as right in its conclusion as the slower method which may still, in spite of all its logic, be wrong in its ultimate judgment.

We are liable to over-value the rational function of consciousness, because it may be purposively defensive. Unconsciously, men are afraid of women, and thought and reason are a method of staying dangerous emotion. "Stop! Let me think!" is more than a plea for time. It is also a plea for safety, and when we are afraid, if we are not in a panic, we like to stop and think. Thinking may be a useful safeguarding process, developed in self-defence against the incomprehensible ways of the fearful female.

Whereas men have needed to develop reason in order the better to do their work, women have needed something more rapid and more emotional to aid them in their domestic duties. This function is intuition, which men regard as inferior to reason, but it is surely very doubtful whether it is so. Reason is just as liable to be biased and led astray by emotion and wish-fulfilment, although intuition may leap at a judgment where reason lags behind to consider it. Reason can *prove* that it is right (even if it is not), but intuition is quite satisfied to *feel* that it is right. Reason will always suffer in an argument with intuition, in spite of the fact that it can prove every word it says. The complaint that women are "unreasonable" is, therefore, often a true one, but perhaps women are only unreasonable because they are essentially intuitive. Yet this is not to say that they are necessarily inferior in their capacity for sound judgment.

Science is a most reasonable and logical method, but it depends for its incidence and ground-work upon a working hypothesis. The number of men who can create a working hypothesis is definitely limited, because to do so necessitates an intuitive grasp of the problem which is essentially beyond reason. A working hypothesis is a "probability", a brilliant guess, which reason then proceeds to test by observation and experiment. However, reason is by no means to be infallibly trusted, because it is itself liable to be prejudiced and disturbed by wish-fulfilment. Much that passes as scientific research is vitiated from the scientific standpoint because the "scientist" desires certain results, and finds little difficulty in proving what he wishes to prove. Even such hard "facts" as statistics are amenable to wish-fulfilment. Both vaccinators and antivaccinators, whose motives do not lack the unreasoned energy of the unconscious wish, can, if presented with the same statistics, prove from them their own pet theories without much difficulty.

Reason is not in itself creative, it is only comparative. It collects and compares data and can thence deduce a formula. Reason is mathematically correct, and by its measure 2 and 2 will always make 4. Not so, however, with intuition. Intuition is essentially creative and by putting 2 and 2 together may make something quite different from 4, to the pronounced discomfort of reason. But it is surely true to say that only in pure mathematics, and then not of the very modern kind, does 2 and 2 make 4. If 2 and 2 are other than mathematical symbols, their character and

summation introduce a new factor which is more than the simple mathematical formula $2 + 2 = 4$. "The whole is more than the sum of the parts", and whereas mathematics may be true in reason it is not so true in intuition. Where reason is groping amongst the parts, intuition grasps the whole.

Intuition is a gift of genius and is a sign of the creative mind. To this extent it may be said to be superior to reason, which is a much more commonplace quality. Where reason is only comparative, intuition is summative and creative. It agrees, therefore, with the more creative aspect of the psychology of woman. Reason and intuition are not to be regarded as being either superior or inferior to each other, but only as two different modes of perception and judgment. They represent psychological developments of a different order, intuition being more suited to the feminine function and reason to the masculine.

It is probable that intuition has never been appreciated at its true value, because in self-defence the importance of reason has been exaggerated, and because of the hereditary pattern of the male wish for aggressive superiority. The distinction has never been studied from the point of view of difference in educational methods. In spite of the recent social and economic freedom of women, it is probably true to say that they have not yet been psychologically discovered for what they really are. They are at present allowed to compete with men on more or less equal terms in many professions and in the government of the country. But the feminine sex will not really be discovered until such differences as there may be between them and the masculine are recognised, and suitable opportunities allowed for their development. In their escape from the hereditary pattern of inferiority feeling, women are at present trying to be just like men. They never were and never will be. They were not designed to compete on an equal footing with men in commerce and the professions, but to develop those qualities which they possess along lines associated with their own particular goal. It is perhaps due to the fact that they are competing in a reasoned, commercialised, mechanised, and mathematical world that women as a whole lack what is called "originality". They must inevitably have unnecessary defects as a sex, so long as they are forced to compete in an environment which is unsuitable to the development of their innate qualities.

SEX ACCEPTANCE AND ADAPTATION

In Adler's *Individual Psychology* it is suggested that the error of the woman's life-plan in neurosis lies in her "feminine protest", which aims at escaping from the fancied disability of her own sex by trying to become as much like a man as possible. This is a natural tendency of feminine psychopathology, where many women are struggling to overcome their feeling of inferiority by competing with the male, but it is the wrong goal. However, it is common in clinical experience to find cases of women who have adopted this pseudo-masculine rôle, usually to their ultimate grief and psychological confusion. The following case, who had the "powder-puff" dream (Chapter III., "Teleological dreams") is typical of many :

CASE VIII.B.—Woman ; unmarried ; headmistress ; age 49.

Complained of.—Extreme depression. Outbursts of crying. Occasional suicidal thoughts. Lack of concentration. No interest in her work. Frequency of micturition.

Appearance.—Shy, severe and dressed in a rather masculine version of feminine attire.

History.—Shortly before her birth her parents had lost an elder son, which had caused them great grief. One of her earliest memories was of being told by her parents how bitterly they were disappointed that she was not a boy. This made a very deep impression on her, and she made up her mind that she would be as nearly as possible like a son to her parents. (This was not, of course, to please them, but to gratify her own desire to be wanted.) To a very large extent she succeeded. Although her parents were poor, she struggled her way up by means of examinations and scholarships and through her ability she managed to pass top in nearly every examination that she undertook. She said she always felt she simply must be top in all her exams ; only to pass would be as bad as failure. Of the money that she earned she sent some to help to support her parents in their old age, but she always felt that her parents did not appreciate her and that her efforts were wasted on them. She was always unhappy during her vacations, which she spent at home out of a sense of duty, and she said she could not help despising her parents. She had no use for men, and her life was entirely devoted to her work as a school-

mistress. She was afraid of walking alone in the country and would never go out by herself after dark because, she said, she was afraid of some man taking advantage of her.

In spite of her success, her work lost all its interest for her. She had several difficult homosexual attachments to women, but felt that she was insulted and ignored by those who attracted her. She had always suffered from frequency of micturition, being in the habit of passing her water sometimes every half hour, which had made her duties very difficult to perform. It transpired that this was a substitute form of erotic gratification, which rapidly improved during analysis.

The reverse type of case, of the man who wants to be a woman, also occurs fairly frequently. This is often associated with masochistic impulses, such as the wish to be bound or punished by a woman. The following case was the man who had the feminine handshake described in Chapter III.

CASE VIII.C.—Man ; aged 47 ; married.

Complained of.—Sexual impotence, loss of interest, and a feeling of uselessness.

History.—He was a child of whom much was expected by his parents. He was the youngest of several brothers and sisters, with whom he had always felt it very difficult to compete. As a small boy at school he remembered wishing he was a girl, because he felt that girls had a much easier time. He was very reserved, and said that aggressiveness seemed to have been left out of his nature. His purpose in wishing to be a girl was because he felt that it presented an opportunity for escape from the difficulties of a competitive and unsympathetic existence.

When he grew up he continued to adopt the passive and submissive rôle, but nevertheless got on very well in his business career. His sex life, however, was deficient, consisting largely of exhibitionistic phantasies. He took such opportunities as offered for showing himself in a state of semi-nakedness to domestic servants and others, from which he derived considerable satisfaction. Whilst in bed he imagined that he was a woman and derived pleasure from fondling his own body.

At the age of 44 he married, but was sexually impotent. This was, however, psychological and not physiological, because he was always able to produce orgasm by auto-stimulation in relation to his own phantasies.

In such cases as these it will be realised that we are dealing with individuals in whom the psychological sexual component contains much that is both male and female. It is necessary for such patients that they should be helped to employ and develop those characteristics which they possess. The man who is submissive and intuitive need not, at least in time of peace, feel himself to be handicapped thereby. There are so many occupations in which he can fight in safety with pen and ink, and in which his intuition will stand him in good stead, that he need have no regrets. There are also many opportunities for the sublimation of a woman's competitive and aggressive feelings. The lives of these sexually mixed individuals may be more difficult, but they need to seek sublimation rather than repression. It is repression and unconscious defence mechanisms that cause psychological disorders. For instance, part at least of the cause of depression, which is such a common symptom amongst our patients, is frustrated wish-fulfilment. A woman who tries to be a man, or a man who tries to be a woman, must inevitably be disappointed and depressed.

MARRIAGE PROBLEMS

Many problems in life are due to the fact that we think people are what we want them to be. We are then disappointed when they turn out to be what they really are, which is something quite different. This is the cause of a great many of the difficulties which arise during marriage, when the intimacy of domestic contact proves the difference between reality and wish-fulfilment.

Another aspect of the psychopathology of marriage is due to the way in which the unconscious chooses what it wishes, quite independent of consciousness and reason. It is an axiom in psychology that *the symptom of which the patient complains may be unconsciously desired and psychologically useful*. This axiom applies also to marriage, and the partner may sometimes be classified as one of the patient's unconsciously desired symptoms.

CASE VIII.C (*continued*).—This man, who wished to be a woman, chose and was chosen in marriage by a woman who wanted to be a man. She was of a dominant, aggressive type, a very capable business woman who was accustomed to her word being regarded as law. His unconscious wish was to be mastered and hers to be master-

ful. These wishes were mutually satisfied, but they found life in matrimonial partnership on a conscious plane both difficult and disappointing, and the man therefore applied for psychological treatment.

The possibilities for such complicated couplings are innumerable. The dominant male with sexual repression may marry a "blue-stocking", and the man with gonad deficiency may attempt to overcompensate by marrying a full-blown chorus-girl, in either case with results that may be disastrous on both sides. Similarly, the girl of potentially strong character, but repressed by a stern and patriarchal father and therefore afraid of the man who might be her normal mate, may choose in marriage a perpetual invalid, whom she is warned can never give her children. So the unconscious of each may choose, and within its limits may choose well, but it is a hard, inexorable master with scant consideration for domestic comfort.

CONCLUSION

It is apparently one of the principles of Communism that every Communist should be able to do, at different times, everyone else's job. It would seem as if modern civilisation were tending towards the same principle, by trying to eliminate sexual differences in so far as physiological limitations will permit. The fallacy is a very important one, because it ignores essential and unalterable factors. The happiness of each one of us depends on the degree to which we are able to express our own individuality in co-operation with the expressed individualities of others. In each of us there are so many points of difference, however much we may seem to be the same. One man is psychologically suited for one task, another for a different one. It is a cruel injustice to expect a man possessed of a psychology which is essentially creative, to perform a task which is uncreative and repetitive. It is just as cruel to expect another, who would be perfectly happy in a position free from responsibility, to undertake work beyond his capacity. How much greater is the injustice which is entailed by failing to recognise those psychological differences which distinguish the male and the female! They are, at present, still largely undiscovered, and the result would seem to be much unnecessary social and matrimonial unhappiness, disorder, and *ill-health*, in which the woman is liable to suffer the greater hardship. Perhaps, unless psychology steps in first, the pendulum will swing over

towards the development of a compensatory matriarchal system, in which the superiority of women will be assured.

In the beginning the organism was a bisexual unit, but since that time procreation and matrimonial unity have been achieved through the coming together of two sexually differentiated individuals. The ideal of unity must be maintained, but it must be a unity in which both the man and the woman are free and independent individuals, finding their complementary "better halves" in each other. This cannot be achieved, however, until the essential individuality of each is given full freedom for its expression and development, so that they may become finally united in procreation, self-expression and mutual esteem.

SUMMARY

The problem of sexual differentiation, which is anatomically so simple, is psychologically a far more complex matter. The anatomical male may be psychologically female, and the question which needs to be answered more clearly than has yet been done is, "What do we mean psychologically by male and female? What are their respective characteristics, similarities and differences?" The presence of unconscious motives has defeated the reliability of deductions from observed data in the past, because it is a habit with unconscious motives to arrive at a desired end by means of the well-trodden and familiar roads of rationalisation, rather than by discovery of the actual facts.

What are the main underlying feeling patterns of these unconscious motives? The influence of repeated racial experience in the past upon women seems to have been to impress them deeply with a primary feeling pattern of inferiority, which exists in spite of the relative freedom of women in the present century. Protection for this feeling of inferiority is provided by all that favours personal adornment, appreciation and praise, by trying to do in every walk of life all that men can do, and by such defensive mechanisms as nagging, cattiness and the more destructive kinds of gossip. But these are only the emotional sicknesses to which women are liable, not their essential feminine characteristics.

The corresponding primary feeling pattern in men is not inferiority, for in racial experience they have been held relatively superior to women, but guilt, because of their emotional intimacy from the beginning with the most innocent of all members of the opposite sex, the mother.

The unconscious defence mechanisms which characterise the emotional sicknesses of men are a somewhat unfair and unsympathetic type of protective morals, a good deal of over-compensation in the name of freedom, and a tendency to idealise, de-sexualise and generally disguise the true nature of women. The result is to project on to women a sense of sexual guilt which they would otherwise be spared.

Apart from such unconscious motives and their defence mechanisms, it was suggested that aggression and submission, reason and intuition, were respectively characteristics of male and female psychology. Neither need be regarded, however, as winner in the competitive race for superiority: they are merely different ways of feeling, thought and behaviour due to differences of biological function. But that they are differences should be as obvious as if we were dealing with anatomical instead of psychological distinctions. Sadism and masochism, although associated in some respects with aggression and submission, male and female, are also something more, and belong rather to the psychopathology of mental disorder, being characteristic of the immaturity of undeveloped infantile feeling states.

Difficulties in marriage are often due to the unerring choice of unconscious motives, neurosis seeking and finding complementary neurosis in a way that conscious reason may find to be intolerable.

Two fundamental errors of our judgment, which may appear at first sight to be paradoxical, are in fact closely associated. The first is that we are all to be judged as being alike in kind, the second that we are to be judged as being superior or inferior. But neither is in fact true. In spite of similarities, we are all different: and there is a very marked difference between the psychological characteristics of the two sexes. Such differences require to be recognised, educated and fulfilled, each in his or her own way—or the consequence is needless unhappiness and ill-health. And in our ignorance of sexual differences it is suggested that not the least of these sufferers are women.

CHAPTER IX

DEFENCE MECHANISMS : FEAR

DEFENCE MECHANISMS AND EMOTIONAL DISCOMFORT

It has been suggested in previous chapters that fear, guilt and inferiority are the three basic feeling patterns which lie at the root of a great deal of subsequent mental disorder. They are primarily independent of individual experience, although they may be exaggerated or modified to a great extent during the lifetime of the individual. In general they are universal feeling tendencies which form the bedrock of psychopathology, and it is our duty as physicians, parents, or friends to minimise these primary affects both in ourselves and in our patients. However, there are right ways and wrong ways of doing so, and the wrong ways are the more common because they correspond with inborn defensive mechanisms.

Fear, guilt and inferiority are "intolerable" feelings and quite unconsciously we all do our utmost to overcome them. The method, however, which first "comes to mind" is the unconscious one which tries to get rid of them by means of defence mechanisms. We may perhaps state the position as follows :

"I do not want to feel fear, guilt or inferiority."

∴ "I do want to feel fearless (the hero), guiltless (perfect) and superior (omnipotent)."

How are these results to be obtained ? We may anticipate that if there is a short-cut method, this will be found in psychopathology. The methods may therefore be divided into those which are psychologically (a) desirable, (b) undesirable. Of the first, by far the best method, but at the same time the slowest and most difficult, is *growth* or what we may describe as *normal development*. This involves the difficulties of a real adaptation to life, without false aid or self-deception. There is, however, one very important genuine aid to normal growth, and that is *a sense of humour*. Humour is, as a rule, most lacking where psychopathology is most in

evidence. It is not perhaps generally realised to what extent humour is defensive, its purpose often being to take the edge off a reality which is too unkind. This accounts for humour's close association with tragedy. If we can see the funny side of fear, guilt and inferiority we can also see them in some degree of perspective, and they have largely lost their unconscious power over us. To laugh when we are afraid helps to restore the balance of courage. A feeling of guilt is responsible for a great many funny stories, especially of the sexual kind. Humour is probably the most harmless way in which wishes associated with guilt can achieve some measure of fulfilment. A sense of humour will always blunt the edge of inferiority, giving it at least the more tolerable quality of the comic and ridiculous. Whether it be shortness of stature, slipping on a banana skin, or feeling sea-sick, it is always good to see it from the funny side. Growth and a sense of humour, then, are the psychological, normal, and desirable means by which we rid ourselves of the undesirable feelings of fear, guilt and inferiority.

In psychopathology, however, we have the unconscious mechanisms which seek to achieve the same ends, but without the same success. Because they are largely uncontrollable and only "short cuts", they are but disguises for a basic state which still remains, consciously avoided but fundamentally unchanged. The most important of these unconscious defence mechanisms, the purpose of which is to escape from feelings of fear, guilt and inferiority, may be divided into three: (a) over-compensation; (b) projection; (c) identification.

OVER-COMPENSATION

The method of escaping from intolerable feelings by over-compensation is an unconscious defence mechanism which has a certain biological value and a limited utility, but which is far from being invariably successful. In general, it may be expressed in mathematical terms as follows:

$$\text{" I am " } - 1 : \text{" I feel " } - \frac{1}{2} : \text{" I try to be " } - 1\frac{3}{4}.$$

It will be noticed that the fraction which is aimed at on the positive side is a larger one than that which measures the degree of deficiency. Further, it will be seen that the measure of relative deficiency has, by this method, been actually increased. It is now $1\frac{3}{4}$ minus $\frac{1}{2}$, that is $1\frac{1}{4}$. This is important, because the person who is making use of the over-compensation mechanism is always aiming at a standard

which is far above that normal which he might be expected under the circumstances to achieve.

When a normal person walks across Westminster Bridge, he probably does not consider the likelihood of his being suddenly called upon to dive into the Thames to rescue a person from drowning. If it enters his mind at all, he is probably content to think that the risks involved are too great and that the best thing that he could do would be to shout to a policeman or a passing vessel, and then leave his personal responsibility in the matter at that. Not so, however, with the neurotic who is over-compensating for a basic feeling of fear. The possibility of heroism is always in his mind, and the thought of Westminster Bridge is closely associated with the thought of someone drowning and his own responsibility in the matter. Nothing would content him but that he must immediately and heroically dive to the rescue. It will be seen how much more difficult everyday experiences are for the neurotic than for the ordinary man, who does not expect to be a hero and does not constantly tease himself with ideas of heroic crises and failures. The neurotic is more afraid than the ordinary man, but because of his over-compensation he expects more of himself and is constantly making himself uncomfortable by wondering what is going to happen and how heroic he will be.

“What would you do if you were walking across Westminster Bridge and you saw someone in the water?” is quite a good test question for evidence of this kind of over-compensation for fear. One patient, who joined the Army Service Corps during the war, but even so was soon invalided out with “neurasthenia”, was in the habit of hiring a rowing boat on the Thames on a Saturday afternoon, in the hope that he might be able to rescue someone from drowning. He was always in this state of mind of anticipating heroism, because he was wearing mufti when he knew that he ought to have been in khaki. But nevertheless his caution kept him in the quiet and shallow backwaters, where he knew he could never hope to meet the great cowardice-healing adventure of his heroic phantasy.

The trouble about over-compensation is that however much the $1\frac{3}{4}$ standard may be eventually achieved in reality, the basic feeling always tends to remain unaltered, ready to make itself felt at inconvenient moments. Achievement makes so little difference, because these unconscious feelings are fundamentally so unteachable by experience. A running “Blue” with an international reputation may still remain

obsessed with the feeling of his own inferiority and unworthiness, in spite of all his success on the running track.

There was a story told a few years ago of some Austrian peasants, who found work one very hard winter in the streets of Vienna. They had to shovel snow from the road down an open manhole, but when lunch-time came one of them looked down the manhole and, turning to his mate, said, "This is no good, we shall never fill up that hole. I cannot see any of the snow we have been shovelling in all the morning". He and his mate then downed tools and decided to return to their own village where, if labour was harder to find, it was less disappointing in its results. This story is typical of what happens when a person tries to fill up the bottomless pit of his fear, guilt or inferiority by the mechanism of over-compensation. However much snow he shovels into the manhole, it is very doubtful whether in the end it will have made any difference to the bottomless pit.

PROJECTION

Projection is another unconscious defence mechanism the purpose of which is to achieve escape from intolerable unconscious feelings of fear, guilt and inferiority. The principle of the method is to substitute the beam in our neighbour's eye for the mote in our own. This is the reason why criticism is usually destructive instead of constructive. By blaming someone else we succeed in lowering his level, and relatively raising our own, which is what we feel we need to do. By finding cowardice or guilt in others we feel ourselves to be relatively braver or more innocent.

Another common example of this projection mechanism is our usual behaviour on the tennis court when the ball does not behave as we wish it to do after it leaves our racket. The only reason why we do not blame ourselves for the error is because we do not wish to do so. It is more tolerable to our tender feelings of self-respect that we should blame the sun, the wind, our partner or our racket—in fact, anything but ourselves.

Projection is the source of much of that kind of charity which does not begin at home. It is so much easier to interest ourselves in the weakness of others than to strengthen our own lives. The unsatisfied sexual urge may be either sublimated or projected into social work of a definitely "moral" kind. If it is a case of sublimation, which is by far the harder of the two, the service will be impersonal, dis-

interested, broadminded and tolerant. Projection, on the other hand, although it may lead to greater enthusiasm, will inevitably tend to cause the service to be less tolerant and more interfering in its character. Sublimation can only be attained by growth, but in the projection mechanism a part of the individual still remains undeveloped and unchanged, and therefore there is conflict and a tendency to emotional instability.

Much that passes for disinterested propaganda is in fact due to this unconscious projection mechanism. The guilt and inferiority of adolescence is frequently the cause both of a desire to "save" others and also of a wish to be for ever teaching other people their business. The mechanism of projection accounts for a great deal of unjustifiable interference, which poses as being disinterested but is in fact only due to this need for an unconscious defensive mechanism. Enthusiastic propagandists thus derive much of their enthusiasm from ego-centric sources.

This projection mechanism is one of the most important in the psychoses and psychoneuroses, and most commonly occurs in ideas of reference and of persecution.

CASE IX.A.—Male ; unmarried ; aged 57.

