

*Psycho-analysis and the Psychoses.* By H. G. BAYNES, B.A., M.B., B.Ch.Camb., Zurich.

THE question, "What is the efficacy of psycho-analysis in the treatment of the psychoses?" recalls to one's mind the problem of the utility of surgical procedures as a remedy for cancer. For in both we have to deal with an ætiological factor that is still obscure.

In his analysis of a case of dementia præcox, Jung showed as long ago as 1903 that from the analytical standpoint there exists a significant similarity between dementia præcox and hysteria. From this aspect it would seem to be only a question of degree between the hysteric whose psychological development is short-circuited by an overmastering complex, and the precocious dement whose psychic activity becomes so rigidly held by one or more complexes that he loses altogether his function of adaptation; and yet we have to admit that, whereas in hysteria there is found a clear causal relationship between the complex and the disease, the same cannot always be proven in dementia præcox. There is in this disease another factor, a certain toxic element which we vaguely express when we introduce the term "organic" into our diagnosis. Whether this toxic factor arises from the impact of potent complex formations on a psychic structure already predisposed by hereditary taint to the abnormal "clotting" of psychical activity around the complex nucleus, or whether it arises from organic sources leading to a secondary congealing of psychic activity, is still a problem which demands unceasing inquiry. Nevertheless there exists considerable evidence in psycho-analytic literature that the complex is the principal causative factor, and this is borne out by the fact that many developed psychotic cases have been cured through analysis. One writes the word "cure" very charily when engaged with such deep-seated and recurrent diseases as the psychoses, since analysis is still too young for us justly to estimate its lasting efficacy; but Jung tells me of fully declared cases analysed by him seven years ago which have given up to the present no sign of relapse, and which he believes are absolutely cured. Jung is himself convinced that this toxic factor, which distinguishes the nature of a psychosis from a neurosis, is essentially a psychological factor, and he believes that just as the understanding of septic processes led to an entirely changed attitude of the surgeon towards every problem in surgery, so patient analysis and understanding of subjective psychology will produce in time a similar revolution not only in the domain of psychiatry, but in other departments of medicine.

It will certainly be argued that this bold classification of the psychoses as primarily functional ignores the fact that in a certain proportion of cases definite structural changes can be observed *post-mortem*. In reply to this it is not necessary to seek out examples where a prolonged

disturbance of function has produced corresponding structural changes, because this is an acknowledged law which governs our practice in dealing with every case of chronic disturbance of function both in medicine and surgery.

When we depart from the mechanistic and anatomical conception of disease the question, "Is this a functional or organic malady?" takes a new form, and we ask ourselves, "Is this condition due to some trauma or lesion producing a secondary disturbance of function, or is it a disturbance of function producing corresponding changes of anatomical structures?"

In the problem of disease envisaged from this angle we discover that our purely clinical interest in the *fait accompli* no longer satisfies us, and we have to assume the far greater responsibility of inquiring what is the primary cause of the disturbance in function. A case of attempted suicide by drowning or by coal-gas asphyxiation presents to the clinician certain interesting physical signs, which he is able to describe and discuss at length, but to the psychologist this conscientious labour of the clinician is quite irrelevant, since the causative psychological factor is ignored. In *felo de se* this psychological investigation is recognised as the vital problem, not only by the psychologist, but by the most illiterate member of the coroner's jury. Must we only permit such inquiry in cases of sudden and frantic attempts at self-destruction and withdraw from the more delicate task of probing into the psychological causes of prolonged and even more tragic self-destruction, such as we find in chronic alcoholism, morphinism, cocaine poisoning, etc.?

It is clear that when one allows oneself thus to speculate on the nature and ubiquity of this psychological factor in the causation of disease, one finds oneself face to face with what we must call the individual moral problem. It is possible to state the issue in various ways. One can say with the biologist that a man who destroys himself with alcohol is a man who has failed in his biological function of adequately adapting himself to his environment; or with the gnostics, that he has a false conception of God; or again, that he is seeking a refuge from reality. But these are only paraphrases of what every man in the street recognises as the individual moral problem.

Clinical medicine cannot be an exact science, because it assumes that the living mechanism, man, is a constant factor, and presents merely a theatre in which the two rival combatants, vital process and disease, determinate the issue; whereas every practitioner soon becomes aware that he is constantly being faced with an individual factor, which quite frequently upsets his scientific determinism. He soon discovers that he has to be very much more guarded in his prognosis than in his diagnosis, and he is forced to admit that this unknown individual factor in disease, which his text-books do not refer to, and which his intuitive

sense teaches him to appraise, is in most cases the real determining agent in the problem he has to deal with.

The practitioner practises his intuitive art without clear knowledge of the psychological processes he thus employs, and he believes all the time that his success or failure is due to the correctness or incorrectness of his clinical observations and the appropriate remedies they suggested to him.

