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THE DANGERS OF BEING HUMAN

by

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PREFACE

IT WILL be clear to the reader that I have drawn upon many and varied sources in preparing the present book, and it would be impossible to make acknowledgment to them all individually; where possible, I have given the reference in the text. A number of more specific references, however, require special mention.

I wish to make grateful acknowledgment to the Editor of *The New Republic* of New York for permission to reproduce in Chapter Five parts of an article which appeared originally in his paper and was later reproduced in the *Manchester Guardian* for January 11th, 1952. I should also like to acknowledge references to the following authors and publications: Professor Sir Cyril Burt's "The Subnormal Mind" and his article in *The Family Doctor*; Howard Whitman's article in *The Woman's Home Companion* of New York, for April 1952 and the foreword to that article by Dr. R. H. Felix; Dr. Denis Leigh's article in *The Lancet* for May 3rd, 1952; and an article on "Sleep Paralysis" by Chapman Pincher in *The Daily Express*.

I wish to acknowledge my special debt to Miss O. L. Fuller, B.A., for her assistance in preparing this manuscript; and her comments and criticisms on reading through the typescript have been a very real help. One critic of a popular book on a scientific subject complained that, when the scientist writes for the layman, the former always seems to have in mind the colleague who is looking over his shoulder! Miss Fuller indeed looked over my shoulder, but in so unobtrusive a manner as to leave me quite free to write as I thought best, having in mind my desire to make this a book for the Man (and the Woman) in the street.

I have also to thank my friend Mr. R. M. Prideaux, M.A., for supplying me with the title for this book.

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One

What This Book Is About

I AM attempting to explain in this book what psychotherapy is, and what it is not. I shall deal with some of the problems to which the psychotherapist can bring his special knowledge, and I hope in the process to clear up many misunderstandings concerning psychology in general and psychotherapy in particular.

This book owes its existence to suggestions made to me from several different sources. One of these sources was a group of adolescent boys and girls at a Further Education Centre, to which I was asked to give a series of lectures.

The talks were grouped in a general way around a central theme, but their substance arose to a very great extent from questions asked by the students themselves.

Another source was a Christmas party at which I was present. The talk turned to psychology and psychological medicine, and it soon became very obvious that the other members of the party had very little idea of the role of psychotherapy in our society. One of the party suggested that there was clearly a very great need for a book to explain in simple language precisely what types of patient could turn to the psychotherapist for help and healing: to explain this, in fact, in much the same way as I had explained it to the party.

Since then many of my friends have repeated the suggestion in slightly different ways, and it has become clear that this need for information is very widespread indeed. This is even true of those of my friends who have had an

expensive and, in many other respects, a very good education.

All these people revealed that they possessed a mixture of ignorance and misinformation concerning the views and the work of the modern psychotherapist.

In this book, then, I have attempted to deal in plain language with the mental aspect of all illness, and in particular to show that many of the ills that flesh is heir to, can be successfully treated by psychotherapy. Some of these illnesses appear to the man in the street to be ordinary physical afflictions, which he would usually regard as quite distinct from those which are more obviously mental in origin and nature.

This in itself is one of the popular misconceptions, for I shall hope to show that there is a psychological factor in all illness, and that the various forms of illness could be arranged in an ascending order; at the one end of the scale there would be the surgical case which seems to have no psychological factor about it at all, and at the other end would be those illnesses which have for centuries been recognised as being of a mental nature. In between, however, we should find ranged all the other disabilities from which we suffer from time to time.

I have mentioned the many misconceptions which exist concerning psychotherapy. These are of different kinds, and arise from different sources. These differences can best be shown by examples of some of the ideas which quite intelligent people entertain about members of my profession and about their work.

One person to whom I was introduced, when told of my profession, remarked that he would never be likely to have to refer anyone to me, as he did not number any ' loonies ' among his friends. Another friend of mine numbered among her own circle of friends one or two people who were experiencing difficulties of a psychological nature, and these she recommended to consult me; in most cases the reaction was to ask if my friend were trying to drive them into a mental home!

Another viewpoint is illustrated, rather tragically, by

the remarks of one of my friends which he made when I was considering the outline of the present book. This man is a general medical practitioner, with a busy and particularly difficult and worrying practice. He had always been opposed to the idea of a mental factor, and still more to that of a mental origin, in illness, and scornfully rejected the suggestion that illness could be cured by psychological methods.

Not long ago, however, he had an attack of coronary thrombosis, that dread affliction which is the doctor's own 'occupational disease.' Fortunately, my friend recovered, but since then he has noticed that he has particularly severe attacks of angina (the pain in the chest which is associated with this disease) when he is more worried than usual. Then, as he says himself, he worries because he has the pain, and the pain get worse because he worries, and so on, in a descending vortex of disease.

He adds that this is the first time that he has suffered from an 'imaginary illness' and now realises that these are just as real as 'real illnesses.' He is made even more painfully conscious of this fact by the knowledge that he lives continually under the threat of another serious attack, which may well prove to be fatal.

This doctor's earlier attitude towards psychological medicine is unfortunately representative of the attitude of many members of the medical profession, and especially of general practitioners. A typical case was brought to my notice not long ago.

A student was sent by the principal of his college to see the doctor, as he had acute stomach pains which the principal guessed to be mental in origin. Sure enough, the G.P. examined the boy, patted his shoulder and said, 'Well, my boy, you have absolutely nothing wrong with you, now just run along and forget all about it!' This advice the boy would have been only too happy to follow, if he had been able.

This attitude on the part of the G.P. arises out of the mainly materialistic approach of his medical training, based, as this is, on the science of the last century. The doctor is

either an avowed materialist, as was my friend, or keeps things of the mind, or spirit, in a compartment separate from matters appertaining to the body, which he regards as nothing more than a very complicated machine.

This state of affairs is gradually being changed, as the newer recruits to the medical profession, both doctors and nurses, have some training in psychology included in their curriculum. The effect of this change was shown, for instance, at the end of a public lecture which I gave last winter.

The chairman, who was a friend of mine, had invited along, unknown to me, several friends who were physicians and surgeons, expecting that during the questions which followed the talk, they would take me to task for my 'peculiar' views.

In this he was disappointed, and so he asked one young surgeon why he had not taken issue with me, since I even went so far as to suggest that there was a psychological factor in the common cold. The surgeon replied "And why not? Psychological factors make all the difference to the recovery of my patients after I have operated on them!" It should be noted that this surgeon had only recently qualified.

It will be seen that misconceptions concerning the psychology of illness are entertained both by the layman and by the medical practitioner. The ideas of the latter, as I have suggested, seem to have their origin in his training, while the mistaken opinion of the man in the street is due mainly to the way in which the subject is treated by the cinema, the theatre, and the press. In fairness I should add that the members of my profession are not entirely blameless in the matter.

The utterances of the lunatic fringe of psychiatry tend to get into the press, and such statements are usually left to speak for themselves, the sensational effect being heightened by suitably startling headlines. One such recent statement concerned the young artists who were caught cutting works of modern painters out of their frames in the Musée d'Art Moderne in Paris.

A psychiatrist who had had one of the artists under treatment since the attempted theft gave evidence in a report on the young man's condition. He stated: 'His crime has saved him. His act has liberated him. He has thus spared himself a deterioration of his personality which might have led him later to some more tragic decision and to the emasculation of his intellectual virility.'

The *Manchester Guardian,* in a typically restrained comment, remarks " . . . the report, . . . unfortunately, will not increase the reputation with the French public of his more serious colleagues in this branch of medical science . . . It seems a pity that the prestige of a serious branch of science should be endangered by this sort of statement." Most other sections of the press would be only too pleased to exploit such a sensational statement.

The presentation of the more striking instances of mental breakdown, in the cinema, on the stage, or in the novel, and even in the popular account of psychotherapy, is excusable, since ours is a sensation-seeking civilisation, and the owner of the film, play or book must sell his product in order to live.

Certain psychological films and plays have shown fairly adequately one side of the work of the psychiatrist, but they have completely failed to illustrate the type of work which makes up the bulk of the practice of most members of the profession. This work is possibly less sensational than that shown on the screen, yet in many instances it is not the less dramatic in its results, and in the enormous gain in human happiness which it brings with it.

That there is a need for psychological medicine was demonstrated not long ago by a statement issued by a body representing the medical profession itself. This statement was made in response to the attacks which had been made on the profession for the alleged abuse of the National Health Service in connection with prescriptions of 'unnecessary' medicine.

The statement made public the fact that forty per cent of all prescriptions under the N.H.S. were 'placebos,' the annual cost of which was nearly six million pounds. These

placebos are harmless, but useless, medicines, (often no more than coloured water,) which members of the public insist upon having from the doctor whenever they feel ill. The prescription of these placebos has been defended on two grounds: first, that the doctor is forced to prescribe them or else risk losing a patient; and, secondly, that the patient does in fact derive benefit from these medicines because he *thinks* that they will help him to get better.

This is a very roundabout and, in the long run, very expensive method of applying psychology to medical practice. Some members of the profession, with whom I have discussed their use of placebos, have in fact realised what the practice means in terms of psychology, but they would still be inclined to question the scope of psychology in healing the sick, and many would even oppose the practitioner who wishes to use psychological methods.

In fact, there is a mental element in every illness, and in many illnesses it is one of the most important, if not the most important, factor. These illnesses include not merely the afflictions which the layman looks upon as psychological, but also the very many which would usually be regarded as of purely physical origin, and thus requiring the attention only of the physician or surgeon. The picture in the mind which underlies this view is of a human being who is suddenly attacked by bacteria or a virus, and, if he or she has not enough 'resistance,' becomes ill. The problem then appears to be to find some drug which will kill the bacteria or virus and so 'cure' the patient.

Bernard Shaw long ago pointed out some of the weaknesses of this view of illness; and even the physician nowadays tends to think of the problem as one of dealing with 'patient-with-bacteria' or 'patient-with-virus,' and so to recognise that each case is different; and I have mentioned the young surgeon who adopts this more enlightened view. The psychologist would go further and hold that each case is unique;—no two are alike.

The range of psychological medicine, then, is very wide indeed. I shall not attempt to make a list here of all the

illnesses which can be dealt with, some of which can *only* be dealt with, by psychological methods. I propose to make a convenient grouping of the various types of illness and to deal with each group in subsequent chapters. This grouping will include the range from worries and anxieties, and problems which seem to have no physical symptoms, to those illnesses which, as I have said, one usually regards as being exclusively the province of the physician or surgeon.

Here I should like to deal with another mistake which my friends commonly make with regard to my profession, and that is concerned with methods of treatment. The information that the layman has concerning methods of treatment of mental illness is usually derived from one of two sources, either the accounts of those who have relatives in mental institutions, or the films.

In consequence, the methods most commonly thought of in this connection are either those employing physical means, such as electric shock therapy or drugs, or the 'couch' treatment: in the latter the subject (usually a glamorous blonde) is told to lie on the couch in the psychiatrist's consulting room,—she answers a few simple questions, to which the psychiatrist knows all the answers, and very quickly gets up completely cured.

As a variant, she may even fall in love with the psychiatrist, which makes, in the film world, for a happy ending. I was asked, after a recent public lecture, whether this really represents what goes on in a psychiatrist's consulting room: so great is the suggestive power of the film!

Now it is true that there is a very wide and very varied range of methods of treating mental troubles. The psychiatrists who have had a long training in medicine before turning to psychology tend to stick to physical methods of treatment such as the use of drugs, of 'shock' treatment, (either by the use of electricity or by insulin injections) or the use of brain surgery. Opposed to them are the members of the various analytical schools. Of these, there are the three original schools started by Freud, Jung, and Adler

respectively, and then there are later schools started by followers of these three pioneers.

The Freudian school is particularly strong in this country, and the orthodox follower of Freud insists upon the strict application of Freud's principles. These involve the use of the method of 'free association,' and this can only be carried out, according to these practitioners, while the patient is reclining on the couch in the consulting room. It is also laid down that the analyst must adopt a completely passive role during the analysis, which occupies the patient an hour a day every day for a number of months or even years. The orthodox analyst of this school also applies the same method to *all* his patients, and interprets the patient's associations according to a definite theory as to the structure of the mind and the nature of neurosis.

This over-strict adherence to one or other method of treating psychological cases tends to put people off consulting the psychological consultant, for many laymen feel that one cannot apply any method in all strictness to *every* case. In this view, the intelligent layman has the support of a growing number of practitioners. These psychiatrists are prepared to regard each case as a fresh problem, and to adopt any method which promises to help the patient.

Dr. V. E. Fisher has recently published a book in which he boldly proclaims the fact that he uses *all* methods of treating mental illness; as one reviewer puts it, he uses every trick there is in the bag. Dr. Fisher even discusses when a patient may be allowed to sit in a chair to give his free associations, instead of having to lie on the couch throughout the session. This is very heretical indeed, but many therapists, including the writer, would agree with Dr. Fisher.

Many practitioners, of whom I am one, would avoid the use of physical methods, in every case, if that is at all possible; they would rely upon psychological methods of treatment. These alone are very varied in nature; they include the various methods of analysis: the psychoanalysis,

analytical psychology and individual psychology of Freud, Jung and Adler respectively, and the methods developed by other analysts, who have evolved their own variations of method and theory. Then there is direct suggestion.

Suggestion can take the form of mere encouragement, or it may be in the shape of advice as to auto-suggestion; (remember M. Coué and his famous formula!); or suggestion may be given during the hypnotic trance.

Some therapists rely a good deal upon hypnotism, and it is true that with some patients it is possible to achieve rapid and dramatic results by the use of hypnosis; but many practitioners are opposed to the use of this method, for a variety of reasons. The chief of these is that only a limited number of people can be put into deep hypnotic trance with any degree of ease, and those patients with whom the method might be most useful are the least likely to be easily hypnotised.

There is the added objection that hypnotic cures tend not to last; the symptoms return after varying periods, either in the same or in a different form. Added to these difficulties is that we know very little at present about what happens during the hypnotic trance, and there is a real danger of substituting one mental disorder for another by this method.

In addition to these methods, there is the possibility of giving expert advice, of acting as a kind of substitute for a parent or husband or wife who is missing, or who is unsympathetic towards the patient's difficulties. The advice and help is backed up by the wide knowledge and experience of the psychologist, and may be helped by a number of methods which can be used to discover possibilities which lie hidden in the patient. These, when discovered and developed and given an opportunity to be exercised, may effect a profound change in the patient's outlook and way of life, and often lead to a great gain in happiness and well-being.

These last methods can be applied to quite a large number of patients, and do not take up so much time as a full analysis and are consequently much less expensive.

At the same time, such methods can only be properly applied by a practitioner who has the background of training and experience in deep analysis. He may not need to dig very deeply into the patient's mind, but he must be fully aware of what is likely to be going on at the deeper mental levels.

There are certain types of patient who are regarded by many therapists (including the writer) as not suitable for deep psychoanalysis, but this is a difficult and controversial matter, and is outside the scope of the present book.

The reader is thus able to see that, should he or she decide to consult one of these psychiatrists, they will receive the treatment most suitable for their individual needs, and will not automatically be given a full deep analysis. The therapist may, nevertheless, recommend a full analysis, if the patient can afford both the time and the expense; (the two necessarily go together, where the training of the consultant has been so long and so expensive, and each patient occupies so much of his time and attention).

This is because we realise that analysis of old and deeply repressed conflicts in the mind can only result in better mental health, and therefore in improved general well-being; and quite a number of normal healthy people undertake a full analysis for this reason. Indeed, one's friends often remark upon the enviable effect of analysis: 'You are in colour,' they remark, 'You are never upset, whatever happens. Other people do not seem to annoy you. And you always look so cheerful!'

To seek the advice of a psychotherapist is *not,* as some people mistakenly think, the first step towards a mental institution. It is the aim of the therapist to prevent mental illness and to save the patient from the progression which may, if neglected, lead to such an end. In this aim he is, in the great majority of instances, successful. There is no need to be afraid to consult the psychotherapist; he is there to help, and will help if he possibly can.

The first visit, then, to the psychotherapist's consulting

room is for very many people the first step towards a healthier, happier, and more balanced life; and this improvement in mental health is reflected in the improved physical health which accompanies it.

Professor Sir Cyril Burt has aptly described the typical appearance of the neurasthenic: 'Often,' he writes, 'the neurasthenic patient may be picked out at sight from his posture. His gait is usually slouching and even flat-footed, his stance limp and lop-sided, with the shoulders bending forwards, the back curved and bent sideways, and the stomach laxly protruding. Visceroptosis, indeed, is a postural defect that frequently arises from a depressed mental state, and in turn reacts upon it: as has often been said, "drooping spirits and a drooping body go together."' Conversely, we may say that a well-balanced and healthy mind will lead to the possession of a healthier body, and a general sense of well-being.

I have to admit that on a number of occasions I have been told of psychiatrists who are so attached to a particular theory that they are prepared to go to any lengths to fit into the theory the material which the patient produces.

This material is the product of the patient's emotional life; one could almost say that it *is* his emotional life, and it is quite wrong, in my opinion, to do violence to this material in order to arrive at an interpretation which accords with one's own pet notions. If we make the attempt, then we shall never arrive at a correct interpretation of the emotional conflicts which have brought the patient to our consulting rooms; and in some instances we shall frighten the patient away from any further treatment, and leave him with an unpleasant taste in his mouth, which will probably result in a wholesale condemnation of psychology and of everything connected with it.

One of my acquaintances has, in fact, behaved in just this way. She had been advised by her doctor that she was suffering from 'nerves' and had been sent to a psychiatrist. According to the patient, he opened up the conversation at the first interview by asking very blunt

questions about the lady's sex life, and her relations with her husband.

Now, as it happened, this lady had had a great deal see, she was not lacking in any way. Consequently, she se, she was not lacking in any way. Consequently, she thought that the interview was ridiculous, and did not go again.

Yet she manifestly *is* in need of psychiatric advice, and it is not unlikely that her sex life is involved in her difficulties, at any rate as one factor, but the problem would have to be approached from quite a different angle. The analyst would have to bear in mind the distinction within sex experience, which I have made elsewhere, between the physical experience and the emotional meaning of that experience.

However that may be, this lady is not likely to seek further psychological treatment, and goes about telling her many friends what rubbish psychology is!

The consultant who uses one approach for all his patients is not so common these days, and is becoming less so. The psychiatrist may have a central theory against which he works, but, if he is wise, he will leave it sufficiently elastic to accommodate new findings, which he is bound to make from time to time as the infinite variety of human nature unfolds itself in his consulting room. With such a practitioner, the patient may rely upon obtaining the truest interpretation and the wisest advice.

Some readers may have noticed that I seem to have used the terms 'psychologist,' 'psychiatrist,' 'psychoanalyst' and 'psychotherapist' as though they were interchangeable. This is not strictly the case, but as this is intended to be a non-technical account of the work of members of these professions, I have chosen to use the terms rather loosely, as they are by most laymen. There is, in fact, no legal definition of these different types of practitioner, nor is there any agreed scientific definition.

Some definitions have been suggested from time to time, and very roughly one may say that in this country a

psychiatrist is one who has taken medical degrees and then has proceeded to the study of psychology, probably ending by taking the Diploma in Psychological Medicine. From the nature of his training, such a practitioner tends often to have a bias towards *physical* methods of treatment: by drugs, by shocks, or by operative surgery.

An analyst is a person trained in one of the analytical schools; strictly speaking, only a follower of Freud is known as a 'Psychoanalyst,' while adherents to Jung's system are called 'Analytical Psychologists' and followers of Adler are 'Individual Psychologists.' There are, however, a large number of practising analysts, probably the majority, who do not adhere strictly to the theory and practice of any one of these schools to the complete exclusion of the others; analysts nowadays tend to be eclectic, and to make use of concepts and techniques from all the main schools of analysis, the first aim being to help the patient.

It is clear to me that one can find psychiatrists who are medically qualified and analysts who have not taken medical degrees, working along the same lines; I have friends who have approached psychotherapy from these two very different angles, and who nevertheless are now carrying out the work of mental healing by methods which are indistinguishable from one another. In addition, many of the best contributions to psychoanalytical theory and practice have been made by 'lay analysts,' as the non-medically qualified practitioners are called.

The term 'psychotherapy' includes all the methods of dealing with mental ill-health. The term 'psychologist' is even wider, and includes all those who have qualified at a recognised university by taking a degree in psychology. This includes all the qualified therapists just mentioned, as well as workers in other fields of psychology, such as Educational Psychology, Industrial Psychology, Psychology in the Armed Forces, Prison Psychology, and so on.

Some practitioners, including myself, prefer to call themselves 'Consulting psychologists,' to avoid the necessity for having to attach a label indicating adherence to any particular school of psychology. We desire to avoid being com-

mitted to the acceptance of the whole of any one method or theory of treatment, and prefer to avail ourselves of all methods, as the circumstances of the patient seem to demand.

Two

Who Is Normal?

AT THIS stage the reader may be saying: 'This is all very interesting, and is most probably quite true: but I am perfectly normal, and have nothing wrong with me, and so I have no need of you chaps.' With this you may be inclined to close the book. But if you will bear with me for a little longer, I shall try to show that modern psychotherapy can be of value, can be of help, in a number of unexpected ways.

I am frequently asked what is meant when psychologists speak of 'normal' and 'abnormal' behaviour, or 'normal' and 'abnormal' personalities or minds; and I usually begin by replying that, to paraphrase a famous political witticism, 'we are all abnormal, only some are more abnormal than others.' (The reader will probably recall the assumed delight with which Bernard Shaw greeted the statement of his optician that he was one of the very few people with normal eyesight!)

In music we recognise that there is a continuous scale of audible tones, with a continuous scale of vibrations of increasing frequency as we go up it. For convenience's sake we divide the scale up in a conventional manner, and subdivide it to suit our purpose. If we did not do this, it would be impossible to compose playable music, or even to write it down. We thus obtain a scale from very low to very high notes, and assign agreed names to certain positions between the extremes.

In much the same way, we can arrange patterns of

human behaviour in a continuous scale, and assign names to certain positions on this scale. The analogy is too simple, and so cannot be pressed too far: for there is no simple relationship between positions in the scale of human behaviour, as there is between positions on the musical scale; and the actual behaviour scale is not by any means complete and continuous. Nevertheless, we are able to arrange behaviour along a scale, as I have suggested, and can then agree to regard certain parts of the scale as 'normal,' and the rest as 'abnormal.' But what is regarded as normal in one social group may very well be regarded as abnormal in another group, and *vice versa.*

What is regarded as abnormal in a group depends at any rate to some extent on the pattern of behaviour within that group; but there are limits in this scale, as there are to the scale of audible tones. The anthropological psychologist here gives us a great deal of very useful information about the behaviour of members of social groups different from our own. It is the knowledge which we have thus gained which prevents us from arriving at too clear-cut a definition of abnormality.

That this difficulty about the normal and abnormal is not one merely imagined by me, was demonstrated not long ago by the discussion at a meeting at University College, London. The meeting was a Symposium to discuss 'The Concept of Normality.' There were a group of experts in the various social sciences on the platform, and the hall was full of people qualified in those sciences. Yet at the end of several short contributions by the experts, followed by a long discussion, there was still no agreement as to what we can regard as normal.

For the sake of convenience in discussion, and in writing books and articles, certain types of behaviour are regarded as abnormal and are given suitable names. The reader may be familiar with some of the extremes of mental abnormality, for a number of instances have been made the subjects of successful plays and films, which have given in varying degree some idea of the illness, its cause and its cure.

I do not intend in this book to describe such illnesses in detail, since that would be outside its scope, and in any case it has been done by a number of other writers on abnormal psychology; but perhaps I may give the names and brief descriptions of the more frequently dramatised illnesses, if only to contrast them with the less dramatic, but more prevalent, disturbances with which I intend to deal in later chapters; disturbances which, if ignored, can lead to a great deal of unhappiness, both to the person concerned and to those related to or otherwise associated with him.

The most frequently dramatised mental illness is schizophrenia, or 'split mind.' In this state the patient's personality has dissociated into two or more parts, which take charge of the person's activities in turn, both mental and physical, and produce behaviour which is strikingly inconsistent—for example, in one phase the patient may be extremely pious, given to righteous living and good works, and in the next phase he or she may indulge in a wild orgy of unrestrained behaviour, with a good deal of sexual immorality; the person so affected cannot connect the two phases, and in one phase may have no recollection at all of the other. This type of illness was the basis of the film 'The Madonna of the Seven Moons.'

