Sometimes he imagined himself fighting, which gave the same result. On one occasion while throwing his pins at a picture one of them fell through the window into the garden, and as children were wont to play there he soon became obsessed with the idea that one of the children might swallow the pin and die. This was the first obsession of this kind and it continued in different forms.

In the transformation of love into hatred which is characteristic of paranoia we see the union of the cruelty impulse with the sexual desire. In the delusions of persecution and in the attitude of the patient we see the sadistic and masochistic elements.

Ferenzci holds that active homosexual desire is a true obsessional condition, and has for its basis fixation in the sadistic anal-erotic stage.

He quotes the following case:

A patient, whenever he felt himself insulted by a man, especially his superior, had at once to seek out a male prostitute; only in this way was he able to save himself from an outburst of rage. The supposed "love" for a man was here essentially an act of cruelty and revenge.

Hence we see that active and passive cruelty may be recognised as almost universal, and acts in greater or lesser degree in influencing and colouring the sexual abnormalities and psychoses.

Criticisms of Present-day Psycho-analysis. By WILLIAM BROWN, M.A., M.D.Oxon., D.Sc.Lond., Reader in Psychology, University of London (King's College), Director of Psychological Laboratory (King's College). (1)

IN dealing with the subject of psycho-analysis I do not desire to be critical for the mere sake of criticism, but with regard to the work of Freud I might begin with a word of personal explanation.

As long ago as 1912 I was interested in Freud's views, and was reading some of his work in the original, especially his *Traumdeutung*, on which I published articles in the *Lancet*.(2) Ever since that date I have spent a great deal of time in endeavouring to test the various statements which he and Jung have made and set forth. No doubt many of you now feel inclined to ask me, "Have you yourself been analysed?" because that is considered to be a pre-condition to being able to test Freud at all. In reply I may say, firstly, that I dream very copiously every night; in fact, I do not know a night on which I have not dreamt, and for many years I have been endeavouring to analyse those dreams. Secondly, I have handed myself over for psycho-analysis, not to Freud or Jung, it is true, but to someone who is a good psychologist and intensely interested in analysis. And I have thus discovered

(1) Read at the Annual General Meeting, Buxton, July 28th, 1920.

for myself the extraordinary difference between self-analysis and analysis conducted by somebody else; the way in which unconscious content of thought sprang to the surface and overwhelmed one, so to speak, was a new and surprising experience, so that one had to think things over very carefully, and decide whether the ideas and feelings which came from the depths were true or false, whether they were mere suggestions, or real mental entities which had been lurking in the unconscious. And I can say that most certainly many of them were mental processes which must have been lurking in the unconscious and reached their full validity when they arrived at the surface of the mind.

With regard to the Freudian system of psychology I speak as a psychologist, and I will try to represent the point of view of modern psychology in reference to this portent in the psychological world. I think no one who has studied Freud with closeness would refuse to admit that he is one of the greatest of psychologists. That he is the greatest psychologist who has ever lived (as Dr. Stoddart has said) is a somewhat big claim to make, because in Plato and Aristotle we have men who were, from the point of view of the state of knowledge in their time, transcendent in their powers of psychological analysis, and also of philosophical synthesis, to an extent which one does not find in Freud. And that brings me to what I regard as a very important matter, namely, the relationship between the psychology of thought or cognition, in which these ancient Greek philosophers were greatly interested, and the psychology of emotion and feeling, in which modern psychology is becoming more and more entangled. There seems to be a tendency—perhaps an excessive tendency—in modern times to replace the rational by the irrational. So we have the system of Jung, with an extremely suggestive psychology of insanity which may almost be described as insane psychology. We are told of man as embarking on a frail craft, on a sea of collective something which is mental, which has been handed on from ancestors, which has been putting difficulties in our way and making life difficult for us. But is that true for the normal man? I think it is not. The normal man, who is blessed with satisfactory ancestors and who has been trained in youth to use his reason, is not faced with these tremendous difficulties. His dream-world corresponds to the insane world, we are told; it is the waking consciousness of the insane. We may be able to agree there. Hughlings Jackson told us, years ago, that we should study our dreams, and said that the more we understood our dreams the more we should understand insanity. But that does not mean that we are to explain our normal waking life as an outgrowth of dream-consciousness—as something superimposed upon dream-like activities, activities which, in the insane, are hopelessly in conflict with one another.

