

*The Methods of Psychotherapy*<sup>(1)</sup>. By FREDERICK DILLON, M.D.Edin., Medical Superintendent, Northumberland House Mental Hospital.

#### INTRODUCTION.

THE antiquity of psychotherapy is in great measure responsible for the difficulties which involve this branch of medicine at the present time. For it comes to us trailing clouds of superstition, pervaded by implications of the most unscientific order.

To discover the earliest phase of this form of treatment, one must go back to the earliest phase of mankind. Garrison, in his *History of Medicine*, remarks that the medicine-man of the savage state handles disease almost entirely by psycho-therapeutic procedures. After describing some of these the author continues: "We may smile at these phases of Shamanistic procedure, but except for the noise, they are not essentially different from the mind medicine or faith-healing of our own day." The quotation is of interest in pointing out the lineage of psychotherapy, but singularly misleading in identifying the crudities of primitive procedure with modern refinements of method.

As a survival of savage culture, psychotherapy has naturally undergone many modifications, but the main obstacles to its scientific application consist in the atmosphere of occultism and ambiguity with which it is still attended. The history of science, in fact, has largely been that of the struggle to detach itself from the mystical and religious prepossessions which arose from the earlier beliefs in animism and magic. More slowly than in other branches of medicine psychotherapy is freeing itself from these distorting and retarding influences. As Tyler has said: "The theory of the immediate action of personal spirits has given place to ideas of force and law. . . . There was a period of human thought when the whole universe seemed actuated by spiritual life. . . . It is deeply interesting that there should remain rude races yet living under the philosophy which we have so far passed from since physics, chemistry and biology have seized whole provinces of the ancient animism setting force for life and law for will."

It is a point of considerable interest to note how profoundly savage culture was permeated by neurotic influences. Various writers have pointed out, for instance, the extreme suggestibility

<sup>(1)</sup> A paper read at a meeting of the South-Eastern Division held at Peckham House on October 8, 1924.

of the savage mind, the tendency to hallucinations, the profound incest sensitiveness and the marked prominence of the phenomena of emotional ambivalence and omnipotence of thought. Freud has very significantly drawn a parallel between the various taboo and totem systems and the manifestations of certain of the neuroses. It is further instructive to appreciate the facility with which at this level of culture abnormal states of mind could be induced. It was a frequent practice for the sorcerer or medicine-man to work himself into a state of hallucinosis, in which he communicated with the spirits and obtained the information he desired. Convulsions, deliria, states of trance and catalepsy were apparently quite common phenomena, and in the initiation ceremonies and tribal dances, pronounced abnormal states of mind were deliberately brought about. A knowledge of these facts is of more than merely historical interest. For the possibility of the voluntary creation of a neurosis—using the term in its broadest sense—is of great significance at the present time, when the theory of unconscious motivation is so commonly accepted.

The elaboration of a scientific method in dealing with phenomena took place with greater certainty and rapidity in the objective spheres than with psychology. The unfortunate condition in which we find psychotherapeutic practice to-day is eloquent testimony of the fact that a true scientific attitude has not yet been developed, or is not yet being put into general practice in this branch of medicine. It seems to be the case that a greater sensitiveness exists among scientists dealing with the objective fields of research towards discrepancies of observation and theory. On the one hand there is the point of view of those who go so far as to deny the possibility of a science of psychology, and to disclaim any utility in the manipulation of psychological phenomena. Lewis Bruce, for instance, would eliminate psychology from the purview of the alienist. "When psychology is divorced from psychiatry," he writes, "and the study of psychiatry is prosecuted along the lines of advance in general medicine, our knowledge of mental disease cannot fail to be added to."

One can respect this frank and courageous expression of belief, even though disagreeing with it. Most authorities, however, agree that a knowledge of psychology is a useful if not indispensable preliminary to the study of psychiatry, and necessary at any rate for the adequate understanding of the so-called functional diseases. Some carry the doctrine to the opposite extreme, and would exalt and magnify the possibilities of mind to a degree quite unwarranted by the evidence. Finally, there are those who, while dealing by psychotherapy with the neuroses, teach the psychologically obscure

notion of a functional derangement of the cortical cells subserving the disordered activity.