Another mental illness with dramatic symptoms is paranoia, which may be seen in some schizophrenics, or may be observed as a distinct illness. In this the patient suffers from delusions of persecution, often accompanied by hallucinations of accusing voices or even of pointing and accusing fingers or hands. In this state 'all the world is against' the patient, or so he or she imagines. This has been the illness round which a number of films and plays have been written, including the film 'The Upturned Glass,' and Neilson Gattey's play 'The Enemy of Time,' although in the latter the theme of paranoia was, so to speak, subsidiary to the main theme.

Yet another major affliction is the manic-depressive state, in which, as the name suggests, periods of acute depression alternate with periods of wildly excited behaviour: during

the former the patient often attempts to commit suicide, while in the latter he may attack another person. Examples of this were seen in what was probably the best of all psychological films, 'The Snake Pit,' in which the struggle between psychoanalysis and orthodox medicine was very well portrayed. (Incidentally I wonder how many of my readers, who saw this film, realised that the portrait on the wall in Dr. Kik's study was a familiar one of Sigmund Freud?—a point of some significance to the understanding of the film).

Finally, a disorder which has also lent itself to dramatic treatment is kleptomania—a good psychological play, 'Black Chiffon' had this as its central theme, and the convincing nature of the presentation owed not a little to a magnificent performance by Flora Robson.

These then are the most extreme forms of mental abnormality, so extreme that the patient almost inevitably comes under the care of a psychiatrist. But there are innumerable cases of lesser disorders which could benefit from psychotherapy, the majority of which never come to the notice of a psychological practitioner, whether because it is not realised that such ailments can benefit from psychotherapy, or because the persons concerned can manage to live a comparatively normal life in the social group to which they belong; if they are unhappy or feel frustrated or ill-at-ease in their particular social milieu, then many of them tend to regard such a state as normal and so do not feel impelled to take any steps to remedy the situation.

Another reason for accepting such conditions as normal is the absence of any very striking symptoms; some of these afflictions do in fact bring symptoms with them, which can be recognised as such by the trained practitioner, but which the layman will regard as having no connection with his emotional disturbances; other conditions may have no visible symptoms at all, and may therefore be regarded by the sufferer as completely unaccountable. In such instances the symptoms may be internal and may only be revealed when they have become so acute as to require medical or surgical treatment, as in coronary thrombosis or duodenal ulcer.

In other instances there may be no symptoms, either external or internal, and yet the person concerned may be acutely aware that all is not well with him or her. Some of them may, more or less by chance, come into contact with a psychologist, and may only then realise that something can be done to remedy the situation in which they find themselves.

For example, one of my own patients met me when I was lecturing; she may indeed have come to my lectures *because* she felt the need to do something about her condition. She had, in fact, had a 'nervous breakdown' some years previously, but had been regarded as cured for a long time past, and so would not normally have again consulted a psychotherapist. She still suffered from an acute sense of inferiority along with which went difficulties in establishing satisfactory relationships with members of the opposite sex: all of this arose out of a very difficult family situation, and had led to a series of unsuccessful attempts to establish for herself a satisfactory position in life, either as regards a job or as regards social contacts. As it happened, the circumstances of this case precluded anything more than a short series of discussions with the psychologist of the problems involved, but these proved so effective that it is unlikely that deeper therapy will be needed at any later stage.

Another instance is that of Lady C—— M——, who lives in constant dread of her husband, and has done so for a number of years, and yet never manages to break away from him, in spite of the fact that she has a sufficient private income, and is not economically dependent upon her husband. The therapist with analytical training, given only a few additional details of the case (which I must here suppress) would very quickly size up the situation and would be in a position to help Lady M—— to deal with her problems. At the time of writing the unfortunate woman does not realise that her difficulties have a psychological origin and can only be resolved satisfactorily by someone specially trained to give this kind of treatment.

Another instance is afforded by an extremely attractive

and charming young girl, coming from a very good family, who nevertheless is unable to make satisfactory social contacts, and so withdraws into herself and misses all the happiness which normal relationships, especially with members of the opposite sex, could afford her (and them, for that matter, since she is so charming and intelligent).

In this case there is one obvious symptom which takes the form of a rather pronounced stammer, but this may well *not* be connected in the young lady's mind with the rest of her difficulties. The correct psychological treatment of the case would deal with both the stammer and the other symptoms, probably in the opposite order, since in this case, as in so many others the therapist will not attack the most obvious symptoms directly, but will try to get down to the causes, and deal with those, when the other symptoms will disappear, quite often as if by magic.

Even those who regard themselves as normal may in special circumstances feel the need for and seek the advice of the psychotherapist. The writer has recently been approached by a successful business man who is now turning his attention to politics. His new career necessarily involves speaking in public and private to audiences of varying size and composition and the *new* situation has forced this man to face his own personality difficulties which up to the present have not interfered with his leading a fairly satisfactory life, including building up a successful business. The difficulties are not new, but the new situation has focused attention upon these difficulties.

(A more extreme version of the same sort of thing is illustrated by the large number of cases of neurosis in the R.A.F. during the war, when the *extra* strain of the war situation, and especially the flying situation, brought about a breakdown in a member of the crew, who would otherwise have continued to lead a more or less satisfactory life. In most, if not all, of these instances, there was already a personality difficulty in existence, but in the even tenor of civilian life the difficulty was not felt acutely by the man concerned, who could lead a life which he would regard as more or less normal. It was the additional strain

of the changed conditions of wartime, and especially of flying operations, which proved the 'last straw' for such men).*

I have in this instance recommended a complete analysis, which will remove all the underlying causes, which probably date back to early childhood, and leave this man able to deal with social situations, however new they may be, or, in extreme cases, at least to know fully why he cannot deal with them. Thus, in this instance, we have a normal person undertaking a full analysis for personal reasons. In this case, as in some others, the full analysis will not involve the person in as much expense as usual, for a special technique has been developed for treating such cases.

This brings me back to the consideration of the problem suggested by the heading of this chapter. It will have become apparent to the reader that I regard the normal person in Great Britain as being comparatively rare, if indeed he exists at all. At the same time, I recognise that the majority of people in this country do not depart so far from the normal that they cannot lead reasonably efficient and happy lives, although even in these, the majority of instances, it may well be that the minor abnormalities add up to a considerable sum in the aggregate, and may have profound, and even tragic, effects in the history of the world.

The possible effects of minor personality maladjustment in the field of politics have been studied by Ranyard West in 'Psychology and World Order' and very recently, by Money-Kyrle in 'Psychoanalysis and Politics,' as well as in more general discussions such as Flugel's 'The Psychoanalytic Study of the Family' and 'Man, Morals and Society.'* But we have not reached the stage of development at which a serious attempt can be made on the problem of removing by psychological methods some of the causes of world tensions.

In any case, this book is concerned with problems at a

* After these words were written there was published an interesting account of the psychology of totalitarianism: 'The True Believer' by Eric Hoffer.

purely personal level, and from that point of view the majority of people in the country can manage to get along well enough. The reader may have noticed that I qualified these last remarks by confining them to Great Britain, and you may ask, 'Why pick on us?' Well, the answer is that the substance of these first two chapters, and indeed of most of the present book, could well be applied to many other civilised countries both in Europe and America. The inhabitants of the United States in particular exhibit the same kinds of personality difficulties as do those living in these islands, but to an exaggerated degree and in far greater numbers.

This is due to the greater pressure of living in the States, where there is a great deal more competition and striving for worldly success than there is in this country—in particular, they attach even greater importance than we do to the problem of 'keeping up with the Joneses'.

This is so much the case that, with the realisation of the psychological origin of duodenal ulcers, it has been suggested that the more important and responsible positions in America should be ranked according to the number of ulcers developed by the unfortunate (but successful) men who occupy them. This awareness of the relationship between the worry attached to the striving for worldly success, and the development of stomach ulcers, is implied by the cartoon in the *New Yorker,* in which one wife complains to another of her husband, 'He has ulcers and he is not even successful!'

At this point the reader may well ask whether it would not be better to change one's way of life and so avoid all the mental difficulties, problems, conflicts, neuroses and the like which I have mentioned: and, incidentally, to remove the necessity for frequent recourse to psychological consultants. A great deal can be done in this direction, and some psychologists are beginning to feel that they should try to make some positive effort in this direction, rather than remain the purely passive and detached analysts of, and commentators upon, the contemporary scene, with its many dilemmas and their attendant dangers.

It is perhaps for this reason that the psychologist has been called ' the fifth columnist of society ', since any psychological examination of social groups must lead at least to a re-examination of some of the assumptions on which society is based, and may in time lead to some of them being modified, or abandoned altogether. But this must necessarily be a gradual process, and may not affect at all any one particular individual and his problems: indeed, during any period of social transition, new problems for the individual will arise and have to be dealt with.

One variant of the social solution of personal psychological problems which may occur to the reader is the suggestion of a ' return to nature '. The argument runs that, if our problems and neuroses and psychoses arise out of our civilised way of life, then the obvious way to remedy the matter is to live more simply, and to do away with many of the complexities of civilised, and especially urban, life. It may even be asked whether it is not possible to live happily simply by ' doing what comes naturally '. This question could be made the basis of another book, and the present writer will probably try to deal with this once the present book has been completed. But for our present purpose we need not attempt to answer the questions, for two reasons.

The first is that it is not possible to alter the way of life of a nation completely and quickly in any given direction, even if the desired way of life is ' simpler ' than the existing one.

The second reason is that very few even of the primitive groups of which we have any knowledge have managed to achieve a happy and harmonious way of life; and the concept of the ' noble savage ' leading a good life is completely mistaken. It is true that one or two primitive societies have solved their problems in a way which allows them to live happy lives, with little or no crime, problem behaviour, or neurosis, but the price paid for achieving this may well be considered too high by many members of civilised communities. And the majority of primitive communities have *not* solved their personal problems satisfactorily; to para-

phrase the words of the *New Yorker* cartoonist, ' they have neuroses and are not even civilised '.

For example, the Samoans, as described by Margaret Mead, have achieved a pleasant harmonious way of life in which there is very little neurosis, and in particular there are none of the difficulties which are so frequently found in our society associated with puberty and adolescence; even here, however, there is one well-defined sexual aberration, and there are two situations in which an inferiority complex may develop; in addition, a great deal of what we value in emotional life is lost to the Samoans.

The Muria, about whom Verrier Elwin writes so persuasively, have also managed to achieve, by their own methods, a happy life free from stresses and strains in personal relationships, but their basic training could not possibly be introduced into European life as we know it.

On the other hand, the Bondo, another primitive Indian group of whom Elwin writes, shows a great deal of aggressive behaviour which results in a very high incidence of homicide, and the general pattern of their life strikes one as emotionally extremely uncomfortable, judged by our standards, or the standards of many primitive communities.

As I have said, I hope to be able to deal with all the problems which I have mentioned here, at greater length in a subsequent book. Meanwhile, we are forced to the conclusion that we must try to deal with personal problems as they arise within our own community, and the only methods which can cope with many of these problems, and in particular with the problems with which I have dealt briefly and which I now propose to discuss more fully, are the methods of psychotherapy. The problems themselves are inescapable, and arise, as I have suggested, from the way in which we live. It was from this last idea that the title of this book arose.

It is in fact dangerous from a psychological point of view to be a human being, and more especially to be a human being born into a modern civilised community. As far as we know, animals in the wild state do not develop problem behaviour, or neurosis, but even animals can find

the ' civilisation ' of captivity too much for them, and it is possible to produce problem behaviour, and even neurosis, in such diverse creatures as ants, rats, dogs, monkeys and anthropoid apes.

Briefly, we may say that neurotic behaviour in animals may be produced by setting the creature a problem too difficult for it, or one which produces too great a strain or tension in it, or one which gives rise to a ' mental conflict '.

It will be seen during the course of the remaining chapters of this book that it is in very similar conditions that we humans develop personality difficulties, neurosis or psychosis. We develop them the more readily because, as the highest members of the evolutionary scale, we are very much more complex, and much more delicately fashioned than other animals, and, in addition, we are born into groups which of themselves present problems of adjustment to the growing child.

A modern family group, and the modern national group of which the family forms a part, is in fact a very difficult situation in which the child has to ' get itself grown up '. I myself think that it says much for the resilience of human nature that so many of us do ' get ourselves grown up ' with more or less success, and that the proportion of people in our midst with personality problems or neurosis, while high, is not higher than it is.

Perhaps I should mention here that, in general, the more intelligent the human being, the more likely he or she is to develop neurosis; for example, an investigation at one of the English Universities revealed a very high proportion of students with neurosis of some kind, with a large number so seriously affected as to require psychological treatment.

We should not therefore confuse personality problems or neurosis with mental deficiency: it is the average or brighter than average boy or girl, man or woman, who so often needs the advice and help of the psychotherapist. I shall now proceed to deal with these problems in turn.

Three

Some Everyday Problems

I AM dealing in this chapter with some of the quite common problems about which I have been consulted from time to time, which, in general, have no very noticeable symptoms attached to them. Many of these problems seem rather vague to the untrained observer, and yet they are obviously taken very seriously by the people concerned, and quite clearly cause them acute discomfort and suffering.

There are a large group of problems of behaviour in young children which, while they vary in detail, have a great deal in common and have a common background. I will outline three cases within my own personal experience, and then indicate the points of resemblance.

The first was a boy of about nine. He was very excitable, given to exhibitions of temper, aggressive towards other children, and often knocked down smaller and less pugnacious children, who were not prepared to fight. He made violent attacks upon his mother, which were, nevertheless, to some extent sham attacks, since no very grievous harm was ever caused to the mother. This young boy, who was considerably above average intelligence, was also a persistent bed-wetter and, in his more excited moments, was given to wetting his trousers. In despair his parents sent him away to an expensive boarding school, which prided itself on being able to manage problem children. At the end of the term the school refused to have the boy back for the next one, and reported unmanageable behaviour and continued enuresis.

The second case concerned a boy a few years older. Here there was no very great degree of excitement—rather the reverse, in fact; this boy was sullen and morose, and would bury himself in a book and ignore the rest of the family. He was regarded as very difficult at school, and did very badly at his school work. In spite of this his intelligence appeared to be normal. He made frequent attacks upon his younger sister, and was brought to my notice when he tried to gas her by turning on the gas taps in a room she was in.

The third case was again a boy, this time much younger —only about five years old. He was not particularly difficult to manage at this age, but was a bed-wetter, and was always liable to be suffering from some childish ailment or other.

Now these three children differed in a number of ways, but there are certain striking resemblances between their respective behaviours, and they all had one thing in common: they all had sisters younger than themselves by a year or so, and the first and third, who were persistent bed-wetters, were also the first born in their respective families. All these children had been superseded by a younger sister, at a time when the boys themselves were still very young, and might have expected to continue to receive for some time to come all the love and attention from the mother, which they found so satisfying. There was an acute jealousy against the younger sister, the interloper who had supplanted them (as it seemed to them) in their mother's affection. As so often happens in such cases, when for any reason the child feels itself isolated from the mother, there was a very strong tendency to regress to earlier behaviour, in fact to become a baby once again.

This regression to infancy is not by any means confined to older children; it is found in normal adults (especially when they are ill in bed!) and noticeably in some psychopathological cases when a grown man, as a result of too great a shock or strain, may go right back into early infancy, crawl about on the floor, lose all power of speech, and have to be tended exactly as one nurses a young baby.

This last type of regression is, of course, extreme and

comparatively rare, but it is merely one end of the continuous scale of behaviour which I have already mentioned; and occasional regression of the adult to babyish behaviour, and the return to infancy by the children described here, are steps in the same scale, nearer to 'normal' behaviour.

The first of these children was brought to me and, for special reasons associated with this particular case, was handed over to one of my friends who specialises in the treatment of children. He now behaves quite 'normally'.

I was consulted about the second, where there were unusual family conditions, and as a result of adjustments in these, a very great improvement was effected, and the parents are no longer desperately worried by the boy's behaviour, although in my opinion he requires actual treatment by a psychotherapist.

In the third case, I have merely had the facts given to me by the worried father, who asked for general guidance in the matter; at the time of writing, he has not felt it necessary to bring the boy for psychological examination and treatment, and whether he will ultimately do so depends upon how the boy develops as he grows older.

There is, as I have stated, considerable resistance on the part of many laymen to consulting a psychotherapist. While writing this chapter I have had a startling, and in the outcome tragic, example of this brought to my notice. This concerns a woman whose husband was abroad on business for a long period. She took to drink and finally became a drug addict. The physicians did what they could for her, and finally advised treatment by a psychiatrist. During the period of treatment there was a very remarkable improvement, and, according to my informant, this woman was happier and more healthy than she had ever been before. Then the husband returned to this country; he was violently prejudiced against psychotherapy, and forbade any further expenditure on 'such nonsense'. The wife began to go back to her former state, and worse, and is now in a mental institution, with very little hope of recovery.

The children whom I have described had an attitude in common which links their cases with another large group

which produces a considerable proportion of problem or delinquent children. I refer to the unwanted child.

There are a number of different ways in which a child may be unwanted, and the type of 'unwantedness' will have an effect on the child's development and behaviour. There is the child who is unwanted merely because a child in the particular circumstances may be inconvenient. This is true of many illegitimate children, but in some of these instances the unmarried mother may become reconciled to the thought of having a child, and may even come to love and cherish it when it is born. In these circumstances the child is no longer unwanted.

On the other hand, there are a large number of children born in wedlock who are quite definitely unwanted, for a variety of reasons. This attitude on the part of the mother may be due to a break with the father (even if the parents continue to live in the same house): in these instances the emotional link between husband and wife has gone, and the mother may well hate any further reminder of the original love relationship.

An interesting study which bears upon this problem has been carried on in America; the attitude of mothers towards their babies was carefully observed during the process of feeding, and cinematograph records were made of the behaviour of the mothers and children; the later development of the children was also observed. The film records of these cases show very convincingly the different emotional relationships existing between the mother and the baby while the latter is being fed, and in later behaviour. One mother so obviously loves her baby and wants it that it is a pleasure to both for her to feed it (and, indeed, a pleasure to watch so happy a couple): while another mother, though giving the child enough time at the breast and sufficient milk, does so begrudgingly, and there is obviously very little emotional sympathy between the mother and the child, and no pleasure in the process.

There is an interesting connection between this attitude of the mother towards the child and the later personality development of the child. It is the *emotional* relationship

which is here so important, rather than the superficial behaviour; especially important is the real *giving-out* of love from mother to child. If the child is accepted willingly, joyfully, and naturally by the mother, then half the child's problems are already solved; if the father also takes his part in this emotional relationship, then the child has a very good chance of growing up with no emotional difficulties of its own.

The emotionally integrated family produces the emotionally integrated (and therefore normal) child. But acceptance of the child is not the same as selfish *need* of a child—which can be just as disastrous as rejection for the child's development and future well-being. The degree of 'wantedness' of the child will have profound effects on all aspects of its future behaviour, even in some directions which may appear to the layman to be quite unexpected.

For example, as Professor J. C. Flügel suggests in his book *The Psychology of Clothes*, the extent to which the child felt itself 'wanted' as a baby may influence for the remainder of its life its attitude towards clothing, especially with regard to its protective aspect. It is highly probable that the adult who 'feels the cold' and so needs several more layers of clothing than is normal, is in fact trying, unconsciously, to compensate for lack of *emotional* warmth, of love and tenderness, when he or she was a baby. On the other hand the person who is abnormally careless about clothing, even to the extent of taking readily to nudism, may well be making an unconscious protest against too much 'coddling' (an envelopment by an over-anxious mother) when a child. I have had in my own experience a patient who revealed the latter 'rebellion' against the oversolicitous, and in this case too dominant, mother.

In this connection it is worth noting that Dr. J. D. Sutherland has recently suggested that the unborn child may even be subject to prenatal influences—that the mother's emotional attitude towards the child she carries may affect the future behaviour of the child; but this is a field which is still almost entirely unexplored, and will richly reward further investigation.

The future welfare of the young child may also be profoundly influenced according to whether he or she is of the 'wrong sex': if it is a boy when the parents longed for a girl, or *vice versa.* This particular lack of sympathy between parents and the child (which may even lead to the parents trying to keep the boy effeminate, or make the girl into a tomboy) is the source of many of the difficulties in the sexual life of the adult, and may in some instances lead to the development of a homosexual pattern of behaviour; more usually it leads to unusual difficulties on the part of the adolescent in achieving satisfactory emotional relationships with members of the opposite sex.

Extreme shyness when in the company of one's fellows, whether of the same or of the opposite sex, may be another result of this early lack of emotional balance; this may result in no more than a temporary embarrassment and loss of happiness, which the boy or girl is able to 'grow out of', or it may lead in some cases to the adolescent seeking escape from his difficulties by way of excessive smoking, drinking or even drug taking, if the opportunity presents itself.

(One very shy youth told me that going to a mixed club, or to a dance, was very painful to him, although he felt the need to go: then he found, as though by accident, that a couple of drinks made it so much easier for him to mix, and even to venture on the dance-floor. This led in time to the taking of more alcohol until he soon reached the stage of finding it difficult in the evening to pass a public house door. At that point he was sent to me for advice.)

The mention of shyness brings to mind excessive blushing, and general awkwardness, especially with the hands; the person 'does not know what to do with his (or her) hands'. Both of these types of behaviour can be very unpleasant to the person so afflicted; extreme blushing, which may occur whenever the individual goes into the company of other people, and may affect not only the cheeks, but also the rest of the face, the neck, and even the chest, can be so painful that the man or woman (more often the latter) who is subject to it may avoid all fresh social contacts,

rather than have that unpleasant experience. This affliction may therefore change the whole course of an individual's life.

Blushing, and awkwardness with the hands, both have their origins at deep emotional levels, and both are regarded by Freudians as having a close connection with sexual behaviour: but this is a controversial issue into which we need not enter here. What does concern us here is that both states, like all the others about which I am writing in this book, are amenable to psychological treatment.

Temper tantrums are a problem more often associated with children. Indeed, in our society temper tantrums may be regarded as a normal stage of development with children at a certain age; but, as with most aspects of human behaviour, they become abnormal if they are excessive either in duration or degree, or if they persist into later life.

Another behaviour problem which occurs quite frequently with children is that of persistent stealing. This can cause acute embarrassment, and even misery, to the parents, who often do not know that it is a quite common type of behaviour in children. (This, incidentally, is true of many of these human difficulties; if the sufferers realised that there are in fact many others like them, then they would not feel quite so worried by their problems, and would be all the more willing to consult a practitioner qualified to deal with them.)

All the above problems constitute comparatively small sections of one's total behaviour—they may occur at comparatively infrequent intervals and, as in the case of blushing, may be to a very great extent avoided, by avoiding the special circumstances in which they are likely to occur (in the case of blushing, that is the entry into fresh social groups, and the general meeting with strangers).

They all arise from unconscious emotional conditions produced in the individual when he or she was a very young child: according to Freud and his followers, in the first year of life—but, according to other workers in the field, in the first few years of life, possibly up to the age of seven or so. At any rate they all agree that the emotional experi-

ences of the very young child will have profound effects on its later development and behaviour.

This is true not only of the type of behavioural problem with which I have been dealing so far in this chapter; that is, where the 'abnormal' behaviour occurs only occasionally or can even be entirely circumvented; it is also true of general character attitudes. These may involve unsatisfactory attitudes towards one's fellows, and in particular towards members of the opposite sex.

For example, deprivation in early childhood of love and affection may well lead to an over-anxious possessiveness in later life when the individual creates an emotional relationship with another adult; this may be the relationship between a girl and her lover, or husband and wife, or merely between friends. In any case, a very pronounced degree of jealousy is always associated with this attitude.

On the other hand, the extreme devotion and possessiveness of a mother towards her son may well produce a man who is quite incapable of forming a satisfactory attachment to another woman.

Another type of unusual attitude in later life is illustrated by a case in my own experience: this young man, when a baby, was abandoned by his parents, and adopted and rejected by a succession of foster parents, chiefly on the initiative of the woman, all before he was a year old. By this time he had developed so profound a mistrust of women that he refused to have anything to do with them. This attitude was gradually overcome by his last foster parents who brought him up with as much loving care as they would have bestowed on their own child. This removed the unusual behaviour at the surface, so to speak, but it failed to change the general attitude of the boy towards women, with the consequence that for a long time he tended to 'lead girls on' in order finally to reject them rather cruelly. In this way he was apparently taking his revenge for his early treatment at the hands of women; yet this was quite unconscious, since he had no recollection of the treatment, and indeed was completely unaware of his early history or of the fact that he was an adopted child.

