PSYCHOTHERAPY
A COURSE OF READING
PSYCHOTHERAPY

A COURSE OF READING IN
SOUND PSYCHOLOGY, SOUND MEDICINE
AND SOUND RELIGION

Edited by
WILLIAM B. PARKER

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The Next Article

Editor's Note.—Dr. Hinkle's article which opens this issue is the first general discussion of methods of psychotherapy which we have presented. Nothing in the subject has awakened more discussion than has this matter of what methods should be followed. All intelligent opinion and experience has agreed as to the fact that healing may be done by mental means. The articles we have published on the work of healers in the Emmanuel movement, and the articles we have published on history, alike, show that mental means have been successful from the beginning of time in producing cures, and are still so.

Upon methods, however, practitioners and observers alike are divided into various groups of opinion. These methods or, as Dr. Hinkle has pointed out, types of method, known to medical science, differ only in the means employed, the path by which the result has been reached, which is the same in every case. Yet there is much confusion of mind as to what methods are practical and what methods are effective in applying psychotherapy.

Of the methods used to-day by psychotherapists and medical men the oldest is that of hypnotism. There is in some quarters a profound distrust of hypnotism. Dr. Hinkle points out, and on this the best authorities agree, that in hypnotism itself there is no therapeutic effect. It merely increases suggestibility, while the suggestion working in the post-hypnotic state effects the cure.

The third method of psychotherapy noticed by Dr. Hinkle is that of persuasion or psychic reeducation, the method at present most emphasized in America. Readers of this Course have, in Dr. Cabot's articles, an authoritative discussion of this method. In fact, as he points out in this issue, Dr. S. Weir Mitchell's isolation and rest cure utilizes it, and so America is entitled to the credit of priority in employing it. A series of articles by the well-known Prof. Paul Dubois, of Berne, on this method of psychotherapy, will be given in later issues.

Finally, Dr. Hinkle touches on the method of psycho-analysis. We shall give later a detailed account of the method of Freud, one of the German physicians who have led in developing psycho-analysis. This will be written by Dr. A. A. Brill.
Methods of Psychotherapy

By Beatrice M. Hinkle, M.D.

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Psychotherapy embraces all forms of mental treatment, and therefore the methods are as varied as the individuals applying them and the patients receiving the treatment. It is impossible to lay down any fixed or routine method applicable to all cases, as can be done in hydrotherapy, for instance, or any purely physical measure, although allowance must be made even there for the individual idiosyncrasy.

Any method by which the mind can be altered favorably, and through this the latent energies aroused and the vital processes stimulated, is properly called psychotherapy. Anything that can absorb the patient’s attention to the exclusion, even temporarily, of the consciousness of his ill feelings and depressing thoughts acts in a helpful way. This is achieved by giving the mind a rest and a surcease from the depressing autosuggestions constantly acting and reacting on the patient, and serving by constant repetition to weaken the normal resistance and to fasten the difficulty more deeply in the mind and body of the individual. That is how serious emergencies,

1 See note under “The Next Article,” on page 4.
and sometimes even a sudden sorrow, have been the starting point of recovery in invalids whom it was feared would succumb to the shock or distress, but instead, to the amazement of their friends, have not only risen to the occasion, but become strong and well. It is this underlying effect which, recognized or not, is one of the chief factors in every psychic cure, and although many of the methods seem far apart on the surface, in reality they all serve to produce the same end.

The great potent forces in rousing the mind are faith and expectancy, and, as a recent writer on this subject declares, it makes little difference whether the object is true or false—the element of faith itself is the curative force.

However, it is not faith alone that will produce results—there must be more: the acceptance and incorporation by the mind of the new thought or suggestion offered. Many patients have the greatest faith and yet, unless the idea presented is assimilated by their minds both objectively and subjectively, so that a definite force is set into active operation, they receive no benefit in spite of their faith. Other patients will definitely state that they have no faith and do not believe in the treatment, and despite this objective lack of faith they are relieved of their troubles in a surprisingly short time.