Complained of.—Depression and insomnia.

Duration.—One year, dating from a serious financial failure.

History.—He had had a nervous breakdown at the age of 21, with intense feelings of guilt, from which after a few months he had recovered and been able to go into his father's business. In the course of time he became managing director, and as the business expanded largely of its own accord he was carried on with it, assuming at the same time various social responsibilities, although he never married. Following post-war inflation the business failed, and he lost fortune, reputation and mental stability. His adaptation was firstly by illness—but how to explain to himself his failure ? He was in a nursing home a year after when he said, "Doctor, I have something most serious to report. My correspondence is being tampered with; someone is reading my private letters and moving my papers". This was the first evidence of a delusion of persecution, for the motive of which it is not necessary to seek far. If he was the object of malevolent persecution he was not responsible for his own failure. The defence mechanism had taken a year

to show itself, it was unconscious and uncontrollable, and not open to reasonable proof to the contrary.

CASE IX.B.—Male ; aged 34 ; married.

Complained of.—Alcoholism, latterly acute.

History.—His most noticeable superficial characteristic was his conceit, which was apparent in voice, manner and behaviour. He had never been able to accept the idea that he could do wrong or be less than the highest, although he felt constantly and fundamentally inferior. He commenced drinking in order to "fill the gap", and as the gap widened he drank more until he was consuming a bottle and a half of whisky a day. His family tried to take the alcohol away from him, which was sufficient foundation for him to develop delusions of persecution. He had always felt neglected and misunderstood, but now he was sure that he was the object of a vicious persecutory system, to which he reacted by violent and destructive behaviour, writing most abusive and wholly unjustified letters, especially to those relatives of whom he had previously been most fond. Only in this way was he able to fulfil his need for self-love and self-praise.

It is sometimes startling to see the lack of originality which these unconscious mechanisms display. A doctor, who had actually had many years' experience both of psychiatry and psychotherapy, developed just those ideas of persecution by malign and supernatural forces, with wireless messages, smells under the door and movements by unseen hands, which he must often have observed in his psychotic patients.

IDENTIFICATION

It is not by any means easy for anyone to be a perfect and superior hero, because it involves risks and responsibilities which clash with our feelings of fear, guilt and inferiority. What is desired, therefore, is to have the feeling of perfection without the risk of failure, and this may be achieved through the mechanism of identification. It is not ourselves who are the perfect superior hero, but someone else, and we derive our satisfaction from being identified with him. For the purpose of this mechanism he is part of our "undifferentiated ego". When we read we very easily identify ourselves with the characters of the story, and the same applies to dramas of the stage and screen. Much of our satisfaction is vicarious, and our emotional participation depends upon identification with someone else.

Partisan feeling, which is liable to be very intense, derives its activity largely from identification with the leaders and heroes of the movement. In an earlier chapter imago identification was compared with the rebellion motive, as the source of the right and left wings in politics respectively :

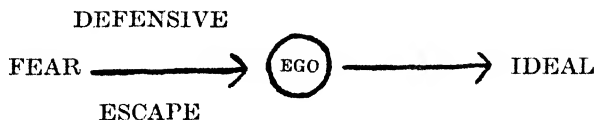
That every boy and every gal, that's born into the world alive,
Is either a little Liberal, or else a little Conservative!

The partisan feelings of politics are due to what may be called positive and negative identification, the latter being as opposed to, as the former is imitative of, authority.

Identification is perhaps the most useful and least harmful of any of the unconscious mechanisms as an escape from fear, guilt and inferiority. It does not involve us in any degree of responsibility as the over-compensation mechanism does, nor does it cause us to interfere with the liberty of others, as does the mechanism of projection. It provides, on the other hand, an opportunity for extending the limited experience and emotions of our own lives, through the greater variety of others, perhaps more fortunate than ourselves. It cannot be said, however, to be altogether without disadvantage, because it frequently involves us in intense emotions and conflicts of the source of which we probably remain quite unaware. The partisan feelings which are so readily aroused in politics and religion are apt to involve our feelings very strongly and to cause us to rationalise, where reason alone would leave us quite unmoved.

UNCONSCIOUS DEFENSIVE MECHANISMS AND IDEALS

It is a common experience, when trying to educate a patient to regard himself psychologically, to be told, " But, Doctor, you will rob me of all my ideals ". There is, however, a very great difference between ideals and the defensive needs of unconscious mechanisms. The unconscious defensive mechanism is always vis-à-tergo, whereas the ideal is vis-à-fronté. The one is a kick from behind, whereas the other is



a pull from in front. The one is motivated by intolerable feelings of fear, guilt and inferiority, whereas the other is motivated by a wish to achieve a certain goal, irrespective of what obstacles there may be in front or compulsions behind.

From the point of view of the freedom of the individual motive, there is a fundamental difference between the individual who is striving after the goal of the ideal, and the one who is merely striving to escape from his own intolerable feelings, although the conduct of the two may seem the same. For example, a "bad" boy may be made "good" by a thrashing, but the change is likely to be largely an external one unless fundamentally he wishes to be good or, in other words, unless goodness is his ideal, rather than his defensive escape from another thrashing. The distinction is one of very great psychological importance, and deserves deeper appreciation by church and educational authorities. Motives are more important than behaviour, and psychologists can therefore appreciate the truth of the familiar text: "As a man thinks in his heart, so is he". (Proverbs.)

At the end of a Freudian analysis it is sometimes remarked that the patient seems to have lost his ideals to such an extent that life has become robbed of much that previously made it worth living. The patient has become "disillusioned", but it seems to be part of the Freudian theory that ideals are not different from illusions. It is right that an analysis should rob a patient of those *phantasies*, which he had previously confused with ideals. To be *dis-phantasied* is the right measure of disillusionment, but to be dis-idealised altogether is surely to carry the process of realisation a great deal too far. It seems, however, to be a very dangerous part of the Freudian theory that all seeking after goodness, truth and beauty, power, heroism and all such ideal goals are, in fact, only motivated from a desire to escape from intolerable feelings of fear, guilt and inferiority, and do not represent a striving after reality at all. But why is this most destructive and disheartening hypothesis necessary? It fits only part of the facts, not all. There are certainly many people whose wish to be a hero is due to their fear of being a coward. There are others who have no fear of being a coward, but who are quite equal to playing the hero's part in search of an ideal. There is much false goodness and false beauty that is due to a camouflage of evil and ugliness, but surely all goodness and beauty do not spring from this tainted source. Usually it is quite possible to distinguish two entirely different motives, on the lines of those which have been suggested above. On the one hand there is the neurotic compelled from behind, on the other there is the normal person whose spontaneous wish is to follow the ideal, the pursuit of which is at least potentially independent of unconscious and protective motives.

The evidence upon which the Freudian theory has been established would seem to have been drawn too exclusively from the lives of neurotics, without taking into consideration the fact that neurotic psychology by no means covers all the ground of human experience. Fear, guilt and inferiority may be the characteristic underlying feelings of the child, the neurotic and the savage, but life offers more than this. What we need is to find our individual and social freedom and psychological health in pursuit of an ideal, independent of all unconscious defence mechanisms and other concomitant feelings. The Freudian analytical school has been in danger of destroying and denying life altogether, in its pursuit of inexorable unconscious determinism. There is more in life than psychopathology, and the goal which we are seeking is ultimately more important to us than the source from which we have sprung.

FEAR

Let us consider in further detail the character and origin of these fundamental emotional discomforts. In order to see them in their right proportion it is necessary to realise that the feeling which is aroused always tends to be greater than that which is appropriate to the immediate cause which stimulates them. It is as if fear, guilt and inferiority are the powder which propels the bullet, whereas the immediate cause of the feeling is only the pressure on the trigger of the gun. A very small stimulus may therefore produce what appears to be an unreasonably large response. Affects aroused by apparently innocuous stimuli may be extremely severe, owing to the fact that unconscious sources of emotional discharge have been unduly activated. It is, as a rule, impossible to find in the individual's experience any adequate cause. The only explanation would seem to be that the potentiality for the affect is inborn, and is due not to individual factors at all, but to racial and physiological ones.

WHEN DO WE FEEL AFRAID?

Watson, in his experiments on infants and children upon which he has based his "Behaviourist Psychology", found that the normal stimuli which aroused fear were those which introduced the *sudden* or the *unfamiliar*. In general it may be said that the feeling of fear is associated with a feeling of *inadequacy*, such as may occur in the common fears of the dark or of being alone. Another fear, rather different in kind

but similar in its feeling of inadequacy, is that associated with *punishment*. This type of fear is particularly found in connection with "father imago" and its derivatives.

Fear is one of the emotions which undergo recapitulation in the individual life. It is a very common experience for children to develop fears, such as fear of the dark, without any apparent external cause. Whether they are told fairy stories of giants and ogres or not, they will develop them for themselves from their imagination, and also the fear feelings appropriately associated with them. These are phenomena of recapitulation and must be dealt with as such. It is a great mistake, if a child is afraid of the dark, to deal with it as an opportunity for producing moral stamina by telling the child not to be so silly. The child is not being silly at all, but is recapitulating ancestral fear which was, at one time at any rate, quite justified. If the child is given a night-light it will very soon grow out of the fear. But perhaps an even worse method of overcoming the fear than by moral and disciplinary exhortation is that of introducing "compensatory phantasies", such as guardian angels. To do so only adds a further difficulty to the child's mind, and does not remove the cause of the fear. Any such suggestion in the first place has probably been derived from an adult wish-fulfilment phantasy, and the child would much prefer to have his bedroom lit by a night-light than populated by these unseen ghosts.

The worst kind of fears are always the formless and unseen ones. If fear is going to be recapitulated, it is wiser to give it a simple form which the child can appreciate. It is not perhaps altogether without purpose that a child who does not hear of giants and witches and the like from story-books will create such forms for himself out of his own imagination. They serve to give shape and simplicity to the intangible, and therefore perform a useful service. It is impossible to keep fear out of a child's life, because its life is so much more than its own experience. On the other hand, the greatest disservice is done to a child by those who exaggerate fears which must inevitably be present. If giants and such fearful characters occur in the child's fairy stories, they should always do so as figures of less importance than the heroes and good fairies who cause their well-merited downfall. In other words, fear should be formed only as a means to its eventual dissolution. Fears which are due to recapitulation will rapidly be outgrown, unless they are exaggerated by moral or imaginative mismanagement.

THE CAUSES OF FEAR

We may classify the causes of fear under the three following headings :

- (1) Real external (allo-psychic).
- (2) Transferred external (endo-psychic).
- (3) Real internal (somatic).

Real External Fear (Allo-psychic).—By real external fear is meant that feeling which is aroused by any appropriate source of danger directed against the individual—*e.g.* a burglar or a mad dog. An adequate stimulus is present and the fear response is not unduly exaggerated.

Transferred External Fear (Endo-psychic).—But the probability is that a certain amount of transferred affect usually occurs, in addition to the feeling of fear which is aroused by real external danger. For instance, the fear of burglars is very common in elderly spinsters, who, in addition to the real but rare possibility of danger, are inclined to introduce a large amount of transferred affect and thereby make a complex of it. They lock the doors, bar the windows, and keep perhaps a cricket stump under the bed for their better protection. Their attitude, and the measure of their fear, is not appropriate to the actual danger. The measure of the excess of their fear is due to a transferred affect from some other cause. In the case of the elderly spinster, it is probably a fear of men in general, due to that repressed desire which is either the result or cause of their celibacy, and wish-fulfilment may well be considered at least partially responsible for the introduction of the cricket stump.

All abnormal fears are characterised by their intensive but unreasonable nature. Phobias are those abnormal fears which are attached to some particular source, such as agoraphobia (fear of open spaces), claustrophobia (fear of closed spaces), and acrophobia (fear of high places). The origin of the first two of these is still rather uncertain. The one is as much a fear of being confined as the other is of being unconfined. They are both characteristic of certain neurotic states and may sometimes occur in the same individual. It has been suggested that claustrophobia is associated with the birth trauma and that the fear is thus derived from the experience of passage through the womb. Certain cases have been reported which have cleared up after the recovery and abreaction of memories of experiences which have been forgotten, such as being shut into a dark passage or closed in a

chest or cupboard during a game of hide-and-peek. There is, however, a more general aspect of the problem of claustrophobia, which links it with that of agoraphobia, with which it is so frequently associated.

If we consider the primary distinction of experience as being between what is "me" and "not me", the affect of "me" towards "not me" in claustrophobia is that it is unfriendly, uncontrollable and confining "me" against my wishes. On the one hand there is frustrated wish-fulfilment, and on the other the cause for the frustration is blamed upon "not me". The tendency then to personify what is feared is a very usual and elementary one.

The picture in claustrophobia is therefore one of a person who has isolated himself from life and who, feeling unfriendly towards life because of his frustrated wish-fulfilment, has projected that unfriendly feeling upon life as an explanation of his frustration. Both in claustrophobia and in agoraphobia there is the same lack of friendly co-operation between the "me" and the "not me", the same sense of exclusiveness, frustration and confinement. In general we may suppose therefore that the explanation of such a phobia probably lies deeper than its relation to any single experience. It is the result of a fundamental attitude towards life on the part of the patient, in which, because of his fear, he has chosen the path of loneliness rather than co-operation, and projected his own feeling of unfriendliness towards life on to life, which has thus become personified and pictured in terms of loneliness and compulsive confinement.

It is perhaps easier to understand the mechanism of the transferred affect in acrophobia (fear of high places) which is very common, and often occurs in those who have no other obvious neurotic tendencies. It seems, however, to occur in a certain type of individual in whom ambition is associated with timidity. Their ambition is to be high, but their timidity wants always to be safe. When we are walking along a road, or sitting in a room, we receive a number of sensory impressions which all tend to give us a feeling of familiarity and security. Without thinking about it, our eyes are registering the fixedness of objects, and our sensory nerves are feeling those sensations to which they are accustomed. Standing on the edge of a high cliff, however, the sensory impressions are very different. The wind is moving and intangible, the clouds are moving over our heads, and the sensory impressions are those of insecurity rather than security. The need, therefore, is for protection and safety.

Unconscious values are simple and permanent things, and to the unconscious height means insecurity, and only at the bottom is the norm of unconscious safety attained. The impulse, therefore, is to escape from insecurity to the norm of safety. It is typical of many unconscious tendencies that their impulses may lead to actions which have quite an opposite effect to that which is desired. To the unconscious to reach the bottom means safety, even if, when the action is carried out by jumping from a height, it may be fatal. A similar example of unconscious logic occurred in a patient who said, "I am so terrified of death that I would willingly take my own life". But such statements become quite understandable, when interpreted as symbols and transferred affects.

Phobias, then, are always to be understood in terms of symbolism and interpretation. When viewed in this way they are not so unreasonable as they seem, because they are found to have a real cause, although this is always different from the phobia itself. Many people have a phobia of thunderstorms. One patient said that he could not bear the unreasonable and uncontrollability of a storm. His fear was more of the thunder than of the lightning, although he knew that there was more reason to be afraid of the latter than the former. He said that his fear was of being punished by death or injury during the storm. His association with the thunder was thunderbolts and Jehovah. It would seem that the unconscious attaches the primitive value to the thunder-storm of a malevolent, punitive power seeking to destroy the individual for some wrong which he has done. The thunder-storm is therefore associated in the unconscious with father imago feelings of guilt, fear and inferiority.

Another very common phobia is that of mice, which would again seem to be unreasonable, the mouse being a most inoffensive animal. This phobia is almost exclusively confined to the female sex, and the typical attitude of defence is for a woman to jump on to a chair, pulling her skirts around her knees, with her hands in a protective attitude. A woman will usually say that she is afraid of the mouse running up her skirts, but it is doubtful whether one in a thousand, who has the phobia, has ever heard of this happening. Again it is a matter of symbolism, and the mouse has for some reason become the object of transferred fears which are sexual in origin. The symbolism may be explained perhaps by the fact that the mouse is an animal whose life is largely spent in the dark, in holes.

The snake is, in many countries even where snakes are rare, a common symbol of the same kind, and it is quite usual to find patients who have transferred the fear of snakes to the most harmless worm, the source of the feeling being the same in each case. But this tendency to fix feelings on to animals is by no means peculiar to phobias. The picture-thinking part of the mind frequently uses animals as symbols, as is seen in mythology, fairy-tales, religion, dreams and in certain type of humour, where the horse, bull, elephant, crocodile or fish, amongst many others, each have their own significance. It is perhaps another example of the recapitulation of primitive experience, but such pictures serve very well to symbolise the dark animal life of the unconscious. To understand them aright, therefore, we need to realise that they always represent something which we are afraid of within ourselves.

The feeling of unreasonable fear may be transferred to everything, harmful or otherwise, in certain neurotic states, in which case the term "pan-phobia" is used. It is then not so much a question of symbolism, as of a general state of fear of life becoming transferred to anything and everything.

Anxiety States.—In the word "panic" we have an interesting philological clue to the psychopathology of the anxiety state. The word "panic" is derived from the Greek god Pan, who was to his worshippers an object both of sexual excitement and of fear. The rites associated with his worship gave free expression to both these emotions. Fear is intimately associated with the sex life, and it seems probable that a certain combination of these two feelings is frequently responsible for what is known as the "anxiety state".

The characteristic emotion of the anxiety state is fear, the source of which is in many cases, although some psychologists would say all, regarded as being sexual. The anxiety state was suggested by Freud to be due to sexual stimulation without sufficient satisfaction. It is certainly liable to occur to a mild degree in engaged couples, and is very common in one or other partner in those marriages where sexual intercourse is not normally satisfying. It is also frequently associated with the practice of *coitus interruptus*, especially where there are other predisposing psychological factors. It is therefore always advisable to investigate the sex life in cases of anxiety neurosis, but it is probably wrong to regard the sexual factor as being the invariable cause.

The anxiety state is particularly interesting and im-

portant, because of the physical concomitants which so frequently accompany it. The mental state is one of general irritability and hypersensitiveness to noise, light and other stimuli. But the anxiety attacks frequently take a physical form, the disturbances being cardiac, respiratory or vasomotor, with trembling, diarrhoea, vertigo, stammering, etc. In such cases it would seem that the emotional state has caused a disturbance of the sympathetic system, with the appropriate physical consequences due to its over-activity. Their treatment on organic lines, without regard to psychopathology, must therefore always prove unsatisfactory and disappointing.

Real Internal Fear (Somatic).—Emotional states are liable to give rise to somatic disturbances, through stimulation of the adrenal glands and the sympathetic nervous system. It would appear, however, that this process may be reversed, and that emotional disturbances may be caused primarily in the somatic system. The simplest types of such cases are those associated with hyperthyroidism, in which a resultant anxiety is a common factor. The difficulty from the point of view of diagnosis is that a primary over-active thyroid gland may itself cause emotional disturbances, whereas on the other hand primary emotional disturbances may cause a secondary over-active thyroid. The process is reversible, and either somatic or psychic causes may be primary. We are still very ignorant as to the pathology of the sympathetic system and the endocrine glands, but it would appear that many symptoms of which patients complain are due to vague endocrine or sympathetic disturbances. Such patients are readily labelled “neurotic”, but it is very difficult to relate any psychopathology with their symptoms, and an increase in our knowledge is required before we can treat them properly. The following case is an example.

CASE IX.C.—Male; unmarried; aged 28.

Complained of.—Attacks of morbid fear. These were liable to come on at any time, whether he was reading the paper by the fire, buying an article in a shop, or walking in the street. The attack was always somatic, being centred, as he described it, “in his solar plexus with a hot squelchy feeling as if his stomach was all alive, suddenly on fire, or turning inside out”. He stated that words were entirely inadequate to describe these feelings. At the same time his spine seemed to be electrified and he had an uncontrollable feeling that he was going to die

on the spot. The attack usually lasted for a few minutes, during which he felt that he must run somewhere, anywhere, but away from where he was.

History.—His attacks had commenced soon after he had had blackwater fever which he contracted in South Africa. The physical pathology showed nothing of importance and his physical state appeared normal. His psychopathology was investigated, but there did not appear to be adequate cause for his anxiety attacks. He stated that he never used to feel afraid of anything, and quoted as an example that, as a small child, he had been elephant-hunting with his father, when a herd of elephants had dashed past within a few yards of him. He remembered the experience perfectly well and his recollection was not associated with fear.

Similar cases in which intense somatic disturbances are apparently associated with sympathetic disorder are not infrequent. Such patients seem to be endowed with an unstable sympathetic system, which tends to react with an exaggerated response to quite minor stimuli. They may be classified as belonging to the "sympathico-tonic" type, which has been differentiated from the "vago-tonic" by some writers.

Another group of vague disturbance of the sympathetic nervous system is that which occurs in pregnancy, with the common somatic disturbances of nausea, vomiting, respiratory and psychic symptoms. It may be that the patient is unconsciously afraid of the pregnancy and anxious to get rid of the child. On the other hand, it is impossible to exclude the possibility that the disturbance may be primarily somatic, due to some instability on the part of endocrines and sympathetics, and such cases are by no means lightly to be labelled as neurotic, as in our present state of knowledge we do not know sufficient as to the precise ætiology of their symptoms.

FUNCTION AND CHARACTER OF FEAR

Fear is, as a rule, described as one of the instincts, its function being protective. Psychologists differ, however, as to whether fear is a feeling aroused as a preliminary to flight, or whether it is only caused by flight being impeded in some way. The fact would seem to be that whatever the functional utility of fear may be in the primitive state, it is for civilised man only a deterrent to any useful protective activity. The

emotion of fear is accompanied by adrenal stimulation, through which mechanism the body is thrown rapidly into readiness for intense physical activity, either of fight or flight. Perhaps fear as such has no biological utility whatever, but is only an emotional consequence of this useful adrenal and sympathetic activity. From the point of view of utility, what is required is not fear but caution, and fear may therefore always be regarded as an undesirable affect. There are many occasions in which discretion is the better part of valour, but there is no advantage whatever to be gained by feeling afraid.

It is very difficult for anyone who has had no personal experience of neurotic and psychotic fear to appreciate the intensity of the feeling which may be aroused. Fear is not only a response to an external stimulus, it is a throwing into a state of active volcanic eruption of an inward feeling which may be massive, unlimited and undifferentiated. It is no use telling a person in a state of unreasonable fear that there is no need to be afraid. The situation is far beyond the reassurance of words. In its extreme forms, the emotion is unreasonable and uncontrollable and completely devastating. It is beyond control because it is beyond comprehension, and it is not related to individual experience. It is derived from unconscious racial sources and is possessed of unconscious racial power. It is probably true to say that there is nothing more worth being afraid of than fear.