Yet other general attitudes are concerned with property in general and with money in particular. In my opinion these may arise either from actual childhood experiences with property and money, or from love relationships with the parents. (Strict Freudians would, I think, insist upon the latter interpretation in *every* instance.) These experiences may lead either to excessive possessiveness, or meanness, or to exuberantly prodigal generosity.

So complex is the human mind that either of these may be the *real* attitude of the individual concerned, or may be only a superficial cloak for the *real* attitude underlying this, in which case the real attitude is the reverse of the superficial one. But the trained observer will be able to distinguish between types of meanness and especially between types of generosity, between the man who really gives what he has to the poor and the man who casts his bread overcautiously upon the waters, reckoning how many days it will be before it returns.

For all of these attitudes, and for the more occasional abnormalities of which I wrote at the beginning of this chapter, the followers of Freud would find a source in hidden sexual impulse. The present writer would perhaps allow some exceptions from the general rule, as I have once or twice already indicated: but, using the term 'sexual impulses' in the wide sense in which Freud used it, I should feel inclined to agree that there is at least a sexual factor involved.

Another of these mildly abnormal details of behaviour, which links this chapter with the next, would also be regarded by Freudians as having its origins in frustrated sexual impulses. I refer to the habit of biting the finger nails.

This is a rather more obvious 'symptom' than the other aspects of behaviour about which I have been writing so far, and certainly leaves very visible traces behind it, in the form of finger nails which to our eyes are unattractive or even positively repulsive.

I cannot, in the present book, go into all the intricacies of the theory concerning the impulses underlying this com-

paratively common habit, since I am here concerned with explaining what psychotherapy can do, and not with the therapists' training theory and practice; but, as I have mentioned, this habit is held by many to have its origin in the sexual impulses, and more recently it has come to be regarded as a sign of repressed aggression toward the child's father.

However this may be, the habit remains an undesirable one. Some children seem to lose it without any noticeable training on the part of parents or guardians (though these may exert influences of which perhaps they themselves are unconscious); other children can be led out of the habit by judicious handling, and in particular by substituting a greater motive, *not* to bite the nails, for the satisfaction which the nail-biting affords. (Vanity and the desire to please the girls may in some instances afford a sufficient counter-impulse to break the habit in a growing boy.)

With others, however, both boys and girls, the habit may persist well into adult life and even throughout adult life. In these instances the hands are permanently disfigured, and the habit can be very irritating to those associated with the individual who has it. In these cases there are certainly very strong repressed emotional impulses at work, and the habit has become a definite abnormality of behaviour. In these cases, also, it is rarely found alone; more often, it is associated with some other peculiarities of behaviour.

In my own experience two cases come to mind, one a boy of sixteen and the other a woman of nearly thirty; in both instances the nail biting is pronounced, and is associated with persistent bed wetting. The latter is naturally regarded by others as being abnormal in a grown-up person of either sex, and yet the other symptom, the nail biting, on its own, might well be accepted as nothing more than mildly objectionable. But the trained psychologist would diagnose from this symptom alone the presence of serious emotional disturbance, probably dating back to early childhood, and the same can be said, in varying degree, of all the other types of behaviour dealt with in the present chapter.

Yet with the habit of nail-biting we have moved into the

region of behaviour where even the layman can detect that all is not well, and this leads to worry on the part of many a mother or father; I am often consulted as to a suitable course of action to deal with this problem. The presence of a noticeable, physical, symptom makes the individuals concerned take note of the abnormality, and there is a large class of mild abnormalities of behaviour which belong to this type.

Four

Headaches and Habits

I PROPOSE IN this chapter to deal with those mild abnormalities which are accompanied by physical symptoms. These may be very patent, and may appear to have so little connection with states of the mind (or one's 'nerves,' to use the popular phrase) that it seems natural to regard them as symptoms of a purely physical disease—an attack by a micro-organism.

These physical manifestations include a wide range of symptoms indeed; but we can make one generalisation concerning the whole class: that is, that the extent to which they cause embarrassment, or even pain, to the individual who is afflicted, varies with his social surroundings and general manner of life; what may remain unnoticed, or may be merely a nuisance to one person, may well prove disastrous to another, because of very different circumstances. For instance, badly bitten nails may be, on the one hand, merely a source of mild displeasure to one's intimates, or, on the other hand a serious social disadvantage and even a barrier to some types of employment which would otherwise be open to one.

There are a large number of mannerisms which are fairly common and as often as not are tolerated by the person concerned. Such mannerisms include peculiar gestures with the hands, stroking or patting a part of the body (especially the head and more particularly the hair), playing with an intimate piece of property such as one's spectacles, or merely fiddling with one's watch chain or coat button.

This last is very widespread, especially with public speakers. (One is reminded of the story of the politician who invariably played with a button on his jacket while making a speech, whose eloquence was completely dammed up when a humorist cut the button off just before he was due to speak).

These habits, while unconscious, or almost entirely so, can be brought under the control of the conscious part of the mind and therefore stopped, at any rate for the time being.

There are other mannerisms however, which seem to elude the will altogether: these include the 'tics'—involuntary twitchings of a small group of muscles, often in a part of the face. This may lead, for example, to an involuntary wink in one eye, repeated at fairly frequent intervals, which has, with members of the fair sex, led to embarrassing misunderstandings. It is in any case irritating to the sufferer, since one is conscious of the muscle movement and also of one's inability to control it.

(It is interesting to note that, in the past, attempts have been made to cure these nervous twitchings either by bandaging the affected part, or by severing the nerve to the group of muscles involved: in either case the result is likely to be the occurrence of another twitch in another part of the body).

The eye wink may be more general and may lead to an excessive blinking of both eyes. Instances in which this occurred have come to my notice from time to time, and it is noteworthy that the affliction is most pronounced when the sufferer meets a stranger, or goes into strange company: as the newness of the situation wears off, so the symptom tends to subside. This is strongly indicative of the mental origin of the symptoms, and shows a connection with other afflictions like excessive blushing.

This group also forms a link with the more serious disorders, the compulsions, obsessions and phobias.

In a compulsion one is irresistibly driven to carry out a rather more complicated action than occurs in the tic. For example, Dr. Johnson had a compulsion to *touch* lamp-

posts and articles of furniture, while Napoleon had a counting compulsion. One of my adult students confessed to a counting compulsion: she frequently found herself quite needlessly and senselessly counting articles, for instance in putting pieces of coal on the fire! Even when the process came under conscious notice, she still found it difficult to resist the temptation to count. Yet another of these compulsions is that to use obscene language—John Bunyan was so afflicted. (This is quite different of course, from the everyday use of swear words). This last compulsion can be very embarrassing, especially to so high-minded a person as Bunyan (and it is often this type of individual who is most likely to be affected in this way).

These compulsions may be comparatively simple, as in the instances I have previously mentioned, or they may be more complicated, and may indeed become so elaborate as seriously to interfere with the individual's way of life.

This happened in the case of a young girl who developed a compulsion to perform certain actions before retiring to bed, and so gradually evolved a long and complicated ritual, which *had* to be gone through before she could get into bed, so finally she had to start preparing for bed hours before she needed to sleep.

Another common compulsion which, however, usually remains within the bounds of the merely irritating, is the compulsion to wash, either a part or the whole of the body. This last compulsion is particularly easy to rationalise, since all manner of excuses can usually be found for frequent washing, especially washing of the hands. When one recalls the symbolical meaning of such washing (as instanced by the gesture of Pontius Pilate, for example) it is not very difficult to guess at the secret springs for this particular behavioural abnormality.

These compulsions link up again with the obsessions and phobias: since these are quite definite abnormalities, and will normally come to the notice of a clinic or an individual practitioner, I do not propose to deal with them here, but should like to point out roughly the difference between

the two classes, the obsession, in which vent is continually being given to an unconscious urge, and the phobia, in which the effects of an unconscious urge are continually, and often very elaborately, being avoided.

But even these abnormalities have their mild varieties, which may be more or less tolerated by the person concerned, although they may lead to considerable unhappiness. Such a mild obsession afflicts the person who always feels that he or she is being 'put upon,' and being unfairly treated, especially by superiors.

A mild phobia may take the form of complete avoidance of certain types of food, where the avoidance is not based either on unfamiliarity or on real distaste. (Any distaste for food probably arises from unconscious, i.e. repressed, emotional associations. There is an interesting examination of the problem in Professor Girindrashekhar Bose's book on *Repression*).

A phobia which is very widespread indeed is the common aversion to travelling by certain methods of conveyance; the avoided means of transport range from tube trains and buses to aeroplanes. In two cases in my personal experience, the dislike of travelling by underground was combined with an equal dislike and avoidance of air travel, yet in both cases the individual so afflicted was quite happy in other means of transport, by sea or land.

Whether this particular phobia is serious or not depends upon the individual concerned. In one of these cases it did not matter a great deal, since this woman was always able to avoid travel either by air or underground; but in the other case the phobia seriously interfered with the woman's way of living. Her husband was often abroad on business for comparatively long periods; her two sons were at a famous public school; and she admitted that she would have spent a great deal more time with her husband if she had been able to fly back to the country at short notice, should her children have needed her. There was therefore in this case a very real need for psychological treatment, to free her of her phobia and so release her to spend more of her time with her husband. She was, quite literally, in a

psychological prison, the bars of which had been forged in her own unconscious mind.

Stammering and stuttering are fairly common speech defects, occurring in all classes of society. It may not be realised that in the vast majority of these cases there is no sign of any physical deficiency, either in the mouth and tongue, in the face, or in the area of the brain which is known to be associated with our ability to speak. This is shown by the cases in which there is a serious impediment in everyday speech which disappears completely when the person afflicted begins to sing. The difficulty arises in almost every instance from repressed emotional complexes, which operate to prevent clear and fluent enunciation of speech.

One case in my own experience illustrated this point very neatly, and concerned a girl whose native tongue was English, although her mother was German. When speaking English the girl had a stutter which made conversation with her quite difficult and even painful. For a number of years she was a member of a class in Russian. She made such good progress with this difficult language that she very rapidly became the best student in the class and obtained a proficiency equal to university degree standard. The interesting point here is that she was able to speak Russian quickly and fluently, without a trace of stammer, or hesitation of any kind. It is therefore clear that her difficulties with English had no physical basis, since her speech organs were able to cope with another, foreign, and difficult language.

It is rather interesting that speech defects seem to be more widespread among the aristocracy of this country than in any other social class. I am not aware of any research into causes for this unusual state of affairs, but I should be inclined to hazard a guess that any such research would reveal the seat of the trouble to be emotional conflicts arising out of the methods of bringing up children at this particular social level; it is well known that the children of the aristocracy have, on the whole, a very different upbringing from that of other English children; at the aristocratic level the young child is left in charge of a 'Nanny'

almost from the time of birth, is then sent to a prep. school, and then, at a fairly early age, to a public school. Some, at any rate, of the public schools have their own ideas of the correct treatment to be applied to young human beings, methods the value of which many psychologists would beg leave to doubt. This particular problem is one which would well repay research.

Other disabilities, which may occur either alone or in association with some of the disorders which I have dealt with in the preceding paragraphs, are themselves often associated with one another.

Such disorders include attacks of dizziness, headaches and migraine. Some of these may have physical origins—attacks of dizziness may arise from too rapid changes in altitude, and a headache may occur as the result of an accidental blow on the head (although many psychologists would suggest a psychological cause for the accident). But the majority of these attacks arise from no known cause, although, as in other instances I have quoted, it may be fairly easy to think of a cause after the event; this is another example of that process of rationalisation of which we twentieth-century humans are so fond.

Attacks of dizziness are often associated with unconscious fears of 'moral falling'—the literature of psychological medicine abounds in such cases, and psychological methods alone will clear up such a condition satisfactorily, with a reasonable hope that it will not return.

Headaches arise from a number of emotional sources, including, in particular, emotional conflicts and anger. Karen Horney gives a number of interesting examples of the latter in one of her books, and I have observed similar occurrences both in my patients and myself. In my own case, nowadays, a very rapid analysis clears the headache more quickly and effectively than any drugs can do!

Karen Horney mentions in particular the instance of John, a good-natured business man, apparently happily married for five years, who suffered from diffuse inhibitions and inferiority feelings and had developed occasional headaches which had no detectable physical basis. On one such occa-

sion he with his wife and two friends had been to see a musical comedy. He was quite fit when he went to the theatre, but developed a serious headache during the performance. Rationalising, as we are so prone to do in such circumstances, he thought it might be due to being in a stuffy atmosphere, but realised that in fact this particular theatre was quite well ventilated. Then he thought that it was because it was a bad play: but again reflection showed that bad plays do not normally give one a headache. Indeed the play was not bad, but *it was not so good as one by Shaw which he would have preferred to have seen.*

This last reflection gave the clue to the real cause of the headache, and a short analysis led John to realise that he had been overruled in the choice of the play to be seen, but had shown no obvious resentment at this. His anger at being frustrated had been repressed, and gave rise to the headache. As soon as this was recognised the headache disappeared.

A few days later John woke up with a splitting headache. There had been a staff meeting the night before, and while half awake John thought the headache must be the result of too much drink. A fly started buzzing around him in an irritating manner, and, rather surprisingly, this made him furiously angry. Then he recalled the fragment of a dream, in which he had squashed two bed bugs with a piece of blotting paper which had many holes distributed over it in a regular pattern.

Free association, to which John was accustomed by experience of analysis, led to his recalling cutting patterns out of tissue paper when he was a child, and in particular an occasion when his mother had failed to express appreciation of a pretty pattern: now the memory of the board meeting came in again and the fact that he had drawn caricatures on the blotting paper of the other members of the board, of the Chairman and of his opponent in a discussion. A resolution had been put, to which John had raised only very weak objections, which were hardly noticed by the other members of the board, and the resolution was carried and now involved a great deal of extra work for

John. The latter now realised that he had repressed his anger at being overruled or rather unnoticed, and that the two bed bugs were the Chairman and his opponent. With this realisation his headache disappeared.

On several other occasions headaches were analysed away by John, and on each occasion the underlying cause was anger which had been repressed. This particular cause of headaches in his case links up very neatly with his special type of personality.

Other types of headache, as, for example, the 'sick headache,' are equally likely to have their real origins in mental conflict of some kind—the sick headache quite typically denotes a revulsion against some course of action, or against association with some particular individual. I have myself met instances in which a wife actually experienced nausea whenever her husband was due to return home, and this in spite of the fact that the wife, as far as she knew, was quite fond of her husband. Her conscious and unconscious attitudes towards her husband varied greatly from one another. (This effect of mental conflict can account for many instances in which there is an apparent physical cause for sickness, as in eating some particular food.)

Dr. Charles Berg has written some sentences which form an apt commentary upon such headaches. In discussing the use of phenobarbitone as a sedative, in treating a wide range of functional ills, from migraine to psychogenic disorders (excluding the epilepsies), he remarks that the results are so inconsistent that, while one may be satisfied with those cases in which relief is obtained by the administering of these drugs, the whole position is very unsatisfactory from a scientific point of view, and he suggests that we may be justified in wondering whether mental causes are not at least as important as physical causes in this type of illness.

I myself would suggest that, while the presence of a physical 'cause' may sometimes be necessary for the production of a particular type of illness, it is the mental state of a person which determines whether or not an illness will ensue; but I shall discuss this concept more fully in chapter nine.

Dr. Berg illustrates his point by special reference to one of his own patients, who was being treated with half a grain of gardenal, night and morning. One day he was given a supply of luminal tablets in place of the usual gardenal, and the patient complained soon after that his condition was getting worse since taking the luminal. He was then assured that 'gardenal' and 'luminal' were different names for the same substance, phenobarbitone, but he still protested that he obtained relief from gardenal but none from luminal, and his condition bore out his contention. He was then put back on to gardenal, and regained his normal state of health! This would suggest that in his case at least phenobarbitone was no more than a placebo.

There is another large group of diseases which is being recognised to an even greater degree, even by general practitioners, as having an origin in our mental conflicts. This group includes a wide range of disorders usually classified as skin diseases.

These may show a wide variety of different symptoms, and may appear to be quite distinct disease entities, and at one time it was thought that each such skin disease had as its cause a typical organism or, if one such could not be discovered, a typical deficiency in the blood, in particular, some form of vitamin deficiency.

Some of these diseases may indeed have physical causes, but there is an ever growing number of cases which fail to respond to treatment with drugs or ointments, and are then turned over to the psychiatrist for treatment.

Such cases may exhibit only small localised patches or eruption on the skin, whether in the form of rash or pimples or other eruption, or the affection may be distributed over large areas or even the whole of the body. In these instances both the type of eruption and the position on the body will often be found to have a close association with the type of mental conflict which is the real cause of the trouble; the skin disease stands, as it were, as a symbol for the conflict.

Disease of the face—it may be a localised affection of the

eyes, or ears, or mouth,—or disease of the hands, will be seen to have an obvious symbolic meaning. In other instances the symbolism may be more complex, and it may be necessary for the psychotherapist to be especially on his guard against accepting the more obvious symbolic meaning of such an outbreak.

In one case in my own experience, a man had a very marked rash, which was also very irritating, on the skin on the inside of the upper part of both thighs. In spite of the application of all kinds of lotions and ointments, the rash continued to spread, and looked very like an infection by a micro-organism of some kind. There was in fact no clear source of infection, such as one might have suspected, and it was then considered that the rash had a psychological origin.

Here, however, the more obvious symbolism of guilt because of irregular sexual behaviour, could not be entertained, because of the man's particular personality structure. In fact, the cause was anxiety associated with research work at a university and the reason for the appearance of the rash on the places actually affected was the close association *for this man* between all anxiety and the original anxiety arising from the castration complex, of which Freud was the first to give us a description.

I think that Freud was mistaken in holding that we all suffer from a castration complex, but there are certainly instances, of which the case I have just discussed is one, in which this particular complex plays an important role.

However this may be, a short analysis, and full realisation of the origins of the skin complaint in this case, caused the rash to disappear 'as if by magic,' and now eighteen months after the original outbreak there are only very occasional recurrences of very small patches of rash, so small as to be hardly discernible, and these are always found to be associated with some special degree of anxiety, and realisation of this causes a rapid disappearance of the rash.

As I have indicated, all these disorders, which have more or less obvious symptoms, will be found to be within

the province of the psychotherapist, and more and more of them are, in fact, being sent by the general practitioner for psychiatric treatment by a specialist, whether in a clinic, hospital or private practice.

Mention may also be made here of the *general* effects of mental attitude upon physical well-being, in particular upon stance and deportment. I have already quoted Professor Burt's description of the typical neurasthenic, and would mention Groddeck's view that all our peculiarities of stance and gait have a psychological explanation, that, in fact, our bodies symbolise our minds.

This view is certainly borne out by my own experience, and it follows that the improved mental well-being which results from the practice of psychotherapy should produce equally striking effects with regard to general physical well-being, and this indeed is often found to be the case. I intend to deal with this topic more fully in a later chapter.

Five

Alcoholism and Drug Addiction

WE NOW turn to a small group of problems of behaviour which are much more serious than those of which I have written so far. Indeed, the problems of the person given to excessive drinking or to excessive smoking, or to taking drugs, are so serious as to merit being placed along with the extreme psychological abnormalities with which I dealt briefly in Chapter Two. But that would take them outside the scope of this book, and I wish to deal briefly with them, because those suffering from addiction to alcohol or drugs differ in one important respect from individuals afflicted with schizophrenia, paranoia, etc.

The latter, once the affliction has made a certain amount of progress, are forced by their condition to take psychological treatment, whether in a clinic or mental institution or by a private psychotherapist: in fact, the relatives of the sufferer may well take steps to force him to undergo treatment.

But, with rare exceptions, the alcoholic or drug addict is left to his or her own devices, and does not realise that there is something seriously wrong, with which the psychotherapist may be able to deal if he is consulted before the condition has been allowed to continue for too long. (The reader will remember the young ' incipient alcoholic ' whom I have mentioned earlier, who was sent for treatment and has escaped from the dangers of alcohol).

I am therefore writing this chapter in the hope that some of those who have taken refuge in drink or drugs will be

made to realise that they do need psychological treatment, and that a psychotherapist may be able to help them. But I must emphasise that, at the present stage of development of psychological medicine, drink and drug addicts present some of the most difficult of all problems to the psychotherapist.

There is at least one additional reason which should carry a good deal of weight in prompting these addicts to seek psychological help, and that is the consideration of economy. Most behavioural problems do not involve any great dislocation of one's personal economy, but excessive drinking, or excessive smoking, or the taking of drugs, are all very expensive, and may seriously interfere with one's personal budget and so with that of one's family.

Drink and tobacco are expensive because of high taxation, and drugs are expensive because they are prohibited and so have to be obtained through illegal channels. In my own personal experience, I know of several people who spend £700 or more a year on *personal* drinking. It is, of course, easy to spend a great deal more, on entertaining large groups of people; but I am here speaking of the 'solitary soak,' who spends such sums on his or her personal drinking, gains no happiness in the process, and is steadily ruining his health. I am not here dealing with the moderate drinker or smoker (I myself both drink and smoke a little) but with the person who takes alcohol and tobacco in large quantities every day, and cannot do without them in any circumstances.

I used the expression 'taking refuge' in drink or drugs, and it is precisely this that the individual so afflicted is doing. There is an attempt to escape from one's personal problems, and the attempt at escape may be conscious, or entirely unconscious. It may sometimes begin by being conscious, and then become an irresistible habit. Quite frequently the addict does not realise that there *is* any conflict or problem; he merely knows that he feels better under the influence of his particular drug (since alcohol and nicotine are themselves drugs).

Drugs vary considerably in their effects on the human

organism: some may be taken as a temporary stimulant, while others may be taken for specific purposes, as for example in the Middle East heroin is frequently taken in order to prolong sexual activity by delaying orgasm in the male (this leads in the end to impotence).

But all the drugs under consideration in this chapter have in common the effect of putting out of action the highest centres in the brain, which normally exercise a restraining influence on behaviour. The conflict between the effects of these centres (which are the physiological counterparts of the Freudian Super Ego) and the lower centres (which in turn correspond to Id impulses—instinctual drives) leads in many instances to a state af acute mental tension which is felt by the individual as anxiety.

This anxiety can soon become insupportable, and is felt as having a stranglehold on one's life. (Gerhard Adler has pointed out that our words anxiety and anguish are both derived from the Latin 'angere,' to throttle or choke).

An obvious and apparently simple way to get rid of this feeling of anxiety is to put the higher brain centres out of action, and this can be done quickly and effectively by alcohol, nicotine and other narcotic drugs. The sufferer thus escapes from the anxiety, and does not realise that the anxiety is only a symptom, of which he has rid himself, while leaving the original, psychological, conflict unaffected. Hence, the drinker or drug addict has always to be taking his drug, often in ever increasing quantities.

It has been pointed out that the drunkard in particular is usually more or less remote from reality and is turned in upon himself, living in a world of illusion. It is consequently often very difficult to make contact with him if one is oneself living in a 'real' world, and this explains why the attempts of well-meaning relatives and friends to 'reform' the drunkard usually meet with complete lack of success, and may even make the condition of the sufferer worse rather than better.

With all conditions in which a human being lives in a world different from the world of everyday reality, there exists this difficulty of establishing mental contact, and this

makes it essential that anyone who attempts such contact should have either special training or personal experience of the actual state, or both. This is true in a minor degree when we deal with young children who have not yet entered the world of adult reality, and much more so in dealing with adults who, having at one time been in the real world, have turned away from it again for one reason or another.

This also explains the success of group therapy, and the partial success of such organisations as Alcoholics Anonymous, of which every member must in accordance with the rules at one time or another have been an alcoholic, and in consequence have had experience of the condition with which new members are trying to cope: the other members can sympathise, in the best sense of the word, with the mental state of the new member, and so can make contact with him and may in many instances be of real assistance.

Unfortunately, this fails to effect a complete cure in some cases, and then there is a history of complete abstinence followed by a relapse and renewed bouts of heavy drinking. (It is noteworthy that this alternation also shows alternation of personality traits, rather after the pattern of some other mental disorders in which there is more or less complete dissociation of personality into two or more parts).

It is such cases that the psychotherapist is called upon to treat, and his task would be made much easier if the 'flight to alcohol' could be regarded at an early stage as a warning sign that things have gone wrong and, if advice is not taken, will inevitably become worse and worse.