In order to keep the discussion as precise as possible, I would like to remind you of the historical origin of psycho-analysis. In 1893 and 1895 Breuer and Freud published medical histories of certain hysterical patients, in which they were able to show the existence of amnesias, or losses of memory, of an emotional nature.(3) They found that when they brought up these lost memories with intense vividness, certain emotions were worked off and the patient became much better. They called this the method of psycho-catharsis or ab-reaction. And they went on further to distinguish two types of hysteria: a "retention hysteria," in which it was a case of emotional tendencies which had not had the opportunity of working themselves out in a complete way, such as grief, and so on. These cleared up under ab-reaction; the patients were able to work off their emotions, and in consequence they felt much better. The other group was the "defence hysterias," in which emotional memories had been kept from consciousness by a certain force; at any rate they were not ready to come back to consciousness except by much urging on the part of the physician. On this account Freud concluded that there was a force keeping them back, and he called that force repression. In this way he reached his idea of repression as a force which kept back the memories which were in conflict with the general mental life. Breuer went no further with Freud along this path. Freud found evidences of sexual origin which Breuer could not see, but he found later on that these early sexual memories were often imaginations and not real memories; that patients often brought up memories of early traumata, sexual aggressions, which could be proved not to have occurred. So Freud altered his attitude altogether and psycho-analysis was born. It only came into existence after the partnership between Breuer and Freud had been broken. In the second edition of the *Studien über Hysterie*, 1908, Breuer contributes an independent preface, in which he states that he has not actively concerned himself with the subject of psycho-analysis since the publication of the first edition, and that he has nothing to add to his contribution of 1895.

Freud's theory, as you know, took a new form: he considered that the troubles were due to disturbance of sexual development; he thought that the influence of sex began very early in life in the form of interest in the bodily excretions, sadism, masochism, exhibitionism, and curiosity, as well as love and hate felt towards parents or their substitutes (Œdipus complex). They can give rise to conflict, undergo repression, and cause symptoms later. So the process of psycho-analysis was not, for him, a process of liberating emotion in the ordinary sense, and in Breuer's sense, liberating an emotion which had been repressed, but a process of bringing up these early tendencies into the light of consciousness, and so giving the patient the oppor-

tunity of solving his conflicts for himself. I emphasise this difference because it is important at the present time. In the latest volume of Freud's collected essays, *Sammlung Kleiner Schriften zur Neurosenlehre*, Vierte Volge, 1918, ss. 306–310, he says he does not believe that an emotion is remembered, or can remain in the unconscious, as ideas of the past can remain unconscious. He writes—"The whole difference arises from the fact that ideas are 'occupations' (of energy)—based on memory traces—whereas affects and feelings correspond to processes of discharge (Abführvorgänge), the final manifestations of which are perceived as sensations" (p. 309). So, you see, this view is somewhat different from that of ab-reaction, and that is one reason why you do not find ab-reaction dealt with in recent Freudian literature. The concept of *libido* has taken the place of that of *emotion*.