FEAR AND ITS DEFENCE MECHANISMS

Fear is one of the intolerable emotions, and will therefore give rise to defensive mechanisms for individual protection. These may be divided into :

- (1) Inertia.
- (2) Regression.
- (3) Over-compensation.
- (4) Apprehension.

Inertia.—The paralysing effect of fear on certain animals has its human prototype in the "safety first" value of inertia and the preservation of the *status quo*. Laziness is due to lack of interest more often than to lack of energy, and is thus a form of purposive behaviour, motivated by the negative "I want not". The fixed negativism of dementia præcox may also be defensive and derived from unconscious

fear, in the same way that the immovability of obstinacy is due to a fear of exposing weakness.

Regression.—When faced by an object of which we are afraid there are only two active alternatives, fight or flight. The latter, however, may be achieved by subtler methods than physical running away. Flight into phantasy is a common way of evading the real object of fear. The unconscious defensive mechanisms which have already been alluded to may also serve in some measure to evade it. But where the will to progress is weak and the element of fear is strong, the direction of life may become turned backwards to what is termed “regression”. Instead of striving onwards to a goal, life aims at seeking backwards to the protection and priority of infancy. The more unconscious is the fear, the more uncontrollable will be the impulse towards regressive flight. This goal of infantile dependence, security and priority is to be found in association with the familiar infantile past, the mother and the hypothetical Nirvana of the womb. It is generally believed that this regressive psychology is that which is most strongly developed in the psychosis of dementia præcox, in which the will to live and progress has been forced, by fear of reality, to escape from the responsibilities of life into phantasy and the backward-seeking path. Another factor in this disorder will be referred to in the next chapter—namely, over-compensation for a feeling of inadequacy. This, together with the seeking of an infantile Nirvana through a reversal of life’s motive to regression, and an exaggerated activity of the picture-thinking level of the mind, will be found to explain the greater part of the psychopathology of dementia præcox.

Fear is the greatest enemy of psychological growth and progress, and is the natural antithesis of love, which “casts out fear”, and is the fundamental urge which strives towards creation and progression.

Over-compensation.—Over-compensation for a feeling of fear is very common. Many soldiers in the late war only retained their nerve and self-possession by means of an over-compensated feeling that they bore a charmed life. Whatever might happen to others, they were able to feel that it would not happen to them. Women whose husbands were at the front were sometimes able to feel the same sense of the miraculous protection of their loved ones: they could not die. This feeling was so strong that for many months after the name had appeared in the casualty list “killed in action”, the woman at home remained convinced that it was

not true. So-called fearlessness of this type is really due to fear of being afraid. Such a double fear was the cause of many neurotic breakdowns during the war.

The bully, the bluffer and the braggart are all examples of over-compensated fear. The bully is a coward, and therefore he needs to be a bully; the person who bluffs needs to bluff for fear of his deficiency being found out; and the braggart combines love of exhibitionism with a need for over-compensation, because he has very little to boast about.

Apprehension.—The word “apprehension” is very useful to us in this connection, because it covers the two meanings, both of *fear* and of *clutching hold* of something in defence against the source of the fear. The “drowning man who clutches a straw” is typical of all apprehension. He is afraid and he clutches the feeblest hope of security. The apprehensive person is always trying to clutch something. He always wants to be sure of knowing the way and seeing every detail; he is afraid of all that is new and unknown, and clutches on to all that is past and familiar. Such a person is liable, therefore, to devote his energies to formulating fixed opinions and preserving the *status quo*. But above all, the apprehensive personality is afraid of the freedom of his own emotional life, and in general of “letting himself go”. He is liable to be commercial and competitive, his fear dictating his need for the material form and substance of power. He tends to develop the conscious and intellectual side of his personality at the expense of the emotional and spontaneous, because words are so much more stable and fixed than feelings. His clutching of all that is fixed and tangible leads him to depend upon logic and reason and to avoid everything that he cannot understand and define. The “highbrow” is typical of the apprehensive personality, protecting himself with formulæ and shibboleths within the exalted chivalry of the exclusive group. The apprehensive personality is always seeking for fixed familiar forms to protect him from the unknown, the new and the free. He craves for detail, order and repetition. In his conversation he says “always” and “must”, where “sometimes” and “perhaps” more nearly meet the facts. He is more ready to answer than to question, because he prefers the finality of the end to the dubiety of the beginning. He is prone to intolerant propaganda and interference, blaming external circumstances and criticising others, rather than seeking the cause of his difficulty within himself. He is liable to be a great talker, because words are something to hold on to and so are

listeners, but he is at the same time inclined to be artificial and conventional, even if his feelings are rebellious against authority. He is repetitive rather than creative, seeking the safety of "I ought" rather than the freedom of "I will".

It is often said that the modern increase of mental disorder is due to the additional strain imposed upon humanity by the progress of civilisation. But it might perhaps be suggested that the psychology of apprehension is characteristic of the present civilisation in which we live. We live in an era of intellectuality and mechanical discovery, the concomitants of which are the piling up of defensive armaments and a tendency to ignore the deeper emotional truths of life. Rationalisation is the order of the day, in industry as well as in religion. Sexual hygiene is either not regarded at all, or only as a source of apprehension. From this point of view, we may tentatively raise the question whether the cause of the growth of neurotic manifestations at the present day is not due to the fact that civilisation as a whole may have been largely motivated in its unconscious organisation by fear.

CASE IX.D.—Artist; Irish; aged 37.

Complained of.—Phobias, chiefly of thunder-storms and of insecurity. The symptoms dated from a Zeppelin raid during the war.

History.—As a small child the patient did not see very much of his mother, who, partly for reasons of invalidism and partly because of her other interests, did not spend much time with her children. His father was a commercial traveller and spent a large part of his time away from home. The boy was, therefore, brought up in the first place by a nurse, but as a child he remembered long-ly for the presence and affection of his mother.

When he was old enough to go to school his education was undertaken by Roman Catholics, who interpreted life largely in terms of fear and guilt. However, he received a very good grounding in philosophy. He remembered when he was about 14 the very terrifying experience of being prepared for confirmation. His instructor had been speaking very intensely on the subject of guilt, and the patient described the relief which the whole class seemed to feel after an outburst of uncontrollable laughter which was, of course, severely rebuked. This came up in association, during one of the early interviews, when the patient described how he had been unable to control apparently pointless laughter on leaving the analyst's

room. (The laughter in both cases seemed to have been defensive against an overpowering affect relative to his "father imago").

In his early student days he developed a rebel phase, during which he joined an Anarchist society. His first marriage was to a very intellectual Frenchwoman who was an ardent devotee of various "Neo" cults. The marriage, however, did not last long and he was divorced. He stated that he had always experienced a conflict with regard to the woman whom he loved, which he described as best expressed by the phrase which had always remained in his mind of particular significance: "Neither with thee nor without thee can I live".

Besides his art he had two hobbies, mechanics and philosophy, but to all the same phrase applied. As a creative artist his work was noted for its meticulous attention to detail, and he described the way in which he would get lost in trying to find the ultimate finality of a single minute detail. In all he did he was seeking for finality, but he was more successful in mechanics than in philosophy, although the same tendency was present in the latter. He developed a highly rationalised system of belief and was able to state "I do not believe in personality. Personality depends not on ourselves, but on interactions with other personalities. A person born and living alone on a desert island would have no personality at all." He was thereby able to prove to his own satisfaction, although he did not realise it, that he was not guilty, because where there is no personality there is no responsibility, and where there is no responsibility there is no guilt. "Similarly," he said, "the rational point of view has eliminated sin, God and the after life."

His philosophy, his art, and his mechanics were all protective against an unconscious feeling of fear and guilt, and it required the "imago" feeling of a Zeppelin raid to produce a crack in his rationalised protective system.

SUMMARY

The purpose of defence mechanisms is to make us feel more comfortable, and the sources of our emotional discomfort lie in the unconscious inborn feeling patterns of fear, guilt and inferiority. Growth and a sense of humour are the psychologically desirable methods of overcoming these

feelings of intolerable tension, but our defence mechanisms tend to operate automatically and unconsciously with results that are not always either desirable or successful. Over-compensation provides a sense of power at the expense of making undue demands upon capacity: projection places the blame elsewhere than upon ourselves, at the expense of sacrificing the lessons of experience, and of causing a great deal of interference with the liberties of others, who are often as much in need of defence themselves: and identification lends a vicarious satisfaction through the lives of others, but tends to release emotions in propaganda and partisan attachments that were best expressed through other channels. The great disadvantage of all defence mechanisms lies in the fact that the fundamental feeling state is liable to remain unaltered, in spite of the superficial advantage which may be derived from them.

The causes which stimulate fear are essentially those experiences which give rise to a feeling of inadequacy—namely, the sudden, the unfamiliar and the threat of punishment. But the experience which discharges the emotion has only fired a magazine which owed its origin to experiences deep in the past of the individual and the race, and the resultant explosion may be far greater than the immediate experience merits, owing to the added influence of these transferred affects. Phobias are examples of such feelings of fear transferred to more or less innocuous symbols, which owe their significance to previous experiences, either of the individual or the race.

The somatic factors (adrenal glands and sympathetic nervous system) may, in certain disordered states, produce a feeling of fear in the absence either of a real external cause or of an appropriate symbol. The causes of fear may thus be classified into allo-psychic, endo-psychic and somatic, according to whether there is a real and appropriate external cause, an affect transferred to an appropriate symbol, or no appropriate external cause, either actual or symbolic.

The more important defence mechanisms protective against fear are inertia, which preserves the safety of the *status quo*: regression, which seeks the reverse goal of infancy and maternal protection: over-compensation, which by much smoke seeks to disguise a little fire: and apprehension, which clutches at every straw of material protection which the human mind and civilisation can between them provide.

CHAPTER X

GUILT AND INFERIORITY

THE CAUSES OF GUILT

It is perhaps as well to begin our study of guilt feelings by pointing out again the primary inborn pattern or unconscious tendency, which we may describe as a hereditary or general source of guilt feeling, in order to distinguish it from such other conscious sources of guilt feeling as may be acquired from the experiences of an individual's lifetime. The latter can only occur as a modifying or exaggerating influence on the former, which is the more fundamental source, and conscious guilt becomes associated with, and fits into, the pre-conceived pattern of unconscious guilt. Guilt occupies a very close relationship towards the other "father imago" affects, fear and inferiority, and will be found to be of the greatest importance in the ultimate development of the sex-life in particular, and the satisfaction of "desire" in general.

For instance, it is not at all uncommon for a patient to say in effect, "I always feel that it is wrong for me to be happy, and that I am going to be punished in some way if I feel pleased about anything". This is the basis of many a pessimist's philosophy, and is itself sufficient to justify both his pessimism and his philosophy. In such a patient's mind there is an association between pleasure and punishment of the simple type, "If I do get what I want, I shall have to be punished for it". This is a direct derivative of father imago feeling, which is felt as punitive towards the son for his primary wish for the mother. So may be developed a conditioned reflex towards all other gratification of desire, by repeating the primary pattern: I want (mother) = pleasure \therefore guilt \therefore fear of punishment (father). Subsequent desire is towards other sexual objects, but the primary pattern or initial conditioned reflex is liable to remain, so that we have a general unconscious equation, pleasure (in general) or sex (in particular) = guilt = punishment. It is this fundamental

axiom, which is so deeply seated in the unconscious, which requires to be unlearned by experience, with the substitution of other, more conscious and wiser, values, but by no means all of us succeed in doing so. Not only sex, but happiness also, is still in many quarters suffering under the same primitive taboo, both individually and socially. And so the repetitive circle of unconscious guilt and primitive superstition is kept rolling, by the reinforcement by experience of already predisposing tendencies. The problem is not only one which affects the health of those who are obviously psychologically sick, although it is in them that we are able to see its ill-effects most clearly. It is also a social problem, the ramifications of which extend through all the activities, restrictions and conventions of society, in law, religion, politics and education. Everywhere there is the same doubt, "Is it right to be happy?" And in sexual matters, at least, the conventional answer is usually a more or less horrified "No!"

There are several common ways in which these primary unconscious guilt feelings may be developed and exaggerated by experience. Any frequent resource to blame or punishment will tend to do so, and many children are blamed and punished for being naughty, whose behaviour is experimentally normal but socially either misunderstood or selfishly inconvenient. There are, however, other and more subtle ways. For example, it is a practice for many parents to allow their children to sleep in the same bedroom with themselves. If they think about it at all, their justification for doing so is a quite reasonable one—namely, that a child of the innocent age of 2 or 3 or even more cannot be expected to know anything about sexual matters, and therefore is not likely to be influenced by anything which may take place in the bedroom. It is quite true that the child does not "know" much about sex, but the mistake lies in thinking that it is necessary to "know"—*i.e.* to be conscious of—sex, in order to be emotionally influenced by overheard intimacies. The experience is not a conscious one and does not relate to consciousness, but it may arouse a very deep feeling state, which is all the more important because there is no consciousness with which to correct it. The probability is that very soon after the child is a year old its feelings, quite apart from any consciousness of them, can be influenced to some extent by what it may see or hear of its parents' sexual experiences. It is just at this time that the child's emotional orientation is most definitely associated with guilt, owing to

the phase through which it is passing. Stimulation of sexual feeling will, therefore, cause both guilt and conflict, and the fact that there is no consciousness of what is happening keeps the experience at an emotional level, without possibility of outlet. It would seem to be wise, therefore, for children to sleep in a separate room from their parents, where this is possible, after they are about a year old. It is not suggested, however, that the child who sleeps in the same room with the parents up to 3 or 4 years of age is inevitably bound to develop a neurosis, but only that if the potentiality exists there is an additional likelihood of its development under these circumstances.

It may be asked why the feeling of guilt is not stronger under circumstances where overcrowding is inevitable, such as the slums, than it is under conditions where there is more opportunity for social hygiene? It must be remembered, however, that guilt is relative to the conventional standard of the environment in which the individual is placed. The conventional standard, and therefore the measure of guilt, is necessarily different in the lower classes of society, and in any case the human mind is blessed with a very large measure of adaptability.

Because guilt is relative to the standard which authority imposes, if the parental attitude towards excretory function and sexual matters is of the conventional (and unconsciously defensive) "hush-hush" type, this is the measure of guilt which is additionally imposed upon the child. Much guilt may be acquired from this source, through the suggestive influences of early environment. It is important, therefore, to remove as far as possible all association of guilt and prudishness from the excretory functions, from which it may later so easily and unconsciously become transferred to sex. Where the parental attitude is of the "Calvinistic" type, and the religious teaching is in terms of sin and punishment, the guilt feeling is liable to become exaggerated to a very dangerous extent, and is a very common source of subsequent neurotic development.

A great many people have, at some time, been exposed to some degree of "sexual trauma". Sexual exhibitionism occurs more frequently perhaps than is generally realised, and many young girls have seen at some time the indecent exposure of male genital organs. The only way in which it is possible to explain the affect and conflict which may be so intensely aroused in children of 5 or 10 by such an experience, is to realise that it is not a matter of consciousness, but of

inborn feeling, which causes them to be so stirred emotionally by what they have seen. All premature sexual stimulation gives rise to guilt feeling, and it is for this reason that it is so undesirable that it should occur.

A boy taken into his mother's bed, say, at the age of 5 or 10, after the death of his father, is subjected to an emotional strain which cannot possibly be realised by any parent who is seeking to find comfort in this way from an emotional loss. The effect is always dangerous and frequently disastrous upon the child's emotional development.

It is probable that all guilt in adolescence is fundamentally associated with sexual guilt, even if it is apparently associated with some other cause, such as stealing or lying. The feeling of guilt is anticipatory of punishment, and the punisher is unconsciously associated with the "father imago". The boy who has been subjected to a public thrashing for stealing at his school may very easily suffer thereafter from an increase in his feeling of guilt and shame, which will influence the subsequent development of his sexual life, as well as his general attitude towards authority.

We may distinguish at this point between guilt and shame. Guilt is what we feel about ourselves, irrespective of what anybody else may know about us. Shame, on the other hand, involves the additional feeling that someone else may be aware of our guilt. It is important to remember that guilt is one of the "transferred affects". It can never be an isolated phenomenon relating only to a single experience. It is always developed in continuity with past experience and refers back primarily to its unconscious source.

THE FUNCTION OF GUILT

The primitive functions of fear and guilt are probably somewhat similar. The one is associated with physical, the other with moral, safety. In both cases, however, it would seem that their biological utility becomes less important with the development of the human race. Guilt is only protective through its association with fear of punishment, and this, although it may be necessary in early days, is a psychological motive which with development becomes progressively less desirable. The probability would seem to be that the mature and healthy mind should feel none of this kind of guilt at all, nor in fact any fear of punishment. It is easy enough to compel the discipline of a family or of a nation by fear of punishment, but the disadvantage of this method is

that it keeps its members in a state of dependent immaturity. The psychological ideal is to escape from all such feelings of fear, guilt, and inferiority, through growth to what may be described as a state of "co-operative individualism".

From a rather different point of view guilt may have another important function, which is to establish individual independence through rebellion against the dominance of authority. The boy who is persistently "naughty" is probably trying to exercise his independence, and he feels that one way in which he can do so is by disobeying authority. Authority expects us always to do the right thing, therefore a rebellious independence will show itself by a tendency always to do the wrong thing. "Naughtiness" is often purposive, and we may choose to be "guilty" as a means of exercising our independence. It is a pity that this should be so because, as has already been mentioned above, the psychological ideal is that independence should be achieved not by being guilty, nor by slavish imitation of conventional morals, but by our own free choice of a higher ideal of behaviour. Naughtiness in children is often caused by the so-called "goodness" and conventional moral expectations of grown-ups. As soon as the child realises that there is nothing to be gained by playing fast and loose with adult conventions, he will usually settle down to become a good citizen.

Superstition and Obsessional Neurosis.—All superstitions are based upon a fear of punishment, and seek to deflect it by an act of propitiation of a symbolical kind, addressed towards "whatever gods there be", derived from father imago. Superstition is thus deep-rooted in the human race, and it is liable to motivate unconsciously the behaviour of a great many of us. But to be thus dominated by superstition is to be dominated by the unconscious motives of fear and guilt, and is very closely associated with neurosis.

It is in obsessional neurosis that this defensive and propitiatory mechanism is given the fullest expression, and it may be developed to such an extent as to absorb almost the whole of the energy of life. The apparently ridiculous repetitive rituals of hand-washing, touching objects, or counting, are not so purposeless as they seem. The patient will say "I cannot help it, however much I fight against it the compulsion is too strong for me. I feel that if I do not do it just in the right way something awful will happen to me, and then I have to go on doing it." Obsessional neurosis is a defensive propitiatory ritual, expressed in some form of symbolism, which at the same time usually both satisfies an infantile and

unconscious wish, and seeks to remove an intolerable feeling of guilt. Its motive is therefore unconscious, although its behaviour is purposive, and it is therefore beyond the patient's conscious power to control.

DEFENCE MECHANISMS

The defence mechanisms associated with guilt may be classified as follows: Repression, over-compensation, projection, identification, self-punishment.

Repression.—The inevitable tendency where there is an intolerable exaggeration of the guilt feeling is that it should be repressed from consciousness. But the result is not only an elimination of guilt, but also of more or less all normal sexuality. Repression must not be confused with suppression or sublimation. With ~~suppression~~ the process is conscious and the sex life remains potentially under control, whereas with suppression it is both out of consciousness and out of control. Sublimation, on the other hand, neither suppresses nor represses, but raises the motive above the level at which guilt is felt and expresses it through some higher channel. Sublimation, however, is comparatively difficult to achieve, and our patients have usually followed the easier path of repression in order to preserve their emotional stability.

Over-compensation.—"All is not gold that glitters", nor is all good that looks good. The common over-compensation for a feeling of guilt is priggishness, but there is all the difference between the "goody-goody" boy who is an over-compensated prig, and the really good one who is at times quite naturally naughty. The popular judgment of the prig is based upon a very sound estimate as to his true worth. It requires only a very little knowledge of psychology to value the common over-compensations as shams, which only serve to disguise a very different state of affairs underneath. Priggishness is a defensive mask for a feeling of intolerable guilt, and where the one is the other is not far behind.

In Chapter VII. (p. 127) reference was made to "Messianic identification" as an over-compensation for a feeling of guilt, and the danger of such an exaggerated standard was pointed out, because it left the primary basis of feeling and desire largely unchanged and liable to be causative of conflict and symptom formation. There are, however, more subtle ways in which this mechanism operates, and they are particularly to be found in the numerous forms of obsessional neurosis, in which a compulsive rectitude is sought to cover and com-

pensate for the feeling of guilt. The repetitive hand-washing mania is an example of this type, but the same mechanism may be found seeking through various symbols of a more or less concrete kind for some solution of the same unconscious problem. The characteristic psychological attitude in all such cases is found to be one of over-conscientiousness, which exists quite apart from the obsessions themselves. All such standards of achievement as may be classified under the heading of "compulsive perfection", in which the idea of failure is an intolerable one, are thus probably closely allied with obsessional neurosis. They form a most important group in their liability to mental breakdown, because a combination of emotional repression (with thinking in its stead) together with a standard of compulsive perfection is obviously going to lead to persistent, unnecessary and uncontrollable "over-work".

Projection.—The prig is generally at his happiest when he is finding fault with other people's misdemeanours. The mechanism in this case is one of vicarious satisfaction and probably involves identification also. The "nosey Parker", who spends his time in searching the public parks for acts of indecency, is a bad example of unconscious psychological mechanisms.

The "purity leagues", with the best intentions, do a great deal of harm by exaggerating the importance of sexual guilt, because they usually refer in no uncertain terms to the disastrous physical and moral punishments which await the wrong-doer. The well-meaning pamphlets circulated to adolescents about masturbation are often only examples of an unconscious projection mechanism, and may have the unfortunate effect of doing more harm than good by exaggerating fear and guilt. It is probably true to say that such pamphlets do more harm than the minor offences which they seek to eradicate. The frequency with which patients unconsciously tend to refer to masturbation as the cause of all their illnesses and misfortunes is not lessened by the fact that they have often read that such is the case in purity pamphlets.