Before entering into a discussion of the various methods of producing this alteration in the mental state, I wish to emphasize most earnestly one point frequently lost sight of by enthusiastic psychotherapists (not for the purpose of discouraging anyone, but in order to prevent discouragement), and that is the folly of abandoning all physical means of aid and hygienic procedures because of the use of psychotherapy. That psychical measures exercise a tremendous effect, not only on various morbid states of mind but on the whole nervous structure, and through this on the functions of the body, admits of no contradiction, I am sure, but that this is a reason for the abandonment of every other therapeutic agent is the greatest mistake possible. Psychotherapy is one of the most potent agents in our therapeutic armamentarium, but that it is an infallible remedy for all the ills of mankind, even of the so-called

1 “Religion and Medicine.” Paracelsus made the original statement.
functional type, is a fallacy, and those who act from that hypothesis will be doomed to disappointment.*

There is a very large class of ailments for which psychic treatment holds out the largest hope of cure, and it is entirely in the province of the physician to determine the diagnosis in the individual case and to apply the proper measures indicated.

The Indirect Methods of Psychotherapy

THE indirect methods of psychotherapy have been many, and although this term is not generally applied to these various agencies, it is well recognized by physicians that the chief results are accomplished through the mental effect produced. Very often the bread pills and colored aquae destillatæ held up to ridicule by the funny paragrapher do produce a real effect, and it is the wise physician who knows when and how to prescribe these innocuous preparations. The amulets, charms, and various miracle workers to which wonderful powers have been ascribed through all ages in healing disease of divers sorts, have undoubtedly cured many cases, not through any power they possessed but through the stimulation of the psychic qualities of faith and imagination which change the thought currents and release a new energy in man himself through which the healing is effected.¹

The Yogi practices of the Orient are among the oldest indirect methods of psychotherapy known, and are also more scientific than most of the others, for they include a very complete set of hygienic laws relating to diet and exercise, including proper breathing and the proper mental attitude to be maintained which, with prayer and fasting, keep the individual in a continued condition of expectation and act as a constant stimulation, rousing his latent energy and changing both his conscious and subconscious mental habits. Most wonderful results have been claimed for these methods, and there is no doubt that much has been accomplished; but that any one method is applicable to all cases is disproven by the great number of methods and cures that have risen and are still rising, each claim-

* See note at end of article.

¹ "The Energies of Men," Prof. William James in *The American Magazine.*
ing to be the specific that will relieve the world of its sickness and suffering.

The individual element has been lost sight of and the disease has been treated as the entity instead of the patient, whose resistance and vital energy should be increased and his mental and physical reactions to the disease symptoms lessened.

Besides these various so-called irregular forms of healing, the most successful physicians have always practiced, consciously or unconsciously, indirect psychotherapy, and the intimate relation between the mind and body has never been entirely lost sight of by the medical profession. The greatest men have constantly written and taught the need of remembering this relationship. So well-known an authority as Sir James Paget, the English surgeon, whose practice dealt mainly with organic changes and with the material side of therapy, definitely discusses, in his “Lectures on Surgical Pathology,” the effect of mind upon nutrition. He says: “There is scarcely an organ the nutrition of which may not be affected by the mind.” He also gives an illustration of his own use of direct suggestion in curing a tumor. The patient consulted him about a tumor of the breast which she believed to be cancer. Dr. Paget emphatically assured her that it was not malignant, and further declared that it would soon disappear. This latter statement, he writes, he scarcely expected to see fulfilled, but he reports that the tumor commenced to shrink almost immediately, and that with no other medical treatment, either external or internal, it entirely disappeared.

Graves, a famous English physician, in his “Clinical Lectures on the Practice of Medicine” enforces the importance of what he calls the “power of moral impressions in aiding the cure of disease.”

Dr. William Stokes, whose work on diseases of the heart is a classic even now, pointed out how recovery is often retarded by depressing emotions, and in discussing cardiac neuralgia he says: “One of the most certain remedies consists in removing from the patient’s mind the fear that his heart is organically diseased.” And so might be multiplied examples of famous medical men who made constant use, indirectly, of mental treatment, and who use the same methods at present without calling especial attention to this means.

