Chapter III

Psychological Analysis and Re-education.

The methods of treatment which have been described in the foregoing pages: sympathy, firmness, isolation, suggestion in its various forms, and hypnosis; while all useful in their proper place, often prove to be of no avail in cases of psychoneurosis. Where the distressing symptoms lie on the surface so that both they and their causes are easily discoverable by the physician - if, indeed, they have not been known from the beginning. to the patient himself - it is sometimes possible to bring about a complete cure without any very penetrating analysis by the doctor of the mental antecedents of the patient's present condition. Thus, for example, a courageous and keen soldier who, suffering from loss of sleep and from the harassing experiences of the battlefield, eventually breaks down, the precipitating cause perhaps being shell-shock, may need little more to set him on his legs than the comfort, assiduous attention, and pleasant distractions of a Red Cross hospital. For the civilian whose chief trouble is the irritability caused by a multiplicity of minor business worries, or family jars, a few days of isolation, giving perhaps, among the other benefits which we have mentioned, the opportunity to think things out, may have excellent results. The beneficent action of hypnosis in removing the acute disturbances caused by sh,e.U-sho.ck hw already been illustrated. But a large, number of 'cases fall into none of these categories. Sympathy merely annoys them, isolation tortures them, for besides letting them think-usually in a very unwise way-it helps to confirm their impression that they are seriously ill, just because it involves the treatment of them as special cases. Suggestive measures may be to them like water on a duck's back, and hypnosis may prove of no avail. Firmness may have merely the effect of proving to the doctor that there exist patients firmer than himself. But, fortunately, psychical methods are not exhausted. There still remains at least one - that of psychological analysis and re-education.

The employment of psychological analysis in medicine means the resolution of the patient's mental condition into its essential elements, just as by chemical analysis it is possible to determine that water, for example, is composed of certain definite proportions of oxygen and hydrogen combined in a particular way. Re-education is the helping of the patient, by means of the new know- ledge gained by analysis, to face life's difficulties anew.

It is sometimes urged that if this be all that is meant by psychological analysis, alienists have been doing this ever since insanity was first treated, nay, further, doctors have been practising it since the time of Hippocrates. It is pointed out that when a patient is first interviewed by the physician, an inquiry is always made into his mental state and behaviour, and into the presence of delusions and hallucinations or

other unusual mental phenomena. His relatives are questioned concerning the relation of his recent behaviour to that at the time when h.d was considered normal. Now the answer to this assertion is that such an investigation is useful, indispensable in fact, but it cannot he called psychological analysis.

The point may become clearer to the untechnical reader if he will imagine for a moment that a carver, skilled in separating the legs and wings from the body of a bird, should claim to be practising anatomy. The anatomist would at once object that while such separation of limbs from trunk is a small detail which sometimes forms part of the anatomist's task, it can scarcely be called more than a preliminary to his study. For first of all, while to a carver a leg is an ultimate unit, to the anatomist it is, for the naked eye, a collection of bones, muscles, tendons, skin, nerves, veins, arteries, nails and the rest, and, seen through the microscope, a tremendous organisation of infinitely more complex structures. Furthermore, it might be pointed out that merely to separate these more minute structures into their constituent parts and to name them, by no means constitutes the whole of the work of the intelligent anatomist. He wishes to study the inter-relations of these parts, the way in which they work together for the common good of the leg. And lastly, the leg must not be studied only in separation from the trunk, for its functions are sub- ordinate to the requirements of the body as a whole.

So, in the same way, to record that a man is suffering from a delusion of persecution or an unreasonable fear of open spaces is merely to "carve up" the condition of his mind. First of all it must be ascertained how far that delusion has interpenetrated with the rest of his mental life; whether, for example, his false belief is restricted to, a specific kind of persecution from a particular person, or is a general delusion that everybody and everything in the world is against him. And again, if the delusion is strictly specific, it is important to know whether it has been the cause of secondary, false beliefs, produced by rationalisation, to buttress the primary delusion against the inevitable contradiction from facts which it would otherwise suffer. Further, the nature of the delusion must be analysed. Why is it of this and not of that persecution? Why is this particular person feared or hated? Is it a constant factor in the patient's existence, or does it break out at certain times ? If so, the patient's life at these critical periods must be carefully examined. The doctor must discover where the patient was at the time, what he was doing and thinking, who were his companions, and so on.