The position, though anomalous, is probably the inevitable consequence of the past history of mental science. Some agreement on first principles is obviously necessary before we can hope to elucidate the grounds of what can be properly called mental pathology and treatment. The application of the strict scientific method is obviously more difficult, and consequently more necessary in the mental than in the objective sciences. And the first step is to recognize that we all of us enter the field with biased minds. From the conditions of early training and from the very necessities of our mental constitution, we take up the consideration of the problems involved with preconceived attitudes, preferences and hostilities. The action of a sentiment, or complex, or instinct, for instance, results, strictly considered, in an intellectual bias, an obliquity of presentation, or a disturbance of the proper balance of judgment. As we vary in emotional disposition, in sense of humour or memory power, we vary also in power of judgment and logical capacity. As Locke declared, "Each man's mind has some peculiarity as well as his face, which distinguishes him from all others."

The way out is, it seems to me, to develop as finely balanced and sensitive a "sentiment of rationality"—to use James's phrase—impersonal and neutral, as it is within our power to achieve. However disappointing it may be, the unification of knowledge in the scientific aspect of life at the present stage is impossible, and especially is this so in psycho-pathology. There is in consequence little justification for the attitude of intolerance that is sometimes undesirably manifested. Time is necessary to enable uncertainties of doctrine to be resolved, and in the interval one must look on the multiplicity of views and divergencies of practice as the normal state of affairs. Orthodoxy has never been a scientific conception, and to demand strict conformity to any one system of treatment under a threat of excommunication savours more of the sectarian than the scientific attitude of mind.

Fundamentally there are only two kinds of knowledge, or rather belief—belief from faith or suggestion, and belief from evidence—and it is the latter form only which can be called scientific. To accept a doctrine in the absence of the evidence on which it is founded—be it psycho-analysis, the germ theory, or any other—is merely the exercise of faith. As such it is an attitude of mind distinct from the scientific attitude, and reminds one of the historic example of the person in the time of Vesalius who refused to accept the new teaching on anatomy, but declared he would rather err

with Gale than be right with any other physician. It is only through the application of a stringent scientific procedure, in particular in enforcing careful discrimination between facts, inferences and concepts, and by the attrition process of criticism and discussion, that we may hope the permanent principles of psychotherapy will ultimately emerge.

#### METHODS OF PSYCHOTHERAPY.

Though the methods of mental therapy seem very numerous and varied, the differences represent for the most part variations merely in detail and procedure. In regard to principle the different forms may be reduced to three main types—suggestion, including persuasion; re-education and psycho-analysis.

The discovery which has transformed our conceptions of mental pathology and treatment, it is hardly necessary to state, is psycho-analysis. Freud, as the Machiavelli of psychology, evolved an instrument which has enabled us to penetrate beyond the more superficial and conventionalized layers of mind, and reveal the hidden facts of experience in their native and unpleasant crudity. It was by a series of accidental observations that he came, first by the use of hypnotism, and later by the method of volitional recollection, aided by the suggestive influence of the "pressure procedure," finally to light upon the free association process that has proved of such illuminating significance in clinical psychology. The centre of interest has shifted in consequence to the unconscious, and much controversy still continues round this problem. A mass of material has been obtained by exploration of this region, and it is the varying interpretations in the evaluation of this material that have brought about the formation of different schools of thought on the subject. The divergencies between the sex interpretation of Freud, the power theory, the schools of Jung and others, show that a stable and consistent structure of principles has not yet been evolved, but that the problems that have come to light remain still in a very undecided condition.

It would be inappropriate and impossible here to discuss in detail the various mental mechanisms which have been elicited by analytic investigation. It would seem obvious, theoretically, that in psychogenic disorders, analysis, apart from any particular school, provides the most thorough and complete opportunity for revealing and eliminating, or therapeutically modifying, the hidden pathological factors. In practice, however, one finds that this expectation must be materially qualified. At the same time, as in all scientific questions, an attitude of judicial openness in estimating

the problems involved is the only consistent position one can adopt.