The psychotherapist is able to treat such cases because he too can sympathise with the mental state of the drinker, in this instance because of his training and, what is more important, native insight. (Theodor Reik has remarked, quite rightly, that without this insight, all technique is futile, though training has to be added to native ability).

Even so, special measures are sometimes necessary to achieve any real degree of success in dealing with the habitual drinker, for, as I have emphasised several times, there is need of co-operation between patient and practitioner, and it is precisely this lack of desire to co-operate

which makes so many drinkers such difficult problems. From the point of view of the person affected, drink and drugs are a successful solution of their problems, compared with the solution via a neurosis, and so in many cases the addict at least is quite happy in his or her state, at any rate as long as the effect of the particular chosen drug lasts.

It is therefore necessary in some cases to establish a period of co-operation between patient and therapist, a period of sobriety, and this can sometimes be achieved by drugs such as antabuse.

To quote from an article printed by *The New Republic* of New York and reproduced by the *Manchester Guardian*: ' (Antabuse) has the extraordinary faculty of creating a profound physiological turmoil if, while antabuse is in the system, the patient attempts to drink, the interdiction effect begins almost at once and may last for four or five days. Antabuse is not a cure; when the effect wears off the alcoholic, left to his own devices, will probably relapse. It has the advantage, however, of making possible a sober interval during which he can be helped both physiologically and psychologically. The second of these is more important than the first. For a real cure it is highly desirable that the individual should find out what is the frustration, anxiety, or insecurity (or group of them) that has caused him to seek to escape into alcohol-induced unreality. He will begin to be well when, voluntarily, he will select a way of life—physical, emotional and social—that precludes the compelling need of such an anaesthetic.'

The article from which this paragraph is taken deals with the Compulsive Drinker in America, and is based on the work at the Yale Centre of Alcoholic Studies at New Haven, but the greater part of the contents of the article can be transferred to the drinker in this country.

The article continues: ' Because of the work of the Yale Clinic we now know for the first time something of what the typical American alcoholic is like, based on a study of more than two thousand of them. The common conception that the dipsomaniac is a ' Skid Row ' character turns out

to be quite wrong. More than two-thirds have jobs which they have held through a period of years, more than half of them are married and living at home; 80 per cent are under 50, and 25 per cent are under 35. An amazingly large number of really important positions in government, business and the professions are being held at the moment by men who, through their own confession, are alcoholics.

'How is the compulsive drinker to be restored to health? As already suggested, the most important matter is that he should recognise the need to do something constructive about his drinking problem. It is not enough that he shall, at some given moment, want to stop: almost all alcoholics at various times and for longer or shorter periods have wanted to stop drinking, and most of them have done so. This completely negative response is insufficient (except in some very early cases, under special conditions). The alcoholic will not be safe until he has faced up to the whole problem of why he began drinking in an uncontrolled way.

'What is needed in general is fairly obvious. We need much greater research into the physiology and psychology of alcoholic addiction. Is it true, for instance, that there is little alcoholism in Jewish or Italian groups, and much among the Irish and Scandinavians? We need really effective public education about the dangers. In particular we need wider recognition that this is an illness, not a moral obliquity. The few industrial firms that have set about reclaiming the problem drinkers among their own employees have set a fine example of success and one that can with profit be followed by many firms throughout the country.'

The magnitude of the problem in the United States can be gauged by some figures given earlier in the same article. 'About Four million Americans are in the group whose drinking habits are beyond their control: half of them are in industry. Every working day 170,000 people are off the job for this reason alone, representing an annual loss of 45 million working days and at least one billion dollars in wages. The uncontrolled drinker also loses more time

per year than the normal individual because of illness only indirectly connected with his addiction. And alcoholics have two or three times as many accidents as normal individuals; although they are only 4 per cent of the industrial working force it has been estimated that they cause 10 per cent of the accidents, involving a loss to industry of perhaps an additional three million working days.'

There are no published data in connection with the same problem in the British Isles,* but my observation leads me to think that in this country too the compulsive drinker constitutes a serious problem, both in industry and, what is perhaps more serious in the long run, at what are now called the 'highest levels,' both in industry, and in politics and the professions.

I have devoted the greater part of the present chapter to the problem of the compulsive drinker, since alcohol is one of the two most widely used drugs, and is of the two the more dangerous, for as far as we know the effects of tobacco are mainly physical. Indeed, the effects of smoking are apparently so gradual that it is doubtful whether many people will turn to the psychologist for assistance in cutting down their consumption of tobacco.

Nevertheless the excessive smoker does constitute a serious social problem, for his addiction to tobacco reveals psychological stresses, the painful effects of which the smoking of tobacco helps to disguise. Even the untrained observer, if he watches carefully, can see abundant evidence of mental strain in the heavy smoker, either in his gestures, manner of sitting and standing, or in his speech, or in some other aspect of his behaviour, and the trained psychologist can see much more besides.

The type of problem from which the smoker is trying to escape is probably much the same as those which drive the drinker to seek solace in alcohol, and should be tackled in much the same way by the psychologist. The problem of

* Dr. G. K. SELBORNE, writing on this subject in THE FAMILY DOCTOR for November, 1953, states that in England, in 1951, it was estimated that severe chronic alcoholics numbered 100,000, and [illegible] drinkers 400,000. This is about a third of the incidence in the U.S.A., and a fifth of that in France, Chile, and Switzerland.

treatment is made simpler in the case of the tobacco addict, since his drug does not help him to turn away from reality quite as readily as does alcohol.

The physical effects of nicotine on the nervous system are different from the effect of alcohol, but it is worth noting that, when applied direct to a nerve fibre, nicotine paralyses the nerve rapidly and effectively, and completely blocks the transmission of any nerve impulses. There are probably other serious effects of nicotine on the human body, such as disease of the respiratory system, of the heart, and as a probable cause of cancer of the mouth, throat, and lungs. But these are primarily physical effects, although they may have quite striking psychological accompaniments, as in some cases of heart disease.

The problem of the way in which nicotine acts in helping to relieve temporarily mental stress has received even less attention than the similar problem with regard to the effects of alcohol, and both of these would amply reward any psychologist who undertook research in this field. It is important to realise that smoking to excess is just as much a symptom of some mental trouble as is heavy drinking or the various peculiarities of behaviour with which I have dealt in earlier chapters.

I mention this point specifically because, in the case of addiction to tobacco more than in any other, there is a strong temptation to regard the actual heavy consumption of tobacco as being the real problem, which one has to try to solve. This is not the case, and, as I have remarked, this habit must be tackled in much the same way as others; that is, the psychotherapist must regard the smoking as a symptom, and try to discover the underlying mental stresses and conflicts which are the real problem and which give rise to the flight to tobacco.

This point was illustrated rather dramatically by a case which was brought to my notice. A young husband who was a very heavy smoker wanted to be cured of this habit, for financial reasons; he underwent a course of hypnotic treatment, which was aimed at abolishing the smoking habit. This the treatment achieved, but the result was a

marked deterioration in the personality of the patient, who became quite impossibly unpleasant to his wife and children.

It is apparent that here there was a personality disorder, which would probably have resulted in unpleasant neurotic behaviour if it had not been for the effects of tobacco; when the latter were removed by superficial treatment, the personality disorder asserted itself.

A correct therapeutic method would have ignored the actual smoking habit as such, regarding it as no more than a guiding symptom, and would have concentrated on dealing with the inner mental conflicts. When these had been brought to light and so resolved, the symptoms of heavy smoking would have disappeared, and no other symptoms would have arisen to take its place, as happened in the more superficial treatment by hypnosis.

I have mentioned in Chapter One the fact that many psychotherapists are doubtful about the use of hypnosis as a method of treatment for psychological disorders, and some practitioners are extremely hostile to it. Certainly it is a method to be used with great caution, and only by qualified psychotherapists, who have a wide knowledge of other aspects of psychology and psychological medicine. As Dr. W. Russell Brain, President of the Royal College of Physicians, pointed out recently, in a letter to *The Times,* much still remains to be learned even about the therapeutic possibilities of hypnosis and research on this problem can only be safely carried out by properly qualified practitioners.

On the other hand, hypnotism can be useful if its practice is based on adequate knowledge, and I should not like to see it banned altogether. It would be sufficient safeguard for the public if its practice, and that of all psychotherapeutic methods, was controlled in the same way as is the practice of medicine, surgery and dentistry in this country; a suitable body for the exercising of such control already exists in the British Psychological Society.

The addiction to other drugs, such as cocaine, opium, and hashish presents a problem somewhat different from those of alcohol and tobacco. In many ways the drug

addict's case is more closely allied to that of the confirmed drunkard, but unfortunately it is rather more difficult to catch the drug addict in the early stages of his addiction, as he is likely to take considerable care *not* to be found out by his associates, both for the social opprobrium attached to drug taking and also because obtaining these drugs always involves recourse to illegal methods.

The real reasons for taking these drugs are the same as the reasons for the flight to drink or tobacco, although the morphia addict, for example, may have in the early stages an apparent excuse in terms of persistent pain, such as headache. But, as I have shown in the quotations from Karen Horney, the headache itself is no more than a symptom of mental conflict, and the real but unconscious reason for taking the drug is the desire to avoid, at least temporarily, the discomfort attached to the mental conflict.

This the drug can help the addict to achieve, but the drug does not deal with the real cause of the trouble. This can only be attacked by psychological methods, at the hands of a qualified practitioner. Others of these drugs are taken for the effect of excitement they produce in the addict,—who may therefore advance the excuse that he or she wishes to escape from the boredom of life.

Such a statement itself betokens a serious lack of mental well-being, but a discussion of this problem would enlarge this book considerably and would be outside its scope. Suffice it to say that resort to all drugs, whether those popularly referred to as drugs, or alcohol and tobacco, should be regarded as a sure indication that all is not well with the mental state of the individual concerned, and that the advice of a qualified psychotherapist should be sought at the earliest possible moment.

Six

The Dangers of Being Born

IN THE present chapter I want to deal with the earliest of all the dangers which attend the human being, those, in fact, which are present at his or her entry into this world. If the reader is a woman, she may protest that she is only too well aware of the dangers which childbirth involves and that these are the province of the gynæcologist and obstetrician, and no business of the psychologist.

I have, however, insisted throughout this book that the physical and the mental are so interwoven that one cannot profitably attempt to separate them in looking at a living organism, and especially at a human being; I have also held that the attempt to separate these two aspects of our existence has led to some of the mistakes into which medicine has fallen.

Let us agree, at any rate, that the act of giving birth, at least in the civilised Western world, involves dangers both to mother and child, although these have been very much reduced by recent advances in medicine. Yet the situation seems even now to be one of stress to both the participants. In these circumstances, it is not difficult to see that the mere fact of this stress may have an emotional effect on both mother and child, and that, if the stress is very great, the emotional effect of birth may be profound.

Psychologists who do not belong to any of the analytical schools have emphasised these emotional effects of childbirth, and the fact that there may be some connection between the manner of birth and the later personality of

the child. That this may be so was borne out in a statement which was made to me not long ago by the matron of a large hospital.

She had had a good deal of experience in maternity work, and she told me that she could in fact detect the differences in the personality of a child resulting from its manner of birth. She said that there was a range of types from the quiet, to the noisy and active, child, and that, in particular, children born by Cæsarian section showed marked differences of behaviour from other children.

It is not possible to check the statement which I have just quoted, although it would be interesting to carry out some research on this point; but it is interesting to note that quite early in his writings Freud mentions the psychological importance of birth.

He had been interested in some of the different types of neurosis, and in particular had singled out anxiety neurosis for special attention. (I shall be dealing with some effects of this neurosis, in a later chapter.) He found that this type of anxiety was quite common among his patients, and then asked himself what was the factor which must be common to so many people, to produce so many cases of this type.

Freud replied to this question, in 1910, 'Birth is in fact the first of all dangers to life, as well as the prototype of all the later ones we fear; and this experience has probably left behind it that expression of emotion which we call anxiety. Thus it was that Macduff of the Scottish legend, who was not born of his mother but "ripp'd from her womb", knew no fear.'

Freud was so sure of this that he repeated the statement in later papers and, writing in 1933, states, 'We suggested that the event which leaves behind this affective trace was the process of birth, in which the modification of the heart's action and of respiration, which are characteristic of anxiety, served a useful purpose. The first anxiety of all would thus have been a toxic one.'

The suggestion that neurotic anxiety has its origin in the experience of birth is usually met with incredulous

derision, when a person new to psychoanalysis first hears it made, and even now many analysts would doubt whether there is a connection between birth and later anxiety. On the other hand, one leading psychoanalyst, Otto Rank, seized upon this idea and made it the cornerstone of his own theory and system of analysis, although Freud himself declined to accept this extreme view.

Without taking any definite attitude as to the relative importance of this experience, which marks such a dramatic change in our environment, we can see that it must have some effect on later development; and anyone who has been present at a difficult childbirth must have been struck by the dangers attendant upon our entry into this world, and anyone with imaginative sympathy can place themselves in the position of the new being struggling to come to birth, and can realise what a tremendous experience it must be.

It is interesting to note that some support for this view of Freud's, concerning the connection between birth and anxiety, comes from the information which we have concerning the growth of the Indo-Germanic group of languages, of which ours is one. The parent language of this group is Sanskrit, and a single Sanskrit root gave us, through classical Greek and Latin, our words 'anxiety', 'strangulation', 'choking', 'a narrow place', 'quinsy', and 'vagina'. It seems reasonable to suggest that language, as it develops, gives expression to common human experience, often in an apparently unconscious manner, and that Freud was stating in specific terms, with a wealth of evidence from clinical observations, what humanity in one line of development had always dimly felt.

But here we may pause to consider a question which is often raised by those who object to this particular Freudian concept. Why is it, we may ask, that not *all* peoples at *all* times have suffered from anxiety neurosis, as we appear to do? . . . since all men, with the exception of the few Macduffs, have been born of woman.

The answer, I think, is that *not* all men in all cultures at every period of history have suffered the same experiences at birth, and that we must restrict this concept of Freud's,

as perhaps we may have to restrict *all* his concepts, to our own culture at a particular period of historical development.

I should like to put forward here the suggestion that our attitude of mind towards the fact of birth influences that fact, and so influences the experience of the child who is being born. The influence may indeed go back further than this, to the antenatal period, as Dr. J. D. Sutherland suggested some time ago in a Presidential Address at the Royal Society of Medicine. He was referring to a number of reports on this point which had appeared during 1950 and 1952.

In our own community our entry into this world is hard because we expect it to be hard; it produces anxiety because it is attended by anxiety. (This is the vicious circle which is typical of all these psycho-physical relationships: you will remember my friend the doctor, who was stricken down with coronary thrombosis.) In other cultures, in which birth is easy and is taken naturally, anxiety neurosis may lack this ideal point of departure.

I am not saying that men in other cultures do not suffer from anxiety; they may well do so, but the reason for it will be different and it will probably affect only a small proportion of the population, whereas with us, as I shall show in a later chapter, this type of anxiety is almost universal. It may be the case that the position is changing, even in our own community, as we alter our attitude towards birth itself.

Here we may bear in mind the work of Grantley Dick Read in banishing many of the terrors of childbirth, thus making childbirth easy and almost painless. It could very well be the case that children born in these circumstances would have a healthier personality than those who enter this world in terror and pain.

It is now almost twenty years since Read made his suggestion that the pains of labour are caused through fear. He pointed out that the nerve pathways to the neck of the womb connect it with the nerve centres which are brought into action whenever we experience emotion. These nerve centres are more or less outside the control of the conscious

mind, of th. 'will', and Read suggested that fear acted through the main emotional centres, and through the nerves from those, to cause the neck of the womb to contract and the muscles in the walls of the womb to fail to act as they should.

To prevent this from happening, Read recommended a psychological training lasting all the way through the period of pregnancy. D.ıring this period the mother was given information as to the mechanism I have outlined above, and psychological insight into the facts of childbirth, and was taught how to *relax completely*. By these methods Read was able to achieve results which justified his contention that in eight or nine cases out of ten, of normal births, pain can be almost entirely avoided.

Much more recently, an American doctor, using Read's methods, has reported on the results of 168 births, in which he delivered the women personally, without the assistance of a resident. Of these women, 106 had already had a child before, and nine out of ten of these women had no pain at all in the first stage and only a very brief second stage. 62 of the 168 women were having their first child, and, of these 62, 48 had only very little pain during the first stage.

These are very remarkable results, even if we assume that every one of these women had, so to speak, learnt her lesson well during the period of pregnancy. In actual fact, it was probably the case that not all of them learnt equally well how to relax, and, if we are able in the future to teach *all* expectant mothers to achieve this, we may be well on the way to banishing pain from childbirth altogether.

It is my own experience that women vary very considerably in their ability to relax (so do men, but I am not concerned with my own sex here!). As the method takes a great deal of the time and attention of the doctor concerned with the antenatal training, it is likely that the American referred to above was not able to train all the women satisfactorily.

Even so, the re·ılts which he achieved are truly remarkable, and p.omise well for the future. The methods are being used more and more extensively, and should become

one part of a major scheme to achieve more balanced personalities in the community in which we live. Incidentally, one of my own students tells me of an old Afrikaner doctor in South Africa, who has used these methods for a long time, with equally startling results. I do not know whether he had read of Grantley Dick Read's work, or whether, as sometimes happens, he had arrived at the same conclusions independently.

It should perhaps be mentioned that a great deal of nonsense has been written about the connection between pain in childbirth and the maternal instinct. Some doctors, both of medicine and of theology, have stated that if a mother does not experience pain during the birth of her child, then she will not love the child with all her maternal instinct.

I am afraid that in this argument the theology governs the medicine (and the psychology), and there seems to lurk behind this statement the idea of original sin, with some additions from St. Paul's views on women; it is, in any case, assumed that there is such a thing as maternal instinct in all women, which is only awaiting to be aroused, and I have pointed out elsewhere* that we cannot assume that the instincts are as well defined in men and women as they are in the lower animals; instincts are much more fluid in human beings than in other animals, and this may be one of the chief differences between us and those creatures.

However this may be, there is no evidence that the mother who experiences most pain during the birth of her child is the mother who loves her child most deeply. Read himself has replied to these criticisms, that 'Pain has no biological value in normal labour, because it is not present. Pain in labour is a pathological, not a physiological phenomenon . . . It is not pain in labour which "unlocks the door of mother love".' The critics might have done well to have looked to anthropology for guidance, and asked themselves whether the mothers in primitive tribes, who experience little or no pain in childbirth, fail to love their children.

It should be noted that the criticisms which I have men-

* 'The Death Instinct and Western Man': *The Hibbert Journal*, July, 1953.

tioned here are directed just as much against the use of analgesia in childbirth as against Read's methods, and are just as mistaken in that connection as in this. I should be prepared to wager that those who wish to preserve the pain in childbirth are themselves the victims of a complex, which results in sadistic tendencies towards others.

From the above remarks it will be realised that the mother can affect the mind of the child in four ways, and that she therefore has four opportunities to produce anxiety (or 'worry') in the child. The first, and most subtle, and most debatable, way, is, by some means unknown, to affect directly the mind of the embryo in her womb.

For some years it has been stated by medical practitioners that there is no evidence that the mind of the mother affects in this direct manner the mind of the unborn child. This attitude was adopted in a praiseworthy effort to get rid of the superstitions concerning the effects of everyday events on the child's mind or body, such as the production of 'strawberry' birthmarks by a desire of the mother for strawberries out of season.

But, as so often happens in scientific controversy, the baby was thrown out with the bathwater. There is now plenty of evidence that minds of human beings can affect one another directly, and it would not be surprising if the mind of the mother should have some effect on the mind of the child she bears; but this is a matter on which a great deal of research will have to be carried out before we can arrive at any conclusions.

Whether or not there is this direct effect, there is secondly, the evidence which I have outlined above as to the value of a right attitude of mind on the part of the mother during the period of pregnancy. This should become more and more a matter of routine as time goes on, and as greater numbers of practitioners adopt the methods advocated by Read.

In the earlier stages of this transition in methods of practice, it may require more practitioners for a given number of patients, but techniques will probably be developed for economising the time of the doctor, while achieving the

same desirable results for the patient. I have in mind here the simpler methods of analysis which I hope to develop for other patients as opportunity offers.

It follows from what I have said that the third way in which the mother can affect the mind of her child arises from her attitude while she is carrying it. If she adopts the more usual attitude towards childbirth, that it is a time of pain and danger, then she will probably have the type of birth which she expects, and the child will suffer accordingly. The child will fight its way into the world, with difficulty and itself experiencing pain, and will receive the full effects of the shock which such a birth can give it.

If the mother is cared for according to the tenets of Read and his associates, then the story will, in nine cases out of ten, be quite different; and I suggest with every confidence that we shall, in time, discover that the difference between these two birth experiences will be found to result in very great differences in personality between the children who have the experiences.

Fourthly, the influence of the mind and particularly of the unconscious mind, of the mother upon the mind of her child does not, of course, cease when the child is born. Indeed, most people would still argue that it is at this point that it first begins, although I have shown good reasons for doubting this view. We would all agree, however, that at this stage at least the mother influences the mind of the child in a very definite manner.

If the child is a girl, it will at once be apparent that the mother, who associates in her mind the fact of pain with the fact of childbirth, will be likely to pass on that attitude to her daughter. This will probably be by actual talking, even when this does not take the form, as it sometimes does, of actual warnings about the terrors of childbirth. The mere discussion, within hearing of the child, of her own experiences, with, as often as not, dramatic emphasis of harrowing details will be more than sufficient to implant the undesirable picture in the child's mind.

Even if care is taken to avoid this kind of influence, by bearing in mind how quickly even the very young child

can pick up information from its elders, there is still the possibility that the child will ' catch ' the emotional attitude of her parent with regard to this as well as other matters.

I have mentioned elsewhere the observation of Mead concerning the passing on of tabus without the use of spoken words, and I am sure that this kind of ' teaching ' often operates in the community in which we live. In any case, the child wi'l most likely pick up her attitude towards childbirth from other members of that community, so that it behoves every one of us to adopt a sensible attitude in this matter.

It will be seen from what I have said that the psychologist plays two roles in our society with regard to this as to other aspects of our individual and social behaviour. In the first place, he investigates the ways in which his fellow humans behave, and sets forth the facts, often in a way which, as I have said before, is at variance with ' common sense '.

In this matter of childbirth, common sense stated that pain, often prolonged and exhausting pain, was inexorably bound up with the act of giving birth, and this view has been generally adopted by writers on all manner of subjects; in this process we have transferred the idea across to other acts which seem to resemble bringing to birth, and we speak of the ' birth pangs ' which attend the production of a book, a play, a piece of sculpture, or a musical composition. If Grantley Dick Read's methods take all, or almost all, the labour and pain out of childbirth, then we shall have to adopt different figures of speech to describe artistic production!

In the second place, the psychologist can show, with varying degrees of success, how we can deal with the situation which he has investigated. In this instance, Read examined the evidence and also suggested a remedy; the two processes often go together in the more immediately ' applied ' sciences; and this is the case with psychology and sociology, in whic'., indeed, the research project may actually arise fr.ı a realised need. I have already given sufficient ~.ount of Read's ideas concerning the desirability of psychological training for the expectant mother.

If Read's work bears the fruit which I anticipate, then we may expect a marked, if gradual, change in the personalities of our children, and of their children, with the elimination of some of the psychological ills which beset us at present.

Be that as it may, most of us born into our society during the past two centuries, at least, have entered the world with difficulty, and I agree with Freud in thinking that from this beginning grows much of the anxiety which is so prevalent today. Not all of us suffer from the same degree of anxiety, and indeed there are notable exceptions, but the problem is sufficiently large to warrant a chapter by itself.

I propose to deal with it, therefore, after I have looked at some of the more specific problems which arise from our everyday experience.

Seven

Children and Grown-ups

I REMARKED in the second chapter of this book that it is particularly dangerous from a psychological point of view to be a human being born into a modern civilised community, and the reader will probably have gathered from the subsequent discussion that much of the danger arises during the earlier period of our lives—in early childhood, in fact. Freud has asserted that the basis of all later neurosis is laid down in the first year of life and, while some psychoanalysts would disagree with this, there would be general agreement that the ground for all later behaviour, the foundation, so to speak, on which the human being will build all his later way of life, is laid down in the first few years, if not in the first year, of life.