I would like at this point to draw attention to the results obtained in the war. In one way the war was of course an appalling thing, but to the psychologist it proved very helpful, in that it offered him an opportunity, if he could secure it, of seeing cases very early, almost immediately after their symptoms had set in. In that way he was able to get simplified cases, and was able to test evidence and assess the value of certain factors. And that has been done, although it does not appear to have attracted the attention of scientists to any great extent as yet. Dr. C. S. Myers (4) in particular did important work along these lines in France. Many of his nerve patients were shock cases, whose symptoms included loss of memory. If the memory was brought wholly back or improved, the treatment of the other nervous symptoms was thereby helped very much indeed. He attributed this to the effect of re-association. Through his influence I was given an appointment in the field and saw cases early. Fifteen per cent. of my cases showed extensive loss of memory, and I found, like Myers, that by bringing back the lost memory (in light hypnosis) the other symptoms tended to disappear. But I soon began to notice that if I brought the lost memory back with emotional vividness, more pronounced results were obtained, and in quite a large number of cases one had the satisfaction of seeing the other symptoms clear up completely as the mere result of the re-association and emotional revival, independently of any other curative factor like suggestion, persuasion, or re-education. Loss of voice was always cleared up; one *always* found the voice return after the memory had been brought back with emotional vividness. Hearing was easier still to get back if it was a functional deafness. Tremor was first increased and then disappeared. Hundreds of times one saw this emotion surging to the surface, increasing the symptoms at first, and then they would die down and disappear. One thus obtained complete cure by ab-reaction or psycho-catharsis, enabling one to say that this was a definite factor of cure. So that whether or

not Freud has given up ab-reaction does not matter. And it throws light on the causation of hysteria. One saw patients, many of them thoroughly sound men—one knew some of them before they went into action and saw them afterwards—and, almost like an experiment in a laboratory, one could see the recall of the memory producing the cure. Myers said that this result was due to red-integration; the memories are brought under control of the rest of consciousness, and so the patient has more power to combat his symptoms as caused perhaps by suggestion, or by a direct shock to the nervous system, maybe of a slight organic nature—slight molecular changes which can quickly get right again. But I would go further and say there is yet another factor at work, and that is the working off of the emotion of fear, which emotion the patient had not the opportunity of working off when he was in the line. As one brought up the patient's memory, one saw him re-enact movements of terror, cowering down, covering his face with his hands, shouting and rolling off the stretcher, giving one the impression that he was working off fear, which owing to his state of stupor he had not adequately reacted to at the time. These patients were often in a state of stupor when they came to me. But when I sent them to sleep and put them through their experiences again, they passed into a "second state" and showed this fear. My own conclusion is that in many cases (*though not in all*) the fear that they began to experience in the trenches was cut short and held in suspense, as it were, because it was too strong; the mind broke, and the feeling was repressed.(5)

The question then arose: Was not that fear a present fear and a new one? It might be said—"Surely all you did was to bring up the memory of the fearful situation, to put the patient once more into that situation and bring up the present emotion: was not that the production of a new emotion of fear, more or less different from that experienced in the trenches?" My reason for not accepting this view is based on further experiments which I made in hypnotic cases, in recalling memories of early life. I did that in many of my own cases, and I found I could recall memories with hallucinatory vividness and could recall the accompanying emotions too. And the emotion recalled was one of childhood; it was an emotion which these men would have felt as children. In one case I recalled a memory of a patient's sixth birthday on two occasions at a fortnight's interval. The emotion aroused was first the feeling of delight at receiving certain birthday presents, followed by bitter grief at the thought of a little sister upstairs dying. A fortnight later, in the presence of witnesses, including the D.M.S. of the Fourth Army, I again recalled the same memories (having for the moment forgotten that I had done so before), and the two emotions followed one another in the same way. Therefore I

could not help feeling that they were childish emotions. I would accordingly disagree with Freud and others when they say that emotions cannot be remembered. I emphasise this because it is very important from the point of view of theory.

In the ab-reaction of repressed emotional memories, such as those of fear, we have the further factor of "removal of the repression." That is to say, the mental energy previously needed to keep up the repression and to hold the painful memories at arm's length is now placed once more at the disposal of the personality, to be used in more profitable ways. The previous "fixation" of this repressing energy and its deviation from the common fund of energy of the personality probably explains, to some extent, the feeling of fatigue that generally accompanies a psycho-neurosis.