Next comes the important inquiry into the history of the delusion. And here, just as the anatomist is able nowadays to mobilise for service all his knowledge of comparative anatomy and evolution, so if the physician has really scientific knowledge, not only of the delusions in other patients, but also of the development of ordinary beliefs in sane people (such development involves a complicated set of processes the nature of which is by no means obvious to unaided common sense), he

will be immensely helped in his search, and may be enabled thereby to make many short cuts to the essential facts. He will endeavour to date the important stages of development of the delusion; to find a time when, so far as the patient knows, his mind was free from it.

Thus we may say that a psychological investigation of a case of mental disorder dissects its normal as well as its abnormal phenomena into their functional elements. Compared with the procedure which merely records such gross units as delusions or hallucinations, it is as anatomy to mere carving, however skilful the latter may be.

But the psychological investigation is not merely comparable to anatomical dissection. We have also compared the mind to a chemical compound, rather than a mechanical mixture. Especially is this true not only of the normal but also of the abnormal mind, when the latter has had time to settle down into its new position of relative equilibrium and integration; when, for example, a delusion has become so fixed that the patients life is entirely ordered in obedience to it, and he has ceased to have any doubts as to its reality or to struggle against its domination (for example, a patient may maintain that he is the king, but that an organised conspiracy exists to deprive him of his birthright. In this way delusions are sometimes elaborated into an extraordinarily complicated system and every fact of the patient's experience is distorted until it is capable of taking its place in the delusional scheme. Bernard Hart, *The Psychology of Insanity*, Cambridge, 1914, p. 32).

It is only when the warring elements in the mind are relatively independent, and before they have succeeded in "making terms" with each other, that the mind even remotely resembles a mechanical mixture. It follows, therefore, that psychological analysis of a case of mental disorder is usually comparable to *chemical analysis* as well as to anatomical dissection.

Now the most striking result of chemical analysis is to show that the appearance and general properties of the elements composing a compound are different from the appearance and properties of the compound itself. This is exactly the case, too, with mental analysis. A mere dissection of an abnormal condition is sometimes sufficient in the milder cases to serve as the basis for curative measures, but in more advanced cases, or those of longer standing, real analysis is necessary in order to get at the unknown factors.

It is just at this point that a number of investigators of mental disorder decline to go any farther on the path of research. Up to this stage, they say, one is relying upon ascertained facts, for one has the warrant of the patient's own memory for the data obtained. Further analysis of a mental phenomenon must inevitably involve appeal to

unconscious factors. And, once one has called in the unconscious as a means of explanation, psychology becomes a mere "tumbling ground for whimsies."

Probably there are few people to whom this statement does not appear to express the universal verdict of common sense. That is precisely what it does. But it should be unnecessary to point out that common sense alone is not always the most reliable guide to the discovery of fact. Unaided common sense not only informed men for centuries that the sun moved round the earth, but told them so with such finality and conviction that extraordinarily unpleasant consequences ensued for those who did not believe in such an obvious fact. And the old belief, wholly false as it is, has still to be unlearnt by every child.

In the same way, the 'common sense' point of view which we have described is not flawless. It assumes that a patient is able not only to surmount the great difficulties of translating his experiences and beliefs precisely into words - a difficult task even for the well-educated person but also to account for and explain them truthfully. It may, however, be pointed out that, though this last-mentioned misleading assumption is widespread, it is by no means so universal or so tenacious in man as the "belief of his own senses" that the sun goes round the earth. In fact, quite apart from the teachings of modern psychology, we frequently find well-founded suspicions in the lay mind that a man is not always competent to give the basis of and reasons for his mental condition. This view is summed up in the famous advice to the future judge, "Give your decision, it will probably be right. But do. not give your reasons, they will almost certainly be wrong".

What ordinary man, unversed in the subtleties of theology or comparative religion, could give to an agnostic a satisfactory account of the reason why - being let us say, a Christian, and a Protestant Christian - he is a Primitive Methodist or an English Presbyterian? Let us complicate the matter further by supposing that this sect to which he now belongs is not that in which he was brought up by his family. Many of the factors which have contributed to his present religious beliefs may have been entirely forgotten now, recallable only with the greatest difficulty and with the help of a second person skilful in such investigation.