This has long been recognised by such sayings as ' The child is father of the Man ', and later psychological research has tended to substantiate this. Whether we regard the first year only, or the first few years, as the critical stage in the development of the child, it is quite easy to show that practically all the experiences of this important period seem to be forgotten and would, indeed, be regarded as lost, were it not for the indirect way in which these early experiences are constantly revealing themselves, and the amount of lost material which can be recovered from the unconscious mind of a person during the course of analysis.

As a result of this combination of circumstances, it is often difficult to recognise in adult behaviour the effects of these early experiences, but psychological techniques, and

especially the methods of analysis, have produced a growing amount of evidence that they exist.

Some of these connections appear so frequently in the modern western civilised adult that Freud and the other early workers came to the conclusion that certain childish emotional experiences were common to *all* children, and that in consequence *all* adults would develop certain characteristics in common.

Later research has shown that some of these early generalisations were too sweeping, but most workers would agree that many of these typical ways of developing from child to adult are very common, if not universal, in our community. Some of these patterns of behaviour have been found to occur so regularly that they have been given names by Freud and later workers; some of the best known names are the Oedipus Complex, the Polycrates Complex, and what we may call the Male Envy Complex, as well as the Inferiority Complex, on which A. Adler laid so much stress.

The Oedipus Complex gets its name from the legend of Oedipus, upon which the Greek dramatist Sophocles based the Theban plays. Very briefly, the legend tells how a son was born to Laios and Jocasta, King and Queen of Thebes in Boetia, a part of ancient Greece. At the time of the birth the oracle of Apollo foretold that the child would kill his father and marry his mother. The parents were so horrified at this prediction that they gave the child to a shepherd who should expose him on the hillside (a not uncommon method at that time of disposing of unwanted children). The child's foot was pierced with an iron pin in order to prevent its crawling away. (To the consequent swelling of the foot the child owed its name Oedipus—swollen foot.) The shepherd relented in his cruel task and the child went to Corinth, where he was adopted by the king and queen and brought up as their own son.

When he became a young man, Oedipus came to hear of the prophecy which had been made at the time of his birth, and, believing that he was the true son of the king and queen of Corinth, he fled that city in order to avoid his

fate, and after some wanderings he approached Thebes. Here there was civil strife, and during the course of a fight in which he intervened Oedipus killed an elderly man. He was hailed as the saviour of the city and married the widowed queen, who was in fact his mother: the man whom he had killed in the fight was his true father. There were children of the incestuous marriage, and when he discovered the truth, Oedipus fled, putting out his eyes in remorse. The tragedy still continues to unfold, but I have given sufficient of the story for our present purposes.

It was in fact Freud's contention that it was the normal pattern of child development for the young child to come to regard the father as a rival in the affections of the mother, and to want to remove the father and possess the mother. (The girl child necessarily had a different emotional development, and this difference and the difficulties which it involved for the girl were the basis for the psychological inferiority of women, as Freud regarded the matter.)

Now the suggestion that a boy child should want to kill his father and possess his mother seems quite fantastic to most laymen, and yet it is astonishing how often this precise picture is revealed during the course of analysis as existing in the unconscious mind.

Freud thought that the normal person worked through this complex during the course of development, so that the adult was no longer controlled by the complex. The complex can, however, be found in children and in abnormal adults, and can have a quite important effect on the choice of a mate by the normal adult.

With this concept of the Oedipus complex there was bound up the idea of the so-called 'castration complex', which the young boy developed either as a result of threats to him by ill-advised parents or nurses (when they observed the quite common phenomenon of childish sex-play), or from the boy's own visual experience of the female genital, from which, it was supposed, he assumed a loss in the female of an organ which the boy assumed *all* should possess. (Later writers have suggested that this particular complex would be better known as the 'genital-deprivation

complex', since castration has another and quite specific meaning.)

Once again, this idea may appear both fantastic and repulsive to my readers, and yet it is found quite often as an unconscious factor in neurotic patients.

There is also the reverse factor, the masculine envy of the woman's ability to create children; this is not referred to so often in the literature of the subject, but it can be quite a real factor in mental development, and its importance, at any rate in certain circumstances, is nicely illustrated by the ceremonies of some primitive peoples, where the men of the tribe perform a painful operation in imitation of women's sexual functions.

Young children may reveal evidence of the presence of these complexes, in their spontaneous drawings, and some of these, which I have seen made by young boys, are unmistakably pictures of themselves battling with their fathers.

It will, I hope, be appreciated that these early experiences are so important to the child precisely because they seemed important, emotionally, at the time. E. Pickworth-Farrow, in an interesting book, lays a great deal of emphasis on the effect which unwise punishment can have on the child mind—a too rough denial of the mother's breast, for example, is revealed as an important factor in Farrow's own analysis—and what may appear to the adult as, perhaps, merely an unimportant gesture, may be regarded by the very young child as in the nature of a tragedy, and may influence the whole course of his later development.

Denial of food, or of certain kinds of food, to the very young child, especially if accompanied by gestures or facial expressions or words which show that the grown-up thinks that the child is greedy and that greediness is morally wrong, may well remain buried in the child's mind and bring about quite profound changes in the personality of that child when it grows up.

I have observed many instances of this result myself. It may lead to the adult 'playing' with food instead of attacking a dish with relish, and one can see that the person so

playing is, so to speak, afraid to devour food with gusto. This type of deprivation is the basis of an odd complex, which has received the name of the Polycrates complex.

This name is also derived from Greek mythology, and comes from the legend of Polycrates, who was Tyrant of Samos. He had enjoyed forty years of good fortune, and as the Greeks were always suspicious of too much favour from the gods (with which attitude is connected their concept of 'hubris'), Polycrates came to feel that, in order to compensate for all his good fortune, a great calamity would overwhelm him.

Consequently, on an occasion when he was entertaining a visiting prince, he threw a priceless ring into the sea, as a kind of votive offering to the gods. At the evening meal that same day fish was served as one of the dishes, and, on opening, it was found to contain the ring; the gods had thus refused the offering and insisted on continuing the apparent good fortune of Polycrates; all those present were so filled with fear at this portent that they fled. In fact, the fears were justified, for very shortly afterwards Polycrates was defeated by an enemy and was crucified.

It may seem odd, but it is certainly true, that this attitude is quite frequently found in the unconscious minds of our contemporaries. This unconscious complex reveals itself by causing misfortune, usually in the form of an illness, to the individual affected.

I shall deal with the general significance of illness in a later chapter, but perhaps I should mention here one case as an illustration. A friend of mine complained that he had an attack of influenza, which prevented him from going on a holiday, and he wanted to know how we psychotherapists could account for that, adding that he was frequently ill just when he was going to enjoy himself, going to a party, or to a dance, or on holiday. I pointed out that he had probably been influenced when he was very young into thinking that 'nice' things were 'wrong', and so had developed this complex, which acted through mild illness or accident to interfere with his enjoyment.

The rather puritan attitude of mind which was so in-

fluential in this country during the latter half of last century and the beginning of this probably gave rise to a good many complexes of this kind in the children of that period; this is especially true of sexual pleasure, but is not confined to sex.

The net result of such an influence is to make the child, when it grows up, incapable of enjoying the full expression of its personality, and even of taking pleasure in quite harmless pursuits.

This adult in turn influences the minds of his or her own children, and so the process goes on. Only gradually can wiser counsels prevail, and the self-propagation of such complexes be modified. Such is the sensitive receptive nature of the child mind that many emotional moral attitudes do not have to be taught: they are caught unconsciously by the child from the atmosphere in which it grows up.

Even when language is used in instructing the child as to how it should behave it is, as often as not, the emotional attitude of the adult, the gestures, the tone of voice, which are of greatest moment to the child, rather than any actual words that are used. (This has been demonstrated experimentally). This is particularly true of the attitude displayed during toilet training.

It is, of course, necessary to train the child in cleanly habits, in order to make it fit into the social group to which it belongs; but it is important for the parent, or other adult engaged in training the child, to remember that toilet training is *no more* than a social convenience; there is no moral stigma attached to dirtiness in these matters, and some primitive tribes get along quite happily with the minimum of training, which their outdoor life and simple ways make possible.

This may even apply to what the advertisements refer to as 'personal hygiene'; during menstruation the Bondo girls, for example, take no special precautions at all, and clearly attach no sense of shame to the process or to its results. Yet many instances have come to my notice of girls who had such a feeling of shame inculcated into them

on the occasion of their first menstrual period that they developed a profound sense of guilt in connection with all sexual activity.

Imagine the effect on the mind of a sensitive young girl, of the admonition of a stern parent, that now she had commenced menstruating she must not let any boy kiss her!

Toilet training itself can have very important effects on the development of the personality of the child and so, later on, of the adult. Such effects may be revealed in traits of extreme generosity or excessive meanness.

This is a very complex problem, and I shall not go into the subtleties of this now, since this would introduce difficult technicalities into a non-technical account. Groddeck has made some interesting comments on the relationship between diarrhœa, constipation, and hæmorrhoids, and personality structure, and I once heard a professor of psychiatry give an interesting analysis of the personality of a famous Chancellor of the Exchequer, with special reference to his probable training in early childhood relating to toilet matters; thus, the early toilet-training of this child, who became a leading statesman, had an important and probably decisive effect on the economic and financial policy of this country!

A matter in which early training has a most important effect is in the realm of religion. Once again, the effect which any religious teaching or example may have on the mind of the child depends more upon the surrounding emotional circumstances than on the actual content of the teaching. The same *apparent* teaching may produce either a youth to whom religion is important or one who is constantly in rebellion against all forms of religion.

I have, I hope, already made it clear that I do not agree with Freud in regarding all religious experience as an illusion; I think that religious experience may be just as 'real' as our other everyday experience—maybe more so. Here I am dealing solely with the facts of religious teaching and its probable effects.

I know of one youth, for example, whose father combined a reckless addiction to alcohol with a strict insistence

upon religious observance. The result was to produce a boy who was not only not interested in religion, but was actively and violently opposed to it. On the other hand, there is the tragic case of the Roman Catholic youth who developed so stern a religious sense and so deep a sense of guilt that he attempted to cut off one of his arms, and had as a result to have it amputated.

These then are some of the startling effects which our well intentioned training may have on the mind of the child. We can only begin to train the child intelligently when we understand how the child's mind works, and the nature of our own minds. This knowledge, which involves knowledge of the unconscious processes, can only be gained by the use of psychological analysis.

Eight

The Child: Some Problems

FROM THE very brief and necessarily very sketchy account which I have given in the previous chapter of the ways in which the attitude of the adult can affect the mind of the child, of the manner in which a parent's emotions may find their final manifestation in the behaviour of the child when it in turn grows up, it will be readily appreciated that our children are bound to present us with problems, more or less baffling, from time to time.

Some of these problems may be merely puzzling to the parent, while others may appear more serious and constitute a source of worry to the bewildered father or mother. I have already mentioned some of the problems with which a child may confront its parents, but in this chapter I want to collect a few more examples which have come within my own experience, as further illustrations of what parents can expect, with some suggestions as to the best method of meeting the situation.

For the way in which the adult handles the situation may make all the difference between on the one hand perpetuating the 'problem' behaviour in the child (or even giving rise to more serious disturbances and perhaps, later in life, to delinquency or neurosis), and, on the other, causing the emotion attached to the particular aspect of the child's behaviour to 'evaporate,' so to speak, leaving the child unaffected and in a position to proceed with its development in the normal way.

Because of our attitude in this country towards sexual

activity, and particularly on account of the views which were current on this aspect of behaviour during the latter half of last century (which views continue, in spite of the interruption of two world wars, to affect our everyday behaviour), a large number of the problems presented by children are directly connected with sex.

It may be added, in parenthesis, that strict Freudians would regard all childish problems as connected, directly or indirectly, with sex; but they use the word in a wider sense than that given in everyday speech, and many psychotherapists demur at so sweeping a generalisation.

I refer here therefore to those problems in which the behaviour is clearly of a sexual nature. I am constantly being consulted by anxious parents concerning this type of difficulty, and any particular aspect of the problem may be repeated in a number of different cases.

One father asked me about the behaviour of his little daughter; she came home from school one day, and proceeded to fold a handkerchief in a careful and methodical manner, until she had produced a tiny brassière which she then wore with considerable signs of glee. This might have been sufficiently disturbing, but matters were made worse when it was found that the maid had in fact shown her naked breasts to the child. (This would seem on the part of the maid to be an instance of mild exhibitionism).

Father was worried in case the child might be coming under bad influences at school, or might even be precocious or over-sexed. Now, a very great deal of harm could have been caused if this episode had been treated too seriously, and especially if the parents had tried to show the child that such behaviour was immoral. Fortunately, the parents decided to treat the incident lightly, and came to me by way of confirmation of their attitude.

It is often difficult for parents to adopt just the right degree of easy acceptance, precisely because they themselves have in most instances been ill-advisedly trained in such matters when they were young. Such training produces a fundamental change in the unconscious mind of the child, a change which, being in the nature of a mental tension, is

a constant source of energy affecting behaviour in later life to an astonishing degree.

Such an unconscious tension, or complex, in the mind makes it quite impossible for the unanalysed adult to react *naturally* towards sexual behaviour in children; there is either the 'hush, hush' and 'don't be dirty' attitude, or the overcompensating 'frank' attitude, which embarrasses the child.

These remarks apply equally to the parents' attitude, which is highly emotional in origin, towards most childish behaviour, but it is more obvious with regard to sex activity on the part of the child, as this touches some of the deepest springs of human conduct.

Exhibitionism is quite common in little girls, but most often when sufficient numbers are present to make such conduct appear safe; another form of sex activity, which gives rise to anxiety in many parents, and which appears to be commoner among boys than among girls, is the practice of masturbation; little girls do practice this, but often manage to disguise it so well that it can be mistaken for quite 'innocent' play.

Boys can do this, but usually with less success, and boyish masturbation can generally be recognised for what it is. I must point out here what it is not: it is not 'self-abuse,' which is a quite ridiculous term. (Over-indulgence in ice cream is much more 'abusive' of the 'self.')

Masturbation, concealed to a varying degree, is almost universal among boys, and our mistaken attitude towards it in the past, which led to such strong moral condemnation, has led to a very great deal of misery in countless children (with a consequent guilt complex in the adult).

The practice is of great antiquity. Although the Biblical instance has been misread, one can cite the poet of the Greek anthology: *poeta hymen palma cantabat.* It is also widespread geographically, being openly practised by some peoples.

Fortunately, our attitude towards the practice is already undergoing a change, and it is now possible, as one of my colleagues humorously puts it, for boys to realise that if

they masturbate it does not follow that their ears will drop off.

Closely bound up with masturbation, which strictly speaking is a solitary practice, is the phenomenon of youthful homosexuality. I have not a great deal of information as to the extent to which very young girls are given to homosexual practices, although there is a good deal of evidence as to its prevalence in institutions in which large numbers of girls are continuously in each other's company, especially if there is provision for sleeping, as in girls' boarding schools and the nurses' homes attached to hospitals.

Among girls this homosexuality may amount to no more than a 'crush' on another girl, and an excessive amount of caressing. Among boys it may be limited to mutual masturbation. In any case, it is a phase of behaviour out of which the great majority of children pass in the normal course of development, going on to develop a relationship with a member of the opposite sex.

The attitude of a society or group towards the segregation of the sexes has an important influence on the development of homosexual practices. With some primitive peoples, where complete sexual freedom is allowed between the small children of both sexes, homosexuality never develops; on the other hand, some of the peoples of the middle East, who segregate their women more or less strictly, accept homosexual relationships between men as being quite natural. T. E. Lawrence mentions two of his Arab servants, who had such a relationship and lived to all intents and purposes as man and wife, and we may consider David and Jonathan as a Biblical instance.

I have rather laboured this point, in order to show how little foundation there is for the very strong moral condemnation of homosexuality, and of masturbation, which was expressed by many people in this country until comparatively recent times—and still is so expressed by many people who have themselves been strictly brought up in this regard.

Another quite common problem with young children,

one which causes a great deal of worry to many parents, is that of the occurrence of periods when the child is given to petty stealing. This occurs with children who have in fact plenty of pocket money and are not kept short of any of the childish pleasures. This latter fact indicates that this stealing is not in the same class, psychologically speaking, as the organised and deliberate theft by the adult, with which many parents and police courts were at one time ready to class it. This problem behaviour on the part of the child is much more closely akin to the kleptomania of the, more or less, neurotic adult. I mentioned one example of this in Chapter Two, the example on which the play ' Black Chiffon ' is based.

In the play, you will remember, a well-to-do woman stole a black chiffon nightdress from a store and was discovered; the problem in this case was *why* the woman *stole* the nightdress, which she could quite easily have afforded to *buy*. This is precisely the sort of comment which the harassed parent makes when he discovers the child stealing, —often stealing from one of the parents themselves.

The point about this type of case, both of adult kleptomania and of childish theft, is that the act must not be looked at as a thing in itself, to be judged in isolation from the surrounding circumstances. The theft is a symptom of some psychological disturbance; in the case of the child the picture is complicated by other factors, such as the possible retardation in the child of the development of a sense of property.

In dealing with this problem in their children it is, once again, important for parents not to attach too strong a sense of sin to the child's act; and if other members of the social group have not been involved, and the stealing is confined to the child's home, then the incident may be passed over with the minimum of comment.

It may well be that the stealing will be found to be but a passing phase in the development of the child's character, and there is not necessarily any connection between childish theft and similar behaviour in later life. If the complex which causes the child to steal persists into adult life, it

may quite easily bring about symptomatic behaviour of a different kind, behaviour which is socially less reprehensible.

If however, the child persists in stealing, over a long period, or if it carries its behaviour in this respect into the outside world, then the parents should seek psychological advice; the trained therapist will be able to discover the real cause of the behaviour, and so prevent its recurrence.

It is very important in connection with childish misdemeanours to remember that the difference between a 'problem' child and a young delinquent is the difference between being taken by the parent for treatment by a psychotherapist and being taken by the police before a magistrate.

The same is true of adult cases, as a prison psychologist has recently pointed out, and as the experience of those in the home at Brentwood has shown; this home takes charge of mothers convicted of neglecting their children and, within the limits imposed by its size and income, it has been astonishingly successful in moulding these women into good mothers and good citizens. In this connection it has been said that the *fortunate* mother appears before a magistrate who knows of Brentwood, whereas the less fortunate are given a prison sentence, and more often than not come out worse than they went in.

Professor Sir Cyril Burt, whom I have quoted in an earlier chapter, is an acknowledged authority on delinquency in children. (His book, *The Young Delinquent,* is a classic on the subject).

Professor Burt wrote recently, 'Already, by dint of carefully planned surveys and systematic enquiries, psychologists have found out a good deal about the causes of crime and about the relative efficiency of different ways of treating it. We know too, in principle at least, that the vast majority of juvenile cases are perfectly curable, if taken in hand at an early stage. We no longer look for a single all-explaining cause; and we no longer believe in a single sovereign remedy. What may be the cause in any

one case can only be discovered if we carry out a thorough scientific investigation. Then we nearly always find that not one, but half a dozen different factors are at work, above or below the surface."

I have mentioned two types of behaviour through which the child may cause anxiety to its parents. In one case the parents regard the child as precocious and over-sexed, and in the other possibly as a born criminal, and in either case as destined to come to no good end. In both instances this last assumption has no justification, at least if the child is taken for treatment when the problem arises.

With rare exceptions, all children may be trained by suitable methods into normal and useful citizens; the exceptions are those suffering from severe mental deficiency, and even for these there is more hope nowadays of a useful, if restricted, adult life, than was once thought to be the case.

I mentioned in my earlier discussion of some of my own cases, other types of behaviour which may be regarded by the child's parents as abnormal. Some of these may be 'problem' behaviour in the sense of producing awkward social situations as in the case of stealing, with which I have dealt; others may be merely a source of worry to the parents.

Examples of the former are extreme aggressiveness towards others, either in a general form or against particular people or objects, or excessively developed destructive tendencies. Examples of the second type are an extreme tendency for the child to prefer its own company to that of others, or an unusually pronounced fear of the dark. An example intermediate between the two types is afforded by temper tantrums, which may be merely a nuisance in the child's own home, but may be socially embarrassing outside it. The same applies to truancy.

Although these various problems may be classified in this manner, there is no good psychological foundation for such a classification. They *all* arise from maladjustment and conflict in the unconscious mind of the child; and just as one example of problem behaviour may have several 'causes'

all acting at once, (as Professor Burt pointed out), so also any given conflict, or complex, may produce a variety of different types of problem behaviour. It is this multiplicity of interacting factors which makes each case unique, and the practice of psychotherapy so difficult.

Some of this problem behaviour may, like an onset of petty theft, prove transitory in nature. It may arise from a particularly difficult, but temporary psychological situation in which the child finds itself, and will probably pass when the situation again changes. Even comparatively long-standing problem behaviour may disappear if the external circumstances are changed; an example of this effect was given by the case which I quoted of the boy who tried to gas his little sister and who, when he was sent to different and (to him) more favourable surroundings, ceased to have this abnormal attitude.

This therapeutic effect of change of environment alone has long been recognised by some psychotherapists, although a famous psychologist has recently conducted a laborious research to prove just this point (in an effort to discredit all other forms of psychotherapy!) It may be, as I say, that change of environment is sufficient in some instances to effect considerable improvement, but whether this is likely to be the case, and the type of change which is desirable, can only be decided by a practitioner who is aware of the processes which are constantly at work in the unconscious mind, and of the interaction between the unconscious and conscious aspects of our minds.

Other instances of problem behaviour may be more or less normal at a certain stage of development, and these in turn will pass with the process of growing up. It seems likely that temper tantrums, in some degree, can be regarded as normal at the age of about two and a half to three. This is true, at any rate, in the type of civilised community in which we live. There is no evidence, as far as I am aware, that temper tantrums at this age are universal among human children at all epochs and in all places and it would seem that, with us, they are most likely the result, or one of the results, of forcing the child to grow up in the (to him)

rather frustrating life of the Western civilised world.

Whether this be the case or not, (and the most elementary of toilet training is frustrating to the young child), it is a fact that temper tantrums are very common among our young children, and I am constantly being asked by mothers for advice on how to deal with them. Usually I suggest that it is better to let the tantrums work themselves out on each occasion; chastisement only makes matters worse. It will be found that they become less frequent and less violent, and finally disappear altogether, apart from the occasional outburst, (which even some adults indulge in!) If the attacks are very violent, however, with perhaps some banging of the head on the floor, for example, or if they persist into the child's later years, then advice should be sought from a qualified psychotherapist.

This is true of all the types of problem behaviour dealt with in this chapter if it seems abnormal to the parents, or if it causes unhappiness to the child or to the parents, or to both. It may be that the behaviour is, in fact, quite normal in the circumstances, and the anxiety on the part of the parents may arise from their ignorance of the structure and development of the child mind. If so one visit to the psychologist will clear the matter up and set the parents' fear at rest.

That the development of the child mind is not so simple as some adults think is nicely illustrated by the experience of a famous professor of psychology. At one time he read Piaget's famous book on *The Language and Thought of the Child*; he disagreed with many of Piaget's conclusions, and decided to devote a few weeks of research to show that Piaget was wrong. As it turned out, he spent five years on research which demonstrated that most of Piaget's conclusions, strange as they seemed, were true!

It is thus not always the case that psychology is 'just common sense'; at times it is very uncommon sense, as in this instance, and as in the case of Freud's discoveries. It is now rather difficult to realise how revolutionary the latter were, and to appreciate the violence of the opposition to Freud's work on the part of most European thinkers.

We have by this time accepted so many of his ideas into our own thought, that teenagers talk cheerfully of libido and the inferiority complex, and the uncommon sense of Freud from 1882 to 1912 has become the common sense of 1953. (It should also be noted that the common sense of earlier times, as applied to dealing with our emotional problems, has in many instances come to be recognised as wrong thinking at the present time: the same applies to physical medicine—leeches are now out of fashion!) This is the way in which science develops, and psychology is no exception.

Nine

Dreams, Nightmares, and Insomnia

QUITE OFTEN I am asked by someone to give my interpretation of a dream, which the individual has just related to me, quite outside the context of an analysis. I have always to decline this request, as it is quite impossible to interpret the isolated dream of a person who is completely unknown to one. I mention these occurrences because the mere request for an interpretation of a dream reveals a complete misunderstanding of the *analytical* interpretation of dreams.

Yet dreams play so large a part in the lives of many of us, and the idea has been taken up so often by the man in the street that dreams do in fact mean something, that I have decided to devote a separate chapter to dreams and allied topics.