Identification is another means of satisfying sexual desire and at the same time avoiding its accompanying guilt feeling. When we read all the gloomy sexual details of matrimonial misfortunes in the newspapers, it is not difficult to realise that we are being personally involved in them through the mechanism of identification. There would not be so much of this type of information in the newspapers were it not that there is a substantial public appetite for such details. It is

very difficult to estimate the effect on the public mind, especially in the case of juveniles, of much that passes on the cinematograph screen, when we realise that the satisfaction derived is a vicarious one through the mechanism of identification, which serves to stimulate passions which were before, in many cases, in abeyance. The effect is not, perhaps, wholly harmful, since such vicarious experience provides to some extent an outlet, but it is not without danger. Carried to a further degree of psychopathology, we are familiar with the "voyeur", who, to make up for his own repression and the failure of his normal sexual development, is compelled to obtain his satisfaction from observation of some act of physical intimacy in others.

Self-punishment.—The problem of self-punishment is particularly important in psychopathology. The purpose of this principle is an unconscious defensive one, being to administer the punitive blow first to oneself, in order, by so doing, to escape what may be presumed to be something worse at the hands of the punitive "father". In primitive races sacrifice is a very important example of this mechanism, by which the gods are placated by a gift, which is at the same time a loss to the individual suppliant. The primitive mind is often seeking in this manner to "buy off" the punitive gods by presents and sacrifices, of which many examples occur in the Old Testament.

"If thy right eye offend thee, pluck it out. . . . If thy right hand offend thee, cut it off and cast it from thee: for it is profitable for thee that one of thy members should perish, and not that thy whole body should be cast into hell".—(St. Matthew v. 29-30.)

The use which may be made of such texts as these fits in very readily with the pre-existent unconscious tendency towards self-punishment.

The *castration motive* is one of the common directions which self-punishment, as an escape from guilt, is liable to take. Castration is an act of self-deprivation and self-punishment in which one becomes identified with the punitive father, and by the act of sacrificial de-sexualisation escapes from all consequences of guilt. In neurotics it has many forms more subtle than those occasional cases of sexual self-damage which may occur with knife or razor in psychosis.

It is interesting in this connection to consider the practice of circumcision. It is probable that, in the first place, its conscious justification was as a means to preserve hygiene in a hot, sandy and highly infected country. On the other

hand, its unconscious emotional aetiology must not be omitted. It was an act performed as a ritual by a father figure, which on the one hand involved the loss of a part of the sexual organ, and on the other was an act of initiation into the sex life of the tribe. It partook, therefore, of the character of an act of sacrifice. The medical profession is inclined to regard circumcision entirely from the physical point of view, and to omit its deeper psychological significance. If it is to be done at all, it is important that it should be done in early infancy in order to minimise its effect as an unconscious trauma. At a later date it may become associated in the unconscious of a potential neurotic with acts of punishment and castration ritual, with the doctor quite unwittingly in the rôle of father figure, and may precipitate very undesirable developments. It is probably necessary for the neurotic tendency to be there in the first place, but it is interesting to note that such a common operation as appendicitis is also liable to be ascribed by the patient to castration punishment, as if one "tail" were equal in value, to the unconscious, to another.

Where a man, prior to marriage, takes his anxieties to his doctor and suggests circumcision, it is necessary for the physician to tread very warily, because he is on dangerous ground. To the unconscious, circumcision has a castration value, and, if prior to marriage the patient has got a wish to be castrated, it bodes ill for future matrimonial success, and a surgical operation of this kind is liable merely to reinforce pre-existent unconscious motives.

THE CONSEQUENCES OF GUILT

It is impossible to estimate the price that we pay for the continued existence of our primitive unconscious guilt feelings. It is probable that as a single source of sorrow, it is by far the greatest in the world. There is nothing which so intimately touches the lives and happiness of every individual as matters appertaining to sex and guilt. It is impossible to go into this subject in the detail which it deserves, but it is probably not too much to say that the sexual factor is responsible for most of the commonest examples of mental ill-health, besides much that passes for physical disorder, and also for much unhappiness that does not come into the hands either of the doctor or the lawyer, but is borne at home more or less in silence.

Let us consider for a moment some of the consequences of guilt. Owing to the general absence of any sexual hygiene

or practical instruction, the boy masturbates and the guilt which is associated with that action then reinforces primary unconscious guilt feelings and tends to become transferred to any later sexual activity. It may perhaps be suggested that many men, particularly in this country, are not entirely free from a certain sexual priggishness, sentimentality, ignorance, or wrong sense of values, which is liable to make of them in marriage blind leaders of the blind.

The girl enters upon marriage usually quite unprepared, afraid of herself, her body, and her emotions, and if not entirely ignorant of what is expected of her, probably partly misinformed. It would be interesting, if it were possible, to obtain statistics as to the relative successes and disappointments of the honeymoon. They would probably make depressing reading, in spite of the sentimental value with which that period is invested. How could it be otherwise, when both the man and the woman are usually so much worse than unprepared for what is by no means the easy instinctive process which some people are inclined to believe it to be? The consequence of guilt in the man, and of his ignorance of feminine psychology, is that very frequently the wife is not sexually satisfied, suffering what in some cases may be tantamount to the agonies of rape. Again it is impossible to obtain reliable statistics, but inquiry would seem to show that a very large proportion of women find their sex life, which should be so much more, only a trial and a disappointment.

The consequences are threefold. Firstly, the husband and wife find that what should be binding them together is driving them apart. Sexual frustration and disappointment is probably the commonest cause of matrimonial trouble, distributed, through the mechanism of "transferred affects", on to any insignificant excuse for something about which to complain. Secondly, the love which should be satisfied mutually between husband and wife, being to some extent frustrated, seeks to attach itself elsewhere, either in illicit partnership, or as is very often the case, upon the children of the union. Parents need to be sexually happy themselves before their attitude can be all that it should be towards their children. If this is not the case, the wrong type of love tends to be attached to the child, giving rise to an exaggeration of the already potential Oedipus and Electra motives. Sexual feelings and experiences that are feared or disliked, exaggerate the already potential tendency to speak of sex in hushed and guilty whispers, and the vicious circle is started again,

encouraging the development of unconscious factors and neurotic mechanisms in the child. Thirdly, the normal psychological development of the child depends largely upon the example of the parents for its development. The bringing up of a healthy family depends upon the health and happiness of the parents. Children can very readily sense friction between parents, even if it is not given overt expression. If they get the impression that marriage is not a happy state, they will not approach it themselves in the way in which they should.

The need for sexual hygiene is probably greater, from the point of view of social happiness, than anything else at the present time. Sex is not an instinctive business which takes care of itself, because it is so largely distorted by protective unconscious mechanisms and neurotic manifestations. Our attitude towards sex is inevitably wrong whilst it is unconscious and instinctive, and requires a great deal of education, organisation and common sense before it can be put right.

CASE X.A.—Male; unmarried; university graduate (double-first); age 23.

Complained of.—Suicidal depression. A compulsive and destructive tendency towards self-analysis. Lack of concentration.

History.—He was an only child. The following extracts are taken from the autobiography which he wrote early in his treatment.

“ I slept in the same room as my mother and father until I was 12. I remember lying in bed with my mother, and uncovering and sucking her nipple. She seemed half annoyed and half pleased. I often got into my mother’s bed after breakfast. She was an invalid. I call it dirty now, morbid curiosity. I used to play that my father and mother were King and Queen of Ireland, and I was a Field Marshal, dressed up in armour and plumes. I used to publish daily and weekly papers with accounts of my victories for my mother to read. I dressed up every Sunday for three years, and all the maids came in for audience. I could not bear to be teased and went into blind rages, when I used to lie on the floor and howl. I always used to run to my mother for protection. I was wheeled about in a pram until I was 9. At about 5 I found a stone in the shape of a ring, and twice went through an elaborate ceremony of marrying my mother. I was very frightened of my father and called him the “ brigand ”.

At 5 my thumb-nail, which I had caught in a door, came off during family prayers, right in the middle of the Lord's Prayer, to my great delight." (The loss of the finger-nail is associated in the unconscious with castration.)

He went to the university where his intellectual brilliance earned him a double first, after which he was awarded a travelling scholarship. While he was abroad he fell in love with a French girl, but this aroused intolerable conflict, and he had a nervous breakdown which nearly resulted in suicide. He was taken into a nursing home, where the following incidents occurred.

One day he was in the workshop repairing some shoes. He said, "First I cut one finger and then the other. I knew the knife was going to slip again, and it did, right across the top of both legs. I had to have three stitches in my leg. I knew it was not an accident, because I was expecting it to happen all the time, but I could not prevent myself from doing it".

Another time he was in a barber's shop getting his hair cut when he felt a compulsion to tip the barber. This was a thing he had never done before, because he said he always hated barbers. When asked why, he said, "because they talked too much". (Rationalisation: barbers are associated in the unconscious with castration, because the hair is associated with virility.) This time he walked out as usual without tipping the barber, but he had not gone far before he felt compelled to return to do so. He re-entered the shop and made the excuse of buying some hair-oil, but in a state of acute distress walked out again without having tipped the barber. Again he had to return, and this time his excuse was to buy some razor blades, but his barber had disappeared and he could not tip him after all. He said that he felt sure that if he could have tipped him in the first place all would have been well. He suggested of his own accord that the barber represented "cutting" and the hair "manhood".

There were other evidences in this patient of castration symbolism, but three have been mentioned here—viz. the thumb-nail, the knife and the barber's scissors. It is possible that his impulse to commit suicide, which is a gesture of self-destruction, self-punishment and self-sacrifice, was also an example of the same castration symbolism.

THE CAUSES OF INFERIORITY

THE causes of inferiority feeling are also extremely important, and may be classified more fully than has been attempted in the case of fear and guilt :

1. Hereditary.
2. Acquired—
 - (a) Infantile.
 - (b) Circumstantial.
 - (c) Organic—
 - (1) Conscious.
 - (2) Unconscious.

HEREDITARY CAUSES

It is perhaps unnecessary again to stress the hereditary factor as being responsible in the first place for the feeling of inferiority. For example, it was pointed out in Chapter VIII. that women in general are liable to be born with a tendency towards inferiority feeling, owing to the repetitive and summative effects of past racial experience upon their sex. Inferiority feeling, however, is common enough in both sexes as an inborn tendency, for reasons partly associated with imago reactions and partly due to the causes set out below.

ACQUIRED CAUSES

(a) *Infantile*.—The crude way in which the unconscious, or primitive feeling side of life, measures its experience has already been mentioned. The infant is born, small and weak, into a world which is relatively large and strong, and the first feeling pattern which is stamped upon its impressionable senses is one of relative inferiority. This primary inferiority is something which should be grown out of, but, being the first impression at a most impressionable age, it is by no means an easy matter to do so. Inferiority is unconsciously measured in terms of years, stature and strength, and it is many years before these have grown to such a degree as to give the individual a feeling of relative adequacy. The tendency, therefore, is for the first impression of inferiority to remain to a large extent unmodified in after life, even though the passage of years has removed the original cause.

(b) *Circumstantial*.—It is by no means easy, however, to get rid of the feeling of inferiority owing to the ready-made

tendency to overcome it by means of "projection". The mechanism of projection is protective of the inferiority feeling, and works by way of destructive criticism, the purpose of which, by pointing out the inferiority of the other person, is to raise our own relative importance. By criticising someone else we can prove to ourselves that person's inferiority and thereby our own relative superiority. This is the cause of nearly all destructive criticism, and this is the reason why constructive and disinterested criticism is so rare. Even fathers have their own inferiority problems, and tend to assume a moral and domestic stature that exercises its superiority by daily demonstrations of the inferiority of junior members of the family.

Schoolmasters are very far from being free from inferiority feeling and its resultant projection mechanisms. They are placed in a position of authority which they are liable to make use of unconsciously and very easily, for there are many causes for criticism, sarcasm and mirth at the expense of those whom it is their privilege to educate. Both with regard to work and morals, the schoolmaster is liable to assume an undue standard of superiority while he tries to drive knowledge which they do not wish to learn into the heads of unwilling recipients. Any failure to profit by this teaching, however, is an opportunity for a further demonstration of the pupils' inferiority.

It is particularly in the moral sphere that ministers of the Church are inclined to add to feelings of inferiority. The assumption of a standard of perfection is not an encouragement to those who have not yet reached such sinless heights. It tends to add to the measure of relative inferiority, and also to the height of the obstacle which it is necessary for us all to overcome.

Thus on all sides inferiority is forced upon us, because of the protection which destructive criticism affords to the inferiority feelings of others. A vicious circle is set up, in which inferiority exaggerates inferiority and maintains it long after it should have been forgotten.

It is worth while explaining the *psychology of criticism* to the large number of patients who suffer from oversensitiveness on this point. They quite wrongly let the critic assume father imago's shoes, and tend to accept destructive criticism as if it were a sign of their own inferiority and of the superiority of the critic. When it is explained to them that the critic is being so destructive only because of his own inferiority feeling, it is easy to see

that we are rather complimented than otherwise when we are criticised, because it is a sign that the critic has a feeling of inferiority. If the criticism is not destructive, so much the better, but this is unfortunately rare, as there is nothing so useful as constructive criticism.

Many of us, thinking back in our minds to our childhood days, can remember the feelings which were roused by being laughed at on some occasion when we made a mistake which was very ridiculous in the eyes of grown-ups, but which seemed very reasonable to ourselves. If this kind of ridicule is often repeated it may give rise in a sensitive nature to a life-long feeling of inferiority. It is all part of the tendency of grown-ups to adopt an air of superiority towards children, but it is merely another example of their own need for a protective mechanism.

There are many interesting specific causes for the development of a feeling of inferiority. For example, a girl, the youngest of four children with three brothers, is doubly in a position of relative inferiority, firstly because she is the youngest member of the family and therefore in competition with those older than herself, and secondly, unless very wisely handled, she is likely to feel that her sex is a handicap which deprives her of the privileges afforded to her elder brothers. Such a child is liable to grow up unable to tolerate criticism or any feeling of inferiority, as one who cannot bear to be left out of anything, and who must always be in a position of importance. This attitude is only a protective one, but it is likely to dominate her whole life afterwards, at the expense of the development of her individual character and the privileges associated with her own sex.

Character is formed by such extraneous influences as *position in the family* to a much larger extent than is generally realised. In this respect the youngest child occupies a peculiar position with regard to the older members of the family. Such a child is in a position of inferiority, but is likely to experience certain privileges as the "Benjamin", receiving both the special encouragement of his parents and the protective aid of over-compensation, both of which may act as spurs to his own ambition. It is perhaps for this reason that it is the youngest child in the fairy story who is so often singled out for the special reward of the hand of the beautiful princess and half her father's kingdom.

The number of children, sex distribution, age intervals, and the position in the family are all important determinants of "acquired" character which, through the resultant

differences of individual experience and environment, leave their indelible mark. We learn by experience, although not usually consciously, and having learnt wrongly, it is sometimes very difficult indeed to lose what we have learnt, and find our own true selves beneath.

It is a matter of common knowledge that good and successful fathers are often disappointed in their children. This applies both to moral and commercial success. The "good" father may assume a standard of such impossible perfection in the eyes of his children that he may cause in them an intense feeling of inferiority and may thereby act quite unwittingly as a handicap and deterrent to their development. This probably accounts for the fact that the sons of clergymen are sometimes so different in mind and character from their fathers. Any factor which induces a feeling of inferiority will have a harmful effect on individual development, and the goodness, greatness or success of the father often weighs like a millstone round the neck of the son.

Another factor of a similar kind is found where one of two brothers is successful, to whom the prizes of life come easily, whereas the other, not possessed of the same brains or aptitude, is relatively a failure. If at the same time this invidious distinction is made still more apparent by the remarks of parents and teachers, the inferiority of the less fortunate one is likely to be still further exaggerated, with all its deterrent effects. Many a life has been spoilt through constant invidious comparison in earlier years, in spite of the fact that the one who was supposed to be superior may have shown an early promise that eventually lacked fruit.

ORGANIC INFERIORITY

(1) *Conscious*.--The most familiar example of conscious organic inferiority is that associated with the psychology of those whose stature is below the average in height. (For a man to marry a woman six inches taller than himself shows the measure of his over-compensation for the shortness of stature which he feels.) Other causes of organic inferiority may be an early infantile paralysis, with the deprivation of full use of an arm or leg, or the possession of a squint which marks a child out for notice as different from and inferior to his fellows. A comparative smallness of the penis may perhaps be noticed in a public swimming bath, and may cause intense feelings of inferiority, of far greater importance

than we realise because associated with that function which has such primary biological value.

(2) *Unconscious*.—These factors are also of great importance, particularly because they are most liable to be entirely neglected as to their psychological significance. A common example occurs in those cases in which there is some gonad deficiency, possibly associated with cryptorchism. The resultant feeling of inferiority will not consciously be referred to its cause, but will be felt nevertheless, and consciously rationalised and probably over-compensated. In women ovarian deficiency may have a similar effect on consciousness, and may produce a feeling of relative inferiority which may be still more exaggerated by such an outward sign as hypertrichosis. The whole feeling of inferiority may then be transferred to the hypertrichosis as a rationalised cause. A trichophobia is therefore not by any means to be regarded entirely as a psychological problem, because the underlying physiological deficiency is a still deeper causative factor. The work of Mott, who discovered evidence of physiological gonad deficiency in cases of dementia præcox, becomes doubly interesting when we consider these problems of psychology and behaviour as manifestations of an unconscious inferiority feeling and its associated defence mechanisms, which will be discussed later.

Another example of the same unconscious physiological deficiency is found in many patients who have a low blood pressure. This again tends to cause feelings of inadequacy and to develop psychological symptoms. Quite apart from the effects of toxæmia which may result from chronic constipation, there is probably an additional factor of psychological inadequacy due to not feeling "up to the mark". All these causes of inferiority become doubly important when considered in the light of the unconscious tendency to correct them by over-compensation.

DEFENCE MECHANISMS

The common unconscious defence mechanisms for a feeling of inferiority are: over-compensation, projection, identification, and the wish to be inferior.

Over-compensation.—Unless this mechanism is recognised for what it really is, we are in danger of being very much out in our reckonings. It is a sign of weakness, not of strength—and it will surely be recognised that there is a great deal of difference between the two. Over-compensation is a

masquerade of strength, and not a real one, and is therefore allied with phantasy. The heart with a valvular lesion is thereby in a state of relative inferiority to the task which is imposed upon it, and it will tend to react by muscular hypertrophy, or over-compensation, but this is a sign of its weakness, not strength. Both in body and in mind the principle of over-compensation is to be found and needs to be recognised if too great a strain is not to be imposed on the organism. It is a mechanism of unquestioned biological utility, but it can only be allowed a limited usefulness, which it is very liable to overrun with disastrous results. In practice it is sometimes liable to be as dangerous as it would be to declare our weakest suit as trumps at bridge, or to attempt to sprint when we felt hardly able to stagger.

One of the commonest forms of inferiority over-compensation is *conceit*, the assumption of a " $1\frac{3}{4}$ " standard in place of the feeling of being " $\frac{1}{2}$ ". The conceited person is typically shy, and the reason why he finds it so difficult sometimes to realise that he is conceited is because his own basic feelings about himself are so intensely inferior. The *snob* is another example of over-compensation, who aims at the top rung of the social ladder because he or she feels sure that their right place is too far below the middle. These are the people who cannot tolerate the slightest criticism with regard to their social status. They must always be at the top, where they can enjoy the destructive criticism of pushing other people down. All kinds of *pomposity*, which is so frequently associated with shortness of stature, are also over-compensations for inferiority, the general defensive tendency being to put everything in the shop window in order to disguise the deficiency within.

A boy, aged 15, at a public school told his housemaster that he was terribly anxious about masturbation, and the housemaster told his mother that it was due to the fact that the boy was oversexed and he needed careful watching. As a matter of fact, the boy was extremely shy, very much of the schizophrenic type, and showed every sign of a gonad deficiency. He was not oversexed but undersexed, and his compulsive masturbation was over-compensating for his feeling of sexual inferiority. He was trying to prove to himself by his compulsive masturbation that he was what he felt afraid he was not and also what he was afraid to be—a man.

Similarly, there are many cases of adult immorality which are due to the same over-compensatory mechanism. A patient, aged 22, who came to hospital complaining of sexual

impotence, said that he was worried about it because he wished to get married. He stated that he had been in the habit of having intercourse with different girls nearly every night for a year. The first superficial explanation of his trouble might be perhaps that he had been spending too much of his vitality in riotous living. We should not need to learn, however, that things are not always what at first they seem to be. His motive had not been from a plus sign, but from a minus, and he had wished to prove to himself that he could do that which he feared he could not. The trouble with such cases is that they are not prepared to do what they can, but are trying to do more than the normal man is content to do. If they can be made content to expect the "1" standard and to give up the " $1\frac{3}{4}$ ", they can probably be something considerably better than a " $\frac{1}{2}$ ".

It should not be news to us to learn that the man who is most given to boasting about his sexual adventures, or to relating stories of a sexual interest, is not the one who is most sexually potent. Nor is it necessarily true that the ability to consort with prostitutes or keep a mistress is a sign of sexual superiority. Many men do both those things from an unconscious motive of sexual inferiority, and for the same reason are most likely to talk about themselves and their affairs.

It is very easy to see how over-compensation may lead to phantasy, because they are both derived from a fear of reality, and there are no limits to the achievements which phantasy may provide. It is the happiest of all hunting-grounds for inferiority compensation—as long as it does not have to come up against reality. That is where the trouble becomes serious, and the tendency is then to make a further flight into phantasy. But in this direction lies insanity, and we see, perhaps, in this mechanism something more of the psychology of dementia præcox, with its adolescent inferiority, overmastering urge for omnipotence, and flight into phantasy and regression.

If over-compensation keeps within the bounds of the individual's potential actual achievement the results are only good, as, for example, was the case with the blind Helen Keller. But it must be borne in mind that as a rule we are not dealing with such material, because the deficiency is usually more deeply seated and widely spread than a mere localised visual defect. *A gonad deficiency effects the patient's attitude towards the whole of life, and his deficiency is as real as his over-compensated demands upon life are abnormally*

exaggerated. It is no wonder, then, that the problem of the treatment of dementia præcox is an extremely difficult one.

Let us repeat our only safeguard: "The standard of the demand which we make upon life must not be more than or different from our individual potential capacity for achievement". The difficulty lies in the fact that our unconscious defensive over-compensatory mechanism has an innate tendency to flatly disobey this rule, with results that are frequently the cause of the development of more or less serious mental disorder.