We may take as a good example of the historical complexity of significant attitudes and actions in life, the process of falling in love - especially if it is not, or at least seems not to be, love at first sight. It is generally admitted that, in the development of this psychological phenomenon, onlookers see most of the game. In other words, the actions of the two persons who are gradually becoming more and more attracted to each other are partly determined by motives, which, unknown to them, are patent to their observant relations and friends.

Further examples may be given to, illustrate this important and oft-disputed point. Let us suppose that a musical critic, after hearing a new symphony by an unconventional composer, immediately writes a lengthy appreciation of the performance. It is clear that nobody would expect him to be able to give, off-hand, an account of his reasons for every sentence of the criticism. But it is obvious that a single phrase in this account may be but the apex of a whole pyramid of memories emanating from the critic's technical training, his attitude towards the new departure, experiences highly coloured with emotion which a few notes of the music may have evoked, and his mental condition at the time he heard the performance. Nobody denies that these may have shaped or even determined his criticism. But who believes either that they were all conscious at the time of writing the article, or that he could resuscitate them without much time and trouble and perhaps the help of a cross-examiner?

Again, there are occasions when society expects that a man shall be unconscious of the reasons for some of his actions. He is expected, for example, to behave politely, attentively and chivalrously to ladies, not because at the moment of taking the outside of the pavement he remembers why he did so, but simply because he has been brought up in this way. And conversely, too conscious politeness in a man arouses in others - and often rightly - the suspicion that it is a recent acquisition.

We see then that it is rare for a man to be able to give a true account, even to himself, of the reasons underlying his important acts and beliefs, when his mental condition is relatively calm and his social relationships are normal. But when a case of mental disorder is in question it becomes quite obvious that the patient is frequently not in a position to give, either to himself or to another, anything like a complete or true enumeration and description of the antecedent experiences which have brought about his present condition.

It therefore becomes necessary to admit that unconscious factors of great importance may play an influential part in the production of mental disorder and that, therefore, some way must be found of tapping these submerged streams.

The most direct way into the complexities of the unconscious mental processes of a person is afforded by a study of his more "unusual" actions and thoughts. For few persons are so completely adapted to their environment or so perfectly balanced that moments never arise in which their mental behaviour is not surprising, either to themselves or to others. And even the Admirable Crichtons of our acquaintance are not entirely immune from errant moments - at least in their sleep. The dream, then, is the chief gate by which we can enter into the knowledge of the unconscious. For in sleep, the relatively considerable control which most of us in waking life possess over the coining and going of mental events is almost if not entirely abrogated. Thoughts and desires, which, if they attempted to dominate consciousness in waking life, would

be promptly suppressed, arise, develop and expand to an astounding extent in the dream.

This statement, of course, is entirely independent of the implications of any one "theory of dreams." Its truth is evident to anyone who has honestly recorded or considered his own dreams for even a short period.

Other unusual mental processes are manifested in such events as "slips of the tongue," "slips of the pen," the mislaying of important objects, the forgetting of significant facts, or conversely the inability to get an apparently unimportant memory out of one's mind. All these phenomena, common enough in the normal individual, are usually more frequent in the abnormal mind. Besides the patient's voluntary account of, and comments upon, these events, other methods of obtaining data are possible to the physician. He will note the matters about which in conversation the patient is apt to become silent, embarrassed or inexplicably irritated, to hesitate, to say he has forgotten, or even to lie. All these sidelights upon the mental make-up are carefully noted by the physician and the deductions from them compared, not only with the patient's accounts of himself on different days - narratives which when put together may show important discrepancies and thin places - but also with the information obtainable from his family. These devices serve to bring to light in an extraordinary manner a whole number of memories, - many of them of immense significance for the comprehension of the patient's present mental state, which it would be utterly impossible to discover in mere conversation or even by cross-questioning.

It is sometimes felt that these methods which savour strongly of catching the patient tripping, while they may unearth some interesting details of his past life, do no more than exhibit under a strong magnifying glass a few minute excrescences upon his otherwise fair mental countenance. But it should be pointed out that nobody who has ever honestly collected together and compared the memories which have coalesced to compose a dozen of his dreams - especially if he has done so with the help and under the cross-examination of a candid friend who knows him well - will maintain that the material thus found is unimportant. As Professor Freud says, "The dream never occupies itself with trifles." It just because the thoughts and desires underlying the dreams have been refused their normal out that they express themselves in such bizarre forms.