[8]
Direct Methods of Mental Treatment

The direct methods of mental treatment differ in this respect from the former. They recognize frankly that the mind is the organ to be reached, and usually the patient is plainly told that this is the case and the condition fully explained, that the cooperation of the patient himself may be had, and then the various measures used by which the mind can be definitely acted upon.

In mental therapy even more than in other forms of treatment the individual must be taken into consideration. As we all differ in physical appearance, so our mental and psychical equipment differs, and on the individual type depends entirely the special method of psychotherapy.

The earliest example of the direct method of suggestion is that afforded by the crooning mother soothing her child to sleep. In this we have all the accessories used by the most experienced suggestionist—the dim light, the monotonous rocking or cradle swaying, as was formerly the custom, the equally monotonous singing, with the constantly recurring suggestion of sleep, sleep, all combined to produce the desired result. In many different ways suggestion is constantly made use of during the early years of the child's life—the kissing the hurt to make it well, and even the foolish method practiced by some mothers and nurses of diverting the child's attention by pretended hurting of the inanimate object which has caused the bruise. These practices, with many similar ones, will be easily recognized by anyone who thinks of the matter, and they indicate how largely suggestion enters into our lives from birth.

As we grow older the mind develops and our objective side becomes more and more dominant, so that statements must pass the guard Reason to be accepted, and, depending on how our reason works, we accept or reject a suggestion.

Beginnings of Historical Psychotherapy

It is about seventy years since members of the medical profession first commenced to use psychotherapy in a definite manner, and the oldest method was known as mesmerism, named for Dr. Anton
Mesmer, a physician of Vienna, who practiced this new treatment in Paris in 1780 and created a tremendous furore. Some years later Dr. John Eliotson, of the University Hospital, London, became greatly interested in the so-called mesmeric treatment, and although abused severely for it he practiced it and wrote many articles in its favor during a period of years. Dr. John Esdaile, an English surgeon in India, performed many surgical operations on patients under the influence of this mesmeric sleep, but it is Dr. James Braid, a prominent surgeon of Manchester, England, to whom credit is generally given of making the first effort to place the treatment on a scientific basis. Up to his time the theory of animal magnetism was held accountable for the phenomena produced by mesmerism, but Dr. Braid soon discovered the subjective origin of the condition and proposed that the name should be changed to neuro-hypnotism, or nervous sleep, and defined as "a peculiar condition of the nervous system produced by artificial means." This was soon shortened to hypnotism and used as the name of the science treating of the condition, and as such it is known at present. The condition itself is called hypnosis and is derived from the Greek word meaning sleep, on account of it being supposed that sleep was a necessary accompaniment of the state.

Liebeault, Bernheim, and Charcot

Be that as it may, dating from the publication of Braid's studies and remarkable results obtained from the use of this method the interest and study of the subject have steadily increased. However, it is due to Dr. A. A. Liebeault and Professor Bernheim, both of Nancy, France, that hypnotism or suggestive therapy as a valuable therapeutic measure became most widely known. These physicians laid particular stress on the rôle played by "suggestion"* in the accomplishment of the remarkable results they obtained, and in 1886 Professor Bernheim published his book, which has since become a classic on the subject, entitled "La Thérapeutique Suggestive." In this originated the name Suggestive Therapeutics, now commonly used to express this mode of treatment, and this certainly
does indicate more accurately than hypnotism the method used, for in many cases sleep is entirely unnecessary for the production of the effect, equally interesting results being obtained by this procedure in certain persons in their normal state.

While it is not possible here to enter into a discussion of the theories of the mental processes involved in the suggestive state, this brief résumé of the early struggles of suggestion for recognition as a therapeutic measure would not be complete without mention of Charcot, the great French neurologist whose experimental hypnotic work in the Salpêtrière served to detract attention from the therapeutic side of hypnotism and fasten it on the various phenomena that could be produced experimentally.

The subjects upon whom he experimented were the victims of a grave mental disease, hysteria, and his work was directed almost entirely toward the production of phenomena and of demonstrating the complete control obtainable over the organism of these individuals. The therapeutic uses of this condition were entirely a secondary consideration and the factor of suggestion seemed quite lost sight of as, amid scenes of excitement and theatrical effect, the subjects were put through their paces day after day. These exhibitions, together with Charcot’s statements that the condition was a symptom of the disease hysteria, served greatly to discredit the value of the therapeutic side of hypnosis, and there are many physicians to-day whose sole knowledge of this agency is based on Charcot’s experiments.