Until Freud published *The Interpretation of Dreams* in 1912, the dream was a meaningless piece of mental imagery, or the waste by-product of physiological processes in the brain, and in our society comparatively little serious importance was attached to its occurrence, although there were always the more superstitious who looked for signs and portents in dreams, and were ready to interpret them or have them interpreted for them. Under this system of interpretation, dreams had, with rare exceptions, regular and definite meanings assigned to them, and many of these can still be seen in the ' dream books ' sold by newsagents.

There are, of course, many recorded instances of serious attempts to interpret dreams; one of the most famous of these was Joseph's celebrated interpretation of the dream of

the Pharaoh. I personally am of the opinion that such interpretations of some dreams cannot be dismissed as lightly as some writers would have us believe, but a detailed discussion of this problem would take us into the difficult realm of Jungian psychology, and I cannot embark upon that now.

I am, therefore, confining myself mainly to a Freudian commentary on the dream, while allowing myself to draw occasionally upon the discoveries of Jung and others in this field. Freud did in fact assert that all dreams are caused, and that all dreams have a purpose.

The cause of dreams lies in the unconscious mind, which contains both primitive instinctive drives, and all the material which has been repressed in deference to the Super Ego; in other words, all the wishes, ideas, desires which we have to put out of our minds for conscience sake. These unconscious impulses are constantly trying to work up into the conscious field, but are as constantly kept unconcious by the forces of repression.

One such force comes from the outside world and its existence led Freud to formulate the Reality Principle—the principle which governs our relationship with the outer physical world. Now, when we are asleep, this force is shut off from us and, in addition, we are, so to speak, paralysed, so that we *cannot* if we would put into effect any ideas or desires which may try to influence action. (I am excluding such phenomena as sleepwalking, which can, however, be brought under the general heading).

As a result of this double effect of sleep, it is possible for the forces of repression to relax somewhat, since it is no longer so dangerous, from the point of view of the self, to give effect in the sleeping mind to some of the repressed wishes and desires. (The Censor, so to speak, relaxes his vigilance to some extent when we are asleep, and can afford to, since we are incapable of getting into much mischief.)

Even so, Freud thought, it is clear that the risk cannot be taken of allowing the instinctive or repressed desires free and undisguised expression, since the presence of such primitive desires would give rise to anxiety, even to the sleeping self. So the 'latent dream material' undergoes a

series of transformations, by the operation of the 'dream work,' and is remembered, if and when we awake, as something quite different, the 'manifest dream.'

Freud enumerated a number of dream mechanisms, by which the raw material is, as it were, transformed into more palatable form, but we need not go into these technicalities here. Suffice it to say that the dream is made acceptable to the sleeping self, which is therefore left emotionally undisturbed by the occurrence of the dream and the partial expression of primitive mental forces.

The purpose of the dream is thus, according to Freud, to protect sleep—to avoid the need for the dreamer to awaken in order to deal with the unwelcome material.

Jung differed radically from Freud in his views as to the function of the dream, and took what is perhaps a more positive view of its purpose, holding as he did that dreams help to give expression to the real self and, if rightly interpreted, can act as a valuable guide to the most desirable line of development for one's life and personality. However that may be, Freud and Jung agree in asserting that our dreams have both meaning and purpose.

If a dream has been successful, then we shall be undisturbed and go on sleeping, and most likely shall not remember the dream at all when we wake up. Even if we are awakened by some outside cause (for example, if someone wakes us), the dream, if remembered, will have no unpleasant feeling attached to it and may, indeed, have quite the contrary emotional content for us, and we may even be sorry to awaken and lose the pleasant experience! In that case the dream will be dismissed from the mind as an amusing bit of nonsense, at the most.

There are, however, a large number of dreams from which we awaken feeling very unpleasant mental or physical symptoms. These feelings may be so extremely unpleasant as to make us seek interpretation from an expert.

For example, a friend of mine recently dreamt that she was going down a coalmine. This was very hot and full of fire and fumes, and she descended, not in a cage, but in something resembling a bobsleigh, slithering downwards

in an alarming manner. She was so distressed at what she saw that the man who acted as guide said, What do you think it is like lower down, if you think it is so bad here?' Then she returned to the surface, to find all the rest of the party sitting in a tramcar-like conveyance. At first there seemed to be no room for my friend, but at last she noticed a seat at the end, and remarking that this would do went along the length of the car and occupied it.

With this she woke up, but with the taste of sulphur fumes so strong in her mouth that she was still trying to wash it away when I spoke to her, two hours later! She had also wakened from the dream in a state of extreme emotional disturbance. This sort of dream indicates a state of tension or conflict in the mind of the dreamer, and suggests that recourse to analysis would be beneficial.

Not long ago a daily paper published some comments on 'sleep paralysis,' which seizes the individual while he sleeps and causes him to awaken in terror, with a feeling of inability to move in bed and a sense of horror at this paralysis.

This account encouraged a very large number of the readers of this paper to write of their experiences of this kind, and of the first thousand who wrote in, six hundred expressed relief at being enabled to discuss their affliction with others, and to discover that they were not isolated cases but that very many others suffered in a similar way.

These terrors vary a great deal, but all are accompanied by a feeling of being unable to move, or of being strangled, combined in many instances with hallucinations of figures present in the room; and all give rise to a feeling of horror in the dreamer—so much so that, as one writer put it, he was 'too scared to sleep.'

These cases all involve an inability to move in bed. At the other extreme is the case, recently brought to my notice, of a woman who, as soon as she was asleep, moved so violently that she immediately threw herself out of bed. This would happen several times each night.

Both of the above types of experience could be regarded as 'intermittent insomnia,' in which the sufferer sleeps in fits and starts. It will be seen that in all these instances

the dream has failed to fulfil its functi n of protecting sleep; the forces from the unconscious mir d of the sleeper have been so powerful that they have surged up into the conscious mind and have there given rise to so great a degree of anxiety that the sleeper wakes up, with the feeling of anxiety, or horror, vividly present.

Often, too, the awakening would be accompanied by some physical experience of an unpleasant nature, such as increased pulse, profuse perspiration, sensations of choking or suffocating, or the feelings which I have already mentioned in connection with the sleep paralysis, or even experiences such as that of the woman who threw herself out of bed so frequently, an act which in itself will cause considerable distress to the individual so afflicted.

Such instances as these, if they are reported to the person's physician, may well be dismissed as a piece of nonsense. As one of the readers, to whom I have referred above, remarked, the doctor shrugged his shoulders and said it was 'all imagination.' This attitude is in line with the attitude of many doctors, which I have described in the first chapter, towards 'imaginary illness.'

Now, the horrors of a dream, or of a nightmare, or of 'sleep paralysis,' or of the unfortunate woman are just as real to the sleeper as a horrible experience in everyday waking life would be; in fact, in many instances the experience seems much more vivid and much more real than many 'real life' experiences appear to be. (One is reminded of Chuang Tzu's famous parable concerning the butterfly.*)

In addition to these instances, where sleep is disturbed by bad dreams or nightmares, there is the more continuous type of insomnia, when individuals lie awake for long periods and are quite incapable of sleeping, although they are aware that they require sleep and will be very much the worse the following morning for lack of sleep; indeed, this realisation often adds to the anxiety and makes sleep even more difficult to catch.

This type of insomnia, while differing from the other types superficially, yet has a great deal in common with

* See note at end of chapter.

those types, and the general cause of all disturbed sleep, or failure to sleep, is the same. It arises from a tension, a conflict, in the individual's unconscious mind, a conflict so serious, and involving such powerful forces, that it interferes with normal mental life.

It is for this reason that the dream is so valuable, or can be so valuable, to the analyst, and it is for this reason that all analysts make use of the patient's dream material, and many analysts even go so far as to insist upon using a dream as the starting point of the analytical session.

The content of the dream has, indeed, a 'meaning,' and many images in the dream are recognised by the analyst as being symbolic of some other idea which has been repressed into the unconscious. The Freudians have developed a sharply defined system of dream symbols, in which a multitude of symbols represent a comparatively small number of primitive desires and concepts.

Other analysts, including the writer, however, regard the symbolisation process as being much more involved, and as requiring reference to the individual patient and his mental life; I have already mentioned the Jungian view that the dream is a pointer to a 'line of life.'

Whichever view is adopted, the dream image certainly cannot be made to bear the simple interpretation of the 'dream book,' in which, for example, to dream of water means a long journey for the dreamer.

The occurrence of dreams which are accompanied on waking by an unpleasant emotion, or worse, is an indication that the dreamer should undertake analysis, if this is at all possible. The analyst will not, of course, be concerned with the dream itself, though he will generally utilise the material presented by the dream. He will, instead, concentrate on bringing to consciousness the unconscious forces which have given rise to the dream and to the accompanying anxiety.

The number of occasions on which I myself have been asked about dreams, sometimes by almost complete strangers, and the general attitude which accompanies the request for an interpretation, indicates that the dreamer himself recognises intuitively that something is amiss.

This recognition comes much more readily from the experience of dreaming than it does, say, from the experience of slips of the tongue, or accidental movements of the limbs, or the forgetting of names, all of which are, nevertheless, just as clear an indication to the observant psychologist as is the occurrence of disturbing dreams.

But to the layman the dream is the more disturbing, is even regarded as abnormal, while the everyday mistakes are accepted as just mistakes. This is probably due to the far greater energy of the unconscious forces which are able to operate during sleep.

Analysis of our dreams, like all analysis, brings us face to face with our unconscious minds, and we have to be prepared for unpleasant surprises as a result of this experience. But there is no cause for alarm for, once the forces of the unconscious have been recognised for what they are, they cease to trouble us.

At first, the interpretation of dreams is very difficult indeed, and requires all the skill of the practised analyst, but as analysis proceeds the interpretation becomes progressively easier, so that, when a full analysis has been accomplished, the dream, when it occurs, almost interprets itself.

A person who has faced his unconscious squarely and who as the result of analysis is psychically well-integrated, will have that feeling of 'well-being' upon which the ancient Greeks laid so much stress, and he will dream very little or, if he dreams, the process will not be accompanied by the unpleasant, and even distressing, emotion which I have described earlier in this chapter.

It will be found that, once one has attained this state of mental integration, dreams tend, if they occur at all, to be pleasant; and recounting them later on, or writing them down one finds oneself writing down both the dream and interpretation at the same time with comparatively little effort.

One may still be surprised at what the interpretation reveals, but it will be a surprise accompanied by no strong emotional shock; rather an almost detached surprise that

such-and-such a desire still lay hid in one's unconscious mind; maybe a long-buried memory, which is now revealed with very little emotional content, although earlier the emotion attached to it may have been very strong indeed.

You may be wondering whether it should not be possible to eliminate all dreams as the result of a ' complete analysis.' My own reply is that there is no such thing as a complete analysis, and it will be noted that I have preferred to use the term ' full analysis,' to indicate a stage of analysis as complete as one can expect, or as is necessary, *at any particular time.*

The human mind cannot be regarded as a mass of physical and chemical entities, whatever the electrobiologists may say.

It is possible to carry the analysis of a physical mixture, or of a simple chemical compound to completion and, at the end of the analysis, it is possible to place the various components in separate heaps or bottles and then leave them there; and on returning next day, or next week, or even next year, we shall find things much as we left them. (Even this is true only of very simple analyses).

But the mind is subject to experience, and to the effect of both the outer world and other components of the same mind, every instant of the day, whether we are asleep or awake, both during the analytical session and between sessions, and this continuous experience changes the mind experiencing. At the best, at any given analytical hour, analysis can only be complete as far as we have gone, and immediately afterwards there is new experience, a further interaction, and a richer mental content.

What analysis will achieve, if it has been successful, will be to enable the individual to deal with the new experience in a much more competent manner than heretofore, making the experience a desirable part of one's mental life, instead of being at the mercy of the experience. (Such a one could claim, with Ulysses, ' *quorum pars magna fui.*')

For example, a man may be subject to so much conflict as the result of a ' mother-fixation ' that he is unable to form a satisfactory emotional relationship with another

woman; a particularly unsatisfactory relationship may cause so great a disturbance and so much distress that he may seek the help of an analyst.

Such a man will almost invariably bring disturbing dreams as one of his symptoms. (In such a case, one can almost 'construct' the type of dream he will have, from the knowledge which we possess of such cases). Analysis will resolve the fixation, remove the conflict and the distress resulting from it, and banish the anxious dreams.

But analysis will not (fortunately!) prevent the man from falling in love again; this time, however, he will be in a position to meet the experience: he will not be helplessly caught up by his emotions, and he will not make the unsuitable alliance which was typical of his former state.

The point is that one cannot live in a vacuum, one cannot avoid new experience, and new experience is bound to affect one's mental life in the future. It is quite possible that the new experience will in itself be unpleasant; but the analysed person will be able to deal with such experiences in a more balanced manner.

At the opposite extreme, the neurotic can be subjected to a profound and distressing emotional disturbance by a quite trivial happening in everyday life, an event so trivial that it may go completely unnoticed by more balanced individuals.

It will be seen that one can almost regard dreams as a kind of mental thermometer; the occurrence of frequent and distressing dreams indicates that all is not well with the dreamer, and suggests that to seek expert advice is desirable.

People are sometimes tempted to look for the causes for bad dreams in some immediate experiences: something unpleasant which happened that day, or perhaps a supper of boiled lobster! It is true that many dreams do contain a fairly obvious reference to an event of the preceding day, and Freud even went so far as to suggest that *all* dreams incorporate such an element. I personally do not think that this is invariably the case, although it is possible in many

instances to discover the reference to such a recent experience.

Analysis cannot stop here, however, for even the most unpleasant experience is unable to account for the extremity of anxiety often experienced on waking from the dream; and analysis will, in fact, reveal that the experience of the preceding day was significant precisely because it formed an associational link with some element already present in the unconscious mind of the dreamer, and these elements will be found to be linked to others, in a chain in which in many instances we shall be taken back to the emotional experiences of early childhood.

To discover these forgotten experiences, and to remove the excessive emotion which is attached to them, (which is excessive just *because* they happened in childhood, as the reader will readily comprehend from what I have said in Chapter Six), and so to remove the source of the mental conflict, is the task of the psychotherapist.

NOTE.—Two of my friends who read the manuscript of this book suggested that perhaps Chuang Tzu's butterfly might not be as well known to well-read readers as I had assumed, and they asked me to recall the story. Here is the version from Lin Yutang's *The Importance of Living.*

'Man began to be philosophical only when he saw the vanity of this earthly existence. Chuangtse said that he once dreamed of being a butterfly, and while he was in the dream, he felt he could flutter his wings and everything was real, but that on waking up, he realised that he was Chuangtse and Chuangtse was real. Then he thought and wondered which was really real, whether he was really Chuangtse dreaming of being a butterfly, or really a butterfly dreaming of being Chuangtse. Life, then, is really a dream . . .'

(The philosopher's name is variously spelt 'Chuangtse, Chuang Tzu, and Chuang Chou and probably in other ways: they all refer to the same man).

Ten

Why We Worry

IN EARLIER chapters I have been dealing with some of the more specific problems which arise in our everyday life. It might appear from what I have said that there are, in fact, definite abnormalities of behaviour, each of which has a separate existence and a definite 'cause,'; this is not the case, although it is convenient to split behaviour up for purposes of discussion.

If we do separate out one or other aspect of human behaviour for discussion, then we must keep in mind the *total personality* of the individual whose problems we have in hand, for, in the end, it is the total personality which produces any particular piece of behaviour.

There are, indeed, certain experiences which clearly affect the whole personality and so the whole life of the individual who has the experience. It is about one of these general experiences that I want to say something in this chapter.

First, as to the general *effect* which is produced in our behaviour. This effect seems to be fundamental to our way of life, and, indeed, to be a necessary part of our administrative system. It can best be described as 'subservience,' and is found throughout our community, in different degrees and in many situations, but perhaps it is most noticeable among those who wear the white collar.

I am not suggesting that it is peculiar to this class of individual, but its operation is most striking here for reasons which will, I hope, become apparent as our discussion proceeds.

In the typical situation that I have in mind, what one sees is the submission of the will and personality of one person to that of another, to such an extent that the submissive person completely submerges part of his personality and in time seems to lose that part entirely, thus acquiring a different personality.

You may say that this is the normal employer-employee relationship. Well, maybe! But I propose to show that it is pathological, both as to its origin and its operation. (If our community is one in which this situation is normal, then it is indeed a sick community.)

Where an employer and an employee are concerned in the situation, one might expect that the latter would subordinate part at any rate of his personality to the employer, especially if the risks attached to unemployment are of any magnitude; and it would perhaps be difficult to put up a convincing case for the contrary view, if we were restricted to such comparatively simple situations.

However, when we see the same sort of relationship developed where the employee is no longer under the direct personal pressure, so to speak, of the employer, then we begin to suspect that there is more in the relationship than we at first thought.

This may lead us to ask whether there is a group in our community in which we still find this subservient relationship, without the excuse suggested above. And there is such a group, one which will have had its impact on all members of our community. The situation which brings our problem into focus with alarming clarity is the relationship between the Civil Servant and his superiors, both immediate and more remote.

You may remember St. John Ervine's definition of the Civil Servant as 'a monk with the right to marry,' and it is true that he is hedged about with many restrictions which do not apply to other members of the community; on the other hand, he enjoys a security of tenure, which in pre-war days was unique, compared with employees in other occupations.

He could be punished for offences, whether of commis-

sion or of omission, in a number of ways, but these were all comparatively mild, and the offence had to be serious indeed for him to be dismissed. In particular, it was not at all necessary for him to be energetic or zealous, since, if he were not, very little could be done about it.

In such circumstances one might expect to find our Civil Servant carefree, lazy, easy-going if not insubordinate to his superiors, ready on very little provocation to tell him where to go. Yet in fact we find the picture of our typical Civil Servant very far removed from this.

Much nearer to type is the willing, obedient, hardworking little man, worried both by his work and by his superiors, a man, in short, to whom the old phrase 'Your humble and obedient servant' applies only too well. He is not merely obedient; he is anxiously obedient.

It is necessary to emphasise the difference between ordinary obedience and the anxious subservience with which I am dealing here. The two are psychologically quite different.

We may be cheerfully obedient while indicating by our manner that we obey because it pleases us to do so; this is the type of obedience that a lover gives to his beloved. We may be angrily obedient, thereby demonstrating that we obey only because we must; this is the obedience exacted by a harsh master from his unwilling slave.

But in subservience, obedience has undergone a transformation, and the individual is all too anxious to obey. Indeed, he feels unhappy if he fails to obey. His anxiety is such that he frequently develops ulcers, or a 'nervous breakdown', or both. (The incidence of these complaints in the Civil Service is surprisingly high.)

Here then we have two situations in which most of the circumstances are different, and yet the end result is the same.

On the one hand, we have the employer who is in the position to deprive his employee of his means of livelihood (pace the Unions!) and may even, by means of bad references, jeopardise his whole future and that of his dependants, driving them in times of depression to actual starvation.

On the other hand we have a man who is far removed from his employer, who is the State or, at the nearest, a Board or Group of Commissioners; he is apparently as safe and snug as a hibernating insect, and yet in reality he displays even more anxiety than his fellow worker who is so precariously placed.

This contrast was much more striking before the Second World War than it is now, since it is now slightly easier to dismiss a Civil Servant, and the average worker who is not a Civil Servant enjoys much more security than previously.

The Civil Servant worries if he makes a minor mistake for which there is no punishment, if he forgets something trivial, if he receives a reference from his immediate superior, even if he is incorrectly dressed, or is late at the office. We may well ask, Whence this anxiety? My reply in the present chapter is that this anxiety is of the generalised type of anxiety neurosis.

Very early in his researches Freud had had brought to his notice, in an inescapable manner, evidence of generalised anxiety states. In the early 1890s he analysed the picture as far as he knew it at the time, and wrote: 'The clinical picture of anxiety neurosis comprises the following symptoms:

1 General irritability, especially auditory hyperaesthesia, which is frequently the cause of sleeplessness.
2 Anxious expectation, which is the nuclear symptom of this neurosis; it clearly reveals, too, something of the theory of it. We may perhaps say that there is here a *quantum of anxiety in a free floating condition,* which in any state of expectation controls the selection of ideas, and is ever ready to attach itself to any suitable ideational content.
3 Anxiety attacks.
4 Equivalents of anxiety attacks.
5 Awakening in fright
6 Vertigo.
7 Certain phobias.
8 Nauseas, biliousness, ravenous hunger, diarrhœa.
9 Paraesthesias . . . .'

Quite early, too, Freud stated what he regarded as the cause for this type of anxiety; he regarded it as being due to the injurious heightening of sexual tension due to interference with the full sexual act by such practices as *coitus interruptus* or fondling of the loved one without performing the full sexual act.

The latter is the situation in the 'petting party' which is apparently regarded as normal in the United States; I have elsewhere* given reasons for thinking that these practices are injurious to those who indulge in them, but I would not be prepared to follow Freud in his detailed working out of his theory.

He was, like most medical men, influenced by his materialistic training, and so he saw a *direct* connection between dammed up Libido and anxiety. In my view he was mistaken in this, but, on the other hand, frustrated sexual activity does enter into many psychological states. It would however, take me too far from the present problem to make what I would consider the necessary psychological distinction between sex frustration due to moral sanctions, and sex frustration due to the mere physical expediency of the moment (in which case the individual *feels* free, whatever the actual state of affairs at the time).

Freud stuck to his ideas about the origin and nature of this anxiety, and in 1933 he wrote, 'We then turned our attention to neurotic anxiety, and pointed out that it could be observed in three forms.

'Firstly, we have free-floating general apprehensiveness, ready to attach itself for the time being to any new possibility that may arise in the form of what we call expectant dread, as happens, for instance, in the typical anxiety neurosis.

'Secondly, we find it firmly attached to certain ideas, in what are known as *phobias,* in which we can still recognise a connection with external danger, but cannot help regarding the anxiety felt towards it as enormously exaggerated.

'Thirdly, and finally, we have anxiety as it occurs in hysteria and in other severe neuroses; this anxiety either

* Appendix to a Thesis in the University of London Library.

accompanies symptoms or manifests itself independently, whether as an attack or as a condition which persists for some time, but always without having any visible justification in an external danger.

'We then asked ourselves two questions: "What are people afraid of when they have neurotic anxiety" and "How can one bring this kind of anxiety into line with objective anxiety felt towards an external danger,"'

Freud here stated his opinion that this anxiety arose in the first place from the experience of birth; I have dealt with this aspect of the problem in an earlier chapter; it may merely be noted here that it is not necessary to agree with the view that anxiety of a general type arises from birth anxiety: the two problems can be treated separately, as I have chosen to treat them in this book.

You will have noticed some of the symptoms in the list given by Freud are the same as those which I have dealt with as different afflictions, in other chapters. This underlines the view which I have put forward at the beginning of the present chapter, that, while it is convenient to treat illnesses as separate entities, for some purposes, it is necessary to take into consideration the *whole situation* of the patient if we are to get a true picture of what is happening. The discussion in this chapter serves to bring together some of the varied aspects of human behaviour which I have already discussed.

Not all of us suffer from the same degree of anxiety, nor are we all equally subservient. Indeed, there are notable exceptions, and even in the Civil Service I know individuals who seem to be free from this kind of behaviour; I have not had the opportunity of analysing such a person, to find out wherein the difference lies.

In a recent lecture at London University, Field Marshal Slim implied that it is in fact possible to be free of anxiety; he was reviewing the qualities necessary to make a good military leader in time of war, and included in the list the necessity that 'he should not be afraid of losing his job'.

I have referred in other chapters to the usefulness of comparisons between the way we ourselves behave, and the

way in which other people behave. Here we may pause to make such a comparison, for the light it throws on our problem.

In *The Southern Gates of Arabia*, Miss Freya Stark writes: 'In this clear altitude, where the basic forces of the earth are building, it seems absurd to reckon time in human years. The scrubby plants are scarce more momentary than men who pass in transitory generations, leaving no more trace than does a fly on the steady hand of a craftsman at his labour. Our origins and histories become almost invisible against the slow lifting of the Jol. Only the Bedouin, who have little to lose or fear, walk over it with an unburdened spirit, naked and careless, "butterflies under the arch of Titus", and know its scanty pastures, and love its inhuman freedom.'

In suggesting that the Bedouin have little to lose or fear the writer would seem to be wrong, for they have life to lose, since this is so precariously held in the Jol, and there is much to fear, both from Man and from Nature.

