tendency to neurosis to be detected they appear well, and in 40 or 50 *per cent.* their pension is only 20 *per cent.* or less. The number of high assessments is extremely small.

The following figures give the number boarded and the pensions assessed in the last four months, and in the opinion of the D.G.M.S. the number of high percentage pensions is unduly high in this period as compared with the average for the whole year.

Of total number (65) boarded: 2, or 3 *per cent.*, were assessed at 80; 3, or 4 *per cent.*, at 70; 3, or 4 *per cent.*, at 60; 4, or 6 *per cent.*, at 50; 9, or 14 *per cent.*, at 40; 14, or 21 *per cent.*, at 30; 24, or 38 *per cent.*, at 20; 6, or 9 *per cent.*, at less than 20 *per cent.*

The average percentage of assessment for the whole number during that four months is 30 *per cent.* pension. These figures include patients still waiting for treatment and also some organic cases. During the whole period less than five cases have had to be certified in this area. In the last two years only three cases have been admitted to a neurasthenic hospital:

(1) A case of alcoholic and syphilitic dementia. (2) A case who was waiting for training had depression and a hostile environment. (3) A case from the permanent staff of the Ashhurst Hospital—the only survivor of H.M.S. "Vanguard," who had never mentioned that he had been subject to fugues about the date of the catastrophe.

These figures I submit support the contention that out-patient treatment for pensioners is probably better in most cases than keeping them in expensive hospitals, both from the point of view of the health of the patient and the expense to the State.

As regards civilians, the increasing numbers presenting themselves for treatment is perhaps the best evidence I can produce, that an out-patient clinic for nervous disorders will well repay every member of our branch of the medical profession who gives his time to trying to treat and understand every form of nervous and mental disorder.

(For the discussion which followed see pp. 525–534, vol. lxvii, October, 1921.)

Psychology and Psycho-therapy.[1] By WILLIAM BROWN, M.A., M.D.Oxon., D.Sc., M.R.C.P.Lond., Wilde Reader in Mental Philosophy in the University of Oxford.

WHEN your President did me the honour of asking me to read a paper before this Association, it occurred to me that a subject not lacking in topical interest at the present day might be such an one as the relation between suggestion and psycho-analysis. But, on second thoughts, I felt that this would be giving undue emphasis to a tendency

[1] A paper read at the Annual Meeting held in London, July 15th, 1921.

at the present day that does not need encouragement, and perhaps one may say should not be encouraged. There is just now a strong tendency towards a turning away from earlier modes of thought with regard to the science of psychology, almost a looking down upon its past history and attempting to form a new science ready-made upon the basis of certain modern theories and observations. And you have a group of people who talk proudly of "the new psychology," although, when you go into their antecedents, you find that the majority are themselves new to psychology. And you find that, in their intellectual ambition, although they may start out from facts of pathological psychology, they are ever more anxious to extend their generalisations, mainly based upon those facts, to wider and wider problems of human nature, of sociology, and of civilisation. So that at the present day there is a danger of a new philosophy,—I might call it following the William James nomenclature a chromo-philosophy—being built up on the basis of certain observations, and worked out in undue dissociation from earlier modes of thought. As to many others, it seems to me that at the present day we need to recognise that we must work according to certain criteria that we can trust, according to certain methods that we can verify. Verification has always been the rule in scientific work. From the time of Plato onwards it has been realised that all science proceeds by the method of generalisation, by the method of producing hypotheses; but these do not become scientific theories until they have been verified and confirmed in various directions and according to various criteria. In the physical sciences this verification is not only allowed for, but it is ensured by the nature of the work that is done. In physics, for example, you have measurement there, at your elbow, to keep you straight. Although the principles of measurement themselves involve certain assumptions, certain postulates, still, having accepted those, you have a very sure instrument of testing. Your general theories in physics are tested and fixed by the measurements made. And so also with other physical sciences which are based upon physics; in chemistry, even up to biology and physiology, you have similar safeguards. In psychology the attempt has for some years—ever since Wundt founded his first laboratory for physiological psychology—been made to bring in a similar controlling factor on the quantitive side. But the attempt has perhaps rather disappointed us in its outcome at the present time, though, no doubt, it has great victories in store for it in the future, when a full realisation has been reached as to the difficulty of measurement in psychology. Still, apart from this, psychology is in the difficult position of being descriptive, of being impressionist, lacking that hard exacting previous training which you get in the other sciences. But I say this with certain reservations which I hope will remove its sting. It is peculiar in being supported, mainly, on two great piers or