While these experiments are entirely disregarded now by competent observers, there is no doubt but that they, together with the vulgar platform exhibitions given by traveling showmen, in which the “subjects” were made to perform the most ridiculous antics for the amusement of the audience, served to fill many people with a wholesome dread of such a “power,” and to prevent the public from accepting and the physician from using this valuable remedial measure.
The name hypnosis is a misnomer, implying, as it does, that in order to be benefited one must be asleep, and that without sleep there can be no results, and therefore has been in itself a bugbear to all classes and perhaps, also, has contributed to the tardy use of suggestion in this country by competent physicians.

On account of the widespread idea that sleep, as we commonly know it, is present, many who desire or who would be benefited by suggestive treatment are afraid of either one condition or the other—that is, that they may sleep and become unconscious against their will or that they cannot sleep and therefore cannot be helped.

Both ideas are wrong; the latter fear is often most detrimental to the patient in that it prevents him from receiving the benefit of the treatment on account of his preconceived idea and autosuggestion. The former, as a rule, can be comforted when they learn that in only a small percentage of cases is amnesia or unconsciousness (which is the gauge by which we judge whether we have slept or not) present, and no reputable physician would induce the state when it is against the wish of the patient. Further, as a solace to both classes of people, the fact should be known that the therapeutic results of the suggestions are produced very often when the patient "feels nothing different" from his ordinary condition, and therefore hypnosis is entirely unnecessary. The various methods run into one another, and overlap so greatly that it is difficult to make an arbitrary division of methods.

For instance, the differences between the hypnotic method, which is considered far removed from the so-called method of persuasion, are not so great as might at first appear, for the strongest adherents of hypnosis have never claimed that the simple induction of the hypnotic state did much in the production of the cure. It has always been emphasized, even by Dr. Braid himself, that it was the suggestion that produced the results, the hypnotic condition making the patient more easily persuadable; and what is persuasion but influencing the patient to accept the suggestions and explanations given by the physician?
Methods of Psychotherapy

Even Professor Liebeault often went into elaborate explanations of the mental causes of the patient's ailment and the effects expected, but instead of doing this while the patient was in his ordinary condition, he first induced the suggestible state.

The Method of Hypnotism

However, for the purpose of this paper we will discuss separately the various methods as they are understood to-day, and will limit the use of the term hypnosis to the condition characterized by an entirely passive, receptive state with amnesia, so that the commands given by the operator are accepted and acted upon by the subject without question or consideration as to their reasonableness. The type of the phenomena producible varies greatly in different people, but in persons who are deeply hypnotized it is comparatively easy to control pain and alter functions at command.

This method is valuable in selected cases which resist other methods. Suggestibility is greatly heightened and the patient usually carries out the commands of the operator. In this condition the method used is usually an imperative command, with the suggestion often repeated that the condition for which treatment is being given is disappearing, and finally has disappeared.

This statement, if accepted by the individual, acts as a post-hypnotic suggestion, and when the patient is awakened he has no recollection of what has been said or done.* Very startling results have been accomplished by this method, and in the hands of a competent physician it is perfectly safe. The reputed dangers are practically nil, but it should be used with the same caution that surrounds any other powerful agency, and people should no sooner allow themselves to play with this than they would permit an incompetent person to give them chloroform or strychnin. This does not speak in the least against its use, but only against careless abuse.

Indeed, it is the deep stages of hypnosis that have helped to advance materially the study of psychology and put us in possession of much valuable knowledge regarding the psychical side of
our being. Professor von Krafft-Ebing says: "Very remarkable seems the fact of the possibility of successful suggestion in centers and paths which in any case are not influenced by the conscious will in the normal psychical condition. Thus the possibilities of affecting bodily functions by unconscious psychical activities are pointed out which are of the highest interest and of great significance for pathological nervous conditions."

The Method of Suggestion or Suggestive Therapy

However, the method most generally applicable, and the one characterized, perhaps, by the most uniform results, although it is slower in action, is that which I term suggestive therapy proper.