Yet, with the intuition of a woman and an artist, the writer may have realised that we do not fear these *real* objects of fear, as much as or in the same way as we fear the nameless objectless fear. The Bedouin may experience fear when he meets an enemy, or the torrents unleashed by the occasional rains, but he does not experience *anxiety*, as we do; and consequently he is free, and able to come to terms with his environment, and with life itself.

It is not my purpose here to stigmatise the Civil Servant as an individual more liable than most people to attacks of anxiety neurosis. I hope that I have made it clear that I have used the Civil Servant for reference because his is a job with which are associated so few 'real causes of anxiety', as we may call them.

Other positions in our community tend to have real causes of anxiety attached to them in varying degrees, so that, if an individual who holds such a position does in fact show anxiety, even to an abnormal degree, we are tempted to think that there is a real cause for it: either a very difficult job, or an exacting employer, dangerous or

difficult conditions of working, physica or mental defect in the employee, or something similar.

I maintain, however, that in spite of our apparent ability to find a real explanation for anxiety in such instances in commerce or industry, all anxiety attacks and all anxious behaviour, whether on the part of a civil servant or of another, arise out of the original anxiety situation.

The employee in commerce or industry seizes upon his 'real' cause, as the Civil Servant seizes upon the pretext of the gravity of a decision or the urgency of a minute as *his* real cause, and builds anxiety about that upon his early anxiety, which is his only anxiety. In the next chapter I shall point out how we seize upon illness or accident in a similar manner. In that discussion I shall allow some exceptions to the general rule, although, in my opinion, these are very rare. Similarly, there are situations in which anxiety appears to be justified, but again these are comparatively few.

Here we must bear in mind the distinction, which is brought out in the passages from Freud which I have quoted, between fear and anxiety. Fear is fear of something definite, whether this is real or only imagined; whereas anxiety is vague and indeterminate, and refers to we know not what unknown menace to our security. In anxious states we always anticipate something: we are always anxious about what is about to happen, and not about what is happening at the moment.

The anxious individual may have every reason to suppose that there is *nothing* fearful around the corner, yet in spite of all the evidence he anticipates that something menacing his security *is* around the corner. He crosses his bridges before he comes to them, and even does so when there is clearly no bridge to be crossed, and no river to be negotiated.

He sees a menace in every situation, however unlikely, however trivial. Every telephone call can mean trouble for him, and every telegram is a harbinger of disaster. A summons to the office of a superior inevitably means an error committed, something dreadful to be explained, if explana-

tion is indeed possible. Every official reminder, whether from the Electricity Authority or from the Tax Inspector, however mild in tone, is a signal for panic. Every sound in the night is an armed intruder, and every small event is similarly magnified.

The condition will be recognised as all too common. Indeed, it has been suggested to me that one can compare anxiety (or 'worry', as most people will prefer to call it), in many respects with the common cold. The latter is only too 'common', and has a generally debilitating effect on the sufferer.

The symptoms are not usually very dramatic: one may have a headache, a sore throat, or a streaming nose, but not much more; and yet one feels very miserable, and life loses all its savour. Both the major and the minor pleasures of life, including eating, go sour on one.

In spite of all this, we receive precious little sympathy from our friends. We have, in fact, nothing wrong with us . . . now if we had appendicitis, or a broken leg! . . .

Similarly with this generalised anxiety, or worry. So many people suffer from it, the symptoms are usually so comparatively unexciting, that the most we get is advice to stop worrying. Whereas, if we had a nice interesting 'split-mind' . . . !

I have said that the condition is widespread in our community. By the same token, it has many and varied, and in the accumulation very serious, effects. You can see, by looking at the list of symptoms given by Freud, that the individual affected by anxiety will behave in a way quite different from that in which we should expect a 'normal' person to behave.

In particular, the anxious person will be very 'jumpy', and very sensitive, especially to criticism, or what he imagines to be criticism. There is an unhealthy tension present in this person's mind, and tensions always produce other tensions.

I was reminded of this, at the physical level, while on my way to give a lecture recently. The train was running past a small wood, and suddenly I noticed a slender silver

birch, bent like a bow towards the nearby trees. The sudden sight of this tree, which was apparently about to spring into its normal upright position at any moment, produced a momentary sensation of 'tension' in myself. You will probably have had the same kind of feeling if you have seen someone working with a strong spring, and fitting it to a motor or other piece of mechanism.

In a similar way, the tension in an anxious person can produce tensions in his associates. He may remain in the anxious (and subservient) state himself, but his presence may easily, for example, start a strike in industry. The psychological 'jumpiness' of those who become the centres of industrial disturbances is very noticeable.

What can we do about this state of affairs? Do we, indeed, wish to do anything about it?

The second question arises, because those in authority may wish to keep this anxiety in their subordinates, recognising its value in securing subservience and the behaviour which passes for conscientious, and failing to see its disadvantages, its paralysing effect on the human mind, its sapping of mental energy, and the huge sum total of inefficiency and loss to which it leads in the long run.

If one's subordinates are expendable, then it may be worth while to preserve anxiety in them. Dictators have realised this, and have used it for their own ends, and I have dealt in a separate paper with the use to which it may be put even in a society which is apparently democratic in form.

It may be interesting to note, in passing, the difference between the relationship between most Western rulers, in the modern world, and their subjects, on the one hand, and that existing between, say, some of the rulers of ancient Rome and their subjects, on the other.

The Roman despot often had powers of life and death over their subjects, and yet the latter often enjoyed a more *human* relationship with his ruler than exists between the ruler and subject even in a country enjoying a constitutional monarchy. Of course, the reasons for this difference are probably many and varied, but anxiety enters into it.

However that may be, it has been shown in a recent

study of crowd behaviour that one individual can, in many situations, control the behaviour, and so the fate, of large numbers of his fellow beings. Such a one may see the value of subservience, and therefore of anxiety, in others, and put it to his own uses.

Most of us will recognise the need to do something about so great a problem. What can be done? Three courses seem possible: one preventive, one curative, and one something of both.

The prevention of this general type of anxiety would seem to take us back to the methods of Grantley Dick Read, which I have outlined in Chapter Six. This means making our entry into this world as easy as possible, and, if necessary, sacrificing to this end some of the trappings of civilisation which surround pregnancy and birth.

Even if you do not accept the view that there is the connection between birth experience and anxiety, it is still possible to alleviate this anxiety *in the earliest stages of growth* by having sufficient psychological insight into the development of the child mind, and, when necessary, having recourse to the advice of the expert in this field, and even to psychotherapy, in some instances.

This once again underlines my contention that analysis is not only for the manifestly sick in mind: it is also for those of us who pride ourselves on our normality.

The third method of dealing with the anxiety-ridden individual entails tolerance and understanding on the part of his fellows, and *especially by his superiors,* and avoidance as far as is practicable of situations which we think are likely to provoke an onset of the more serious attacks of panic.

In some ways this is no more than a plea for greater humanity in dealing with one's fellow men; but it also calls for insight into the workings of the mind, and particularly of the unconscious mind, of the person with whom one is dealing.

The best will in the world, if it is combined with ignorance of unconscious factors, is likely to do more harm than that of one who sets out to dominate his fellows. In the

latter instance, the victim at least has some chance of knowing where he stands.

I am convinced that a society from which anxiety had been banished would be a far healthier and happier society. It would, naturally, be a *different* society. Our subordinates would no longer ' jump to it,' unless ' it ' were worth jumping to for its own sake. It would be in a truer sense democratic, as our present society is not.

We think that we enjoy the freedom of democracy, because the structure of our political system is democratic. But democratic institutions are no guarantee of democracy. If we do not *think* democratically, if we do not *feel* democratically, then ' democracy ' is a menace to civilisation.

It was the realisation of this fact which led to Plato's condemnation of democracy in the Republic. In his state, under democracy, men were not mentally free, whereas his philosopher-kings were.

Failure to realise the importance of democratic thinking, which means freedom of choice by well-informed men, who are not at the mercy of the forces of the Unconscious, may quickly lead to the disappearance of democracy, in everything but form, and perhaps even in that.

That democracy of form is not enough, even in the small community of the factory, was brought out clearly in Leslie Halward's play, ' Men at Work.' The strike in this play broke out not only in spite of, but perhaps because of, the existence of that most democratic of institutions, the joint consultation council. The need for democratic thinking and feeling was stressed by both the works doctor and the trade union leader. There, in this play, one could also see some good examples of anxiety cases.

Some quite well informed political commentators have expressed surprise at the ease with which the democratic pattern of government in Eastern Germany has been converted to the normal pattern of Soviet totalitarianism. Comparatively few structural alterations were required in the governmental machinery to achieve this apparent transformation. (Some commentators ' explain ' the phenomenon by reference to the recency of the change from Nazism).

We need not, however, be surprised. Democratic thought has been unacceptable to the German for many decades, and it was futile to expect to impart freedom of thought by mere demonstration that it was a Good Thing: one might as well try to cure a paranoiac of his delusions by demonstrating that they are Bad Things.

If we think freely, then we act without compulsion, and the actual form of government is a secondary consideration; in spirit at least it will be democratic. If we are not free in mind, if we suffer from worry and anxiety of the general type with which I have been dealing in this chapter, then we are slaves, however democratic in form our government may be.

Eleven

Why We Fall Ill

THE READER will by this time be well aware of my view that even the most 'physical' of afflictions has a psychological factor, and that, in many instances, this factor is an extremely important one and must be taken into account in any serious attempt to cure the patient of his or her trouble.

But in spite of all that I have written, and in spite of my numerous references to curing many illnesses by psychological methods, you may still have the idea that the psychological factor is, so to speak, merely incidental, an appendage added to the 'real' illness, which latter is caused by the onslaught of bacteria, or a virus, or physical damage as in an accident. Those holding this view would suggest even that we are depressed because, say, we have indigestion.

Freud, however, suggested a view which is exactly the opposite of this; he would insist that we have indigestion because we are depressed, and that in general we fall ill because we are mentally ill at ease. In some instances this argument may seem to resemble the famous dispute as to which came first, the hen or the egg, but the psychologist would insist that in every instance the psychological factor is the primary factor.

To give expression to this view Freud coined the phrase, 'the flight into illness,' suggesting quite vividly by this expression the concept of the patient taking refuge in a state of being ill. Even those psychologists, who do not assent to

the main concepts of Freud, would agree that there is an element of flight, of escape, in many illnesses.

One eminent professor of psychology confessed that when he had to take to his bed with a cold, he enjoyed the experience of being waited upon, and in particular he enjoyed the feeling that now he need no longer do any work!

Those psychologists who accept the analytical view would go very much further than this, and would assert that in all illness the patient is seeking to escape from some mental conflict, from some impossible emotional situation,—that he is using the illness, one might say, to dodge emotional trouble. Many laymen would dissent from this view, and so would many physicians, and yet, as medical knowledge progresses and widens its scope, so the list of illnesses which are regarded as having a psychological origin increases.

So much progress in this direction has been made in the past few years that in that period there has evolved the concept of psychosomatic disorders and psychosomatic medicine, and there is an ever increasing literature on this new branch of medicine. More and more illnesses are being recognised as 'psychogenic,' that is, as being caused by some psychological conflict.

I have mentioned earlier a number of these psychosomatic disorders; one of the earliest to be recognised was duodenal ulcers and related states; to this has been added coronary thrombosis, asthma, various skin diseases, defects in the circulation of the blood and so on, and to all this has been added the concept of 'accident proneness,' the idea, amply borne out by research, that some people have far more than their share of accidents.

The physical mechanism by which mental factors affect our physical bodies and produce 'real' illnesses is now fairly well recognised, but the actual process remains a mystery. The emotional factors concerned set the autonomic section of the central nervous system into motion, often with some activity of the endocrine organs (our 'glands'), and these in turn have a direct physical effect on other parts of our bodies.

This is so well recognised that recourse is sometimes had

to surgical operation to 'cure' a psychogenic disorder; thus, if part of the blood circulatory system is not functioning properly because of the action of the sympathetic nervous system, then partial sympathectomy (that is, cutting some of the nerve fibres to the affected part) will cause the symptom to disappear, and circulation in the affected part will approach nearer to normal.

Such an operation, however, does not deal with the psychological cause of the incorrect functioning of the sympathetic nervous system, does not remove the mental conflict which is at the bottom of all the trouble, so that the patient's conflict is liable to find expression in some new symptom, some new physical disorder, in due course.

Some years ago Mr. Attlee had eczema of the feet, and had to retire temporarily from political life. It was announced at the time that this was psychogenic in orgin, and the strained circumstances of Mr. Attlee at that time were such that it would cause no surprise to a psychotherapist that he had produced this symptom. He had, in fact, fled into illness from the extreme difficulty of the current political situation.

We might earlier have seized upon the clue given to us by some popular expressions (which often have an uncanny knack of revealing the working of the Unconscious. Thus we have expressions such as 'this person makes me sick,' 'getting cold feet,' or, of one who gets into financial difficulties, 'catching a cold.'

I have mentioned before the case of the wife who was physically sick whenever her (apparently loved) husband approached; and I know of several cases in my own experience of people who have developed afflictions of the feet, such as mild forms of eczema, or circulatory troubles, as a result of anxiety over situations facing them which appeared impossible to meet.

From my own observation too, I am quite convinced that most, perhaps all, cases of common cold have a psychological origin. This may seem fantastic to some, especially if you have learnt to regard a cold as being caused by a virus.

Yet I know of many instances in which people have developed a cold without any knowledge of contact with another person with a cold and, contrariwise, of others who have been in intimate contact with a person with a cold and have not developed one themselves.

I have examined the problem experimentally to a small extent, by deliberately putting myself in the way of infection while at the same time feeling certain that I would not, in fact, catch the disease. On the other hand, when I have developed a serious cold (which nowadays is rarely), then I have always been able to discover, by a short analysis, that I was psychologically prepared for it.

I have put this concept into the rather flippant statement that you catch a cold when you are in the mood for one. That this idea is not as bizarre as it seems is borne out by the results of the research carried out recently at the Common Cold Research Unit at Salisbury.

This unit was started in 1946, and is run by the Ministry of Health and the Medical Research Council. Volunteers, who must be suitable for the research, are isolated and subjected to experiment, in an endeavour to find out how colds are passed from one person to another and, if possible, to discover a means of preventing such infection.

In the course of this research a number of popular ideas as to how or why we catch cold were investigated. One of these was the notion that if you sit around in damp clothing you will catch a cold. Volunteers were sent out in the pouring rain for several hours; while they were out, the heating in their rooms was turned off, and when they returned they were made to sit in their cold rooms in their wet clothes for an hour, and even when allowed to change had to keep on their wet socks.

In spite of all this and of feeling thoroughly miserable they did *not* catch a cold! Other volunteers were infected with a strong solution of the cold virus. Some of these developed colds, but about half failed to do so, although the degree of infection to which they had been exposed was far higher than that which is supposed in normal contact to lead to our catching a cold. The same is true of volun-

teers who associate with children who are suffering from colds.

In addition to all this, it was found that isolated volunteers could not be infected by people suffering from artificially induced colds, and yet could be infected by a person with a natural cold. It will be seen that the picture of how and why we catch the common cold is much more complicated than the advertisements, and even some doctors, would lead one to suspect. (There is, incidentally, no cure known as yet for the common cold). There are obviously many factors which decide whether or not we catch a cold on being exposed to the virus, and I suggest that one of the most important of these factors is the mental state of the individual at the time of such exposure.

An individual with a well integrated personality, not subjected to any undue emotional strain, is much less likely to catch a cold than one who is the subject of mental strain and conflict. If our mental state is such that we 'need' an illness, in order to escape the conflict, then we shall seize upon the first disease entity which presents itself, which is suitable for our, unconscious, purpose. This may be merely a common cold, or may be something much more serious.

Groddeck has suggested that the illnesses which we have are symbols of our inner conflicts, and this certainly seems to be true of many of our complaints, such as the common cold, asthma, sickness and vomiting, afflictions of the hands and feet, and many skin diseases.

The physician attacks these with medicaments, but the psychotherapist, regarding the illness merely as a symbol of something more important and more deep-seated, attacks the unconscious conflicts. When these are resolved and when, in consequence, the need for illness is removed, then the physical symptoms, the illness as ordinarily understood, will also disappear.

Closely linked with this flight into illness is the question of accident proneness. As I have already mentioned, some people have far more accidents, whether at home or at work, at play or in the streets, than would be their share, if all the accidents which happen were evenly distributed

throughout the population; and the number of accidents which these people have is so much above the normal that the term 'accident prone' has been used to describe them.

It is my own experience that many of these people do in fact have just those accidents which symbolise most aptly their inner unconscious wishes. One person whom I know would, consciously, like a family of children, yet whenever she is pregnant she manages to become involved in an accident which precipitates a miscarriage. These accidents appear to be quite genuine, and yet are so ingeniously devised that it looks very much as though the unconscious mind of this lady has had a hand in producing the accident. (Freud noted the peculiar delicacy with which unconsciously motivated incorrect acts were carried out, so that the 'accidental' movement is often far more adroitly performed than are the individual's normal acts.)

In my opinion, and from my own observation, it is clear that in the case of this lady there is an overwhelming, but unconscious, dislike of having a child, which leads to the unconscious destruction of every child at an early stage of pregnancy.

With some people this dislike of childbirth may be due to an unconscious hatred of the potential father of the child, but in others it may arise from the early childhood experiences of the mother, which have given rise to an unconscious hatred of *all* other children.

A research project has just been started at London University into the causes of the premature birth of children. The research team will be concerned mainly with physical conditions, either in the physical state of the mother, or the conditions in which she lives or both.

But I have already suggested that it is probable that there is an important psychological factor involved in most, if not in all, cases of premature birth, and I have suggested that a study of such a factor would be well worth while, although I recognise the difficulties which would be encountered. (It is far easier to assess the physical state of an individual, than to examine the emotional forces operating at his unconscious levels.)

All other types of accident, too, have a mental aspect, and I think that we can take as literally true the statement which figured in the Safety First posters which appeared in the streets some time ago, 'Accidents do not happen, they are caused.'

I am inclined to say that the only true accidents are those resulting from the 'blind' operation of natural forces—as when one is struck by lightning or by a falling tree; the type of accident, in fact, which is described rather whimsically by insurance companies as 'Acts of God'; even here there may be psychological factors involved, but a discussion of these would take us too far from our present theme.

Be that as it may, all other accidents are undoubtedly in my opinion the result of the operation of forces in the unconscious minds of the people involved.

Some of these accidents may be comparatively trivial and may lead to no more than slight loss and inconvenience, as in the instance in which a husband, by what in other circumstances might have been regarded as a clever piece of juggling, managed to drop *one* of a group of breakfast cups; he was able to identify the cup, from the broken pieces, as the one used by his wife, and then he realised that his wife had in fact provoked him that morning, but that he had suppressed the urge to be angry. This anger, repressed into the unconscious, (where it no doubt found suitable material waiting to be allied to it), returned to consciousness as a mistaken act, in which the husband, so to speak, broke his wife's cup instead of breaking her head.

Such an accident is trivial, even when it happens, as this one did, at a time during the war when pottery was very scarce and difficult to come by; other accidents may be much more serious and may lead to severe loss of property, injury to the person, or even death.

A wider realisation of this fact, and a greater attention to the forces which operate at unconscious levels to produce accidents, would be more likely to reduce the risk of accident than all the safety first precautions that the wit of man can devise.

I have recently been given an interesting corroboration of this concept of both illness and accident as being a flight from emotional difficulty. A friend with a wide experience as a member of amateur dramatic societies tells me that the membership of these societies, of which there are a very large number throughout the country, generally precludes the possibility of having understudies for the principals in the societies' productions. This means that if any of the principals were to fall ill, the current production would have to be postponed.

In fact, this very rarely happens, and the members of the many casts remain remarkably fit for the two or three performances which are the normal amateur 'run.' This is in spite of the fact that most of the productions are during the period from January to March, when illness in this country, and particularly the common cold, and influenza, reaches its peak. The members of the cast may frequently fall ill *after* the production.

There are, of course, exceptions, and my friend mentioned one girl who played leading parts, who almost invariably had a small accident just before the first night. This resulted in an almost routine announcement before the curtain rose that Miss So-and-So was playing under difficulties. This announcement naturally secured for this girl the sympathy of the audience.

That she probably needed this was suggested by the general recognition of the fact that she was not up to the usual rather high standard of this particular society. The minor accidents could then be regarded as an insurance on the part of the girl's unconscious mind.

This closely resembles the experience of one of my own patients. This young man told me that when he used to take part in sporting events he almost invariably pulled a muscle on the great day, thus either putting himself out of action or making the going very difficult for himself. This did *not* happen during the preceding training period; yet during training he went through just the same exercises, and put out just as much muscular effort, as on the day itself. This indicates that the pulling of the muscle on the

actual day was closely connected with the actual competition in a sporting event

This patient stated that he was not particularly anxious to shine at sports, at which he knew he was not very accomplished. This was his conscious attitude, and would seem to discount any suggestion that he had any need to escape from the stress of competition in sport by means of small accidents such as I have mentioned.

Yet during analysis he produced a dream which clearly indicated a desire to excel in sports, especially in running events. This desire was quite strong, but was not recognised by this young man, and remained operating at unconscious levels.

These instances illustrate very neatly the flight into either illness or accident; and I am always interested to note how often a member of the public, when I put this idea across to him, will at first react strongly against it, and consider the idea to be far-fetched, and then on reconsideration will admit that 'there may be something in what you say,' and will end by producing further evidence in favour of the concept, as did my friend who is an amateur actor.

If, as I have suggested, both illness and accident are the result of the operation of emotional factors in our unconscious minds then it would obviously pay us very handsomely to find out as much as possible about how these factors become unconscious, the form of illness or accident which they are likely to produce, and the best means of bringing the emotional conflicts to light and so, in the usual way, dissipating their energy, so that they lose their power, and are no longer able to make us fall a victim either to infection or error.

Twelve

The Meaning of Illness and Accident

I HAVE made several references in other chapters to the fact that the illnesses with which we are afflicted from time to time, and the accidents to which we are prone have a meaning within the total pattern of our lives. In the last chapter I mentioned a number of instances, and especially those in which our everyday expressions reveal the unconscious forces that are at work to produce our many afflictions: expressions such as 'getting cold feet', 'catching a cold', and so on.

I also mentioned an instance of an accident, a very minor one, which showed quite clearly the emotional forces which were at work at the unconscious level in the mind of the person who performed the accidental act. Whether or not we accept the individual interpretations which analysts put upon an instance of illness, or an accident, it seems indisputable that there is a close connection between our mental life and the events which affect our bodies.

This view has been accepted by some workers and has been made the basis of an attempt to estimate personality, which is the sum total of our mental characteristics, on the basis of physical measurements, which are so much more easily made than are direct measurements of personality traits.

Two of the best known of these attempts are those of Kretschmer, who developed the idea earlier in this century, and, more recently, Sheldon. Both of these workers seemed to think that the body was the primary factor,

which influenced mental traits, and that, therefore all one had to do was to find out which bodily characteristics affected which mental states and then, by measuring the body, one could state what type of mind the individual concerned must possess.

Neither of these attempts has proved successful, and I think that very good reasons could be advanced for suggesting that such attempts can never be more than partially successful; however, this is not the place to enter into that particular controversy.

I mention the point of view in order to contrast it with that of others, including myself, who look at the body-mind relationship from the opposite standpoint. I mentioned in Chapter One the description of the typical neurasthenic which Sir Cyril Burt has given, and his view that 'drooping spirits and a drooping body go together'. Many psychologists would go much further than this, and would assert that drooping spirits are the cause of a drooping body.

In particular Georg Groddeck, whom I mentioned in Chapter Seven, regarded the body as being so much the servant of the mind that he stated that the body is a *symbol* of one's mental state. The title of his book *Der Mensch als Symbol,* reveals his attitude towards this matter quite clearly.

Any one of us, in fact, is a symbol, as far as our outward appearance is concerned, of our inward mental life and particularly of our unconscious mental life. In addition, Groddeck maintains the point of view put forward in the present book, that we cannot profitably separate the body from the mind for examination and treatment.

Indeed, he goes much further, and suggests that the *whole* to be kept in mind is the body-mind of man in relation to the cosmos. He writes: 'The mention of air brings me to yet another division of the human being which is of high importance not merely to medical science but also to our civilisation, *viz.* the differentiation of body and mind, to which, under the pressure of the notion of trinity, a third member has been added, the soul or spirit.