pillars. On the one side you have mind as embodied mind and its relation to the physical organism: and so you find growing up a psycho-biology which is thoroughly scientific, and which is linked up with the general body of physical and physiological knowledge, which has been pushed forward, in our country particularly, by such men of brilliant ability as Lloyd Morgan, McDougall, C. S. Myers and Rivers. And in studying a science like that of psycho-biology you have every security for gaining strict modes of thought and carefulness in investigation, and also of gaining a scientific conscience in the matter. The other pier is that of philosophical psychology, which, it seems to me, is of extraordinary importance, absolutely essential to the science. Psychology is different from every other science we know, in that it is the science of the mind, *i.e.*, of something which itself is the instrument of all knowledge. In the mind we have problems of knowledge arising; how the individual mind can know the external world, not only adapt itself in a rough-and-ready way, but get deeper knowledge, theoretical as well as quasi-practical knowledge of the world. Besides, it is through the mind that we can appreciate the beautiful, as distinct from the ugly, and the concept of duty and good, as distinct from evil. And, whatever may be our distinctions, however our systems may vary from one nation to another, or from one generation to another, yet all through, in the science of ethics or moral philosophy, from the time of Aristotle onwards, it has become more and more apparent that there must be assumed an insight into moral values which gradually grows in the course of life. So you have a problem which is essential to psychology which cannot be ignored by any psychologist, and which certainly cannot be ignored in pathological psychology. And that is why I would, in passing, put forward a plea for the continued study of philosophy in relation to psychology. I may be considered to be reactionary in this but I do not think so. It seems to me that it is essential, that it is called for by the nature of the science; and also that it is justified by results. On this side we have a very solid system of knowledge which is much more consistent and much more universally accepted than some people who are not particularly interested in philosophy may believe. Works like those of James Ward, Stout, and William James are in harmony with one another. The differences are very slight as compared with the resemblances, and it seems to me that this part of psychology, too, is essential for psychopathology: I hope to show you why presently. The difficulty in medical psychology is to build a bridge between the two piers, or to complete the arch linking up these two solid, well-established and difficult modes of thought. And here a number of people rush in with facile generalisations, with a ready use of metaphor, with a tendency to lack of criticism which is astounding, and a general theory that is unsupported by any single psychologist you can

name in any country. This general theory or mixture of theories is popularly known as "psycho-analysis." The name is an unfortunate one, since it is used interchangeably for a particular psychological method and for the theory or theories based upon the results obtained by this method. It were better restricted to the former of these two things—the method of "free" association invented by Freud. Psycho-analysts deal with psychological concepts, but if one analyses their concepts one finds there is a tremendous degree of metaphor which is most misleading. I have no time now to illustrate that in any detail, though it can be illustrated, and I am sure it will be illustrated in the next few years. We shall have a united attack upon the general system of psycho-analysis from the point of view of psychology, because we shall have gained enough knowledge of the subject and practice in carrying out the method to be fully justified in giving our views. But there are problems here which are better attacked by a similar method than by any other. These are especially the problems of psycho-pathology. You have all no doubt felt a certain degree of disappointment after studying experimental psychology, and found how little, apparently, as yet it admits of application to your science. It does admit of application. The Binet tests, *e.g.*, and the various forms of the three psycho-physical methods which have been applied in numerous forms of mental testing are due to experimental psychology and to the efforts of earlier experimental psychologists. Methods of measurement are all based upon one or other of these three great psycho-physical methods of Fechner, and in the future, no doubt, more will be done; at the present time much is being done. Still, up to the present no very great increase in our knowledge of psycho-pathology has resulted from this mode of approach. Methods have been devised, mainly towards the measuring of symptoms and classifying them, and stating them as accurately as possible, and only now is an attempt being made to go deeper and measure the causes of symptoms and get a deeper view of them. In the meantime we have this temporary structure of psycho-analysis, a term invented by Freud to correspond to a definite method, one method among others, of free association, which had as its presupposition a belief in subconscious tendencies of the mind which were held down by certain repressive forces; and that if the critical faculty were kept in abeyance, these subconscious tendencies would move gradually up to the surface of the mind and appear in consciousness again. It is merely a method of evading resistance, and keeping the critical faculty out of action. Besides connoting the method of free association, psycho-analysis also connotes a theory, and the term is used interchangeably by psycho-analysts in these two senses. Psycho-analysis is a theory of Freud and of his disciples, and his disciples have added little to what he has said, and have made