Here there is no sleep or amnesia, and these conditions are not made the object to be attained, but merely the introduction of a calm, comfortable state.* The patient is usually told what to expect, and any fears or false ideas are removed by a frank explanation of the whole condition. The patient either lies down or reclines in a comfortable chair; he relaxes himself, closes his eyes, and places his mind as much as possible at rest, usually on some monotonous thought, while the physician quietly explains what is expected, and how the symptoms will disappear, suggests the sense of general well-being which the patient is experiencing even then, and constantly reiterates the speedy disappearance of the symptoms.

A Quiet, Restful State

In most cases the condition induced is a quiet, restful state, in which the patient is entirely conscious of everything said and done about him, but whose attention is less acute and whose mind is not disturbed or troubled by the distractions that occupy his waking time. The passive, receptive condition which is usually present makes it easy for the patient to accept the suggestions without opposition, and in most instances the patient feels better before he leaves the room. The suggestions given are all along the line of the pa-

1 "An Experimental Study in the Domain of Hypnotism."
METHODS OF PSYCHOTHERAPY

tient's own desire, and solely directed toward the relief of his condition, no experiment of any kind being considered.

Often his condition is analyzed and explained to him while in this state; he is made to grasp the situation, and then either inhibitive or substitutive suggestions given. His own energies are stimulated and perhaps "new levels tapped," and the sense of well-being which accompanies this condition gives him a new courage and hope, so that with scarcely realizing how it has come about he soon feels a new confidence in himself, and often with that the disappearance of his unpleasant symptoms.

Sometimes the diseased condition disappears almost magically, but these cures are by no means so frequent as those requiring time and patience on the part of both physician and patient. There are many factors upon which the result is more or less dependent—the individuality of the patient, the nature of the disease and underlying cause, the length of time the patient has been affected—all entering largely into the equation.

The Method of Persuasion, or Psychic Reëducation

THe third method is the so-called method of persuasion, or psychic reëducation. Here no attempt is made to induce the suggestible state, but the patient is given a thorough understanding of his condition. The manner in which the symptoms have developed is carefully explained and the causes which keep them alive all reasoned out with the patient, so that he is made to grasp the situation clearly by reasoning and analogy. Of course this usually means an entirely new conception of his condition, and the patient must have perfect confidence in his adviser, for often it is difficult for him to accept the statements, and on the complete acceptance of the arguments rests his hope of recovery. When the patient is in full possession and realization of the causes of the onset and the continuance of his illness, he is taught how to control and ignore the various symptoms as they arise. His fears about himself are calmed by the firm assurance of the physician that there is nothing to fear, his will power and reason are appealed to, and he is en-
couraged to make the effort to free himself. This constant mental stimulation is brought to bear upon him; he is cheered and taken out of himself, until finally he commences to realize that the ill feelings are lessening and that something is taking place within. This first consciousness of an improvement is the strongest stimulation of all, and although he may still have his pains and ill feelings, there has been aroused in him a definite force which, with the constant aid from the physician, acts as a potent stimulus to new effort on his part. The patient is reeducated on both the psychic and motor side, his mental attitude altered so that he sees things from a different viewpoint, and direct training applied to certain muscles, when at fault, although this latter cannot be called definite psychotherapy.

The Method of Psycho-analysis

In these various methods the personality and manner of the operator is a large factor in their successful application. The physician must possess the quality of knowing how to get into the patient's mind and to obtain his complete confidence. Obviously the bond of sympathy and interest between physician and patient is very strong.

There must of necessity be a thorough comprehension of the condition present; there can be no uncertainty of its complex or doubt in the mind of the therapeutist; and with this must also be a deep sympathy and understanding of the patient's sufferings and difficulties.

The nature of the nervous phenomena must be thoroughly understood as well as the causes from which it has arisen. The symptoms must be analyzed back to their origin, and those arising from physical causes carefully differentiated from those of psychical development.