Moreover, the fact should not be overlooked other sciences - including the most exact sciences - the most profoundly important general conclusions are often arrived at by the examination of unusual phenomena, of nature "caught tripping." The study of the thunderstorm was the foundation of knowledge of that great force which is active not only in thunderstorms but throughout all matter. Observations of the sporadic and relatively unusual volcanic eruptions of the mind may prove to be an important

foundation of our future knowledge of general psychology. inorganic, so in the organic world, there is dividing normal from abnormal, and the phenomenon is sometimes simpler and more easily studied than the usual, as "Sherlock Holmes" was demonstrating. ***(In his account of the wonderful exploits of ""Sherlock Holmes," Sir Arthur Conan Doyle was merely applying, with inimitable skill and literary resourcefulness, the methods of clinical diagnosis in medicine to the detection of imaginary crimes. The unusual phenomenon in medicine or in crime often affords the most obvious clue to the expert who can appreciate its significance, whereas a simple dyspepsia or a common-place murder may present insoluble problems, because they reveal no distinctive signs to guide the investigator.)***

From a scientific standpoint, then, we have every justification for pressing to the study of the unusual mental phenomena exhibited by the patient, and for our belief that their nature is not important, but highly significant for therapeutical purposes. Another objection, however, is frequently levelled against such a procedure, from quite a different direction, or rather from a number of directions. This objection can be expressed simply in words, such as "One ought not to probe so deeply into a patient's innermost mental life," and is not to be met by a single argument. The reason is that it is polyhedral in form, and that each of its faces or aspects must be considered separately. For it should be obvious to everyone that such an objection cannot be flippantly waved away.

The aspects of this question which seem to have more particularly appealed to the critics of the method which we are describing, are at least four in number, which we may describe as the aesthetic, social, medical and moral.

The origin of the first, the aesthetic, is easily seen. It is quite clear that in the investigation of the inmost secrets of a person's life (and particularly of a life which has become so entangled and complicated that the help of another is sought for its restoration to 'mental tidiness') there must emerge frequently much that the patient finds unpleasant to relate. When we remember that a neurosis often (perhaps always) occurs as a result of the patient.'s inability to adjust his instinctive demands to the opportunities of his environment, it becomes clear that in the investigation of his history discussion is inevitable of mental events in which the fundamental instincts have played a great part. Now, of those important instinctive impulses, it is obvious that in a civilised community few are so often thwarted, deliberately repressed, or otherwise obstructed as the powerful one of sex. It therefore follows that in a large number of cases the discussion of sexual matters becomes unavoidable. Some critics have seized on this point as the weak spot against which to launch their attacks, descanting upon the unpleasantness, even the nauseousness, of such discussion. Not all of them, however, make it clear whether in their opinion it is the patient or the doctor who should be shielded from such unpleasant experiences. If the latter, the

verdict of society would probably be that the sooner a man requiring such protection was excused not only from these uncongenial duties, but from all medical obligations whatever, the better for the community, if the former, it may be pointed out that every reasonable person will agree that the man who does not tell the whole truth to his doctor or his lawyer is a fool. Furthermore, even under present conditions, if it be considered advisable in the interests of the patient's bodily health, the doctor does not hesitate to ask, and the patient to answer, questions about the most intimate matters, some of them literally and not merely metaphorically nauseous.

We may therefore dismiss the aesthetic objection as unworthy of the consideration either of a conscientious doctor, or of a reasonable patient.

We may turn now to what we have designated the social aspect of the objection. It should need little explanation. There has arisen a convention, subscribed to consciously or unconsciously by many, that the doctor shall ask and the patient answer quite freely questions relating to the patient's bodily well-being, but that any unusual mental occurrences must be considered the patient's private affair into which it is not the business of the doctor to pry.

It would be rash to deny that up to a certain point this convention is susceptible of defence. But, carried too far, it is productive of disastrous results. Moreover, it is impossible for a doctor to treat many varieties even of physical disease without becoming to a great extent the confidant not only of the patient but often of his family. And there is no doubt that the present unwritten law that the doctor should confine himself to the patient's physical ills is often judiciously disobeyed by very many successful practitioners. Yet it must be recognised that the convention exists, and like all social usages is extremely tenacious.