The œdipus complex, in my view, has proved a most illuminating conception for mental pathology, and it would be difficult to overestimate the value of the distinction between the unconscious and the preconscious, and of such mechanisms as repression, ambivalence of emotion, displacement of the affect, and others. The prototype theory has clarified in great measure the former vague conceptions on the influence of early experience. There is, in short, in my opinion, no reason to consider that the great triad of Freudian doctrine, the unconscious, the infantile and the sexual, which has caused so much controversy, should, if used in due perspective, be productive of anything but benefit and insight.

It would seem from experience that the idea of repression will require further clarifying and discrimination, according to its forms or types, and the levels at which it acts. We should speak rather of repressions than repression. The elements of conflict, too, are in need of further elaboration; in particular a clearer conception is required of the nature of the wish. It is taught that the unconscious and its mechanisms form the basis for the development of the neuroses, but the fact remains that these unconscious activities must always be tested and endorsed by the appeal to consciousness. This is sometimes a point of peculiar delicacy, raising uncertainties relating to the memory-process which often cannot be resolved. The problem of causation in this regard, in fact, is one of great complexity. It is easy to show, by the principle of relativity, that any given preconscious factor may be associated with many unconscious elements. One must not, however, push this point too far. There is, in my view, a considerable body of evidence which indicates that a neurosis may develop from preconscious motives alone. We have also pointed out, from comparison with facts of primitive culture, that a neurosis of volitional origin is quite within the realm of possibility.

We must, in fact, distinguish the application of analysis as an instrument of investigation from its use as a method of therapy. In the latter sense its limited utility in practice soon becomes apparent. For although analysis has proved of immense value in explicating and deepening our insight into the structure of the neuroses, and has provided the only means of adequately ascertaining both the pathoplastic and pathogenic factors at work, the fact remains that its applicability as a mode of treatment is in danger of being over-estimated. In the large majority of cases, analysis, in any radical sense, is impossible, from considerations of age, intelligence and character. For a certain level of intelligence

and a certain stability of character are requisite if attempts at analysis are to have any real measure of success in removing resistances and effecting the "assimilation" process, and to be free from injurious influences. The necessity, therefore, remains for the utilization of other forms of mental treatment in the neuroses and other appropriate conditions.

Suggestion as the most historic form of psychotherapy has a long lineage, but the essential problems in connection with it are still to a large extent obscure. Its simplicity of concept has captured not only the scientific, but the popular and semi-scientific imagination to a considerable degree. In consequence, as several writers have observed, it has been employed on such a comprehensive scale to explain such a vast and heterogeneous collection of phenomena, that any real utility it might possess as an explanatory formula has been reduced to a minimum. Suggestion forms, in fact, one of the outstanding problems in psycho-pathology at the present time, and a clear insight into its nature would go far to solve many obscure manifestations.

When Braid demolished the mesmeric theory and substituted that of hypnotism, he performed a considerable service for applied psychology. His work and capabilities, in fact, have not been adequately recognized. He possessed the true scientific attitude of mind, he had courage, imagination and a sense of humour, and was not afraid to alter his opinions when he found them to be inadequate. With the publication of his book, *Neurypnology*, in 1843—two years after taking up the study of the subject—and with his later articles, he placed the problem of hypnotism on so sound a basis that little of noteworthy value has been added to it until quite recent times. His suggestion for the use of "monoidism" and its derivatives to describe the hypnotic state, though inadequate, was excellent in design—an attempt to provide a terminology precisely adapted to express a clear and distinct conception. By the consideration he gave to such concepts as that of fixed idea and double personality, he anticipated much of the later work that was to come.

When Liebeault began the practice of hypnotism at Nancy, in 1864, the work of Braid seems to have been forgotten. With Bernheim, who joined Liebeault later, the main problems of hypnotism were worked out afresh, the results being embodied in the former's book on Suggestion, published in 1884. The principle that the manifestations of hypnotism did not differ except in degree from the normal state was one of the points of controversy which brought the Nancy school into conflict with that of Charcot, in Paris, who looked upon the hypnotic sleep as an artificial neurosis,

an expression of hysteria. Considerable divergence of opinion on this and other associated problems remains to-day. Whether we can say, as is so commonly held, that there is no essential distinction between hypnotism and suggestion in the waking state, is a matter that, in my opinion, is still undecided. There are problems of quite peculiar interest relating to the hypnotic condition, such as the effects that can be produced on the involuntary organic functions—the processes of digestion, repair, childbirth and others—which are far from being explained by the modern theories on the subject.