Towards all over-compensators our first reaction is in terms of destructive criticism and an assumption of superiority, possibly with ridicule or sarcasm, in order to keep them in their places. But this is obviously quite the wrong kind of treatment, because they are already trying to escape from inferiority, and to make them feel still more inferior is not going to do them any good. Adolescence grows out of its assumption of knowing everything by learning something—*i.e.* by achievement. What all people suffering from inferiority require is sympathetic help towards real achievement from someone who is himself not too "superior".

Projection.—Sufficient has already been said about the value of destructive criticism, with its tendency to transfer to others the blame which we do not wish to shoulder ourselves. It is much preferable to cast the beam out of someone else's eye rather than to attend to the mote in our own.

Identification.—This is the psychology of hero-worship, and is again more useful and less harmful than any other mechanism. We tend to become like the people we admire, partly by a process of suggestibility and partly because they represent our wish-fulfilment. There is, however, a subtle danger lest we tend to compare ourselves with someone too far above our own possibility of real achievement. It would be disastrous for the chairman of a small committee, for instance, to identify himself with Mussolini, even though it might overcome his feelings of inferiority. In the same way the Christian religion presents a subtle danger to innumerable people suffering from inferiority feelings by offering them a standard of identification which they are often too ready to accept and towards which they are often strongly encouraged. It is a sign of psychosis when a person says that he is Christ, but there is often a tendency towards this identification not only in neurotics but in many exponents of religious principles, who have adopted it rather in phantasy than in

reality. In spite of it, therefore, they are liable to be lacking in the ordinary standards of Christian charity.

Wishing to be Inferior.—Why should anyone wish to be inferior? There are two possible motives for self-gratification to be found in inferiority itself—namely, *masochism* and *regression*, both of which offer a very subtle problem to those who are interested in psychological medicine. The masochist is always seeking for some excuse for self-pity and is the willing martyr who turns his other cheek for the pleasure of having it slapped. Destructive criticism is therefore accepted willingly if not joyfully, because inferiority is itself a desirable goal. Such people may complain of their illnesses and their sufferings and their ill-treatment, but they do not wish to have anything changed. It is therefore necessary to cure their masochism before anything else can be done. The wish to regress, to go back to the protection and priority of infancy, may also be achieved through an assumption of inferiority. The desire is to avoid the responsibility and obstacles of life, and if such a one is sufficiently inferior he is beyond criticism and beyond expectation of anything else, and therefore beyond any feeling of relative inferiority. These two classes of patients are extremely difficult from the point of view of constructive therapy.

THE SPOILT CHILD

The thorny and painful path trodden by spoilt children is paved by good intentions. They are surrounded by love and appreciation from earliest days. Life is made easy for them. They are led to expect everything to come to them without effort, and their self-esteem is thereby exaggerated. But if they ever need to face reality, tragedy is inevitable. The love with which they have been surrounded is not of the mature unselfish kind, but the immature love of their parents for their own undifferentiated ego. Such affection, however generously it may be lavished, is no more than self-centred self-love, which has been transferred to the child as an extended attribute and possession of the parent.

The love which spoils the child is self-love, not object-love. It is the kind of love that is never far from fear and never far from possessive phantasy. Its effect on the child is disastrous, because he or she expects always to be treated with the same tender protection and esteem. Opportunity for achievement is minimised, and therefore self-confidence is lacking. Fear of reality is increased, but self-esteem and

the measure of expectations are at the same time present in the highest degree. The boy who has been spoilt at home discovers what life is really like when he enters the public school, and also what his mother's "love" has been worth to him. He finds a gap which reality cannot bridge, and he will require every defence mechanism in order to hold his own. If these are not sufficient he must resort in later life to invalidism or to alcohol to bridge the remainder of the gap. There is no greater tragedy in life than that of the spoilt child, because it is the tragedy of good intentions, where love has been poisoned unconsciously and unwisely by self-love.

CASE X.B.—Woman ; married ; age 52 ; three children.

Complained of.—Recurrent depression. Bursting into tears. Physical weakness. Insomnia. Her husband stated that she was always trying to do too much at home and then breaking down in complete exhaustion. He said that she was extremely irritable and that it was impossible to do as you pleased in the house, as she was one of those house-proud wives who would rather a chair looked perfectly tidy than that it should be sat on in comfort.

Signs.—Blood pressure 110/75. Height 5 ft. 1 in. Mildly subthyroid.

History.—She had been married 25 years, but had spent most of her married life in and out of nursing homes. The house in which she was living was old and rambling and contained about ten bedrooms, most of which were not used, but all of which were kept scrupulously tidy. She stated that she could never keep a maid (which was not to be wondered at) and that most of the housework and cooking, at intervals, devolved upon herself, but that she found it an intolerable burden.

She was the youngest of a family of athletic sisters, and had always been regarded as the invalid of the family. Where her sisters could go on playing tennis all the afternoon, one game made her feel as if she wanted to go and lie down. Rather than do that, however, she would go on playing until she felt like dropping. Because of her weakness, she felt that she was left out of everything at school, which made her resentful, as she was one who always wanted to be in the centre of everything.

When she married she took to her matrimonial responsibilities with exaggerated enthusiasm, but very soon found a great deal to complain of in her husband, who

gradually turned more and more to his business to escape from the nagging of his disappointed wife. She had three children, all boys, whom she mothered with great energy in the intervals between every kind of illness, real and imaginary. After the third child was born she had to go to a nursing home, and after that more than half of every year was spent in nursing homes, where she was a complete puzzle to her physicians.

Her treatment consisted in helping her to realise her limitations and to dissociate her acceptance of them from any feeling of inferiority. When she first came into the nursing home she was vindictive in her criticism of everyone and everything, and spent most of her time in tears of self-pity. After a few weeks, however, she began to see that neither herself nor anybody else was as bad as she had previously felt them to be. Her husband being quite willing that she should do so, she was then advised to sell her house and to take a suite of rooms in a hotel where she would have no service problems and no responsibilities. At the same time she was given a small car of her own in order to avoid the fatigue which she always felt from walking.

The result was a complete success, and she was able to live at a quite satisfactory " $\frac{3}{4}$ " level of existence, enjoying her life, appreciating the company of others, and for the first time stopped criticising her husband. She has remained in good health, and has not since felt the need for successive periods of recuperation in nursing homes.

CASE X.C.—Male; unmarried; age 34.

Complained of.—Depression, anxiety, insomnia. "Life has always been a burden to me."

Signs.—Dark, haggard, long hair, pathetic, asthenic. He looked like a doped and unsuccessful poet.

History.—He was the eldest of three brothers and one sister. His father was a missionary, possessed of an insane temper and a Jehovah identification. As a small child the patient said that his father used to flog him with a slave-whip made of rhinoceros hide on every possible occasion and with every possible excuse, always with the verbal assumption that "God was on his side". He said that the only commandment which mattered to his father was the fifth. He described how his father had tried to teach him to swim when he was 5 years old by carrying him on his back to a rock out in the bay and

there leaving him howling with terror for the whole morning. He thought that his father's idea was that this would harden him and so overcome his fear. His memories of his father were all of the same kind. For example, his father had told him that he should be very grateful to him for having chosen such a mother for him, as he might have chosen a much worse one. Passing a beggar in the street, his father would say, "That is what you will be when you grow up". At the age of 12 his father, being in a punitive mood, gave him an extra hard thrashing because he said, "When Christ was your age He was already about His Father's business".

At the age of 17 the patient wished to enter a bank, but in the course of his examination he was discovered to have albuminuria. He accepted this as if it were his first piece of good luck in life, because it provided him both with an escape and an excuse. He went abroad, where he engaged in business for a few years and also fell in love. The latter, however, proved abortive, because he did not tell the girl anything about it, but one day said to her mother, "I suppose it is no use my thinking of marrying your daughter?" and he was quite satisfied with her reply, "No, it is not". He had no defence mechanism to support his inferiority, other than a wish to be inferior. He was the self-accepted martyr, willing to be the least and the worst, pitying himself when no one else would pity him. He had one other satisfaction, however, and that was that in punishing himself he was also punishing his father, and this was unquestionably the strongest motive of his whole existence.

Such a patient has no wish to get well and, short of finding an environment in which some mother-substitute could make up to him something of what he had missed in life, it is doubtful whether any psychotherapeutic measures could hope to restore him to normality.

SUMMARY

Both guilt and inferiority are primarily inborn, being associated, like fear, with the father imago feeling pattern. But they may be modified by experience, either towards increase or decrease. Sleeping in the parents' bed or bedroom, the "moral" atmosphere of the home, particularly with regard to the everyday excretory function, and sexual trau-

mata may all add to latent guilt feelings, with undesirable consequences to subsequent emotional development. Excessive guilt feeling tends to inhibit the satisfaction of all desire, weighing down valuable motives with the millstone of perverted conscience, until the chief motive which remains is the desire to avert punishment. This is seen to a mild degree in superstitious behaviour, but to a more pathological extent in obsessional neurosis.

Defence mechanisms seek to evade the guilt feeling and avert punishment. Repression may extend beyond the limits of sex to all emotion, tending to a general sterility; over-compensation is seen most clearly in the Messianic motive and the psychology of the prig; projection transfers the blame to others and accuses them; identification attaches itself to, and unjustifiably assumes it is, the highest and the best; and self-punishment makes the worst of the job and gets the blow in first, rather than take the risk of father's punitive stick.

Inferiority feeling is particularly liable to be "rubbed in", because it can be acquired from so many sources, from the relative smallness and weakness of our early and impressionable years, to the innumerable pin-prick experiences of the defensive projections of others. Such factors as position in the family and the domestic environment are of great importance in the development of acquired characteristics. Organic inferiorities, such as a squint or infantile paralysis, may lead to a permanent and easily recognisable distortion of character through inferiority impressions. But there may be other organic factors, important because so much less obvious, such as a gonad deficiency or low blood pressure, which become doubly important in view of the additional strain imposed by consequent defence mechanisms. This is perhaps particularly interesting in view of the present diversity of opinion with regard to the relative importance of organic and psychological factors in dementia præcox.

Over-compensation as usual "bites off more than it can chew", and is liable to follow the will-o'-the-wisp of impossible desire into the morass either of phantasy or illness; projection snaps at the heels of others as a source of satisfaction; and finally inferiority itself may merely lick its wounds and make the most of them, because of the safety and self-pity which may be enjoyed in a position of established inferiority.

CHAPTER XI

WISH-FULFILMENT

MOTIVES IN RELATION TO PLEASURE AND HAPPINESS

VIEWED from the standpoint of wish-fulfilment, the study of human behaviour is comparatively simple. Whether the motive be conscious or unconscious, purposive behaviour is directed towards the fulfilment of a wish. The wish is the dynamic basis of life and is the channel through which life's energy flows towards the ultimate goal of some kind of satisfaction. "I feel I want" is the primary motive force of life, and expresses the double aspect of the wish and the feeling which is associated with it. From this point of view we may group together instincts, needs, hungers, wishes and the "will" as being different aspects of the same positive creative urge. Whether they be conscious or unconscious, they form the basis of all purposive behaviour.

What part, then, does consciousness play in wish-fulfilment? This point has already been referred to in a previous lecture, but perhaps it is as well to repeat that consciousness—thinking, reasoning—is not itself possessed of energy. Consciousness is either the selective function, the purpose of which is to choose those wishes which are most important and to decide how they shall be achieved, or it is itself a form of purposive behaviour, in which case it is motivated from a deeper source. Consciousness is not the source of the will, but an aspect of expression of it. It is not creative in itself apart from those deeper motives which activate it, but it is comparative through its use of material derived from memories of past experiences and its further imagination of what might be, but has not actually been, experienced.

It may be said that the conscious mind is the means by which we measure our motives. Let us examine this statement from the point of view of philology. We find that the Latin word for "mind" is "mens" and that the same root occurs in many other words, such as "mensis"—a month, "mensura"—a measure, and "mentir"—to lie, or measure

falsely. Reason, rational and ratio, come from "reor"—to think, and its past participle derivative, "ratio"—a calculation. In each of these words there is the same idea of a static measure. If we turn to the corresponding root from which the word "emotion" is derived, we find the Latin words "moveo"—I move, "mos"—the will or custom, "mox"—soon, and the derived English words, "motive", "mode", "mood", all of which indicate the dynamic idea of moving. Conscious reason is the means by which we *measure*, but it is the will and the wish that makes us *move*. So we may say that "measures" are the children of "movements", and words of feelings.

What are we to understand by these important words, pleasure and happiness? They can only be understood in terms of wishes satisfied. To satisfy a wish is to feel pleased, and the state of pleasure lasts during the process of satisfaction. Whatever the wish or need may be, its satisfaction is the source of pleasure, whether it be the fulfilment of an excretory function, or the satisfaction of hunger by food, the intense emotional demands of the sexual urge, or the more complicated satisfaction of sublimated achievement. But the trouble about all pleasure is that it is transient, and may find itself in conflict with other wishes that are frustrated by its own fulfilment. This is particularly liable to be true with regard to sexual wishes, which are so prone to conflict with the wishes of conscience (I want to be good) and the fear of punishment (I want to be safe).

Is it not possible for us to organise the many willing horses of our dynamic team so that they may all pull in the same direction towards the same goal? For only thus can we hope to achieve happiness. Firstly, this necessitates a goal upon which all members of the same team may be agreed, and it must therefore be a distant one. It also presupposes the necessity for organisation, comparison, selection, inhibition and control, which is the function of a co-ordinated consciousness. We may state, therefore, that these are the theoretical requirements for happiness, viz. :

1. Wish-fulfilment—for all the members of the dynamic and impulsive team.
2. Direction towards a single distant goal (the unifying ideal).
3. The co-ordinative control of consciousness.

CLASSIFICATION OF MOTIVES

If motives are so important, being the driving power of our behaviour, it is worth while to try to classify them, in order to understand them better. This is a difficult matter, but if we divide our motives into conscious and unconscious, these may again be subdivided as follows :

(1) *Conscious Motives*

(a) *Positive*—" I want to ".

(b) *Negative*—" I want not to " (not " I do not want to").

It is important to realise that when a person says he does not want to do a thing he is still expressing a wish. It is more accurately expressed by saying " I want not to do a thing ". He is not denying the wish, but expressing a wish not to, which is not quite the same thing. For example, if a patient says " I do not want to live ", he is not necessarily denying that he wants to live, but he is making a positive statement of a wish not to live, and we must not be surprised, therefore, if this wish achieves fulfilment in such positively motivated behaviour as suicide.

There is a further important distinction which may be made between conscious wishes—namely, those which are

(c) *Direct*—being wished for as an end in themselves.

(d) *Indirect or deferred*—being wished for not as an end in themselves, but as a means to an end.

To work for medical examinations during all the years of training when much unwished-for drudgery is gone through in the pursuit of the distant goal of the comparative freedom of ultimate qualification, is an example of an indirect or deferred wish. Such wishes are of a higher order than the direct ones, in that they often involve the inhibition of more immediate contending wishes. Deferred wishes are often thought of as if they were, in fact, external compulsions, but nevertheless it is true that they are internal wishes. For example, work may be unpleasant in itself and we may say " I must work to live ", as if someone were forcing us to work. But if we want to live and work is necessary to live, we want to work also as a means to the end of living. Similarly, to take unpleasant medicine is not so much an act under compulsion as a wish to take something which, although in itself unpleasant, is a means towards the desired end. This distinction is in practice an important one, because it is very much easier to do unpleasant tasks if we feel we want to do them, than to make the mistake of feeling that we are com-

pelled to do them, which may arouse in us rebellious feelings of refusal.

(2) *Unconscious Motives*

(a) *Needed*.—This is a very important group into which may be put those defence mechanisms or automatic stabilisers which have been discussed in previous chapters. The feelings of fear, guilt and inferiority need protection, which is automatically provided by means of the defence mechanisms of over-compensation, identification, projection, etc.

(b) *Desired*.—This group of unconscious motives includes those primitive, infantile, crude and often symbolised wishes which occur most frequently in mental disorders where normal growth and development has failed to take place—*e.g.* the various modifications of the Œdipus motive or the death-wish, etc.

CONFLICTING WISHES

When we drive a car we are not satisfied unless the various cylinders are working in time and harmony as to their function. If, out of the six, one is out of harmony so that it is working against another, the result on the functioning of the engine is the loss of a large part of its dynamic efficiency. The same is true of human motive and behaviour, and yet it is to be feared that for most of us our motives are, to some extent at least, working in conflict rather than in harmony, to the detriment of our efficiency. The only way in which the inevitable multiplicity of motive can be unified is by the exercise of the selective function of consciousness which must determine, like the magneto of an engine, which motive is going to operate "now". Otherwise, we are likely to sacrifice the happiness of to-morrow for the pleasure of to-day and the "birthright" for the "mess of pottage".

There are two different ways of resolving conflicting wishes. The first is by *conscious suppression* with a possible need for ultimate sublimation, and the second is by *unconscious repression*, which involves the loss of control of the fundamental motive which still remains active and may be the source of the development later of purposive symptoms through a side channel of substitutive symbolism.

It would seem simple enough to understand what is meant by the words "selfishness" and "unselfishness", until we start to examine them psychologically, when we find that these words are, in fact, very confusing. If all our behaviour is motivated by a wish, whether it be a wish to

avoid punishment, to be praised, to please someone, or to be good, it is obvious that from one point of view all such behaviour may be called "selfish", and no behaviour is worthy of being called "unselfish". Yet the everyday meanings of the words remain, and unselfish conduct is just as much desirable, even if psychologists say that there is no such thing. But we need only presuppose the existence of the herd instinct, with its desire towards social co-operation and adaptation, to realise that there is a group of wishes, the satisfaction of which depends upon "unselfish" behaviour, in which personal satisfaction is derived from some benefit obtained by another, even if it is at the expense of our own effort and loss. Our faith in human nature depends primarily upon our belief in the existence of this herd instinct, which is most deeply satisfied by behaviour which is directed towards the welfare of others, rather than the self. The development of this co-operative tendency would seem to be a sign of psychological growth and emotional maturity. Such behaviour is the source of the deepest personal satisfaction and yet it is "unselfish".

Our attitude towards the problems of psychology will therefore be found to depend to a great extent on our belief in a fundamental wish to co-operate with other members of the social group. The psychology of Adler is largely based upon this principle, and he ascribes all neurosis to a failure of adaptation in this regard. It is the basis of our unselfish and altruistic behaviour, and yet it is itself to be regarded as a fundamental activity of wish-fulfilment—the wish to co-operate, the wish to be accepted by and of service to the other members of the herd. The encouragement of this wish must therefore be the basis of our therapeutic endeavours, because it is through its activity that interest in others outside ourselves, "object love" and unification of all our conflicting wishes towards a single purpose and a single goal, needs to be directed. Even such altruistic endeavours as are represented by the words "sacrifice", "service" or "surrender" are activities motivated by the herd instinct, the wish to co-operate. Social service, social co-operation and sacrifice, unless willing, are of little use either to the community or to the individual.

The difference, then, between "selfishness" and "unselfishness" would seem to be that the wish in the former is self-centred and emotionally immature, whereas in the latter it is not self-centred but object-centred, herd-centred,

or cosmo-centred, and is emotionally mature. But both are motivated from the same primary source, "I want".

FRUSTRATED WISHES

Irritability, temper and depression are all associated with frustrated wish-fulfilment. Irritability and temper are degrees of reaction towards our inability to have things as we would wish them to be. When things go wrong with us we may react positively in terms of irritability and temper, or negatively in terms of sulking and depression. The latter are moods resultant upon disappointment. We feel depressed because we cannot have what we want. It is interesting therefore to suggest that the depression of melancholia, from one point of view at any rate, may also be associated with the frustration of desire, its uncontrollability being due to the unconscious nature of the wish that is being denied. This would seem to be confirmed by the exaggerated nature and inexorability of the conscience in melancholia, the function of which is inhibitory towards the impulses of desire. An extreme sense of duty is liable to be a very depressing thing, and a frequent source of unhappiness and disappointment.

A study of the psychology of the cynic throws an interesting light upon the way in which unconscious mechanisms may motivate behaviour. The cynic is an example of frustrated wish-fulfilment. He is primarily ego-centric, wanting to get more out of life than he is willing to put into it. His disappointment at failing to get out of reality the satisfaction of those wishes which he has desired in phantasy has led to the development of a projection mechanism in defence of his ego-phantasy, and he then says, "*It is all wrong. No one can ever do it any good*". A cynic is a repressed sentimentalist, who feels that "*it*" ought to be just as he would like it to be, and that it certainly would be if only he had his way. The last factor in cynicism is usually its saving grace—a sense of humour, the protective purpose of which is to make fun out of fear and disappointment.

Where reality fails to satisfy wish-fulfilment, phantasy offers a ready means of gratifying it without effort, as long as reality can be excluded with safety. Lying and stealing are both examples of wish-fulfilment dissociated from reality. The motive of lying is wish-fulfilment, substituting the desired phantasy for the reality which is not desired. Whereas lying gives false measure with words, stealing

takes it by deeds, and the phantasy motive is the same in either case. The development of a sense of objective reality and acceptance of its limitations is a necessity for psychological growth. To the child, there is at first very little difference between phantasy and reality, and wish-fulfilment may be achieved with as much satisfaction in imagination as in fact, because the two have not as yet been clearly distinguished. For this reason it is only by development through experience of reality that the child is eventually able to distinguish between what is true and what is not true, between what is "mine" and what is "not mine". Failure to accept the inevitable limitations of reality leads to a flight into the easier realms of phantasy, with all its consequent mental disorders, lying, stealing and other forms of anti-social behaviour.

CONSCIENCE

Having considered the inevitability of emotional conflicts and the difference between selfish and unselfish behaviour, we must now try to understand something of the source and function of conscience. It may perhaps seem a startling statement to make, but conscience is a form of purposive behaviour and is motivated by wishes. In other words, conscience represents something that we want or, more unconsciously, need. The function of conscience is to deal with those intolerable and unsuitable wishes which, if exercised, would get us into trouble. It is largely acquired through suggestibility from the authorities of our earliest environment, and is formed by the substitution of an *internal inhibition* to take the place of their *external prohibition*. Our attitude may be one of identification with authority which is mainly a defensive one, or it may be one of resistance, which is inclined to be offensive. Conscience, the measure by which we rule our lives, is in the first place derived from fear, and only later is it capable of development into the higher and more mature character of love. But in either case it is a measure of wish-fulfilment and, according to whether our primary attitude is one of identification or rebellion, we shall either wish to do, or wish not to do, that which we measure to be our duty.