Of such importance is the need for discovering the original cause and underlying factors producing the psychoneuroses regarded that several German physicians have devised methods for bringing up from the depths of the patients' minds circumstances and inci-
dents forgotten by them at the present time, or considered entirely irrelevant to the symptoms complained of, and therefore not mentioned in their statements to the examiner. However, these emotions have produced psychic reactions, which in turn have been unconsciously manifested in physical sensations or a bizarre mental state which the patient is at a loss to understand.

Editor's Summary

Dr. Beatrice M. Hinkle in this paper on the different methods of psychotherapy brings to our attention:

(1) That methods of mental healing are as varied as the practitioners applying and the patients receiving the treatment. Any means by which the latent energies can be roused and the vital process stimulated is psychotherapy.

(2) Dr. Hinkle answers the question of what means are employed to awake the latent energies. She says that the great forces for arouses the mind are faith and expectancy, but the actual healing factor is the suggestion, or the new direction of thought that the patient must not only understand or accept intellectually, but must live by.

(3) Dr. Hinkle warns us that, though suggestion has great healing power, to forget the physical means of curing is foolish. Psychotherapy should avail itself of other means of relief, even in ailments of the functional type.

(4) On the historical side we are told that indirect psychotherapy has long been practiced by the more successful physicians, both consciously and unconsciously.

(5) That it is seventy years since the first definite use of psychotherapy by the medical profession. Dr. Anton Mesmer utilized it in effecting his cures. Following him a few English physicians used his method in their practice. Of these the first to attempt to place Mesmer's "animal magnetism" on a scientific basis was Dr. James Braid, of Manchester, who called the condition induced by it neuro-hypnotism. After this the interest in hypnotism steadily increased until, through the work of Dr. A. A. Liebeault and Professor Bernheim, both of Nancy, France, it and suggestive therapy became recognized as valuable means of healing.

(6) Dr. Hinkle begins here the discussion of the different methods. The first method taken up is hypnotism.

Hypnotism is of greatest value in cases which resist other methods. By it the subject's suggestibility is heightened and the suggestion, usually given in the imperative mood, acts after the patient awakes. In the hands of competent physicians, Dr. Hinkle assures us, it is perfectly safe; but warns us that it is not safe to play with it.
(7) Dr. Hinkle discusses next the method of suggestion in the waking state which has the following characteristics:

(a) No sleep or amnesia, but merely a calm, comfortable state in which the curative suggestion is given.

(b) An analysis of the patient’s condition by the physician, with the object of showing him how a wrong mental state is the cause of his symptoms and how, by developing a right mental attitude, he can get rid of them.

(8) The method of persuasion which has the following characteristics:

(a) No attempt is made to induce the suggestible state.

(b) An appeal is made to the patient’s good sense and logic by a frank and clear explanation of his ailment so that he may grasp the situation fully. That is, an attempt is made to reeducate the patient and so bring him back to a healthy habit of body and mind. His reason is appealed to, and he is encouraged to shake off his malady.

(9) The method of psycho-analysis which has the following characteristics:

(a) A kindly and sympathetic searching back through the patient’s experience to discover the hidden reason for his illness. This may be almost forgotten by the patient himself, though it still acts as a burden and is the cause of his breakdown. It is often a fright or sorrow or regret.

(b) A bringing of this hidden burden to the light so that the patient can recognize it and find relief by giving a full expression to his resultant emotion. This is the curing factor in the method of psycho-analysis.

Notes and Collateral Reading

[Numbers refer to pages in text]

7. In Plato’s conversations Socrates says to Charmides: “Even so there is no cure for the body apart from the soul; and the reason why so many diseases elude the physicians of Greece is that they know nothing of the soul, which ought to be their chief care, since if this be not sound it is impossible for any part to be well . . . for just here the mistake is made in regard to men. They attempt to treat the body independently of the soul.”

For “soul” we must here, I presume, read “mind” in the larger sense, but his general meaning is clear.