The chief medical objection, which we shall now, consider, is usually expressed in some such form as the assertion that "it makes the patient worse to talk about his worries" and that one should rather "try to make him forget them." Let us examine these statements, both of which contain a certain amount of truth, but if applied without qualification to serious cases of incipient mental disorder can by their respective negative and positive tendencies do an incalculable amount of harm. They are often the result of applying experience acquired by the successful reassuring of a certain type of "malade imaginaire," to the consideration of far more complicated cases in which such easy and straightforward treatment is impossible. A man, let us say, visits a doctor and confesses to him his fear that he is suffering from some organic disease. The physician after a careful examination proves to the patient by objective means that there is nothing the matter with him; the sufferer is reassured and returns to his daily business and in 'due course for- gets about this worry or ceases to be troubled by the memory of it. Here the diagnosis, treatment, and cure may be

uncomplicated and "on the surface." But even here it should be emphasised that in one sense, far from "making the patient worse" to talk about his trouble, the talking about it was the *sine qua non* of cure; otherwise the doctor would never have known of the fear. In another sense, however, talking about the trouble did make the sufferer worse - but for a short time only, during a confession of his apprehensions, or perhaps even for a few days, if more than one visit to the consulting room were necessary before the doctor's verdict could be obtained.

But not all visits to the doctor end so briefly or so easily as this. The patient's trouble, on examination, may prove to be organic and of long standing. Does the doctor consider then that it is his duty to emulate the Christian Scientist or to "make the patient forget it?" On the contrary, he does not flinch from the employment of the most searching methods of investigation, lengthy and often painful treatment, and, if it seems necessary in the patient's interest, he will carry out or arrange for operative interference which may be difficult, expensive, by no means free from danger, and is quite likely to "make the patient worse," perhaps for a considerable time, before its beneficial results appear.

It is therefore idle to argue that on the one hand psychological methods of treating mental disorder are unnecessary 'because some patients get better without their application; while, on the other, they are dangerous because they may make a patient worse. The same remarks could be applied to most of the successful operative methods of present-day medicine. All of them are fraught with grave potentiality for harm if applied by unskilled persons.

The degree to which the doctor is medically justified in probing the patient's intimacies is obviously dependent upon the individual case. Not all patients require such drastic incisions; a fact which has been clearly shown in the special military hospitals. An intelligent man of strong will, whose social relations have hitherto been normal and happy, might be temporarily "bowled over" by the emotional stress of the campaign, but after a few inquiries into the causes of his mental anguish and a few explanations, he is often set on his feet again.

We must not forget, however, the other side of the picture. There are many patients, who, far from being made worse by the confidential recital and discussion of their mental troubles to a suitable person, experience great relief as a result of this unburdening. Men in the military hospitals have expressed this over and over again, in such phrases as, "I have been bursting to tell this to someone who would understand," or, " I have seen many doctors since I left the front, but you are the first who has asked me anything about my mind." Frequently the troubles prove to be caused by their ignorance of the great individual differences in minds, so that the appearance in them of a new but by no means pathological mental phenomenon frightens them

unduly. We have already referred to cases of this kind in Chapter 1. Another frequent cause of the most intense and continuous mental anguish is the exaggerated self-reproach which the patients attach to some real, but in the judgment of others, comparatively trivial defect or delinquency in themselves. To borrow an expressive phrase, the neurasthenic has "lost his table of values." It is in such cases that a talk with a tactful, sympathetic, broad-minded physician may produce the happiest results.

To assume that one can make the patient forget such worries as these without first discovering what they are, is obviously fatuity at its grossest. Moreover, as we have seen, it is quite insufficient merely to discover that the patient is "suffering from hallucinations' or delusions and then to tell him to dismiss them from his mind. To suppose that, without understanding the nature of and the specific reasons for the development of a particular hallucination, one can "make the patient forget" his interpretation of a real experience which has appealed to him night and day for weeks, or banish a delusion which is gradually becoming systematised and rationalised - i.e., intimately interwoven into the tissues of the whole of his experience - is an assumption which has no foundation in fact.

The point cannot be too much emphasised that many of these patients are quite sane, if conduct be regarded as the criterion of sanity; but they are growing afraid of the appearance of these abnormal phenomena, and take them for signs of incipient - or, more usually perhaps, of established - insanity. Hence follows the important corollary that while treatment by isolation has obvious advantages in certain cases in the particular group of patients which we are now discussing it is often dangerous, for the reasons already emphasised in the last chapter. The presence of such mental phenomena is usually confided to the physician only after great hesitation, and such worrying experiences are common in cases of insomnia and other disorder, which, though troublesome, do not appear to be grave. It is therefore possible that isolation may have serious effects in many cases in which its net result seems merely to be that the patient is no better.