The great fight is coming when we have to deal with Freud's libido theory, in which he is getting nearer and nearer to a physical explanation. His theory of libido is very different from that of emotional revival of Breuer. He gives an elementary account of it in his *Vorlesungen zur Einführung in die Psychoanalyse*, 1918. This is an extraordinarily good book which I hope everyone will read, as it is fascinatingly interesting. In his last set of collected papers, already quoted, he sets out a complicated theory of repression and dream-formation, in continuation of the difficult but important last chapter of the *Traumdeutung* (I have summarised that chapter in my paper on "Freud's Theory of the Unconscious," *Brit. Journ. Psychol.*, vol. vi, February, 1914), using the conceptions of occupation energy and counter-occupation energy. He compares the wishes in the unconscious with the shades in the Odyssey, which come to life again when they have drunk blood: they are ready to seize on energy if it is available. This energy, or libido, is not psychical energy; it is physiological energy. He suggests that it may be of a chemical nature: he is interested in all chemical theories of sex, and the spread of chemical stimulants into the nervous system and its reaction to them. Feelings, when repressed, whatever their original character, reach consciousness, if at all, in the form of *anxiety*.

It is this complicated theory of libido, with its ebb and flow, its transferences and its transformations, which will have to reckon with the expert criticism of psychologists and moderate psycho-therapists in he near future.(6) Not so with psycho-analysis as a *method*. I, for one, would say that analysis should be carried out as far as possible and as fully as possible. If this is done conscientiously according to the method of free association, one may eventually get phenomena which correspond to what Freud describes, and, what is much more satisfactory, one may get cures. I would like to describe two "Freudian" cases which I have treated during the past year.

One of them was a case of obsessive fear of carrying infection to other people, which stimulated counter-activities, in the form of excessive washing and other precautionary measures. This patient, a woman, would occupy one or two hours in the process of getting up in the morning; she used innumerable towels, and could scarcely stop washing herself in order to make sure there was no infection. Even after this she did not feel sure about it. She was in a very bad way. The symptoms broke out with special force two years ago. I quickly found by analysis that she had at that time fallen in love with a married man, and had had to repress her feelings. The nervous breakdown and obsessive fear followed upon this. Moreover, she first feared carrying infection to this very man, and not till later did the fear become more generalised. Analysing her dreams—because anything in the nature of early memories and buried complexes is got at more quickly through dreams—one found that lavatories, etc., came more and more into her thoughts, and eventually the analysis brought up the fact that she was interested to an excessive degree in her excretory functions in early life. That interest had remained with her, although she had consciously reacted to it by an intense effort of rejection. It transpired that as early as her eighth year she showed a tendency to wash her hands with undue frequency, and other children laughed at her for it. When, at the age of puberty, her menses commenced, that horrified her. The obsession died down somewhat, until about a dozen years later it was revived by this love affair. Here, then, was a situation exactly like that depicted by Freud in *Totem und Tabu*—an example of a patient suffering from fear of infection, and being unconsciously interested to an excessive degree in her excretory functions. A psycho-analysis extending over about fifty hours made this clear to the patient herself and produced improvement. She was able to return to her work, and she is doing it still. Not only have the symptoms been checked, they have been diminished. Much more might be written about this case, but in general outline it might be explained in Freudian terms.

The second case is that of a woman, æt. 37, who ever since puberty has suffered from an impulse to kill. Analysis eventually brought up the "memory" of a happening at five years of age. At that age she slept in the same bed with her father, and woke up with a feeling that something had happened. There was much love between the two, and her mother used to say, "You are trying to steal him away from me." Just before his death she was horrified to find she had a momentary feeling of hatred, which again changed back into love. As soon as she told me of that "memory" (?), her symptoms disappeared as if by magic; she herself could scarcely believe it, for she had suffered from the symptoms for twenty-four years. She broke off the analysis, but I was not surprised to find a week or two later that the symptoms had recurred. The truth was that the Freudian phenomenon of "transference" (*Uebertragung*) had occurred, as I had suspected. She returned for further treatment a month later, and admitted that her feelings of affection previously directed towards her father had been transferred to me, with the result that the symptoms had temporarily disappeared. But then she had vigorously repressed this second edition of her feelings, just as she had originally repressed the first, and the symptoms reappeared. In the course of her second analysis she learnt how to avoid this second repression, and the symptoms again disappeared. A few days ago I heard from her, and learnt that she was still free from her obsession.