10. Effects of suggestion: The physiology of the cerebro-spinal nervous system is a veritable world, though we are still very ignorant about it, and indeed it has just begun to reveal itself to us. Outside of the cerebro-
spinal system there are many scattering neurons in the body which discharge small, special local functions in relative independence, like so many lower animals—automatically regulate the beating of the heart, for example, or expand and contract the blood vessels, or even bring about the secretion of certain glands. The cerebrum cannot modify their activities everywhere with the same certainty and definiteness, for this depends upon its connection with those scattered neurons through collateral nerve branches. It depends also upon the force with which the neurokym of the cerebrum is thrown into these peripheral mechanisms [these subconsciously working executive nerve cells, see Professor Jastrow's article in this issue], and this explains occasional, almost incredible effects of suggestion in certain somnambulists, such as bleeding, stigmata blisters, absences of bleeding from cuts, and many others.


13 Misuse of hypnotism: A further protection, which at the same time the most important, is found in the hypnotized himself. However over-tempting and easy a crime on the hypnotized person may be, the results of this for the hypnotist are extremely dangerous; for the whole structure on which he would build up his security is a fragile one which can easily be blown over. The hypnotized person sometimes awakens at a time when one least expects it. At times one thinks that he is amnesic, and yet the recollection of it suddenly returns to him by means of some autosuggestion or other. The subject can, mostly, be hypnotized by another person, and a complete detailed remembrance of what has happened during the hypnosis is preserved in it. They are merely prevented from being conceived by an inhibitory command, and this command can easily be overruled.


Bernheim, Liegeois, and other French authors have related some exceedingly interesting cases of criminal suggestion, some of which were carried out quietly without emotion. These included murders, suggested real thefts, etc.


The Next Article

Editor's Note.—Dr. Cabot's article in the previous issue, "Veracity and Deceit in Psychotherapy," has paved the way for his contribution to this issue, "How Far is Psychotherapy Scientific?" and in a sense has made it necessary.

The charlatan and his lie cure are everywhere. His work depends chiefly upon suggestion. It is, however, presented by him, either as strictly medical, when he chances to be the electric-belt man or the porous-
plaster man, or, on the other hand, as occult and divine when he comes as a latter-day prophet or an Elijah. These unscientific practitioners have given so bad a reputation to mental healing that to-day the more intelligent class of newspaper readers are inclined to regard it either as something not very important—a thing that men have always known and used—or else as mere flimsiness and moonshine, about as reliable as a rabbit's foot charm.

Again, there is a school of scientific psychotherapists in Europe who depend for cures very largely on suggestion, either in hypnotic sleep or in the waking state. The success of these scientists has been widely advertised and many well-informed people, acquainted only with their work and that of the charlatans, suppose that suggestion is the only scientific fact connected with psychotherapy.

Of the American type of psychotherapy this is not true. The method most emphasized in America is the practice of reeducation. Dr. Cabot in this article shows us that the rules and principles that underly this phase of mind healing—the psychotherapy of character and education (which includes work and religion)—are, at least, as scientific and as able to be reduced to an orderly and well-defined statement, that can be set down in a text-book, as are those of scientific education which, in truth, are the foundation stones of it.
How Far is Psychotherapy Scientific?¹

By RICHARD C. CABOT, M.D.
Assistant Professor of Medicine in Harvard Medical School.

From the mouths of those who distrust psychotherapy we have often heard it said within the past few years that there is no solid scientific foundation for this form of treatment. This is only natural, for when we see how apt the word "psychotherapy" is to be jumbled up with a variety of woefully unscientific and faddish terms, such as "spiritualism," "mind reading," "Christian Science," and others of the same type, and when we hear books of pseudo-scientific pretensions, such as Myers's "Human Personality" and Hudson's "Law of Psychic Phenomena," referred to as if they were solid and reliable authorities, it cannot help but excite a great deal of distrust (and some stronger feelings) in the minds of those who are in a position to compare these books with any body of well-authenticated fact.

The very word psychotherapy has, upon the lips of many, an implication of something occult and supernatural, although the word refers to nothing more mysterious than common sense.* In a certain sense, of course, it is true that all mental facts, from the plainest matters of common sense down (or up) to the vaguest flights of fancy, have a certain slipperiness about them, a certain mistiness and intangibility, just because they depend for the clearness of their outlines upon our flickering attention. A little veering in our attention, a slight variation in our mood, produces a far greater change in the meaning attached to such words as "imagination," "cer-

¹ See note under "The Next Article," on preceding page.
* See note at end of article.
tainty,” “spirit,” than it does in relation to such phenomena as the coal hod or the sidewalk.