It is granted then that in some instances (by no means all), the patient may be temporarily pained by the dragging into daylight of the causes of his worry, but it is usually a case of *reculer pour mieux sauter.* This procedure is often inevitable in the medical treatment of many disorders which have become complicated to any considerable extent.

We pass now to a difficult task; the consideration of the moral objections to the procedure of psychological analysis. The difficulty obviously lies in the circumstance that, while in the discussion of the other objections one could continually point to facts upon which at least, the great majority of civilised people are in cordial agreement, such unanimity is not so complete upon moral questions. Some of the

varieties of the moral objection, however, are not based on such disputable grounds. For example, there is the argument that it is bad for the patient that he should have his inmost mental life dissected and analysed in the thoroughgoing way which we have described, since it is important for the preservation of his self-regard that, as far as possible, he should consider himself "master of his soul." With the latter sentiment no reasonable person would quarrel. And where it is possible (as it often is) for a slight mental tangle to be straightened out without an extensive and lengthy. inquisition, we hold that it is urgent in the patient's interest that his privacy shall be respected. It should be pointed out, however, that since this procedure is equally in the interests of the honest physician-for it will save him time and trouble - it is likely to be adopted wherever possible. In the special military hospitals, for instance, it was often found unnecessary, in mild cases, to press the inquiry very far; the patient "learning his lesson" successfully at an early stage of the proceedings.

But it obviously does not follow that the fact of a man having for very sufficient reasons, admitted the physician into his confidence, must necessarily bring as a consequence a diminution in his self-respect. On the contrary, he often emerges from such an examination with increased confidence and a better opinion of himself, especially if, as so often happens, his self-reproaches have been unfounded. The civilised world contains a relatively large proportion of people who habitually confess their shortcomings to priests. One may recognise that the confessional has its defects, but the assumption that to have recourse to it inevitably promotes mental flabbiness is obviously unfounded. The business man who, when faced with the necessity of successfully meeting an entirely new situation, consults his legal adviser, is not usually blamed for his lack of self-reliance. Conducting one's own legal transactions, like doctoring oneself, may appear (to the vulgar) to show independence, but its results are not always happy.

It is therefore perfectly fair to claim that none of the arguments against the use of psychological analysis have any very great significance. In some cases, however, they express valuable reminders that this delicate and powerful instrument, like all others with these attributes, must be used with care and discretion.

We may now proceed to take stock of our present position and briefly to summarise the contents of the foregoing remarks. Many cases of "functional nervous disorder" or "neurosis" exhibit as their most important characteristics symptoms, the underlying factors of which are demonstrably *mental.* A neurosis may be regarded as the failure of an act of adaptation. The resultant mental disturbances do not seriously affect the "reason" or the "intellect" as was formerly supposed, but are in character predominantly instinctive and emotional. The neurotic's behaviour in the face of an insurmountable difficulty presents a considerable resemblance to that of a child. The reasons why this analogy is not always obvious (though often it is quite plain) is that

while in the child one can usually appreciate the cause of the emotional disturbance and watch its progress, these possibilities are often excluded in the case of the civilised neurotic adult. Both his insurmountable difficulty and the historical circumstances which have made it unconquerable may (they do not always) lie within his inmost mental life. Further, the child's difficulty usually is caused simply by his inability to adjust himself to his environment; or perhaps more often to adjust his environ- ment to himself. The adult neurotic, on the other hand, adds to these difficulties the further significant one of a lack of inner harmony. There are warring elements inside as well as outside him: he is trying to fight the enemy with an army which has mutinied.

It follows then that any attempt to restore equilibrium between himself and his social environment must be accompanied by a similar endeavour to bring about his inner harmony. Therefore, in such cases, a certain amount of psychological analysis is indispensable. Without such investigation the application of physical or psychical methods of treatment must inevitably be, a shot in the dark.

The task of psychological analysis is rendered difficult by the fact that not all the motives of the patient's present beliefs, attitudes and actions are conscious; the entry into consciousness of some of the unacceptable motives and memories is obstructed by various mental processes. When the action of these shielding mechanisms has been subverted by various means the real significance and history of the patient's present mental condition becomes clear to him. In the light of this new self-knowledge he begins to cure himself. In a few cases he may require little or no subsequent assistance, but usually a process of re-education is necessary. He may require to be helped over some of the obstacles which meets, and he may need more or less frequent encouragement and advice to an extent determined by his disposition, temperament, and character. By these means he is "freed from himself," liberated from the exaggerated emotional tone which has become attached to so many of his memories, and so enabled to face life anew with a harmonious and integrated mind.