'As I have tried to show in my book, *Der Mensch als*

Symbol, the earlier stages of culture are charged with the idea that wind, air, breath and soul are identical, representing one and the same cosmic, extra-human power. At the present time we are trying to recover the earlier conception of a unit, the body-mind, and make it the foundation of our theory and action.

'My own opinion is that this assumption is one we all naturally make and never entirely abandon, and, furthermore, that by our heritage of thought we Europeans are all led to trace a relationship between the individual and the cosmos. By following up this line of thought we gain a growing insight into the symbolic relation between man and his world, a man as a part existing in the whole, and at the same time, a whole made up of parts.

'We understand man better when we see the whole in each of his parts, and we get nearer to a conception of the universe when we look upon him as part of the whole." This view, then, emphasises that, when we look at our fellow men, we are being presented with a symbol of their unconscious minds, and, if we are in a position to interpret the symbol correctly, then we can understand what manner of man he is.

Incidentally, it would be fascinating to attempt to relate Groddeck's idea with concepts such as that set out in 'The Myth of Er' in Plato's Republic, in which those about to be born again are given the task of choosing a new body; but this must wait for another time.

An attempt to work out the many ways in which bodily functions represent mental traits would take us into the complex field of depth analysis, and would be out of place in the present book, but the general idea may be illustrated by reference to some of the instances which I have mentioned in this book, and to others within my experience and that of my colleagues.

It is important to avoid the impression that any given symbol has one and only one meaning. I have given a warning against this view, in connection with the symbols in dreams; in that connection the warning is particularly necessary, since the popular view associates one element in

a dream with some specific event in the life of the dreamer.

A similar warning is necessary with regard to the symbolic nature of illness and accident. The instances which I give are illustrations only, and one can never say that the same physical state in two different people represents the same aspect of the mind in both cases; we must regard each case as unique, but can at the same time be guided in our interpretations by our knowledge of other instances.

With this reservation in mind, we can look at some of the interesting ways in which individual illnesses and accidents represent mental attitudes. Some illness is seen fairly easily to represent some mental aspect in the patient.

This is true of many cases of sickness, when the sick person is nearly always 'sick of something'; I mentioned the wife who was sick whenever her husband approached her, and with small children in particular we can often discover the emotional factor which is at the back of cases of sickness.

This is especially noticeable when the children are attending school, and many a mother must have had a feeling that the sickness, or headache, of which her child complains, which she has no reason to regard as a case of shamming, really represents some trouble at school, some unusual difficulty with a new subject, or a clash of personalities with a new teacher.

It may be noted in passing that the latter is responsible for a great deal of retardation of schoolchildren, and results in emotional disturbance in the child, which interferes with its progress at school, and may even produce minor illnesses which keep the child from school.

This is especially important if such a clash of personalities occurs during the year or so preceding the Common Entrance Examination, taken at the age of eleven. I have myself been consulted concerning several cases of children, who have been making good progress at school, and have suddenly struck a bad patch in their work.

In one instance at least, the difference between the child's work in the intelligence tests and her showing in the tests

of scholastic attainment was so pronounced, especially in view of her good work at school in other years, that it was quite clear that the trouble lay in the bad relationship existing between the child and her new teacher. This is a point which should be kept in mind by those who are responsible for allocating children to their new schools at this critical stage of their life.

I mentioned, too, the symbolic value of headaches, in my reference to Karen Horney's patient. Here, the headache was a representative for, or substitute for, anger (repressed) against either members of his family, or of his social circle, or of his firm. Perhaps, once again, we may invoke popular expression, at the slang level, as an indication that this unconscious substitution does, in fact take place. How often one hears the expression, 'Oh, he gives me a headache!'

Groddeck would suggest that the part of the body which is, so to speak, chosen for the symptom, indicates the state of affairs in the never-ending strife between the traditional three parts of the body the head, the breast and the belly, and their mental equivalents. Whether or not we accept his more general theory, it is often apparent in the course of analysis that the *appropriate* symptom, or illness, is chosen, in any particular psychological situation.

The same would seem to be true of those instances in which recourse is not had to analysis. The analyst has the opportunity, of course, of observing some of the latter, in everyday life, and can, with perhaps less assurance, interpret them accordingly. This is what Freud did to some extent, in his *Psychopathology of Everyday Life*, and it is always interesting to observe these instances, and so to gain insight into the motives, the true motives, of one's associates.

This is particularly true of those minor accidents, which may be classified as mistaken acts. These are true accidents, but the results of the act are so trivial, that they are not usually regarded as accidents in the ordinary sense.

It is surprising how often one's associates will reveal the unconscious forces at work in their minds, and this is

true even of those laymen who have a knowledge of Freudian symbolism. Slips of the tongue, lapses of memory, dropping things, leaving things behind, or picking up articles which do not belong to one, all tell their story to the trained observer.

The symbolic nature of some stealing has also been mentioned in other chapters, both with regard to the petty theft in which most children indulge at one time or another, and also in connection with kleptomania in adults. I referred to the mother in the play, 'Black Chiffon', who stole a nightdress of that material, when she was quite well able to buy as many as she could wish for. The point of the play was that there existed between the mother and her son an unusually strong emotional tie. This was threatened by the forthcoming marriage of the son.

The mother happened to go into the bedroom of the future daughter-in-law, who was staying at the house, and found her in bed, wearing a nightdress of black chiffon. It now becomes clear that the subsequent theft of such a garment was symbolic, and that, at an unconscious level, the mother wished to be in the girl's place.

The general symbolic nature of clothes has been admirably treated in Professor J. C. Flugel's book on the psychology of clothes. The author points out both the value of clothing in a general way, which is much more than either to keep us warm or to cover our nakedness, and also discusses the way in which certain articles of clothing, and certain methods of wearing clothes, can reveal the processes at work in the mind of the wearer.

Even the turning to nudism, in our community, may in most cases, if not in all, have an underlying connection with our emotional relationships with others, and particularly with our parents.

This was certainly the case with two young girls who were at one time at one of Anna Freud's Nursery Schools; these youngsters absolutely refused to wear clothes, and removed them destructively when attempts were made to clothe them. They were known to have had an unfortunate history, as the result of the war, and when the helpers at

the home asked for guidance, Anna Freud very wisely said that the girls were to be allowed to go without clothes, but should be kept in a warm room.

I do not know whether it was necessary in this instance to resort to actual therapy, but in time the girls recovered from this unusual attitude towards clothing, and then consented to be dressed in the normal manner. Thus, an unusual attitude towards clothing, on the part of members of one family, or of the larger social group, will be found to *represent* some emotional attitude of an unusual character.

Actions and gestures, whether or not they lead to actual accidents, again can be seen to represent emotional attitudes on the part of the person concerned. I referred in Chapter Three to the significance of awkwardness with the limbs, and especially with the hands. This also is true of afflictions of the hands, or accidents brought about by means of the hands.

I have recently been consulted about a young girl who has red, almost purple hands, with very little heat in them, and affected continually by chilblains. This has been regarded until now as a purely physical matter, and, as her mother has herself rather large and red hands (although without the cold and the chilblains), it has also been regarded as an inherited condition.

The physicians have tried to do something about it, with treatment with calcium and Vitamin D, but to no avail. The girl seems to be quite well in all other respects, and is good looking, and has undergone training as a mannequin, and in beauty culture. Her hands, however, prevent her from taking up either of these professions.

Now, I have not had the opportunity of finding out much about this particular girl, nor of even commencing an analysis, but I should not be at all surprised, if analysis were undertaken, to learn that there is an unusual emotional attitude underlying the condition of this young girl's hands. If that were the case, then analysis should rectify the matter, and would open to her the careers which I have mentioned.

We need not be surprised that the hands, their actions

and their conditions are so often symbols of our inner emotional life. Our hands *do* so much for us, that they also come to *mean* a great deal to us. This is notably true in sexual behaviour; this is illustrated rather dramatically by the action of the Roman Catholic youth mentioned in Chapter Seven who developed such a severe guilt complex that he attempted to cut off his arm, with the result that it had to be amputated.

The symbolism at work here will be quite clear to any trained observer, and the layman will have more than an inkling of it, if he bears in mind the biblical quotation which is so apposite. I have said that I do not propose to deal with sexual aberrations, in this book, and for the same reason it would not be the place to expand upon the sexual significance of many of our everyday acts.

In Chapter Three I mentioned regressive behaviour, both in older children and in adults. I said there that this was a tendency to go back to forms of behaviour appropriate to an earlier age in our life. It is not at all unusual in children, especially with the older child when a new baby arrives in the family, and often includes a spell of bed-wetting. The behaviour here represents the unconscious wish to be a baby again, and to receive all the love and attention which the mother formerly lavished on the child.

There is this element of childishness in most of us, and it is shown up very strongly in moments of stress in our lives. How often does a grown man cry out for his mother, when he is in extremity!

Great stress of this kind, particularly the conditions of battle in wartime, can lead to more or less permanent regression of behaviour in a man, so that the patient regresses right back to early childhood, and behaves exactly like a young baby. He loses all power of speech, making only the unintelligible noises which are appropriate to this early age; he crawls about on all fours, and requires attention for *all* his needs.

Most illness has some element of this regression to childhood, and it will probably prove to be a complicating factor, even where it is not the major cause. The illness, to

this extent, represents our flight from the difficulties of the world, to the safety of our mother's arms.

This flight to the mother receives symbolic representation in many other fields, of course, and particularly in art and religion; but this is not the place to discuss these aspects of our life which receive expression through the arts, religion, customs and conventions, which are similarly influenced, although often by the emotional experience of the group rather than that of the individual. The underlying emotional causes, and the processes by which they are represented by symbols, are the same in both instances.

Accidents, whether major or only minor ones, can be shown to have a special significance for the person involved. The accident, if it is not serious, may, as Freud has suggested, act as a substitute for a suicide. It is in fact a symbol showing that the individual wishes to commit suicide, or to let you know that he so wishes.

This may be true of even quite trivial accidents, such as the small cuts a man inflicts upon himself while shaving. In this connection we may bear in mind once again popular sayings which indicate the mechanisms which are involved, such sayings as ' He has cut his own throat ' and ' Cutting off one's nose to spite one's face '.

In other instances, a minor accident may be part of a process of identifying oneself with someone else. I noticed this in the case of a small boy, the grandson of a great man, whose parents were separated. The small boy spent a great deal of his time with his, obviously much admired, grandfather.

One day the latter had an accident and cut his finger. Very shortly afterwards the small boy caught his finger in the chain of his cycle, and hurt it, although not very seriously. I noticed that the wound was on the same joint of the same finger as that of the grandfather! Here seems to be a very literal acting out of ' Where thou goest, I will go '.

I have dealt in Chapter Nine with the symbolism which is so important in dreams and nightmares, and it is not necessary for me to discuss this further at the moment. It is, of

course, a subject of inexhaustible interest, and several good books on the subject have appeared since Freud's own *Interpretation of Dreams*.

I hope that I have shown that our lives are symbols of our minds, or, if you prefer, spirits, and that the illnesses and accidents which befall us in the course of our lives are symbols of factors of the mind, and, because the illness or accident is against our own interests then the factors at work must similarly be at war with other parts of our minds.

The illness or accident is a typical product of the complexes which I have mentioned, and *represent* the activity of those complexes. If we are able to understand the symbols, if we can learn the language of the unconscious, then we are so much the more in charge of our destinies.

It is my view that mind, or spirit, is the ultimate, primary 'stuff' of our experience, of the universe, and that our individual minds are the primary aspect of our total being. Our minds, then, *use* our bodies as tools, or as a means of expression, as an artist uses his medium of expression.

If accident or illness affects the body, then manifestly something has gone wrong: the mind is *misusing* the body. The type of illness or accident, as I have suggested, can reveal to us, if we possess psychological insight, the manner in which the mind is misusing the body, and this knowledge, if applied correctly, will enable us to correct the disintegrating tendency of the mind in any particular instance, and so save the body from the effects of that disintegration.

How successful we have been in this, how well we have lived our lives, will inevitably be shown in our bodies, which are themselves symbols of the inner life.

Thirteen

Some Asides and a Summing Up

I SUGGESTED in the last chapter that illness and accident could both be regarded as symbols. It is not impossible to accept the view, advanced by Groddeck, that our whole life is symbolic: that Man is in fact a Symbol. Be that as it may, it is certainly not difficult to regard both illness and accidents as symbols of our inner conflicts, perhaps in a way rather less limited than that suggested by Freud in his concept of the 'flight into illness'.

If this is so, the question at once arises as to what, if anything, can be done about it. It is clear, of course, that we can continue to combat disease with medicine and surgery, and with research designed to increase the scope of these methods, and I should certainly not decry the efforts of doctors in these directions, nor attempt to belittle the magnificent work which is performed in these fields. Nor would I wish to abate in any way the efforts which are continually being made to reduce the risk of accident, whether in the factory, in the home, or on the roads.

Yet when all that is possible has been done in these directions, it seems to me that much more could be achieved by making ourselves more complete and satisfactory human beings. Here psychotherapy can be of enormous assistance, and I look forward to the day when the physician, the surgeon, and the psychotherapist work together, all of them regarding the sick patient as a mental-physical entity, and the problem of curing him as a mental-physical problem.

At present it is only too often the case that the psycho-

therapist is the last resort. When all other methods fail, then it may happen that the patient is referred to a psychiatrist. (Even this may not invariably be the case, and the patient may instead be given up as 'hopeless'.)

This attitude of mind may be shown even by very broad-minded practitioners, as, for example, by a recent writer, dealing in a medical journal with the psychological aspects of cancer, and especially of incurable cases of cancer. He concludes by remarking that, while every effort should be made to protect the patient from exploitation, he or she should *not* necessarily be discouraged from seeking help even from the spiritual healer.

This 'last resort' attitude on the part of the medical profession is, in my view, deplorable. The case of the girl with a serious skin disease, who went from one specialist to another, from one unsuccessful treatment to another, and only at long last to a psychiatrist, who effected a cure, is only too typical.

Another case comes to mind, of a woman patient of a friend of mine who, although he has taken medical degrees, relies entirely upon very unorthodox psychological methods. This patient was afflicted with deep-seated ulcers on her arms and shoulders. Many methods had been tried, even to X-ray therapy, all to no avail. Then, fortunately for this woman, one of the hospital staff had the idea that there might be an important psychological factor involved, and sent her to my friend, with the result the ulcers yielded to treatment with astonishing rapidity and cleared up completely.

Now surely in both these instances it would have been preferable to have realised at an early stage that the trouble was psychogenic in origin, and to have treated them accordingly; and this is true of many cases, some of which never have the opportunity of treatment by a psychotherapist.

I suggest that the ideal to be aimed at is preventive psychotherapy. At present this remains an ideal, but meanwhile some steps can be, and are being, taken in this direction. One such step was indicated by Dr. Denis Leigh in an article earlier this year in *The Lancet*.

Dr. Leigh is physician on the staff of the department

of psychiatry in Bethlem Royal and Maudsley Hospitals. Instead of remaining at the hospital, and being content to treat patients as they are brought to him, Dr. Leigh has made it a practice to visit them in their own homes.

This 'home psychiatry' has had a number of valuable results; it has afforded the psychiatrist a great deal of information about the patient which would not otherwise have been available to him, and in addition it has proved possible in many instances to suggest improvements in the home surroundings which have led to considerable alleviation of the patient's troubles. It has also helped to break down the resistance of many to the idea of accepting treatment at the hands of the psychiatrist. (I shall refer to this point again a little later.)

It is clear that if psychotherapy is eventually to become, as I think it should become, an important branch of preventive medicine, then early diagnosis is imperative. This is one of the major difficulties involved in my suggestion, for the line between slight deviations from normality, and the first real steps in the direction of abnormality, is very fine indeed, and, in fact, could often be better described as an 'area' rather than as a 'line'.

Even the practitioner with considerable experience may find it all too difficult to decide which type of minor abnormality can safely be ignored and which indicates the need for early reference to a psychotherapist; and the layman would find it quite impossible to make such a decision. This may seem to make the advent of preventive psychiatry very remote indeed, but if we think of another dread disease where the same difficulty of early diagnosis occurs, that is, tuberculosis, then the solution which has been accepted in connection with that disease may suggest a solution of our present problem.

It is becoming more and more the practice to ask *everyone* to go for examination to a mass-radiography unit. The individual is placed between a source of X-rays and a fluorescent screen and the shadow image on the screen is photographed on a narrow film, a miniature radiograph of the person's chest being thus obtained.

Examinations of these miniature films by a radiologist shows that the vast majority of those who have been examined are free from tubercular infection. The 'doubtful' cases are asked to return and a full-scale radiograph is taken in these instances. Examination of these large radiographs will show that some of the 'doubtful' cases are free from disease, while others have been infected and require treatment.

The great value of this work lies in the fact that early diagnosis means early treatment, with a very much greater chance of effecting a cure. It is noteworthy that some of the most unlikely people are found to be infected

I would suggest that, similarly, it would be of immense benefit to the health of the community if it could become normal routine to go for psychiatric examination from time to time, as well as when the individual actually felt the need for treatment.

This would at first involve a great deal of expense, for it would require the setting up of psychiatric units, with large numbers of trained psychotherapists in charge, with psychiatric diagnosticians, psychiatric social workers, and so on, with the possibility of reference to specialists in other branches.

But I am convinced that in the long run the method would pay, not only in better health and greater happiness, but also in terms of actual money saved.

The loss to the community, in terms of money, due to mental ill-health is enormous—you may remember the figures which I quoted in connection with the compulsive drinker. It is also agreed that about one-third of all recognised physical illness is determined by emotional and social factors (this is the view of those who would be unwilling to accept my further contention that there is a psychological factor in *all* illness). Add to this the cost to the community occasioned by accidents and it will readily be realised that, if mass psychotherapeutic examination could reduce the tendency to flight into illness or accident, the ultimate saving would be immense.

I am well aware that we have not to hand a diagnostic

tool as easy to use as is the miniature radiograph in the case of tuberculosis, but there are a number of diagnostic methods which are being developed which are remarkably successful in the hands of the expert (and, after all, only a trained radiologist can 'read' a radiograph correctly); and in any event the need for such a tool would intensify research and would, I am sure, in due time produce one.

Apart from the question of initial expense, and the lack of sufficiently fine diagnostic methods, the greatest obstacle to such a scheme is the attitude of the general public. Dr. Leigh, in the article to which I have referred, specifically mentions this attitude as a major difficulty in psychiatry in this country; his 'domiciliary psychiatry' is designed to overcome this.

Commenting in similar terms on a recent article in an American magazine, Dr. R. H. Felix, Director of the National Institute of Mental Health in Iowa, wrote, 'The real Snake Pit today is indeed the public attitude towards mental illness. That is the greatest obstacle to those caring for and rehabilitating the mentally sick.

'We owe applause and praise to these men and women of Iowa who courageously made known their experience and thus helped lift the curtain of ignorance and prejudice . . . It cannot be said too strongly that the majority of the mentally ill recover and with such co-operation on their own part and of others as described in Howard Whitman's article, most of them stay well. Often, in fact, they become stronger persons than before their mental illness overtook them.'

And the writer of the article says, 'The *real* snake pit . . . Don't you recognise it in your own community? Aren't there people who whisper about mental illness as though it were a scandal? Aren't there others who hide mental illness among their relatives as though it were something to be ashamed of? Aren't there some who, in ignorance, blather old superstitions that 'these things run in the family'? And aren't there a few miserably intolerant people who castigate the mental sufferer as though he had committed a crime?'

The writer goes on to describe a society, formed by ex-inmates of the institution, who are helping others by their frank description of their own experiences, and by advice and encouragement. The members of this society 'want to exorcise the twin goblins of mental illness; the feeling of aloneness (I'm the only person to whom this has ever happened) and the feeling of hopelessness (I'm losing my mind, I'll never be the same again).' Judged by results, they are being wonderfully successful. I hope that the present book will achieve a little towards the same end in this country.

There are, I know, a great many omissions in this book, and one or two yawning gaps. For example, I have not dealt with the very serious problems of departures from normal sexual behaviour, apart from my mention of masturbation and youthful (and transient) homosexuality, in Chapter Eight. Many of these sexual abnormalities are the more serious because they are classed as criminal in this country.

But the problem is so vast that to deal at all adequately with it would require a book on its own, and would involve delving deep into the psychology of the unconscious mind. To deal with it here, would have altered the intended balance of the book and might well have taken it outside the classification into which it is hoped it will be placed, and so might have prevented many from reading it who will, I hope, read and obtain benefit from it in its present form.

There are a number of specialist books on sexual abnormalities, which can be consulted by those especially interested. This does not mean that I attribute too little importance to the role of sex in our daily life, or its power as a factor in producing mental illness—no practitioner could do this, for his patients only too often produce evidence of the compelling power of the sexual force. It merely means that I do not consider the present book the proper place in which to discuss in detail all the problems involved.

Another important aspect of human behaviour which I have barely touched upon is religion. I was reminded of

this, while it was in the process of composing this last chapter, by an old lady of great personality, with an extremely lively mind; on being introduced to me, she remarked that so many psychiatrists were 'evil men who take away people's faith.' She added, of course, that there was no personal reference intended!

Now it is true, I suppose, that those psychotherapists who adhere strictly to the teachings of Freud, the more orthodox psychoanalysts, would agree with Freud that all religion is an illusion, and such an attitude inevitably results in the loss of faith on the part of the patients they treat—not necessarily because such analysts intentionally destroy that faith, but because, if the patient accepts the analyst's interpretation, then such acceptance must lead to a change of attitude towards religion and religious beliefs, and most likely to a readjustment of values, and a loss of faith in spiritual reality.

That this is a very real danger and is recognised as such by organised religion is shown by the publication recently of an article in the Roman Catholic journal *Clergy Bulletin*, published in Rome. In this article the writer says, 'It is difficult to excuse from mortal sin anyone who uses or submits to psychoanalysis. The psychoanalytic method easily becomes an instrument of corruption.'

It should be added that a spokesman for Cardinal Griffin, commenting on the article, said that 'The statement may indicate future pronouncements binding the whole Church, but it has no authority beyond Rome'; while Dr. E. B. Strauss, a Roman Catholic who is Physician for Psychological Medicine at St. Bartholomew's Hospital, London, said that until there is an official pronouncement he does not consider himself bound by opinions of that kind. The article may have been intended as an attack on orthodox psychoanalysis (with its rejection of religion) and would in that case have a reasonable basis.

But a large number of therapists would dissent from the strict Freudian view. I should certainly dissociate myself from such a view, both because I think that Freud's mechanistic, deterministic concept of the mind is a false

concept, and because of my general philosophical outlook. Other therapists would divide in their dissent from Freud's own teaching.

Of these, some may share Freud's scepticism about the reality of religious experience, and yet would agree that religious experience can be of value to a patient, and they would prefer to leave a patient's religious faith undisturbed. Other practitioners, and I think that these are the majority, would dissent entirely from Freud's negation of religion, even while they accept some of his ideas as to the evolution of certain religious concepts; these members of the profession themselves possess a very real religious faith. This is certainly true of the follower of Jung, to whom the therapeutic process has become an almost analytical method of promoting for and in the patient a new line of life, more in keeping with his own and the Collective unconscious, having the concept of divine ends as the ultimate test of success.

Such practitioners, who do not accept the Freudian attitude towards religion, are very far from being evil, and I have heard the work of one such described as being ' not medicine, but practical Christianity '.

This particular therapist was not in fact an active member of the Christian Church, being more attracted by the thinking of the Buddhist philosophy; but very many practitioners find no difficulty at all in combining such active membership with their therapeutic methods, and they realise the worth which spiritual values may have in helping their patients towards recovery and a happier life.

Finally I must add that I realise that, as well as the many omissions, there are many points of dispute in this book. Some of these are intentional; others have crept in without my noticing them. I should be very pleased to receive comments and criticisms, either on the book as a whole or on individual points, and suggestions for improvement.

These will be welcome even if they take the form mentioned on one occasion by Professor Woodworth, of one

of whose books a critic said that at a certain chapter 'could not be worse'!

Bearing in mind Francis Bacon's famous description of the scientific attitude, I try always to remain open to correction and, should the issue of a second edition afford the opportunity, I shall be glad to revise the book in the light of the criticisms and suggestions which I receive. Meanwhile, with all its imperfections, I commend it to you.

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