Now closer inquiry showed that, in the latter case, the transference occurred at the first interview. Apparently it was a transference of the feelings which she had had towards her father in early youth. So, according to Freud, she should have recovered completely as soon as that early memory had been brought up and worked out as we described, but this did not happen. Freudians might say that the case was really more complex, that it was probably one of "sadistic anal-eroticism." But this was not so. I continued the analysis later to see if it was. It was not that. I had still to deal with the "trans-

ference" after the Œdipus complex had been uncovered. So that presents a situation, slightly different from the Freudian, which one would need to investigate when considering the whole doctrine of transference.

Let us then consider this psycho-analytic factor of transference. Dr. Stoddart, in his admirable paper, explained that Freudians do not undertake educational work with patients; they do not suggest things to the patient. They simply leave him to do all the work himself. But that is not really the Freudian view. Dr. Stoddart, I am sure, will agree, and if he had had more time he would, no doubt, have explained the essential working of transference. He would have shown that you must have transference, that if you do not have transference you will not do good. That is what Freud has said; indeed, it is on this basis that he differentiates between hysteria and compulsion neurosis on the one hand and dementia præcox and paranoia on the other. In hysteria and compulsion neurosis you get transference and you can cure the patient; but in dementia præcox and paranoia you do not get transference, because the libido is fixed on the ego; the patient loves himself, and himself only, in a libidinous way. This narcissism, as libidinous self-love is called, prevents you getting hold of him and helping him at all. The former neuroses are classified as "transference neuroses," the latter as "narcissistic neuroses," or "paraphrenia." One weakness of the recent theory of narcissism is that the Freudians cannot point to cure as they have been able to do in the case of hysteria and the compulsion neuroses. The factor of cure is, to my mind, fundamental, not only from the patient's point of view, but also theoretically. If you cure your patients, it is, to a certain extent, confirmatory evidence of the truth of your theory. In the absence of that, one is inclined to doubt theories as to how to deal with cases.

Freud's latest work shows that he is much exercised over transference, and you will find he admits that there is suggestion in psycho-analysis. He says, whereas in ordinary suggestion there is a conscious process of suggestion, in psycho-analysis there is not only conscious suggestion, but there is also unconscious suggestion by the doctor, who exerts a definite influence over the patient. In these recent lectures he even admits that there is an element of education.(8) Yet that element has been denied persistently by Freudians, and has been denied by opponents too. *Freud's method is, it is true, to get the patient to say everything that comes into his mind, and as it comes into his mind. But the affective* rapport *of doctor and patient determines both what does come into the latter's mind, and also the extent to which he can communicate it.*

Let me quote Freud's own words: "If the patient has to fight out the normal conflict with the resistances which we have discovered in

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him in the course of the analysis, he is in need of a powerful motive-force to influence the decision in the sense, desired by us, leading to recovery. Otherwise it could happen that he might decide for a repetition of the previous result, and let that which has been raised into consciousness slip back into a state of repression. The deciding factor in this fight is, then, not his intellectual insight—which is neither strong enough nor free enough for such a function—*but solely his relation to the physician*. So far as his transference is of a positive nature, it clothes the physician with authority, and transforms itself into faith in his statements and views. Without such transference, or if the transference is negative, he would not for a moment let the physician and his arguments come to a hearing."(9)

I am not claiming that analysis involves suggestion. The two mental processes are quite distinct from one another. But I am contending that the method of psycho-analysis, even when carried out according to the strictest rules of the Freudian school, does involve suggestion in the form of transference, and further, that unless positive transference occurs the method is powerless to effect a cure.