Short of the condition of hypnotic sleep, the "hypnoid" attitudes of mind facilitate in many cases the action of suggestion. The modern representatives of the Nancy school, in the attitude of effortlessness and "contention" which they advocate, make use of an alteration of consciousness similar, if not identical, with the "hypnoid" conditions. The encouragement of the method of auto-suggestion, or rather reflective suggestion, is an advance on older methods, but as a form of suggestion, suffers from the same disadvantages as other types, which will be later discussed.

The channels or vehicles by which suggestion may be conveyed in the waking state are manifold, ranging from the vague personal influence of the physician, and simple verbal reassurance, to the more impressive procedures connected with electrical application and hydrotherapy. We all of us make use of the simpler modes—we cannot help making use of them—in everyday life, but what the actual nature of the process consists in has still to be made clear.

The method of persuasion as taught by Dubois differs somewhat in procedure, but not at all in principle from the method of suggestion. It was developed as a means of combating the effects of suggestion, but the distinction was made between suggestion as the action of a blind, uncritical process, "which acts by the circuitous paths of insinuation," and persuasion which appeals to the reason of the subject. The difference was said to be that between blind faith and reasoning faith. Accordingly the treatment consisted in a process of logical argument, an attempt on the part of the physician, by the use of convincing syllogisms, to argue away the symptoms of the patient, who is met "with a parry for every thrust."

The system of Dejerine, though commonly classed as a method of persuasion, constitutes an advance on that of Dubois, particularly in the emphasis that is laid on the importance of the emotions in the causation of neurasthenia and hysteria. Treatment, consequently, is directed towards a rearrangement of the emotional factors, and may be carried so far as to attempt the reconstruction

of the patient's personality. By a detailed anamnesis and by encouraging the patient to talk freely of his troubles, a "liberating action" is effected on the pent-up scruples, emotions of remorse, self-reproach and so forth, and finally the patient's personality is "directed into healthy channels." A reorientation of the personality is attempted by means of the sthenic emotions, which are said to "call forth the most constructing and uplifting sense of action."

The deficiencies of the two methods last considered, persuasion and suggestion, are too evident to require much elaboration. Dejerine's system, though tending in the right direction, suffers from a pervading vagueness. In particular, he omits to indicate what are the sthenic emotions to be made use of in reconstructing the personality. The emotion of anger or a sentiment of hate may be said very definitely to be sthenic, but it is presumably not to emotions such as these that he refers. We are, further, left in considerable doubt as to the actual means by which the reconstructing process is to be effected. It is obvious, too, that in common with suggestion in general and Dubois's method of persuasion, they are blind, indefinite measures. It is treatment in the dark, directed against the symptom, and can in no way act upon the causal factor. It is the method of repression, influencing only the end links of the causal chain, and producing its effect by inhibiting the outward manifestations of the underlying pathogenic factors. In so far, further, as it is based upon a theory of ideomotor action, it is working along lines which are wrongly directed.

The last method of treatment to be considered, though still incomplete as judged by the analytic standard, is of much wider applicability and utility than any other method of psychotherapy. Re-education as a special method of treatment is associated particularly with the names of Janet and Morton Prince, but it is capable of much greater extension than it was given by either of these writers, largely as the result of the insight gained from the investigations of the analytic schools.

In the theory of persuasion and suggestion, the fundamental insufficiency consisted in either an over-estimation of the cognitive aspect of mind, in the theory of ideomotor or ideo-reflex action, or a vaguely-conceived and imperfectly-applicable view of emotivity. It has been well said that it is only through the feelings that we are at the mercy of events; and if a method can be evolved of dealing directly with the feeling-situations, and with the mode of emotional reaction of the patient, while free from the disadvantages of analysis, it will constitute a considerable gain for psychotherapy. In this regard re-education has proved itself to be of much greater value than has hitherto been considered.