The procedure which we have discussed is precisely that which the sensible mother adopts towards a child who exhibits sudden and unreasonable fear, anger, or any socially undesirable emotion. The same method is adopted towards the man who, having muddled his financial affairs, appeals for advice to an experienced and judicious business friend. "Firmness" - of the unsympathetic and unintelligent order - may occasionally produce good results in both these instances, but usually it only makes matters worse. Paying for the commercial muddler a few of his chief debts may remove his embarrassment for the time, but if unaccompanied by an attempt to reform his business methods, the result will usually be merely that such a treatment will enable him to incur fresh liabilities. So it is when a symptom or set of symptoms in a neurosis is unintelligently removed: new troubles frequently break out in fresh places.

We believe that there exist and can exist no serious arguments against the procedure of psychological analysis and re-education which we have just described. But now we come to speak of a procedure introduced during the last few years which has certainly not escaped criticism both of the most flattering and the most hostile kind. This is the method of "psychoanalysis" which we owe to Professor Sigmund Freud, of Vienna, who developed it as an extension and elaboration of the pioneer work of his former fellow pupil, Professor Pierre Janet, of Paris.

Perhaps few terms in medicine have aroused so much misunderstanding, so much criticism, well-informed and ill-informed-and so, much enmity as this word "psycho-analysis". This latter fact alone, however, should not prejudice the reader for or against it. He will probably remember that it is the exception, rather than the rule, for an innovation to be received without hostility, not only from the general public, but also from experts who work in provinces bordering upon the field in which the new method is introduced.

It should be pointed ouf that much of the heated discussion which has raged around this word psycho-analysis is due to the fact that the term has different meanings, as used, not only by its enemies, but by its friends. Psychoanalysis, according to Dr. Jung, is a method; "a method which makes possible the analytic reduction of the psychic content to its simplest expression, and the discovery of the line of least resistance in the development of a harmonious personality".

Psychoanalysis is therefore a method of psychological analysis. Why, then, have we not used the term psycho-analysis in the earlier part of the book? It was purely to avoid unnecessary and acrimonious discussion on any particular doctrinal aspect of the question which this term may be taken to imply.

It is clear to every thinking person that, in analysing a mental state the physician should use every legitimate means at his disposal. If these means include, as they do, the valuable assistance derived from the study of the patient's dreams, his "associations" whether free or constrained, and other mental phenomena, the doctor may use them freely without thereby subscribing to any one "doctrine of psychoanalysis."

The term psychoanalysis has been widely applied, not only to the diagnostic method, but also to the theories which underlie and determine the subsequent process of re-education. This seems to be a misuse of the useful word "analysis." It may be objected that in all scientific analysis there is some directive hypothesis to be con. firmed or disproved, and that in this sense all analysis is based on theory. This is true, but it seems inadvisable to confuse the analytic process with the theory which directs one form of it.

When we come to consider the theoretical pre-suppositions which underlie the different methods of re-education adapted by various physicians, it is not surprising, at this early stage of our knowledge, to discover differences of opinion. The physician will find at every step that in "tidying up" the disentangled functions of the patient's mentality he will need not one theory but many, for his problem is life itself.

All his own human sympathy, with its indispensable basis, a knowledge of his own strength and weaknesses, all his learning in physical science and psychology, his knowledge of morality and religion must be available for immediate and efficient use. In one interview he may have to lay down the law for the benefit of some ignorant and distressed patient who is desperately anxious to follow his advice unquestioningly, in the next he may be at close grips with a mind more flexible and independent than his own,, knowing well that his every little victory must be consolidated, and that every position won may be subsequently counter-attacked by his patient. He must be ready to suggest, discuss, persuade as the time and the conditions indicate.

While, therefore, the ultimate lines on which an ideal diagnostic analysis and curative re-education will be possible are as yet undefined, it would serve no good purpose in a book of this length to raise discussion on the question of psychoanalysis. Its future will be settled, not in the heated atmosphere of the debate, not in the acrid polemics of the correspondence columns, but in the calm, careful examination by the individual worker of his own actual findings and the honest comparison of them with those of others.