Conscience is sometimes spoken of as "the still small voice", but it comes to many of us in a way that is neither still nor small. It is liable to make cowards of us all and invalids of many. Many factors go to make it up, and it is necessary to analyse it before we can say which are good and

which are bad. If we take it to pieces analytically we may trace its development from several quite different sources.

(a) *Imago Affects : Superstition.*—The first source of conscience is derived from father imago, and it is for this reason composed largely of defensive reactions to fear and guilt. The feeling “I ought not” is both deep and primitive, and only later becomes rationalised in consciousness. It has already been mentioned how the defensive mechanisms for imago fear and guilt tend to be of the propitiatory and sacrificial kind. The general idea is that wish-fulfilment, interest and pleasure, being associated with guilt, are to be regarded as wrong, and that the pursuit of the duty imposed by an external authority, preferably with a certain amount of personal discomfort, is right. Such ideas, however, tend to be extremely crude and undifferentiated, and seldom conform to a reasonable and balanced judgment as to right and wrong. They may be grouped under a general heading of superstitions.

(b) *Vanity.*—It may perhaps seem strange to associate conscience with vanity, but in many cases it would appear to be correct to do so. It is common with many of our patients to hear them say that they are the guiltiest people in the world or that they have committed the unpardonable sin. Their guilt being measured in superlatives is merely an inverse statement of the superlative nature of their self-regard. This arises out of the fact that we are liable to identify ourselves with father imago, so that the external authoritative standard also becomes the internal standard of what we feel we ought to be. We feel we ought to be like father, and, father being invested with the omnipotence of imago, we feel that we also ought to be omnipotent. The frequent reference to “miserable sinners” in the Prayer Book would seem to be derived from this same unconscious source, and may also be regarded as being sometimes of the same type of inverted vanity. It may perhaps also be suggested that identification with the Christ figure, the so-called Messianic over-compensation, is another form of vanity. It must not be forgotten that there is all the difference between striving after a high ideal and the phantasy of assuming by identification that one has attained it. This kind of conscience is always obsessed with the idea of its own self-importance.

(c) *Convention : Suggestibility.*—Another source from which our conscience is derived is to be found in the domestic and social conventions of our early environment. To this

extent, conscience is a relative matter and different standards of moral conduct appertain to different historical periods, countries and families. The stern and patriarchal parent of the Calvinistic type is very liable to impose a standard of conscience which can only be lived up to with the aid of the development of neurosis.

These sources of conscience compose the "super-ego" described by Freud. The super-ego is a very stern master and frequently weighs like a millstone round the neck of the already overburdened neurotic. It is probably true to say that the fundamental difficulty of neurosis is not so much due to the nature of the *wishes* as to the weight and character of those *inhibitions* which comprise super-ego or conscience. The feeling state in neurosis is inevitably largely one of fear and guilt, and consequently freedom for individual wish-fulfilment and development is very seriously hampered.

There are two other sources of conscience, however, which are free from this compulsion of fear.

(d) *Learning by experience* is the desirable way in which the primitive "super-ego" type of conscience needs to be modified. As we grow older, we should learn that much which was previously accepted without question as an external prohibition requires modification. We start to think for ourselves and so develop our own standards of moral conduct. They may be very different from those imposed upon us by our parents and unconscious imago feelings, and yet leave us possessed of a conscience still, but one which is much less rigid, formidable and fearful. Learning by experience leads to the development of wisdom and common sense, which can never be achieved merely by an uncritical acceptance of dictatorial statements by external authorities.

(e) *The Still Small Voice*.—Finally, there is that last and most important component of conscience, which may perhaps be truly called "the still small voice". What is it and from whence does it come? It is our belief in the existence of this factor which, as has already been mentioned, will largely determine our faith in, and attitude towards the problems of, human nature. If there is any instinct of co-operation, or innate will to love one's neighbour, or fundamental tendency towards love and growth, this must always be the basic factor in the development of those moral standards which determine our higher conscience. The feeling state associated with this "still small voice" is not that of fear, which speaks to us in tones of broadcast thunder, but of love. If we believe in the tendency towards object-love,

co-operative and altruistic, as being the fundamental inborn characteristic of human nature, it is this factor in conscience which is of utmost importance and deserves our greatest respect. But its existence is dependent upon growth, and growth cannot take place where there is fear or the crude type of undifferentiated affects associated with imago.

There are thus two types of conscience mutually exclusive: one, although rationalised, is primitive, unconscious, compulsive, loud-voiced and motivated by fear; the other, mature, conscious, quiet, free and motivated by love. Which of the two we may expect to find in neurosis is quite obvious. Superstition, vanity and suggestibility, however subtly they may be rationalised into more favourable disguises, such as "conscience" and "ideals", must be regarded as the chief enemies of our therapeutic endeavours.

With regard to this problem of conscience, it is interesting to contrast the attitudes of the melancholic and the criminal. Whereas the former may be quite sure that he has committed the unpardonable sin, the latter is equally certain that he has not. The conscience of the one is as accusing as the other is unwilling to accuse. It may be stated that the main factor in criminal psychology is that the criminal must be able to believe in his own innocence. This infallible capacity for ego-phantasy, rationalisation and projection, may be regarded as the hall-mark of a fundamentally criminal type of mind, and is in complete contrast to that of the melancholic.

HYSTERIA AND CONVERSION SYMPTOMS

Conscience is also an important factor in hysteria, which is not only found in women, nor is it only to be diagnosed in the presence of irrational laughter and tears. It is one of the most protean and varied of mental disorders, but the psychology of hysteria, besides showing a certain tendency towards "play-acting", and a desire to influence an audience, will also be found to include the conflict of opposing wishes, "I want to—I want not to", which are frequently associated with sexual desires striving for satisfaction against the opposing inhibitions of a conscience which is dominated by fear. Whichever side of the conflict may win (it is usually "conscience"), the other is inevitably disappointed, and there is no chance of happiness for the hysteric. What commonly occurs is emotional irritability and irrational overflow in temper, tears or laughter, with perhaps unconscious compromise by the development of some symptom, be it phobia,

tic, opinion or illness, which by substitution or symbolism is able to gratify that repressed desire which conscience will not tolerate. The solution of the conflict is thus found by unconscious compromise, and the patient, being quite unaware of the underlying motives, may apply to the doctor to be cured of the very symptom which is the means of gratifying the consciously intolerable wish.

Where substitution of a physical symptom for the emotional problem has taken place we speak of "conversion hysteria", and in this disorder we seem to be dealing with a peculiar liability to transfer emotional problems on to physical symptoms. It is as if emotional energy, which might have come out at higher levels of behaviour, or have been expressed in dreams or felt as emotional conflict, has been resolved by the development of physical symptoms through neural paths of transmission.

It is interesting to ask the question: "What would have happened to Cinderella if her fairy godmother had not provided the means for her to fulfil her wishes?" In the world of everyday life, apart from phantasy, fairy godmothers are not frequent, because we cannot all be winners of sweepstakes. There are many Cinderellas of both sexes who solve their problems through the mechanism of conversion hysteria, developing the disabilities of abdominal pains, contractures, "neuritis", and other physical disorders as a justification and a compensation for the frustration of their wishes.

Not all of us have this peculiar capacity for physiological interpretation of psychological stress such as occurs in the cruder forms of conversion hysteria, but in less obvious degrees the same mechanism is probably responsible, nevertheless, for a large part of the minor disorders of general practice. Social conditions and economic hardships make life difficult for the masses and wish-fulfilment hard to achieve, and we may anticipate that the result is a large increase in liability to disease. In view of the amount of money which is spent every year on sickness benefits, added to what is lost from production owing to absence due to ill-health, it would seem as if economics as well as medicine has much to learn from the development of a psychological attitude towards the problems of social and individual unhappiness.

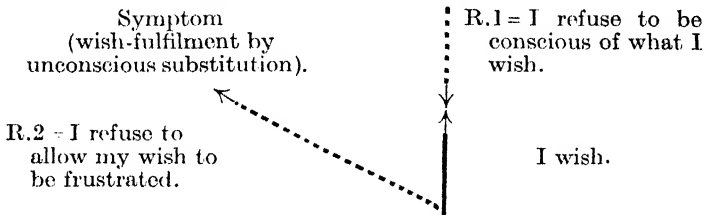
RESISTANCE

The understanding of resistance is very important in psychotherapy, because it needs to be overcome before we

can obtain the desired readjustment towards the realities of life in our patients. Resistance is partly a consequence of "super-ego" or the conscience of fear, and is an unconscious or mechanical defence against wishes which are felt to be wrong and which are therefore not consciously tolerated. Repression, or automatic obliteration from consciousness, is a consequence of this resistance. "I (the measure) must not know what I want (the motive)", and the motive therefore does not enter consciousness, although, being dynamic and out of control, it is liable to achieve fulfilment in one way or another, frequently by the development of symptoms.

We may therefore divide resistance into two kinds :

- (1). Resistance against recognition of a motive.
- (2). Resistance against frustration of a motive.



The above diagram will make this more clear. "R.1" is the repressing force in consciousness which refuses to recognise the intolerable motive, because of the existence of conscience or "super-ego". This is the first resistance which we meet with in our patients. They are unwilling and unable consciously to recognise and admit the true nature of their underlying motives. It is, however, only the first and easiest part of the resistance which has to be overcome before the patient can be put on the right road to an acceptance of reality.

The second resistance, "R.2" on the diagram, is that which the patient puts up in order to maintain the fulfilment of the wish which has been gratified in some kind of symptom, even though it is for that same symptom that he is asking for a cure. This is what we mean when we say that the patient does not wish to be cured—he does not wish to have the gratification of his unknown wish frustrated. However, before he is well the wish must first be recognised (against the opposition of R.1), and then either sub-limited, modified, or eliminated (against the opposition of R.2), and this must be achieved at the instigation of the patient's, and not the doctor's wishes.

The therapeutic method is carried out mainly through free association and transference. The free association method has already been described as a retracing of transferred affects back to primary causes. It is an attempt to de-condition what have become conditioned reflexes. The phenomena of transference can only be understood in terms of imago affects, the doctor or analyst being reacted to as if he were imago, and having attached to him the imago affects which are present in the patient. The analyst becomes the objective focus of the patient's conflict, which is worked out with regard to him, but largely independent of his own real personality.

A good example of the compromise which may take place between the conflicting forces of wish-fulfilment and super-ego was given by a patient who required to rationalise for himself his addiction to masturbation. He was a medical student, and stated that he had had the idea of making a culture from his semen in order to cure the venereal disease which he anticipated as a punishment for his sin. By this ingenious method he was able to satisfy both his wish and his fear of consequences.

ALCOHOLISM

It is also interesting to consider alcoholism in relation to wish-fulfilment. The most usual treatment for this disorder is by segregation and prohibition, but such simple methods do not take into account the factor of wish-fulfilment. If a patient addicted to alcoholism is put away in an institution for three months, where he is free from temptation because he cannot obtain what he desires, there is not necessarily any change in the patient himself and his wishes, when he is again liberated in the neighbourhood of a public-house. It is easy enough to prevent anyone from having access to alcohol, but it is a much more difficult matter to prevent him from wanting it. Hence the number of relapses which occur when the addict is again faced with the opportunity for indulgence. We need to understand the motives for alcoholism, and primarily we must realise the simple fact that the motive is not to be found in the flavour. Alcohol is a means to an end and not an end in itself. Let us try to analyse the motives which are gratified in this form of wish-fulfilment.

Thirst.—It may seem unnecessary to put this simple factor first, but it is important because thirst is a very variable quantity. Some individuals have an unusual capacity for imbibing fluids and feel the need for fluid intake

more than others. One patient, for instance, would never in the ordinary course of events drink less than two quarts a day, whether it were milk, water, tea, or any other fluid. It was only after he had consumed that amount that he began "drinking", when he would quite easily double it. Such a person must be considered more prone to alcoholism than one whose normal fluid consumption is only half the quantity.

Removal of inhibition is probably the most important single factor in alcoholism and is very closely associated with the problem of conscience. Conscience being inhibitive and selective, it may be regarded as a crust of ice, protectively developed over deeper motives, which requires thawing before those deeper motives can be expressed and gratified. Alcohol is a great stimulant to sociability and conviviality, removing the crust of inhibition and setting free the deeper warmth which lies below. From what we know of homosexuality, it is easy to realise that it is very frequently a repressed source of wish-fulfilment, and it is interesting for this reason to connect social drinking with the removal of homosexual inhibitions. It is probable, therefore, that some measure of repressed homosexuality is a frequent cause for alcoholism of the social kind.

Removal of prohibition.—The "rebellion" motive must not be lost sight of because it is very common, and therefore any degree of prohibition is liable to induce the opposite reaction. To be told "you must not drink" will always in many people arouse a wish to drink, even if it were not strongly present before. Rebellion being a valuable part of the biological tendency towards growth and independence, prohibition is liable to defeat its own ends unless it prevents growth altogether.

Euphoria.—Life being what it is, it is not easy always to feel "good", but alcohol offers us a chance of feeling better. It will, therefore, appeal to anyone who for any reason, whether endogenous or exogenous, is not feeling "good". Where normal wishes are not being given opportunity for wish-fulfilment, alcohol will afford the relief of fairy-tales and phantasy.

Cyclothymia and early manic-depressive phases.—A tendency towards alcoholism may be the first evidence either of the depressed or the exalted phase, being resorted to in the first case as an attempt to overcome the intolerable burden of unreasoned depression, in the second under the influence of the pathological euphoria of exaltation.

Filling the gap.—Alcohol is a great “ filler of gaps ” where other defence mechanisms are weak. It fills the gap between fear and phantasy of courage, between inferiority and the phantasy of success, between guilt and the fear of punishment. The spoilt child, when grown to adult years, will therefore be a happy hunting-ground for alcoholism, finding in it the euphoria and success which neither life nor defence mechanisms are able to discover.

Oral erotism is a source of wish-fulfilment in some individuals more than it is in others, and in such cases there is a primacy of desire associated with gratification of the sensual pleasures of the mouth. Some people are always wanting to put things into their mouths, and to them alcohol is a convenient form of sensual gratification.

Conventionality and suggestibility are also factors in alcoholism, because some people are more inclined to be influenced by their environment than are others. It is interesting to note that alcoholism is to some simple minds a sign of manhood, rather than of the psychological childishness which is, in fact, the true underlying condition.

Habit.—When alcoholism has become a habit, like all oft-repeated patterns of behaviour, it is hard to break and tends to repeat itself as the way of least resistance.

Finally, there are *physiological factors*. The development of antibodies in the tissues and in the blood stream demand a supply of fresh alcohol to eliminate them. This is, of course, the familiar function of “ the hair of the tail of the dog that bit you ”, the morning after the night before.

EXTERNALISATION : THE SHADOW PROJECTED ON THE WALL

It is a matter of common observance that, for many individuals, life seems to repeat itself according to familiar patterns. While one seems to be the favoured child of fortune, another seems to be marked out at every point for disappointment and failure. Nietzsche formulated a “ Law of repeated similars ” to account for this fact of compulsive repetition, but when we realise that for each of us life is what we feel about it, and also that our feelings are so deeply seated, so unconscious and so beyond control that it is not easy for them to change, then we see that the patterns of life’s repetitions may be due to the continuity and unchangeability of our own individual feeling states, rather than to any objective reality external to ourselves. Psychologically, it is quite

easy to understand that there are some people who prefer trouble and they are therefore more likely to be the ones who find it. But this does not mean to say that all misfortunes are due to wish-fulfilment. It does, however, suggest that they are sometimes due to more than chance.

Our knowledge of life is based upon our feelings about it and our own personal experience of it. On all sides we see the same tendency towards anthropomorphism, in which our explanations of the universe find it extremely difficult to evaluate it from any other point of view than that of human primacy. This is perhaps to some extent inevitable, although it must be regarded as certainly being a limitation of the facts. But the same tendency is carried a step further by those who regard the universe, not merely anthropomorphically, but also as a reflection of themselves. It is as if, when they look at life, they are looking into a mirror and see not life but themselves. Some of us look at life as through a glass, darkly, but others, who are sure that they see more, see it more clearly only because it possesses the quality of their own reflected image.

The fact that what we see is based upon our feelings and wishes may be illustrated diagrammatically. Take, for example, the feeling about the punitive father. In Diagram VII. (A) below, the light in the magic lantern represents the

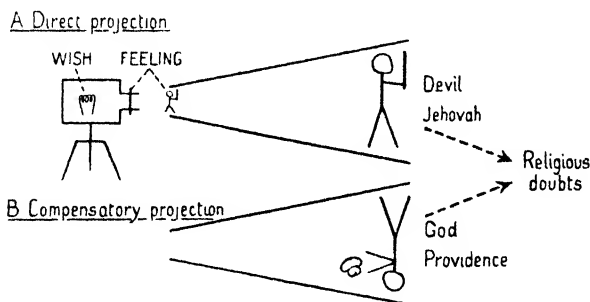


Diagram VII.

wish, the slide in this case the "feeling about father" (the picture of the patriarch with the punitive stick upraised), and on the screen of life, apparently objective in its reality, appears the same terrifying figure.

Diagram VII. (B) represents the compensatory method of projected wish-fulfilment, where the punitive father has been replaced by that of a benevolent providence holding out this time a loaf of bread instead of the punitive stick. The one

is merely a compensatory image, based upon the primary existence of the other. Both may appear together upon the screen of life, waging a mock war to the confusion of our faith. When we see most vividly the punitive Jehovah or the Devil, we are very liable to doubt the existence of the benign Providence of our dreams. Misfortunes occur to all of us, and it is a very simple mistake to associate them with the projected image of a punitive father imago.

The above simple scheme of image projection can be made even more helpful and suggestive by reference to Diagram VIII.

Again, we have the magic lantern projecting its images, but this time upon three screens, two of which are internal to ourselves, and the third is supposedly "reality". The

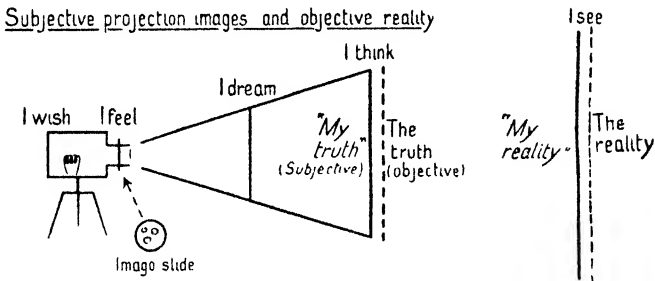


Diagram VIII.

first screen is that of the *dream life*, upon which we see a crude undifferentiated picture image. The second is the screen of *rational consciousness*, in which the image has become changed into a more abstract form of symbolism, which nevertheless is motivated from the same source. On this screen we say : " I think it, therefore it is true " (and it is true enough for me, but that is not to say that it is really true). There are at least three kinds of truth : my truth, your truth and the truth. The first two correspond with the projected images on my screen and your screen, but it is too much to assume that either corresponds with what is actually true in an abstract and objective reality. The same applies to the third screen of the real objective world. We do not always see what is actually there, but we see what we feel about it and what we wish to see.

By re-internalising what we see we are able to understand ourselves by reference to what we feel about life. To ask a patient what he thinks of Ramsay MacDonald, the Pope, Clara Bow or a holiday by the seaside, is to ask him to draw

a picture of himself, interpreted through what he feels about some aspect of life. So we may learn what he is like ; and if he wills, he may both learn and simplify much that was previously complex and conflicting in his life.

RATIONALISATION AND INCOHERENCE

Rationalisation is a coherent scheme, organised on the screen of consciousness, to fulfil the patient's deepest needs and wishes with regard to himself and life. Such rationalisations are liable to be maintained heatedly and defensively because they are needed. Hence the intensity and unchangeability of argument. The definite statement, " I am sure ", is usually accompanied by a good deal of heat, which is the energy required to maintain the assumption in the face of considerable doubt. The tendency to systematise is best seen carried to its most pathological extent in the psychosis of paranoia, where the rationalised system is associated with the projection on to the screen of objective reality of a feeling of persecution. The stranger in the street who blows his nose is blowing his nose at " me ", and the description of a murder in the paper is an accusation that " I " am guilty of the crime.

Systematisation is an unconscious tendency which is usually present, but it is lacking in those cases whom we regard as being incoherent. It is lacking at any rate in any form that we can understand, but we might say the same of a person who spoke to us in any foreign language with which we were not familiar. The incoherent ramblings of psychotics need to be regarded as an unfamiliar picture language, which we shall not understand until we can close our eyes to the familiar projections of our own system, and understand the unfamiliar pictures of the psychotic's world.

" What is truth ? " We seem to be surrounded by illusions of our own creation and nowhere do we find reality. What is reality ? Our difficulty in defining it should help us to be sympathetic and tolerant towards the illusory systems which others maintain to be their truth, and yet realisation and acceptance of objective reality would seem to be our greatest safeguard in life. The sufferers from mental disorders are those who have so far falsified reality in pursuit of wish-fulfilment that they have become lost in the quagmires of picture-thinking, transferred affects and phantasy. Therefore we need, perhaps, to limit our conception of cure to the ideal of helping our patients to get back on

to the hard road of acceptance of the limitations of the facts of reality, rather than to persuade them to accept or to achieve our own chosen goal.

In conclusion, these words of William Blake in his poem "Eternity", seem apposite to the subject of wish-fulfilment :

He who bends to himself a joy
Does a winged life destroy ;
But he who kisses the joy as it flies
Lives in Eternity's sunrise.

ILLUSTRATIVE CASES

The two cases which follow are included in order to suggest that we need not always search deeply for unconscious motives in order to find the cause for mental disorder. Frustrated wishes on the conscious level may sometimes be enough to cause disintegration, but the symptoms which develop will be determined by individual differences of character.

CASE XI.A.—Female ; aged 42 ; unmarried ; mental nurse.

Complained of.—Extreme depression, particularly associated with her periods. Lack of interest and concentration. Duration nine months.

History.—She had always been a very conscientious worker as a nurse in a mental hospital where she had a very good character. There had been no previous history of depression, but she had been forced to leave her work because she could not carry on with it.