practically no alteration in his views. It is a theory which regards all psycho-neuroses, all forms of psychical disturbance in nervous disease where there is no obvious or demonstrable organic injury as expressible in terms of repressed sexuality, although that word is used in a wider sense than usual and to cover many forms and modes of mental activity in childhood, which no one who was not a Freudian would dream of bringing under that heading. It is a theory which assumes many mechanisms, though mechanism is a bad term to use in psychology. There is a general mechanism of repression; there are the factors of displacement, transference, distortion, sublimation, etc. Words like these correspond to forms of mental process, which are all called in as supports of the theory. The method is that of free association; and in attacking the findings of the method we must consider the implications of the method itself. But, besides that, we should ourselves use the method. Jung was right when, before the war, he taunted his opponents with the criticism which Galileo brought against his opponents, that they would not use his telescope. But many people have now used this telescope and have shown a clear understanding of its nature, using it in a thoroughly unexceptionable way, but have yet failed to obtain results in entire harmony with Freud's theories, or with Jung's theories. Great as is the value of these theories for psychopathology, blindly uncritical adherence to them on the part of inexperienced disciples is wholly detrimental to the science.

At the beginning of my address I mentioned the problem of the relation of suggestion to psycho-analysis, and, if I may, I should like to make a few remarks upon this, because it should go to the heart of the difficulty of psycho-analysis, and the difference in views between extreme psycho-analysts and others. According to the theories of psycho-analysis, the symptoms of psycho-neuroses are due quite generally to mental conflict and repression, the symptoms being "compromise-formations," satisfying, as well as may be, both the repressed tendencies and also the main personality which has endeavoured to disown them. And a cure, in general terms, is by the method of free association and by other methods devised to evade the resistance between the repressing and the repressed material, between the ordinary conscious mind and the repressed mind, to allow the repressed material to come up again, and then to encourage the process of "sublimation," whereby these tendencies are diverted along other paths and towards other objects. That is one line of thought at the present day. It is complicated in extraordinarily intricate ways in the specifically Freudian form of theory and is further modified in others, but that is the general line of movement. And there is another line of thought which has been in existence for many years, a line which is summed up in the ideas of auto-suggestion and hetero-suggestion. According to this—to go back as

far as F. W. H. Myers—there is the conception of the sub-conscious mind as that part of the mind below the threshold, which possesses faculties or powers in an intimacy of relation to the physical organism which is denied to the conscious mind. So you have F. W. H. Myers giving as his definition of suggestion "a successful appeal to the subliminal." If you turn to that excellent modern book of Baudouin's, *Suggestion and Auto-suggestion*, you find suggestion defined as "the subconscious realisation of an idea." This definition contains two parts. There is, firstly, the aspect of acceptation—an idea which is brought from the outside is accepted by the sub-conscious. (Not by the conscious mind, because if it is accepted and acted upon by the conscious mind you have another kind of mental process which is not suggestion in the narrower technical sense.) But, secondly, the idea which is accepted by the subconscious or unconscious mind is realised by it, often in secret, often with a latent period between the moment at which it is accepted and the moment at which it makes itself apparent in clear consciousness. You have here a technical definition of suggestion which can be employed to explain the causation of mental illness, or at least certain aspects of illness in psycho-neurosis, and also to explain their cure. You might say that illness sets in as a result of bad auto-suggestion, coming from the conscious mind acting on the subconscious mind, and producing, after a period of incubation, a result in clear consciousness. And in treating these patients you would endeavour, by good hetero-suggestions, to neutralise previous bad auto-suggestions and rectify mistakes.

How can these two lines of thought be harmonised with one another? The former, *viz.*, analysis, is obviously a correct line of thought, however anxious we may be to avoid the extravagances of its development in certain minds. It corresponds with real factors at work, as we see when we begin to analyse. Must we say, with the psycho-analyst, that it is a complete explanation of cause and cure? I think the evidence is against this. But let me consider it in an *à priori* way. We might, *à priori*, say that as a result of mental conflict in early years one might expect to get a weakening of the mind, a weakening of mental synthesis, with the resultant tendency to be more readily overwhelmed by emotion, more readily carried away by certain ideas, especially if they are supported by certain feelings; and that in this way our subconscious is more ready to accept fortuitous, bad auto-suggestions coming down from consciousness. So you can have both general factors at work in ætiology—mental conflict and repression, and also bad auto-suggestion. And so, as regards cure, you can by analysis resolve these mental conflicts; you can, at any rate, help the patient to see the relationship between the systems or streams of ideas which have been in conflict, and help him to make up his mind as to what line he