When we examine the "complex" as the commonly-accepted pathogenic factor in mental pathology, we see that by its definition as an idea (or series of ideas), organized, bound up, or invested with emotion, it can only mean that the idea is associated or linked with the emotion in a permanent relationship. The simple relation of this kind, implying a clear recognition of its components, idea and emotion, seems to me to be the true unit of mental functioning rather than the complex, which may be of any degree of intricacy, and preferable to the concept of the wish. It is this simple mechanism—for which I use the name "conator"—which we should make the object of elucidation in treatment, and into which the complex, sentiment, or wish should be resolved. For the complex quite commonly is found to consist of a number of these simple structures, each with a different emotional tendency. As Morton Prince has observed, the linking up of idea and emotion is one of the foundation stones of mental pathology; and for the application of the method of re-education its recognition is an essential preliminary.

The investigation of the case may take place by means of free association, hypnotism, automatic writing or other means. Generally a modified analytic procedure is most successful, and it may often be modified to a considerable degree. For in many cases the mental attitude of the patient may differ very greatly from that required by the analytic technique, and, in fact, the latter may be quite impossible to attain. The investigation into the causal and conditioning factors is carried as far as is expedient in the particular case, regard being paid to the type of personality and the reaction-possibilities of the patient. In my experience, it is inadvisable to attempt to go into the remoter factors of the sex life; this should be restricted to those undergoing the complete analytic treatment. With the great majority of patients concentration on the more proximate, preconscious, pathogenic tendencies is all that is necessary or perhaps possible. For it seems to be the case that there exist strata or layers of causal and conditioning factors, modification of which, even at the upper level, may have a most beneficial effect.

As the pathogenic factors (conators) are disclosed, the characteristic feature of the treatment then consists in altering the emotional components by substituting emotions of a different and healthier order. The nature of the substitution will vary with the particular problem. Speaking generally, however, there can be no doubt that reliance must be placed on the emotions of optimism, confidence, courage, self-regard and allied feeling-attitudes. By this means the setting, the organization of the structure is altered,

and the whole value and significance of the pathogenic mechanism is changed.

Concurrently with the treatment of his disorder the patient is to be taught to apply the method in his daily life, and so to form a habit of confidence and optimism. Little attention has been given to this form of habit-formation.<sup>(2)</sup> We are familiar with the habits that are exercised mainly on the muscular system, in acquiring facility at games for instance; and we all of us form our habits of thought. But the type of habit that is more important than either of these is largely neglected—the habit of feeling—of feeling constantly the healthy emotions of confidence and optimism.

By forming a habit of this kind the minor depressions, irritabilities and worries that are inseparable from every-day life are made to relinquish their pathological tendencies. The patient is given the opportunity of revising his whole emotional outlook, of developing a condition of emotional balance and stability which will enable him to meet the exigencies of life largely unperturbed, and to take pleasure in the struggle for existence. It is the doctrine of optimism reduced to systematic application, and may result, if successfully carried out, in a considerable transformation of the patient's personality. The war showed the remarkable powers of adaptation in this direction which the average human being possesses. The process is assisted by the application to the problem of the feeling-attitude, known as the sporting spirit, and the solvent action of the sense of humour goes far to minimize difficulties and place them in their true proportion. Maudsley has observed: "Were a man capable of looking at himself from outside, and of satirizing himself as a fool among fools when he makes a fool of himself, the practice would be a wonderful preservative against insanity."

#### CONCLUSION.

Though our knowledge of mental pathology and treatment stands in definite need of unification, there can be no doubt that, such as it is, it is of the greatest service in the treatment of the neuroses, and in the early and convalescent stages of certain of the psychoses. A first step towards the required unification will be the elucidation of the concept of psychological causation, of what we are to understand by a psychological explanation. The evaluation, too, of such doctrines as that of ideo-motor action, of the relative significance of the conative and affective processes, and of the unconscious, preconscious and conscious aspects of mind, will go far towards placing clinical psychology on a sound and permanent basis. At the present time, on account of the fact that psycho-therapeutic

practice has split into so many divergent schools, it not infrequently happens that advice given to a patient by different physicians is not only conflicting, but actually contradictory. Patients, consequently, are in danger of developing a negative attitude towards all forms of mental therapy.