Surely this individual element, which is so often the vital and decisive factor in the problems of internal medicine, is of paramount importance in dealing with problems that are primarily psychological; yet until recently a frankly mechanistic conception of mental disorders has prevailed. Every attempt on the part of Freud and Jung and the devoted band of psycho-analysts to examine psychical disorders from the subjective and individual standpoint was greeted by psychiatrists and neurologists all over the world with derisive and quite irrational condemnation and criticism. The unscientific and passionate opposition to this new psychological standpoint possibly found its root in an instinctive recognition of the immensely far-reaching alterations such an attitude, if accepted, must work upon the whole established structure of clinical medicine. The dragging of sexuality into medical discussions was like a desecration of the temple. One has only to mention the word "psycho-analysis," even to-day, in the presence of one of these high priests of medicine, to realise that one is a blasphemer outside the law.

In defining the real importance of psycho-analysis one encounters a certain confusion arising, not only from different schools and from the outcrop of new and ill-defined terms, but chiefly from the difference in attitude of its various exponents. This ranges from the attitude of the enterprising opportunist, who realises that here is a new technique which every really up-to-date practitioner must be prepared to employ if every other measure should fail, to that of the devoted disciple who is so deeply impressed by his own subjective experience of analysis that he no longer seems able to employ a critical discrimination, and is inclined to ascribe every disorder he meets to psychogenic causes. My own view is that a psychological factor of greater or less importance is universal in disease and cannot be with safety ignored, but that in those disorders where the malady is primarily in the psyche of a patient, systematic and unflagging subjective analysis is the only justifiable method one can adopt.

I use the word "justifiable" advisedly, for in the last analysis one discovers in every case of psychogenic disease a certain lack of moral responsibility, a refusal of the full onus that life demands of the individual, or an anarchic struggle between conflicting psychic entities. With this knowledge one can no longer be content with the removal of

neurotic symptoms by the mere application of some empirical device as a satisfactory method of treatment. It may be enough to restore the precarious *status quo ante*, but everyone who has practised hypnosis or suggestion, or employed the other more devious routes to the unconscious, is aware how unstable that *status quo* really is. The length of treatment, the individual element, the scarcity of analysts, and the dangers of insincere and reckless analysis make it expedient for us at present to choose both analysts and cases with considerable care; but these are the disadvantages of circumstance, not of principle.

I have been asked, "What is the principle by which analysis can effect a cure?" Briefly, I would say, it is the process of gaining moral autonomy by bringing up into consciousness those unconscious tendencies that favour anarchy in the psyche. This pluralistic conception of the psyche is very largely based upon the indefatigable work carried out by Jung, Riklin and the Zurich school in their researches on word-association. This work proved that complexes constellated by powerful affects have their own independent existences in the psyche, and are continually tending towards expression, colouring thoughts, motivating action, and creating a web of phantasy over the harsh contours of reality. The ego-complex, which comprises those mental products which are associated with and grouped around the ego, has, by the function of attention, the ostensible direction of psychic activity; but in so far as these other powerful complexes are repressed, they lead an autonomous life in the unconscious, threatening the equilibrium of the delicate psychological harmony. As long as a complex remains repressed in the unconscious it is dangerous, since it seeks expression by any channel, however crooked or devious, and often in direct opposition to the conscious moral standards of the ego. The term "moral autonomy," which is the aim of analysis, includes on the one hand the idea of individual responsibility, or a recognition of biological duties, and on the other the idea of individual freedom. It will be seen that this pair of opposites—submission to collective law and individual freedom—are complementary, and neither can exist without the other. For no man fully apprehends his responsibility to the civilisation he is part of unless he be a free individual; and no man can realize individual freedom unless he first submits to the collective laws on which his freedom is based. Thus the most completely differentiated individual is the man who is most fully adapted to the civilisation, which is his environment. Since biological duty is seen to be identical with individual responsibility, the man who fails in adaptation to the living contact of reality tends to seclude himself in the phantasy world of dreams, and eventually seeks refuge in a neurosis or in alcoholism, or in one of the other innumerable resorts of the irresponsibles.

Adaptation is an instinctive and unconscious function, and failure of

this function arises from some morbid process in the unconscious. It is the function of the psycho-analyst to discover this morbid process, and by the patient investigation of dreams (which are of their very nature symbolic presentations of unconscious psychic activities) to spread, as it were, the chart of life before his patient, and thus to help him to gain or regain his path of adaptation.

Jung's conception of libido or psychic energy has provided us with a symbol by which we can express the function of adaptation as a dynamic problem. Emotional conflict or any other morbid process which holds libido in the unconscious world of phantasy withdraws libido from the conscious world of reality. In a neurosis the dissociation of the morbid complex insulates it from the other psychical elements, and thus a considerable degree of adaptation to reality is maintained; but in the psychoses the morbid complexes may attract the whole of the individual's libido, and he then forsakes altogether the world of reality and inhabits the fantastic underworld of dreams.

"There is now no impulse to break through from this golden world of phantasy to the hard world that he has left behind; for here the tables are ever laden, and a thousand feasts are celebrated in golden palaces. The patient can only spare a few mysterious symbols for the gloomy, dim shores of reality; they need not be understood, for our understanding has ceased to be of any importance to him."