should take to overcome the physiological and psycho-physiological effects of repression, and so improve his condition. But, also, there is an habitual mode of response which you have to destroy and which is resistant to analytic treatment and needs suggestion. That suggestion may come in two ways; it may come in an informal way in the course of the psycho-analysis itself. This is the unconscious suggestion which springs from the emotional relation of patient to physician which Freud calls *transference*. But suggestion treatment may then be given in a more formal way. This is most conveniently done by asking the patient to lie on a couch with the muscles relaxed, in the posture in which he usually sleeps, either on the back or on the side, and to think of sleep in a passive way, not in an active way—to avoid voluntary attention and yet to get concentration. The mental state must be one of attention, but it must be attention *minus* effort, because voluntary attention means the mind moving from one thing to another on the conscious plane. If you encourage the patient to relax all his muscles he cannot attend voluntarily, yet he can get conscious concentration or "*collection*" in which his conscious mind is in a state of minimal activity, where there is an outcrop of the subconscious, and he can accept suggestion. It is not necessary for him to sleep; there is no question of hypnosis; you are not producing an artificial dissociation, you are merely producing artificially a normal form of dissociation, such as occurs every night when we go to sleep: it is a half-waking state. It is because these suggestions do take effect that one theorises about the matter; it is not that the theory came first. The results came first, and in looking for a theory we have to assume the subconscious and the way in which this subconscious reacts to appeal. And we find by experience that it is essential that the will, at least in its less developed spasmodic and impulsive form, should be in abeyance. The patient must not have in mind the idea, "I have a certain time, which I am paying for, I must go to sleep." If he feels that, he will not go to sleep. And if he is too determined and spasmodic you will get no results, or there will be an opposite result; he will get worse, not better. M. Coué, of the new Nancy School, has been the first to enunciate this in the form of a law, the Law of Reversed Effort, and it had been insisted by British investigators that you must avoid voluntary activity, that suggestion is something which is passively accepted. It is that attitude of acceptance and feeling of belief, free from effort and from over-anxiety, which is essential. Any element of fear neutralises the result. Coué sums up this law of reversed effort in the words: "When will and imagination are in conflict, imagination always wins." By imagination he means what is ordinarily known as suggestion. Coué says that in this conflict between will and imagination the imagination varies roughly as the square of the will; so that if you

increase the effort of the will two-fold, you have increased the opposing power of imagination four-fold. If you suggest, in the hypnotic state, that a man cannot open his eyes, he may not try. If you say, "Try as hard as you like, you will be unable to open your eyes," the more he tries the more tightly closed the eyelids become. That is a process which well illustrates this law of reversed effort. Another illustration is the effort to remember a name. If you are over-anxious to remember it, you find the name has disappeared. But if you say, "It will come in a moment," and you relax the intensity with which you try to remember it, it does come to you. Another is when you carry out a skilled action, such as swimming, or riding a bicycle. When you can just ride a bicycle you say, "I will not go over that stone," and the more determined you are to avoid the stone, the more surely will you steer your bicycle towards it. That point needs emphasis, because ignorance of it, or at all events the ignoring of it, accounts for much failure in suggestion treatment. Those of us who have spent much time on suggestion treatment and look back on our partial failures can see that much of our failure was due to our not being on the look-out for this law of reversed effort. How is it explained psychologically? In this way. When you will to do a thing in an over-anxious, spasmodic way, your mind becomes acutely conscious of what you are aiming at, with the result that the idea of possible failure is aroused, and that brings with it the emotion of fear. The emotion of fear may be subconscious, or it may be clearly conscious. So that there is a suggestion-effect in an opposite direction; this is reinforced by the emotion of fear, and there is an unsatisfactory result. As long as one takes into account the law of reversed effort and does not do violence to it, one gets extraordinary results by suggestion treatment following upon psychological analysis, if one uses the cumulative method. I take a patient an hour at a time, and I give suggestions every five or ten minutes during that hour. They are general suggestions as well as particular ones; I do not make him over-suggestible in the ordinary sense, I simply make use of the ordinary suggestibility which becomes prominent as he falls to sleep, owing to the greater accessibility of his subconscious. After the first five or ten minutes I leave him to himself, with the instruction that he should go on thinking of sleep, though whether he actually sleeps or not does not matter. At intervals of five to ten minutes throughout the hour I return and give the requisite suggestions as to the disappearance of his symptoms, and of their underlying causes, where known or suspected. I also suggest general improvement in health, and state that he will be able to use auto-suggestion, and so complete the cureby himself.