The need is therefore great for the development of a method of treatment based on intelligible and rational principles which can be readily understood and put into practice by the ordinary patient. We see, in summarizing the results of our consideration of the modes of psychotherapy, that there are, strictly speaking, only two radical methods: abreaction—in the sense of disintegration or elimination of the pathogenic mechanism—and repression. A compromise between the two is the path of sublimation, in which the pathological tendencies obtain a more or less established outlet in some socially useful sphere of activity. The latter, however, being a condition of uncertain equilibrium, and one which cannot be effected with certain forms of emotion, is a method of doubtful value. There can be little question that in appropriate cases, analysis, in providing the opportunity for radical abreaction, is the method of preference, but, as we have seen, its applicability is decidedly limited. On the other hand, it is a fact of common experience that the methods of repression, suggestion and persuasion do produce most gratifying results. Re-education is capable of producing both abreaction and strong therapeutic repressing effects, and is, in my opinion, the most widely applicable and most valuable form of psychotherapy. It is a rational method of dealing with the affective components of the personality, and not the least part of its value consists in the active co-operation that is required on the part of the patient himself.

It is evident that different forms of treatment will be called for with different types of patients. For the psychiatrist a knowledge of mental mechanisms and of the methods of psychotherapy form a valuable equipment, which will enable him not only to secure a proper insight into symptomatology, but to apply suitable measures of treatment at the appropriate stage in the disease-process. It is a mistake in my belief to look upon the occurrence of the psychoses in general as necessarily implying an inborn predisposition. The war provided very suggestive evidence on this point. We are all of us potentially or latently susceptible to neurotic manifestations. Mental health is a condition of balance or equilibrium between conflicting influences. I am convinced that it is quite possible to produce a neurosis or even psychosis in the healthiest individual free from neurotic antecedents, given sufficiently intense and prolonged environmental strain. It seems to be the case in some

instances that the deeper and graver causes of a psychosis are only brought to the point of pathological emergence by the addition of more superficial and removable pathogenic factors. The latter can very frequently be dealt with by psycho-therapeutic means. And though it is often dangerous in these disorders to attempt a radical form of mental therapy, much may be done by means, especially, of re-education measures in guiding patients towards a more healthy outlook on life, and in teaching them to react in a balanced and stable manner towards the difficulties they must inevitably encounter.

[(<sup>c</sup>) Sir Thomas Clouston laid the greatest stress on this. Surely it is the practice of all experienced psychiatrists!—Eds.]

---

*Occupational Therapy.* A Series of Papers read at a Meeting of the Scottish Division held at the Glasgow Royal Mental Hospital on Friday, May 2, 1924.

I.

By D. K. HENDERSON, M.D.Edin., F.R.F.P.&S.Glasg., Physician-Superintendent, Glasgow Royal Mental Hospital.

THE time for a discussion of occupation as a means of cure or betterment in cases of mental disorder has long been overdue, and needs no apology. The papers which have been read deal with its practical aspect, and relate in a convincing way what has actually been accomplished. My aim is twofold. In the first place, I wish to give a short historical *résumé* of occupation as it has affected Gartnavel, and in the second place, to discuss its importance and value.

The reports of the Glasgow Royal Mental Hospital date back to 1810; many of them are of absorbing interest, and merit the most careful study.

At the laying of the foundation stone of the Asylum on August 2, 1810, Dr. Stevenson Macgill, the minister of the Tron Church, delivered a most enlightened address, in which he emphasized the importance and wisdom of cases being taken to mental institutions early in the development of their mental disorder, and remarked also on the importance of patients being treated as human beings with natural feelings. He said—"The notion that with the loss of reason our fellow creatures have lost all sensibility to pain or pleasure is a gross and vulgar error, unworthy of a people of humanity or of observation. In many cases they manifest very acute sensibility to neglect and personal injustice; often you see them keenly