Yet another quotation from Freud will throw further light upon this situation. He writes: "Assuming that we have succeeded in clearing up the case satisfactorily by the production and resolution of a strong father-transference upon the physician, yet it would be a fallacy to conclude that the patient had previously suffered from such an unconscious fixation of his libido upon his father: the libido of the patient has been led thither from other positions." (10)

One may admit that all transference is suggestion. But this proposition is not convertible: one cannot say that all suggestion is transference. Suggestion works in the very first days of life. Modern nurses know that babies two, three or four days old can be trained to good habits. One can train a baby less than a week old to habits of cleanliness, and as a result the excretory functions will be carried out automatically under fixed conditions. This is not done by transference, but it is done by suggestion. The young child is suggestible simply because it has not all sorts of other ideas and thoughts to bring up against the suggested idea or action.

Older children up to the age of fourteen or fifteen years can be successfully treated by suggestion, exclusive of analysis, without relapse. Bad habits, such as enuresis and masturbation, hardly ever fail to clear up completely by this method alone. In hundreds of cases of hysteria in grown men during the war, suggestion has produced complete cure without relapse.

In my view the psycho-analytic method of free association is extraordinarily potent in increasing the patient's suggestibility. Nor is this surprising. The patient lies on a couch, or sits in a chair, waiting

for ideas to come up. Is not this the state of mind which one tries to produce when one hypnotizes? Indeed, Freud explicitly admits it. He says that the state of mind in the method of free association is similar to the state of hypnosis. However little the analyst may say, he cannot avoid influencing the patient. Silence is often a more powerful suggestion than any speech, and unconscious suggestion is all the more deadly because of its unconsciousness. It is all very well to say that the analyst is on the look-out for this, and analyses it and brings it to the light of day. I do not believe that this is entirely possible. I hope to consider this question more completely on another occasion.

We have thus far considered the factors of *re-association*, *psycho-catharsis* or *ab-reaction*, and *suggestion*, and shown that they are relatively independent and effective factors in psycho-therapy. There is a fourth factor, which I would call *autognosis*, or self-knowledge. The patient is encouraged to strive towards an objective attitude towards his illness, to see himself from the outside, and to obtain an ever-deepening insight into the nature of his symptoms and their causes. Not only is the past investigated and discussed, but great attention is paid to the present situation, the patient's hopes and fears, his ambitions and ideals, his longings and his regrets. The difficulties in his path become more and more clearly defined. His dreams throw as much light upon this as they do upon his past. It is extraordinary how different the situation appears, after a few hours of concentrated autognostic work of this nature, and often symptoms simply fall away without the need of any deeper "historical" analysis.

This intellectualising process is a very real factor of mental cure. It is more emphasised in the method of Jung than in that of Freud, but not sufficiently emphasised in either.

(2) "Freud's Theory of Dreams," *Lancet*, April 19th and 26th, 1913.—(3) Breuer and Freud, *Studien über Hysterie*, Erste Auflage, 1895.—(4) "Contributions to the Study of Shell-shock," *Lancet*, 1915–19.—(5) "The Treatment of Cases of Shell-shock in an Advanced Neurological Centre, *Lancet*, 1918; "War Neurosis," *Proc. Roy. Soc. Med.*, vol. xii, 1919.—(6) In Prof. W. McDougall's theory of the structure of the mind, with its organisation of cognitive and affective dispositions based upon his doctrine of instinct, we have a psychological system which is probably more true to the facts of both normal and abnormal psychology than in Freud's "libido theory" (see his *Psychology*, chap. iii [Home University Library]).—(7) There is little doubt that this was really a "pseudo-memory" or figment of the imagination (phantasy). But although not corresponding to any objective occurrence, it had subjective reality for the patient herself and was in causal relation to her symptoms. According to Jung's theory, it would illustrate the working of "regression."—(8) *Op. cit.*, p. 530.—(9) *Ibid.*, p. 522 (translation and italics mine).—(10) *Ibid.*, p. 535.