Nineteen years previously, after she had been engaged for a period of seven years to a man with whom she had been deeply in love, she had allowed herself to be seduced, with the result that she had a baby. Her emotional reaction towards the man was that she refused ever to see him again and she never afterwards took any interest in men, all of whom she regarded as cruel and wicked. She resumed her work as a nurse, the baby being boarded out, but she took a great interest in the child's welfare and provided the means for his support. Two months before her breakdown she had seen him off to Canada, having first given him every penny of her small savings. She said she felt that she was saying good-bye to everyone whom she cared for and who cared for her. She stated that the whole of this story was quite unknown to anyone at the institution where she worked.

CASE XI.B.—Female; aged 28; married.

Complained of.—Depression, insomnia, impulsive outbursts of irrational behaviour. Ideas that people in the street were talking about her. Duration three months.

History.—She had always been of a rather headstrong character and difficult to control. She had been successfully earning her own living before she married as a clerk in an insurance office. Three years previously her engagement had been broken off by the discovery that her fiancé was already engaged to someone else. Her pride was very deeply wounded and she felt that the other girls in the office were laughing at her. One of her employers, who was 30 years older than herself, had been taken into her confidence, and started to take her out to dinners and theatres and finally proposed marriage. She had no intention of accepting him, but her family were very poor, and her mother having been told of the opportunity, persuaded her to accept him, which she finally did. Within 24 hours she had decided to break it off again, but on returning to the office found it had been announced to the other girls, and she could not face being laughed at again for not knowing her own mind. Up to the last moment of her engagement she felt that she could not go on with it, but said that she was in a dream and she felt she could not turn back.

The man whom she married had previously lived for his whole life with his mother and sister, and he now took his young wife to live in the same household, expecting her to fit in with the old régime. This she refused to do and there were frequent domestic quarrels. After a year she had a baby upon whom she lavished intense, but not always wise, affection. A year later, after a period of severe emotional conflict, she commenced to feel that people were talking about her and nudging each other, and she began to develop insomnia until her final breakdown occurred.

SUMMARY

The energy of life, in its psychological aspect, comes from motives and emotions (the "movers") which are inhibited, modified or expressed through the selective filter of consciousness (the "measure"). One motive satisfied will give pleasure: but in order to achieve happiness, all motives must be directed in harmony towards the single goal of the unifying ideal.

The variety of possible motives, conscious and unconscious, direct and deferred, needed and desired, leads inevitably to conflict, frustration and loss of mental efficiency until the unifying goal can be discovered. Frustrated wishes tend to cause such behaviour reactions as irritability, temper, depression, cynicism or a resort to the easier path of fulfilment in phantasy, lying or stealing.

The greater inhibitor of impulse is conscience, which is itself an example of unconsciously motivated behaviour, and as such it is far from being a reliable guide, being derived to a large extent from superstition, vanity, suggestibility and fear. Many of the problems of mental disorder are found to be due to overwhelming conscience rather than to undesirable impulse, as it is suggested is shown in the depression of melancholia and the emotional conflicts and conversion symptoms of the hysteric. The phenomena of resistance are a special aspect of the problem of conscience and of the unconscious conflict between the forces of impulse and inhibition.

Resistance blinds the eyes of consciousness, whilst impulse is free in subtler ways of symbols and symptoms to find its prey, which it may still be very unwilling to give up when consciousness is no longer blind.

Alcoholism presents a picture of psychopathology in practice which cannot adequately be understood or treated by segregation and prohibition. Its successful prevention and cure must fundamentally involve problems of motives and emotional development.

Life is for many of us most of the time, for all of us part of the time, largely a projection on to the screen of individual consciousness of what we feel and wish. Our fondest ideas may conform to feelings rather than to fact, our fears to phantasy, and the source of our judgment of experience is often due to unconscious prejudice rather than to scientific observation. So we live to some extent at least in a world of our own creation and illusion, which may be as confused as are the unconscious motives from which it is derived, such simplicity as it possesses being due to repetition of the unconscious feeling patterns in which individual history is so liable to repeat itself.

Since we are all more or less the victims of these projected phantasmagoria, we should have more sympathy with the incoherences, rationalisations, fear and fancies of mental disorders other and more severe than our own.

CHAPTER XII
PSYCHOPATHOLOGY IN RELATION TO
TREATMENT

THE purpose of this final chapter is twofold, being firstly, to attempt some analysis of the relationship between doctor and patient, and secondly, briefly to discuss the different methods which may be employed in psychological medicine, both being considered mainly from the point of view of psychopathology. In previous chapters we have only dealt in broad generalisations, and perhaps it is particularly necessary to warn the reader of the inevitable limitations of this present attempt at analysis of a most difficult problem. However, in spite of the magnitude of the task, it is still necessary and valuable to attempt to trace the trends of unconscious motive, both in patient and physician.

WHAT THE DOCTOR WANTS TO BE

It will be generally admitted that the rôle of the physician is a very difficult one, and we may therefore anticipate that the unconscious feeling towards it will tend to be one of inferiority. In other words, the doctor will feel that he needs all the help that he can obtain for the successful exercise of his profession, and we are by this time well aware that the unconscious has different methods of giving help to those who feel themselves to be in a position of relative inadequacy. We may perhaps surmise that the incarceration of many simple facts amidst long Latin names is due to a defence mechanism, since there is no doubt that we feel we know more about a thing when we have given it a name, especially if the name be a long one, possibly even more so when the long name is a Latin one. Although it is only by scientific phraseology properly used that we can hope to understand one another, and the advantages of Latin are both historical and geographical, yet we may see here another example of how the unconscious motive may sometimes creep in where it is least suspected. Again, we need not criticise the be-

haviour itself, but it is always well to look for the hidden key of unconscious motive, before we can open the locked door of defensive rationalisation which tries to hide inadequacy.

In the uncertainty of our profession we need to feel both sure and safe, and it is towards these goals that we may expect our defence mechanisms sometimes to operate, creeping in unconsciously in certain instances to safeguard us from our own uncertainty. But if we agree to recognise the existence of such a protective tendency, we need not think for a moment that such mechanisms constitute the whole of our behaviour. Surely medicine, as both art and science, can stand above such needs, seeking and facing the truth simply and with courage, even if it is sometimes necessary to modify it for the greater comfort of our patients. We only need to find and face the facts ; but amongst them we must not be too shocked if we find defence mechanisms, sometimes even in ourselves.

Perhaps the best way of feeling sure is the assumption of the already familiar rôle of *omnipotence*, which some of us are inclined to do. This is made more easy owing to the fact, as will be mentioned later, that the patient is anxious to thrust omnipotence and magic power upon us. Another form of over-compensation is the *heroic method*, in which case we may usually look for the heroism in the patient rather than in the doctor. It is quite certain that the heroic method would be adopted only when the physician felt himself to be in a position of relative inadequacy, and it is therefore a method which is liable to be influenced by the mechanism of over-compensation. Then there is the tendency to adopt *panaceas*, with all the would-be assurance that one really knows what one is doing, usually with the support of pseudo-scientific rationalisations. We believe in our panacea as long as we can, or until another one has come to take its place, and they are very useful to us in overcoming feelings of doubt and therapeutic impotence. But if all such methods are useful to the doctor, they are the veriest need of quackery, which, through ignorance of the practice of scientific methods, requires every help that omnipotence, heroism and panaceas can afford in the extremely difficult task of successful therapeutics.

It is not to be wondered at, perhaps, that we should be afraid of our responsibility as practitioners and should therefore play for safety. Defence mechanisms towards this end will tend to define and limit our responsibility and interest to the greatest possible extent. This we may do by focusing

our vision on the foreground of the *symptom*, rather than the much vaguer and more difficult horizon of the patient as a whole. This same tendency will lead us towards an attitude of *materialism*, because of its relative simplicity, which is fixed and finite compared with the uncertainties of less material or more psychological values. We should also expect the medical profession as a whole to be *conservative*, identifying itself with past prestige rather than accepting new ideas with all their added doubts and dangers. And finally, where the desire for omnipotence has been disappointed we shall expect to meet the *cynic*, who has protected himself against the failure of his phantasy by adopting an attitude that failure is inevitable and nothing is worth while.

WHAT THE PATIENT WANTS THE DOCTOR TO BE

Father imago is a most important factor in the attitude of the patient towards the doctor and is primarily associated with the relationship of child towards father. From this point of view, the wish of the patient is that the physician should be benevolent, personal, ubiquitous, and omnipotent, possessed of a divine magic power to cure him of all his ills and to stand between him and all that he fears of evil, sickness and death.

The patient's desire for magic is associated with a wish to have something for nothing, so that he does not have to do anything or know anything himself in order to be cured. The other side of this picture has already been mentioned in referring to the "rebel" motive, which is as willing to disparage the power of the physician, as its opposite is to exaggerate it to omnipotence. The patient with a rebel psychology may choose a doctor of the same type, who is to be found amongst the minority who are "agin the government" and the advocates of all that is most new.

WHAT A DOCTOR SHOULD BE

It is sometimes said that all general practitioners employ psychotherapy in the treatment of their patients, but it is difficult to understand the word being aptly applied to any treatment which does not involve a knowledge of the pathology of the disorder and the reason for the method which is used. To prescribe a remedy blindfold and without knowing why, is dangerously akin to quackery and yet, if it is true that physicians are using psychotherapy, it cannot be

said that they usually know in what way they are using it. If the psychological side of medicine is of any importance, a knowledge of psychopathology must be the foundation upon which the technique of its employment is based.

Probably the most important psychological factor is the imago rôle in which, whether he wishes it or not, the doctor is invested with the power of magic and the privilege of mediator, and it is a matter of no small difficulty to decide to what extent the doctor is justified in pandering to his patient's psychological weaknesses, such as the desire for a coloured mixture or in fact for a medicine at all. It is not only a question of financial cost (the amount spent every year on unnecessary drugs being enormous), but it is also a matter of educating the patient's ideas towards the sounder basis of a less unconscious and a more truthful attitude towards the problems of his physical and mental health.

There are those, and they are many, for whom it is the doctor's duty to provide props to stay their instabilities,*and for such as these a mixture of desirable colour and flavour would seem to be legitimate therapeutics, as long as it is employed wisely. But in his acceptance of the imago rôle, the physician must realise that besides his privilege of magician he also has the responsibility of *educator*, and this is very liable to be ignored in the easy satisfaction which may be derived from the former. In a previous lecture the right kind of father was described as one who was both co-operative and encouraging, humble rather than assuming omnipotence, not protective unless protection is required, and only very rarely punitive—and perhaps the same definition may be applied to the right kind of physician.

It is both interesting and important to consider the question, "Should a doctor attempt always to cure his patient, or may he sometimes rest content with palliatives?" because it raises a special problem in regard to psychological medicine. The removal of the symptom is all that treatment of psychological disorders by organic methods can ever hope to do, and it is at best a form of imago magic, at worst blind quackery. But what is the alternative? If we take the broader view of radical cure, we become involved in the responsibilities of being educators of character in the most unlimited fashion. We become guide, philosopher and friend, as well as physician, and pilots of "the way" of life. Must the doctor then assume again his ancient rôle of priest, and be the spiritual guide as well as the magical medicine-man? To accept the responsibility of the one is to accept a

great deal more than is at present included within the already overcrowded medical curriculum, and yet to confine his art within the limitations of the other is to place the physician dangerously near the blind self-satisfaction of the quack.

Probably it is not necessary to add a word of warning as to the dangers of being a good physician, but we need to be aware of the added difficulties which we shall find if we choose to pursue the ideal of truth, whether it be in medicine or religion. It is the simple and the finite which will appeal to the patient, and the rôle of the educator is by no means an easy one. The quack, with his assumption of omnipotence, is giving the patient what he wants, and the doctor with the bottle of medicine and electric spark is likely to have a larger practice than the scientist who sees more in illness than physical organs and material disease. In the same way, the preacher who presents his religion in terms of an anthropomorphic and benevolent Deity behaving in a way which is satisfactory to the wishes of his congregation, is more likely to fill his church than is the seeker after truth. But the problems of life frequently present themselves in those terms of the "birthright" and the "mess of pottage". A good physician may content himself with the fact that he is building for the future, realising that in his rôle of educator tomorrow is sometimes more worth while than to-day.

MEDICAL TREATMENT IN RELATION TO PSYCHOPATHOLOGY

It has probably been the experience of many physicians that the successes of their remedies depend to a large extent upon their own belief in them. In the early days of practice, when their enthusiasm and sense of a new power was unbounded, they were sometimes able to achieve results which later experience seemed to deny, owing to the fact that it had taught them the limit of their powers. If they failed to believe in them, their once faithful remedies might fail to cure.

There is much to suggest that there is more in medicine than the pharmacological properties of the drugs prescribed by the physician. A doctor's obvious belief in his own prescription is often of greater value than the drug prescribed. Although pharmacology is based on careful scientific tests, it still fails in many cases to account either for the successes or failures of certain drugs. There are some which have a definite and reliable pharmacological action, but there are many more the effects of which are uncertain and the results

of their prescription unreliable. The usual preference amongst patients for a coloured mixture is due to a very simple psychological attitude, which assumes that there is more virtue and strength in what is visible than in what is invisible. However much these simple psychological factors may be ignored, they are still of great importance in the success or failure of the administration of drugs which may otherwise be given merely according to scientific method and for their pharmacological properties.

For example, the examination of the pharmacological properties of *valerian* fails to show why it should have been used since ancient days in the treatment of hysteria, and yet its precedence in empirical therapeutics would tend to show that it may be employed in such cases with useful results. But perhaps there is more in valerian, as in a great many other drugs, than has ever got into the text-books of pharmacology. Recent work on the psychology of smell suggests that it may be through this means that valerian acts in hysteria, satisfying the desire or unconscious tension in a way that is not associated either with words, pharmacology, or behaviour. The smell of valerian is one of sexual potency and significance, although of a very primitive and unconscious character. It is therefore quite possible that valerian is therapeutically active in spite of its inertness from the point of view of pharmacology.

There are many other drugs which may owe their potency to similar unconscious factors, but it is necessary to consider from this point of view the whole subject of the administration of drugs, both orally and by injection. There is no doubt that the mouth is invested emotionally with a character and significance of great importance, and it is probable that the taking of any medicine by mouth from the hands of the doctor assumes the importance of an unconscious ritual, which may therefore have a definite therapeutic activity quite independently of what the drug may be which is prescribed. Then with regard to injections, why is it that patients in general regard this method of administration with greater awe than if they are merely given medicine to swallow? And why is it that many strong men are liable to faint at the prick of a hypodermic needle? Again, it may be that we are dealing with factors of unconscious significance, the importance of which we are not at present able to estimate or to define.

The field in which this psychological research needs to be employed is a very wide one indeed, but it is perhaps especi-

ally important in electro- and balneo-therapy. The latter is particularly interesting in this connection, and it would appear possible that as a therapeutic method it is deserving of far more general application than it has yet received, especially in cases of mental disorder. Reference has previously been made to the primitive emotional importance of water, which so often enters dreams with a mystic and liberating significance. It is well known that men are liable to sing in their bath, and Archimedes is not the only one whose mind has been more open to make a great discovery during this intimate but commonplace operation. If it were possible to do so, a great deal of psychotherapy might be done more simply and rapidly, if it could be carried out with the patient under the liberating influence of a hot bath! Balneotherapy, with whatever scientific or artistic adjuncts it may be employed, has certainly much unconscious psychological significance.

We must at times have anticipated a reasonable certainty of cure in a large number of our patients, and of failure in a smaller proportion. It is as if any of us, with our different methods, can be successful with something like 75 per cent, and that in those cases the particular method adopted is relatively unimportant, although the presence of the doctor is itself of therapeutic value. The personal factor or bedside manner is itself of much importance, and it must not be forgotten that many transient illnesses cure themselves. Where, however, the pharmacological activity of the drug prescribed is not itself specific for the cure of the disease, may not the result perhaps be due to the unconscious therapeutics of the imago relationship?

The great danger of the present system of medical therapeutics is that it is liable to "draw a red herring" of pseudo-scientific fallacy across the patient's attitude towards health and disease. There are many patients whose illness is unconsciously motivated, and for such as these it is most in accordance with their unconscious wish that they should find a doctor who will treat it as being organic and therefore beyond their control, completing the mutual deception by the prescription of a bottle of medicine. There are many others who resort to the surgeon and the gynæcologist in order that they may solve their unconscious emotional problems by the sacrificial ritual of oblation. Such patients are liable to return again and again, usually to different surgeons, carrying the scars which mark the triumph of the unconscious motive from one hospital and nursing home to

another. Eventually, perhaps, they may fall into the hands of a psychotherapist, but by this time their case is like that of the patient on the hospital round who, having heard the opinion of all the students one after the other expressed against the need for an operation, followed by the surgeon's decisive and somewhat scornful statement to the contrary, said : " No, thanks ; ten to one is good enough for me ! "

HYGIENE PROPAGANDA

However necessary the teaching of hygiene may be, there are many obstacles to be overcome before the general public can be educated to a better attitude towards problems of health and disease in mind and body. Progress will only be achieved in face of a wish to retain the easy attitude of irresponsibility which has been fostered in the past. It is so much easier to pay 9d. a week and claim medical services and a bottle of medicine, than it is to assume responsibility for the preservation of one's own health. Further, interest in hygiene, whether of mind or body, is liable to assume a morbid irrelevancy and to become a focus of self-centred hypochondriasis. It is not sufficient to teach the importance of alphabetic vitamins or of the daily evacuation of the bowels, or even of the prevalence of rationalised defence mechanisms, because such isolated details tend to become matters of exaggerated importance, whilst all general principles are ignored. It is perhaps safe to assume that the first converts to hygiene would number amongst them many faddists and hypochondriacs.

To conclude this section, we may suggest that the problems of hygiene, and the education of the general public in matters of physical health, would seem to involve first of all the conversion of doctors as a whole to a new attitude of mind based upon a knowledge of motive and the principles of psychopathology, rather than upon the more material foundations of anatomy, physiology and pharmacology.

PSYCHOTHERAPY

Let us now turn from our general consideration of the rôle of the physician to the practice of psychotherapy.

Previous chapters have dealt almost entirely with the ætiology and psychopathology of mental disorders, because it was felt that this was the only way to establish psychological medicine on a reliable and reputable footing. But

the physician must regard psychopathology as a means to the end of psychotherapy, and in the end he wants to know how his patient may be cured. Unfortunately it is often easier to understand than to remedy, and the physician who hopes to find a method of curing the weals and woes of the mind with anything as easy as a bottle of medicine and "rep. mist.", or the repetition of complexes and mechanisms, may be disappointed. Perhaps it is inevitable that the practice of psychotherapy should always fall short of the preaching of psychopathology, but it is probable that the next few years may see a great advance in our present methods of healing. This brief survey of the different methods of approach to the variety of individual problems is very inadequate; it aims at being tentative, suggestive and critical, rather than in any way complete or final.

It is perhaps hardly necessary to say that it is a mistake for the psychotherapist to think that he can afford to ignore the physical side of medicine. He cannot do so for two reasons: firstly, the mind is too intimately associated with the body for any symptom of mental or emotional disorder to be taken by itself without searching for a possible related physical factor; secondly, the patient requires reassurance on the physical side, and if a complete physical examination has not been made, he is able to keep at the back of his mind the feeling that the doctor has missed the most essential point—namely, his body—which he would much prefer to be ill rather than his mind. This physical examination should, whenever possible, include a routine pathological examination of blood, urine and fæces, and a search for all sources of possible toxæmia. After this has been done, both patient and doctor are more ready to settle down to the task of finding and removing the "unconscious" cause. It must also be borne in mind that even neurotics have organic ailments. It sometimes happens that as soon as the patient is labelled "nervous breakdown", "neurasthenia" or "neurotic", the physician omits to consider the possibility of a concurrent organic state which may, in itself, have an important bearing upon the symptoms. The only safe rule is to approach the patient in psychological medicine with the same rigorous physical examination as he would be given if he were a problem in organic medicine, without the label "functional" or "neurotic" to complicate the picture.

There are two distinct therapeutic attitudes towards problems of psychological medicine, which may be described as the static and the dynamic. The static attitude is content

to label the disease and regard it as an act of God which may at some future date be subject to automatic alleviation. The dynamic attitude makes no such optimistic and inert-minded premise, but adopts the attitude, "This person is ill. Why?" It is quite true that we may still be ignorant as to the causes of certain mental diseases, such as the manic-depressive type, but the cause will never be found until a great many physicians have repeated the question "Why?"

The first step in psychological medicine, as in organic, is history-taking, but it is a far longer and more painstaking matter. It may be safely regarded as never ending, and is in many cases the larger part of treatment. It is important to stress the necessity for accuracy and detail of verbal description. If we are examining a broken limb, we have the fracture before us and by visual and palpatory examination we can discern the limits of the disorder. In psychological medicine our eyes can tell us a great deal and nothing should be missed of attitude and gesture, but for the rest we are dependent upon words, which are the data and the facts upon which we have to base our diagnosis and our treatment. Viewed in this light, words frequently assume a new meaning and importance as, for example, one patient who said, "I have always viewed sex, at bottom, as a filthy thing"; another, "I sometimes almost feel tempted to believe that there may be something greater in life than reason"; and another, "Whenever I put a match to the fire it always goes out". In such ways, patients will often make statements, the meaning of which is far more apparent to the doctor, who knows how to interpret them, than to themselves.

It is sometimes useful to ask a patient, "What do you think is the matter with you?" not in order to believe what he says, but as an indication of his line of thought about himself and his illness. It often happens, however, that a very useful clue may be discovered by this humble question. Whatever the patient's statement may be, the only safe interpolation of the psychotherapist is "Why?" in order further to illustrate the source of motive. Argument and persuasion should not enter into history-taking.

Psychological medicine is full of theories, but it is safe to say that each individual case should be opened as a new book, more important than all the rest. It is never safe to assume that a mechanism or complex which has been discovered in another patient means the same in a new one.

Each case should be, as far as possible, examined and treated independently of all the others. In this way we may hope to avoid trying to persuade the patient of something which may have been true of someone else, but is not true of him.

History-taking is of itself a beneficial therapeutic method, because of the *catharsis* which it affords. "Confession is good for the soul", and in the process of a painstaking history the physician will find that he has got much information for himself and probably much relief for his patient who has found both a sympathetic listener and an imago mediator.