This is one way of applying suggestion, and I think it is psychologically sound, and involves no drawbacks. As long as you avoid hypnosis, and as long as you explain to the patient how it differs from

hypnosis, it is successful; though the Nancy school talk about hypnosis and suggestibility being interchangeable, they differ from one another. Shell-shock patients seen immediately after the shock were easily hypnotised, but were not always very suggestible in the hypnotic state; hypnotisability was, however, found to be completely correlated with dissociatedness; the more dissociated a person was, the more hypnotisable he was.

And now with regard to the other way of applying suggestion to analysis. This is partly unconscious, where the patient is analysed hour after hour, and is given to understand that the analysis will be a protracted one, and will involve re-arousal of early memories and fantasies of childhood, after which recovery will occur. The result may be that the patient is resistant until deeper and deeper analysis occurs, when the symptoms may clear up. But when they do clear up you cannot say suggestion has been absent. Although in test cases you can prove that the overcoming of repression, the liberating of "bottled-up" emotion, etc., do get rid of the symptoms, apart from suggestion, yet in psycho-analysis there must be much suggestion all the time. There is suggestion in the form of what Freud calls "transference," or "emotional *rapport*" between the patient and the doctor. According to French the patient feels towards the doctor a second edition of the feelings which he felt towards his father, mother, or other near relative in earlier life. Freud admits that this emotional *rapport* is essential in cure; because without it, after the temporary readjustment and overcoming of the mental conflicts, the repressed material would fall back into the unconscious once more, and the patient would be where he was before. But, according to Freud, this transference may be, and should be, resolved by being traced back to the œdipus complex. It is, however, doubtful whether this theory of transference applies at all. In different analyses there are all degrees of emotional *rapport*, every degree of emotional attachment. Certain emotions are excited more and more, and, sooner or later, you are bound to get one thing or another occurring: either the patient likes you more and more, or he dislikes you. And, as far as one goes, it seems that is sufficient to help us. But this emotional *rapport*, which has always been recognised, is of great suggestive power, because it provides the emotion which is the great auxiliary in the actualising of suggestion, and even if the doctor is preserving silence as much as possible in his consulting room, just letting the patient talk, unconscious suggestion is going on, and it is the more potent the more unconscious it is. And patients who have been analysed by others have said how they felt more and more influenced by the course the analysis was taking. Patients have said afterwards, "Although you say nothing, I am always guessing what you are thinking, and if you say a word I dwell upon it until the next hour arrives, and generally I take a particular word in a particular

sense." That is suggestion in the course of treating by psycho-analysis. You can, without formal suggestion, produce much effect on the sub-conscious mind, and alter the patient's general outlook.

That brings me to speak of another factor, which I have called autognosis. It is not simply a new word to express an older theory of psycho-analysis; I suggest it simply because I have found it impossible to use the word "psycho-analysis" in my own sense, because psycho-analysis means a certain method and a theory also. Autognosis means neither of them, although it makes use of both where circumstances indicate their appropriateness. It involves analysis, and analytic work makes clearer its value and importance as a psycho-therapeutic factor, because you find that it is an analysis directed to the patient's past life, which enables him to get an insight into his present condition. On the other hand, if you say, "The past is done with; it is the present we have to consider, your aims and your ambitions for the future," he does not get a thorough understanding of his mind, and it is only as you show him what has been that you can get him to understand. If he can see his past and his present in relation to the possibilities for the future, in relation to his hopes and his fears, he acquires more control of his mind and of his intellectual nature, and that is a definite fact in therapy, and worthy of having a definite name. That reminds me of what I said earlier as to the importance of philosophy in psychology. You must have a philosophic outlook if you are going to deal with the minds of men. You must have formed a certain system: you need not be a professed philosopher, but you must have tried to see life steadily and see it whole; you must realise that any extreme philosophy is bad, and that your system of bad philosophy is bound to react upon the patient. The patient's need when he comes to you is the need of a general outlook on life; it is what he comes to you for. He tries to guess what is your own outlook, and it seems to me you should be ready to meet his difficulties as they arise, to discuss things with him. You need not try to convert him to your belief—indeed. you should not do so; but you cannot ignore his religious and philosophic needs; the metaphysical need is there. It is always there, and even in the most extreme materialist amongst us it is present. If there is a creed more general than any other, it is—"I believe in a metaphysic." That was Schopenhauer's creed. We must have a general philosophy, and we shall find we can help our patients philosophically without giving philosophic disquisitions. If we can help a patient to see how certain steps are best solved, by enabling him to take the widest possible outlook on life, and the widest conception of his duties, we shall help him immensely.

(The discussion which followed will be found on pp. 553–6, vol. lxvii, October, 1921.)