"It is not only the artist and the insane who are possessed of this phantasy-building instinct. For every human being has also within himself that restless creative phantasy, which is ever engaged in assuaging the harshness of reality. Whoever gives himself unsparingly and carefully to self-observation will realise that there dwells within him something which would gladly hide and cover up all that is difficult and questionable in life and thus procure an easy and free path. Insanity grants the upper hand to this something. Whenever it is uppermost, reality is more or less quickly thrown out. It becomes a distant dream, and the dream which enchains the patient wholly or in part, and often for life, has now the attributes of reality. We normal persons who have to do entirely with reality see only the products of disordered fancy, but not the wealth of that side of the mind which is turned away from us." The above two paragraphs I have quoted from Jung's paper on the "Contents of the Psychoses," as to my mind they perfectly express the impression one receives of that distant other-world in which the insane live, and which so many of them find completely satisfying. That is a picture of the incurably insane, who no longer seeks a bridge by which he may return to the shores of reality; but, as we are all aware, there exists a vast number of psychotics, who are still in touch with reality, and who can even perform the obligations of normal life, in whom the delusional system, though quite immune from introspection

and conscious criticism, still occupies only a portion of the psychic energy, and leaves the rest of the psyche correctly orientated. In such cases it is often possible to break through into this apparently insulated phantasy system by a patient and laborious analysis of the unconscious mechanism, till at last the patient gains insight into the morbid system and he can emerge into the free air of reality.

This subjective comprehension of the psychotic state entails upon the analyst a constant exercise of deep and sympathetic accord. He deliberately puts off the attitude of the detached and rational observer, who sees in the insane an incomprehensible and quite foreign being, and adopts the attitude of a sympathetic guide, who realises that the insane is *sui generis* of the same elemental texture as himself. He enters willingly into the unreal world of his patient that he may guide him step by step back into the world of reality. Here again the individual factor decides the issue. The analyst cannot provide the will and the purpose; he can only show the path. If the moral principle is inaccessible, or the ego so intrigued with the underworld of phantasy that the patient can no longer exercise the will to return, the analyst must come away empty-handed. The soul has crossed to the other side and does not wish any more to live the life of men. Thus the labour of the analyst may often appear fruitless to others, though indeed it is never so to himself. For only by this constant effort can he learn to become a safe guide.

This underworld of myth and phantasy in which the insane spend their timeless existence Jung has termed the "collective unconscious." It is as it were the flood upon which every individual has to steer his frail raft of conscious purpose. It is only by constant contact with other individuals and by the necessity of watchful navigation, by which obstacles, and dangerous and treacherous passages may be avoided, that this precarious vehicle of rational consciousness is kept in steady and balanced motion. Some individuals by their inherited temperament seem fated to be reckless or timorous navigators; they either ignore the rocks, rapids and whirlpools of this emotional flood upon which they are borne along or they are too conscious of the terrors and dangers of the voyage, and a comparatively trivial storm is sufficient to capsize them.

The work of rescue of these individuals who are submerged in the collective unconscious is the most exacting and exhausting labour the analyst has to face; for his efforts at rescue may even make matters worse, since at the best his knowledge of this unfathomable, uncharted element is very slight, and it is a law of life that the individual soul must sink or swim by his own strength and will, and cannot be saved by strength that is not his own.

I feel I ought to ask indulgence for this free use of metaphor, but we

have at present no terminology by which the handling of subjective processes can be made intelligible, and one is forced to fall back on the more primitive medium of analogy.

The point I wish to make and which psycho-analytic literature abundantly confirms is, that there exists no essential difference between the phantasy-world of the insane and the dream-world of the normal person. The difference lies not in the element of consciousness, but in the fact that whereas in the sane, the conscious world of reality is occupied by the ego and the unconscious appears only in dreams, in the insane the unconscious world of dreams is occupied by the ego and the world of reality has but the filmy texture of dreams.

If we compare the familiar fluctuations of our own affective states, that swing unaccountably from a mood of well-being to a state of despondency, with the still greater oscillations of the menopause neurosis and finally with the profound rhythm of the manic-depressive psychosis, it can be seen that this rhythmic motion of the unconscious is universal; the variable element is again that of individual equilibrium or moral purpose. A man whose life is keenly directed by purposive energy and will is hardly aware of this deep rhythm of his soul, but the man who drifts in the aimless intoxication of stimuli is for ever burdened by his own emotional tides.

Our knowledge of this unconscious element is still so fragmentary and ill-defined that the analyst shows a very natural reluctance to embark upon these most difficult and arduous ventures, for he is fully aware that in the course of analysis a further stirring up of unconscious levels may plunge the patient deeper yet into his psychosis, and in cases where a psychosis threatens, but there is still maintained a precarious equilibrium, it is only natural that he is slow to undertake an operation that may destroy that tenuous hold upon reality and precipitate the very result that he is trying to prevent.

He may succeed or he may fail. If he succeeds the critics will say that the case was a simple neurosis, and if he fails the critics shout, "What did we tell you?"

The analyst who is sincere will not unduly heed considerations which merely involve his personal prestige, but he alone knows the risk he takes, and it is only fair that he should receive a sympathetic comprehension of his task.