PERSUASION

There are many cases in which the therapeutic method must inevitably be limited, to a greater or lesser extent, to some kind of persuasion. This method is particularly suitable where time is limited or the patient has not sufficient intelligence to undergo the analytic or interpretative methods. It is almost invariably unwise to attempt analysis or deep investigation of the past in the case of depressed patients over the age of 50, and for these the method of persuasion and repeated reassurance is usually all that can be done.

There are certain dangers in the persuasive method, in that the doctor may be tempted to give advice which it is not to the advantage of the patient to accept. For example, it is by no means unknown for a doctor to advise his female married patients not to have any more children, because their mental attitude at the first pregnancy gave cause for some anxiety. The patient is probably herself seeking for some such deterrent advice and can make a great deal of neurotic capital out of it for the rest of her life, as a source of self-pity and self-excuse. Probably the worst kind of advice adopted by the persuasive method is that which has been given in the past with greater frequency than is the case at the present time—namely, that all a man's troubles will pass away as soon as he has "had a woman", or that all a female neurotic requires is to get married. Perhaps these are the very physicians who complain that psychopathology is solely obsessed with sex! It should be quite obvious that if the disability is a sexual one, the cause will not be advantageously affected by resorting either to prostitutes or marriage. The result of such advice, if carried out by the patient, is usually disastrous, as it merely tends to throw into relief the anxieties from which the

patient was previously suffering. The doctor cannot expect to be able to convey to his patient either the principles of a healthy attitude towards the sexual problem, or even the elements of good common sense, unless he both knows something of psychopathology and has overcome false prejudices of his own. However it is done, the general teaching of the common sense of sex hygiene requires to be undertaken from the psychological point of view, rather than either the physical or "moral", so that we may first understand the motives and mechanisms of such faults and failures as the patient may display, without superiority or prejudice.

Under the heading of persuasion we may also consider advice as to the change of environment. This is a ready method which appeals, at any rate by its simplicity, both to doctor and relatives, but it is far from being always effective. There are cases in which environment has been a causative factor, and in these it may certainly be advantageous to change it for something less difficult; but to resort to a change of environment in all cases of mental disorder, is completely to fail to realise the innumerable ætiological factors which require consideration before any line of treatment should be embarked upon.

SUGGESTION AND HYPNOTISM

Suggestion has been defined by McDougall as "a process of communication resulting in the acceptance with conviction of the communicated proposition in the absence of adequate logical ground for its acceptance". It is applicable in many cases in which suggestibility is the main factor in the ætiology of the patient's disorder, where we can thus hope to de-condition an undesirable reflex and re-condition a new one to take its place.

Successful suggestion therapy would seem to demand a certain temperament and personality on the part of the practitioner, and not by any means all of us are suited to carry it out, but it is very successful in certain cases. It is in hysteria that we are most accustomed to find hyper-suggestibility, but it must be made quite plain that although suggestion may cure the symptom it is not going to cure the hysteria itself. It is a comparatively easy matter to "cure" the hysteric suffering from amnesia, aphonia or contracture of the foot, either by persuasion or suggestion, especially with the aid of spectacular electrical apparatus, but there is no doubt that after this has been done the patient's adjust-

ment to life has not been fundamentally improved unless other steps have been taken to do so.

From the patient's point of view, the great danger of suggestion is that it appeals to desire for a cure by effortless magic and the "button-pushing" method. If our desire is to help our patients to grow up, the consequence of suggestion is to keep them in the completely dependent attitude of children seeking for help from an omnipotent father.

Hypnotism is an extension of the suggestion method and may be carried out either by a "light" or "deep" technique. Most practitioners are content with the former and find that their results by this method are as good as when deep hypnosis is attempted. Deep hypnosis is liable to increase the patient's tendency towards dissociation, but in light hypnosis the practice is not carried beyond the stage of increased suggestibility, and the deeper phenomena of dissociation do not take place. There are many varieties of technique, but in general the patient is encouraged to relax, with the aid either of tiring the eyes by focusing them on a point held close to and slightly above the line of vision, or by the repeated monotonous ticking of a metronome, and whilst in this state the therapeutic suggestion is repeated on different occasions.

THE ANALYTIC METHOD

It is unfortunate, as it is liable to be very confusing, that there should be so much misunderstanding as to the difference between the general idea of the analytic method and the absolutely specific technique of the psycho-analytic school. The analytic approach to mental disorders is the aetiological pursuit of causative factors into the past, the childish and the primitive. Any such approach to the problems of the human mind must necessarily be analytic, but it is nevertheless not to be confused with psycho-analysis. Psycho-analysis means "Freud", and assumes both a specific psychopathology and a definite therapeutic technique. The latter, although invaluable for research work, can never be suitable for 99 per cent of patients who require treatment, because of the time and cost which such treatment involves.

The psycho-analyst operates only in an obstetric capacity and, taking no responsibility for the offspring, leaves all the work to be done by the patient without any interference on his part or attempt at persuasion. The patient lies upon a couch and, with the psycho-analyst usually somewhere

invisible behind him, is told to report everything which comes into his mind, however irrelevant or undesirable it may seem to him to be, the first essential being that there must be no conscious reservation or alteration whatever. The psychoanalyst need not say anything during many such interviews (his presence acting as a "catalyst" for transference and imago reactions), and sometimes the patient's resistances may be such that the hour is spent in complete silence. This is repeated six days a week for months and even years, while the unconscious is gradually "worked off" through description, emotional abreaction and reassociation, with the minimum of interference or suggestion on the part of the psychoanalyst. The result is to develop an attitude of great reserve and self-control on the part of the psychoanalyst, who needs to use the method with extreme skill, which can only be achieved if he has himself been completely analysed over a very long period in the same way.

It is quite obvious that neither the doctor nor the average patient can afford the time for this technique and, however desirable it may be, it must be put on one side for special cases and as a method of further research, while for the great majority we seek to develop the modified method which is more applicable to their needs. But this method must not be confused with psycho-analysis, which is a "trade-mark" for the specific technique already mentioned.

Whatever analytic method we may adopt there are certain common factors which demand consideration, the most important of which are transference, resistance and free association. The relationship between the doctor and patient must be one of transference (or "transferred affects"), in which, for the purpose of the treatment, the simple child-to-father relationship is used as the basis of the analytic technique. The patient will thus feel towards the doctor, and transfer to him, his imago feelings, and on this simplified battle-ground will be resolved the conflict of his unconscious. In doing so, it is inevitable that the patient's resistance will be aroused at some period to a greater or less extent, both the resistance which strives not to recognise consciously intolerable wishes, and the resistance which strives to retain unconscious wishes which have previously been gratified through the symbolical sources of his symptoms. The free association method traces back transferred affects to their primary causes and uses the material of symptoms, dreams and everyday behaviour to discover the primary causative factors.

These modified analytic methods all involve a certain amount of active interference on the part of the doctor, who uses interpretation and re-education in his attempt to re-adjust his patient's life, by directing his thoughts along certain lines and suggesting causative factors and remedial measures. But such analysis must nearly always be more than a matter of "complex hunting", which seeks, by the rediscovery of repressed memories, to achieve the magical solution of the patient's problems. This simplest of all analytic methods may be found to work in a miraculous fashion in a very small percentage of cases, where there has been some traumatic experience which has been repressed from consciousness to become later causative of emotional disorder, but in the great majority of cases we are dealing with a primary mal-adjustment to life through the misdirection of our patient's motives.

A combination of hypnotism and analysis may be employed in some cases where the time factor is important and the repressed material difficult to arrive at by any other means. It is, however, a special technique which requires careful handling, and it has the disadvantage of not keeping the patient in control of his own cure.

The pure psycho-analyst abhors the rôle of teacher, and by doing so cuts himself off from what has always been the primary source of the educator's achievement. But it would seem both desirable and inevitable that our analytic technique should be in continuity with the rôle of the teacher who works by explanation, interpretation and re-education, although at the same time we need to recognise the importance of the phenomena of transference and resistance. There is no doubt that this teaching method can be of the greatest benefit in the great majority of cases, as long as the teacher has been trained to recognise the opportunities and limitations of his task. Do we doubt the power of words to build or to destroy, to hurt or heal, to comfort or annoy? There may perhaps one day be developed an art (or even science) of verbal surgery to cut and join with knife-like precision, but it will in no way resemble the bludgeonings of importunate argument and persuasion. It will be skilled, subtle, indirect and interpretative, and may even have its own parallel technique of verbal anaesthesia. But our knowledge of psychopathology is at present much more highly developed and assured than our ability to use it in a satisfactory technique of treatment.

It has already been said that an unknown fear is more

causative of anxiety to a patient than one the source of which is recognised. Therefore, to interpret his fear to a patient, to help him to recognise the cause of it, is to define and limit it and give him power to control it.

For example, a patient was driving a car home after dark along an unfamiliar road, and having taken the wrong turning found himself going along a lane which finally ended in a ploughed field, far from the security of human habitation. All he needed to do was to turn the car round and return to the main road, but instead he felt himself overcome by an uncontrollable panic. All he wanted to do was to leave his car in the field, whilst he took to his heels and ran he knew not whither. But what was the cause of his panic? From whence came this transferred affect and what did it mean? Knowing his history, it was quite easy to understand his feelings and behaviour because, quite apart from this misadventure, he had the psychology of the lost child who had been deprived at an early age of the feeling of security associated with his mother. Up to the age of 10, she had meant everything to him, but quite suddenly she had developed a psychosis and had been taken from him, and yet been kept isolated in the house in the care of special nurses, to be seen occasionally walking in the corridors, but never again to be a source of comfort to him. From that time he was liable to develop these panics in which he felt like a lost child, anxious to flee, but without a goal or any sense of security because he could not flee to the only comfort that he knew. His panic was interpreted to him in this way, and his fear assumed a finite simplicity which could be understood and reckoned with, and whenever it recurred it was re-associated with the desire for his mother and he was thus enabled to make a conscious readjustment to the demands of life.

It is sometimes quite remarkable the way in which such suggested interpretation will have an almost instantaneous effect in the removal of symptoms.

A patient, aged 35, who had been in the habit of having attacks of enuresis whilst shaving in the morning, never had them again at this time after he was asked to consider the significance of shaving in relation to manhood, although they afterwards occurred at other times of the day.

For a year a man of 40 complained of pain in the foot which had resisted all his physician's attempts at alleviation, until it was reassociated with its cause in a very violent quarrel with his wife, who "hurt his feelings" by slamming

the bedroom door against his stockinged toe, keeping him for the night on the wrong side of it.

It is like playing "noughts and crosses": sometimes the patient getting as far as OO when the analyst's interpretation puts the X against that particular symptom, and the patient then starts off OO again on another line, to be checked as before, until the motive disappears.

All symptoms may thus be made the material of explanation, interpretation and re-education. Dreams were described by Freud as the *via regia* to the unconscious, but it would seem an unnecessary limitation and an exaggeration of the importance of dreams as such, to suggest that they were all-important in a patient's analysis. His whole behaviour, symptomatic and everyday, may be motivated from the same unconscious feeling sources, and his political or religious opinions, gestures, mannerisms and daily habits may all be used as analytic material.

When are we to regard the patient as having been cured? Is "cure" something which is necessarily final or complete, or is it something relative and only partial? Our answers to these questions must depend upon the answer which we choose to give to the question which has been asked already—namely, whether we are trying to remove the patient's undesirable symptoms, or whether we are also trying to show him the way to live. It may be said that the latter is not the doctor's task, that it is the task of priest or philosopher, but not of physician. However, to attempt to cure the symptom is so often found to involve the whole problem of the patient's attitude towards life, that it is not always possible thus to limit the rôle of the physician to the cure of symptoms. It must be added also that perhaps the doctor's task is made more difficult by the fact that priests and philosophers themselves may be amongst those most subject to and activated by unconscious motives. The physician is therefore wise who regards his task from the unlimited point of view and who is content to show the way, sending his patient forward on the adventure of life without any finality or completeness of achievement.

RESISTANCE

It is not for nothing that consciousness is resistant to "such stuff as dreams are made on". Consciousness is the check upon impulse and is the seat of conscience and inhibition. Conflict and resistance between the two are

automatic and inevitable until such time as they have been resolved by analysis and adaptation. It is for this reason that psychological medicine will have many detractors amongst those who have developed a conscious (but yet unconsciously motivated) defence against their own unconscious motives and mechanisms. But the phenomena of resistance must inevitably occur in any analysis, and there will come times when the patient's attitude towards his treatment and his physician becomes definitely antagonistic. These will occur, either to prevent him from recognising unconscious wishes or—and more severely—when the gratification of those unconscious wishes is becoming threatened. Rationalisation will come to his aid, and he will say that the treatment is doing him more harm than good, that his doctor is incompetent, that he cannot afford further treatment, that he is too busy, and in fact his "need" to stop the treatment will be shown by the multiplicity of his excuses. He may then go to see another doctor, who is very liable to fall into the trap, because of his own unconscious resistance, and say: "Of course, I told you so. Psychoanalysis (*sic*) is all nonsense". If not the doctor, there are always relatives to be found who will advise that treatment should be ended immediately. This must always be regarded as the main difficulty of psychological treatment, because if the patient does stop treatment at this point the probability is that his last condition will be worse than the first. Although it is important that a patient should be allowed full freedom of choice as to his doctor, changing him at any time if he feels so inclined, the phenomena of resistance must be borne in mind, and the new physician must be warned lest his too-ready assumption of superiority may have been due only to the unconscious defensive motives of the patient's flight from an intolerable threat of recovery.

THE DANGERS OF ANALYSIS

Much has been said in many places of the dangers of analytic treatment, and it is necessary to be clear in our minds as to what these are. One has already been mentioned—namely, that of treatment being terminated at the critical moment by resistance. In general, however, it may be said that much of the fear of analytic treatment is due to prejudice and a defensive attitude towards the unknown and the unconscious within ourselves. But that there are dangers in analysis, especially in the hands of those who are not trained

in its technique, there can be no reasonable doubt. Analysis is an operation on the mind and demands as much knowledge of anatomy and operative technique as organic surgery. The dangers of analytic treatment may be discussed under three headings :

- (1). Liberation of the unconscious.
- (2). Removal of props.
- (3). Disillusion.

Liberation of the unconscious.—In psychotherapy we are not only dealing with the finite limits of individual experience, but also with infinite sources beyond the individual's knowledge or control. The unconscious is possessed of powers and feelings of extreme potency, and it is a wise provision on the part of Nature to place inhibitions and an inexorable frustrating conscience to keep these powers within limits. But these inhibitions are not always wisely used, and analysis must seek to set them free and at the same time to direct them towards the desirable goal. Because we are playing with fire, there is no need to be unduly afraid of conflagration, but merely to bear in mind that it is sometimes easier to light the fire than to put it out. On the whole, it is remarkable that analytic operations can be carried out with such a minimum of danger, but they should be reserved for skilled hands and reasonably stable minds.

Removal of Props.—When we understand that the purpose of the mechanisms which have been discussed in previous lectures is a defensive one, it helps us to realise that there may be some danger in the removal of a patient's defences of which he may be badly in need. Analysis is sometimes inclined to try to remove protections without first putting something else in their place, and of this an example may be quoted in illustration.

CASE XII.A.—Naval commander (retired); age 38; married; three children.

Complained of.—Syphilophobia; depression.

History.—He had been "axed" out of the navy after the war. As a young man there was the usual history of dependence upon his mother, which was latterly transferred to the discipline and authority of the navy. He had always felt an exaggerated sense of guilt and inferiority, and when he left the navy the only support which he could find was in a very loving wife to whom he looked for protection and encouragement.

His syphilophobia was associated with great anxiety

and depression and was largely an exaggeration of a life-long guilt sense. As a foundation for it there had been in fact an earlier gonococcal infection.

This was the patient who had the dream of the donkey with the spiral and vine-like legs. His analytic treatment proceeded slowly, being directed towards getting him to stand upon his own legs instead of relying upon external authorities. But instead he developed ideas that he had committed the unpardonable sin and was abandoned by God, which alternated at one time with an incipient delusion that he was Christ. As soon as such evidence of instability showed itself, the treatment was directed towards reassurance, but unsuccessfully. Symptoms developed of acute agitated melancholia, with loss of weight of several stone in as many weeks. He became so ill that he required to be transferred to another institution, where he finally recovered.

It is impossible to say to what extent the attempt to remove his syphilophobia was responsible for his collapsing into a state of agitated melancholia. It is possible he might have done so in any case, but reviewed after the event his seemed to be a case which required further props, rather than the removal of those which he had already unconsciously acquired.

Disillusion.—Analysis in its search for the truth pursues the illusions of phantasy as the enemy, but it is very doubtful whether we can all afford to live without some measure of phantasy. There may be circumstances in which reality is too "stern" and truth "too true". The mother who has lost her child may need all the comfort that harmless phantasy can offer her to satisfy her frustrated wish-fulfilment. Domestic depressions and social hardships may leave the elderly charlady with a narrow margin of heaven, which requires compensation in the euphoria either of alcohol or of religious phantasy. There are perhaps many cases in which phantasy should be left alone, but this is a matter for decision in individual cases. Our pursuit of truth must not be too hard and inexorable, and we must be content sometimes to leave humanity the props which it may need.

The distinction between phantasy and the ideal has already been mentioned, and removal of phantasies should not take place unless practical ideals can be substituted instead of them. The danger of the psycho-analytic method would seem to be that much of the primary dynamism of life

is robbed of its normal pursuit of the ideal, because the latter is maligned as being "only compensatory phantasy". If analysis is provocative of this kind of disillusion, it must be regarded as a harmful treatment, but this need not be the case if our therapeutic technique is always directed towards self-expression in pursuit of the ideal and self-adjustment in harmony with reality.

THINGS WE WANT TO KNOW

(a) *The Primary Energy of Life*.—In psychological medicine we are in the same position as scientists with regard to electricity and ether; we do not know what it is that we are working with, and upon which we are basing our hypotheses. What is Life, the primary energy of motive and behaviour, health and disease? What is the neuro-dynamic circulation? Is it thalamo-cortical, and if so after what manner? We are waiting for a modern Harvey, who will perform an inestimable service both to psychologist and neurologist, although he will not have discovered even then the answer to the question, "What is Life?" Being overdue, we may hope that this discovery in elementary physiology and anatomy will not be long in coming. Meanwhile, we all need to keep humble, because quite literally we do not know what we are talking about.

(b) *Mind and Body: the Meaning of "Nerves"*.—This question forms a part of the great problem of the relationship between mind and body. "My nerves are bad", says the patient who is *afraid*, and we all tacitly admit our confusion of principle by saying occasionally, "He or she is a very nervous subject", because perhaps the pulse-rate goes up to 100 in honour of the doctor's visit. The first is probably a case of "neurosis"; but what are we to call the second—"nerves"? In order to give us words which we have not, and to define the meanings of the words which we have, we require a "great lexicographer" to help us to think our way out of a world of verbal confusion in which only prejudice can thrive.

(c) *Psychotherapy*.—The third great hiatus in our knowledge seems to refer to the practical therapeutic side of psychological medicine, which is by no means so far advanced as that which through research has developed a growing mass of organised and well-proved psychological data. But how to make use of it? To suggest that the ideal method of *treatment* is the same one that has been used so successfully

for *research* (viz. psycho-analysis) seems to be hopeless in more ways than one, and too reminiscent of the autocratic sterility of other systems which have "had their day and ceased to be". How to teach that part of the mind which does not enter consciousness? Not by abuse, cajolery, punishment or persuasion—but how else? It would seem certain that for most of us an hour a day for three years as a therapeutic method is out of the question, especially if we have to pay for it. Perhaps there is the middle way, some combination of magic and verbal surgery, but this is one of the things we would like to know. Meanwhile psychotherapy must be regarded as to some extent experimental, and, lest we should ever expect it to become too easy, we had best admit that the problems of human life and behaviour may for many years to come only attain solution after the manner of a great adventure.

THE FUTURE OF PSYCHOLOGICAL MEDICINE

In conclusion, we may wonder what is likely to be the future of psychological medicine, and what its influence may be upon medicine in general and civilisation as a whole. It must surely be quite obvious that it has much to contribute and that, at present, its contribution is largely unrecognised. But it is not only a matter of medical therapeutics, it also involves the whole problem of the organisation of society. To mention three of the most important activities of life—religion, education and law—all come within the new perspective of the psychological horizon, and we may expect that many changes will take place as a result of the general dissemination of psychological principles.

It has been suggested in an earlier chapter (p. 180) that the organisation of civilisation is largely based upon unconscious motives and neurotic mechanisms, resulting in social and economic unrest and international strife. It is, however, particularly in the direction of sexual hygiene that the effects of psychological teaching may be expected to have the most beneficial results. So far we have gone on the principle that Nature can be left to take care of itself, but it should by now be obvious that this is not true. Morals may be even less trustworthy than original sin. Unconscious defence mechanisms make a poor basis for the organisation of society, especially when they become rationalised into prejudiced and conflicting systems.

With regard to general medicine, it would seem as if the

scientific attitude which recognises anatomy, physiology and pharmacology as the basis of our understanding of the human body must be enlarged also to include psychology. The psychological side of the administration of drugs is often of more importance than mere pharmacological considerations. It was suggested that valerian and balneotherapy may be taken as examples of unconscious correctives to emotional disorder which work primarily through psychological channels. But can we foresee the development of such "unconscious therapeutics" still further? It is interesting to consider the relationship of such a medical technique, which would present stimulations and correctives to the unconscious through symbols, the meaning and value of which were known to the physician but not to the patient, to those methods which have been known in the past as "white magic". We are introduced again to a world of "sorcery", with the great difference that one day we may know the science of our magic, even if its meaning is not perceived by the patient whom it cures.

By such means the doctor may hope to have powerful additions made to his therapeutic armament, but it is to be hoped that he may never forget his primary duty as educator of his patient's attitude towards problems of life and death, health and disease. We may not yet have so far progressed in our knowledge of psychology as to be able to add the subject of psychological medicine to the already overloaded medical curriculum, without imposing an additional burden upon the medical student and general practitioner. But perhaps the time will come when we shall be able, with the additional knowledge which it provides, to make a new synthesis of the ever-growing bulk of our knowledge, which will simplify the whole into a more unified system than has been known hitherto. It is probable that under such new conditions the rôle of the physician as the educator of his patients will be regarded more seriously than it is at present, as being the only way to achieve what must always be our first and simplest goal, the prevention which is better than cure.

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