We are dealing with facts in both cases, but in the group of facts which are called mental or psychic we, the observers, are ourselves mixed up from moment to moment, so that the shape and color of these mental phenomena vary not only according to the sharpness and accuracy of our senses (as the sidewalk and the coal hod do), but also in accordance with the particular associations determined by the last book we have been reading, the last friend we have been trying to convert, or the quality of last night’s sleep.

Another fact which raises a presumption against the reliability of the facts on which psychotherapy is supposed to rest is the character of the persons who have been associated with it, especially in newspaper talk and newspaper advertisements. It is hard to persuade a physician that there is anything respectable in a practice which is apt to be so closely associated with the legerdemain of mesmerists, sword swallowers, astrologers, clairvoyants, practicers of palmistry, phrenologists, workers of the miracles over the bones of saints, et id omne genus. How can we help being strongly inclined to view psychotherapy in the light of the friends that it seems to have made and the associations which (we must acknowledge) do cluster around it? Some better hopes, indeed, are raised by the reflection that chemistry arose out of alchemy and surgery out of the barber shop. Still we must be able to show some body of systematized and verified facts before we can make good the claim of psychotherapy to be an important branch of knowledge.

What Does “Science” Mean?

We must first make clear, however, just how much we are to mean by the word “knowledge” or “science” as applied to psychotherapy. We certainly cannot say that psychotherapy is a science in the same sense that engineering is. I suppose it may be said without contradiction that the science of engineering has reached such a point that its predictions are as nearly certain as any in the whole realm of human knowledge. When a competent
engineer tells us that a bridge, made of such-and-such materials according to such-and-such a plan, will infallibly bear a strain of so many tons at any point in its length, we may take it that this information is as certain as anything save death and taxes. This high degree of reliability depends, of course, upon a known uniformity in the texture and properties of the wood, steel, and stone of which bridges are constructed, and upon the large extent to which mathematics enters into the calculations of engineers.

Now in psychotherapy we cannot rely either upon mathematics or upon the material uniformity of iron and steel. We cannot now, perhaps we never shall be able to, predict what will be the effect of a given psychotherapeutic procedure with anything like the certainty that we attain in astronomy when we predict eclipses, or in engineering when we say that a building erected according to particular specifications will bear any strain to which it is likely to be subjected. No such certainty of prediction is in sight. But if we should refuse the name of science to all those bodies of fact which cannot pass this examination, which cannot show that their prophecies come true in ninety-nine per cent of cases, then the realm of science will be very much more restricted than it appears to be at present. Certainly none of the so-called “natural” sciences—such as botany, biology, physiology, or psychology—can claim any such certainty of reliable prediction. Chemistry stands intermediate in this respect between the physical sciences, such as astronomy and engineering, and the natural sciences, such as forestry or medicine; but if we think that it is well to use the word “knowledge” or “science” for any large body of facts which can be clearly expressed, classified, and described, and upon which predictions may be based with a reasonable degree of certainty, then psychotherapy seems to me to deserve the name of science. Certainly it has as much title to be so denominated as has education or pharmacology.
IT has often been said, and it has now become somewhat fashion-
able among a certain group of scientific men to say, that the only
solid and scientific fact about psychotherapy is the fact of suggestion.¹
When you search for that which is common to the extraordinary
jumble of objects and practices which have resulted in healing dis-
ease, the common denominator is suggestion. What else can there
be that is common to the action of holy relics, East Indian fakirs,
electric belts, Christian Science healers, and neurological tuning
forks? Certainly the term “suggestion,” and the idea attached to
it, has done much to get us out of a very puzzling and annoying di-
lemma. Without giving up all our best established habits of thought,
we cannot admit that there is anything scientific in the claims and
creeds of the metaphysical healers, the clairvoyants, the Indian medi-
cine men, and the whole motley group of semi-impostors. Yet we
cannot deny that their ministrations, nevertheless, do sometimes pro-
duce cure. Here is a dilemma. No scientific man can be asked to
swallow the idea that the bones of the saints, or the supposed frag-
ment of the true cross, have any actual efficacy to heal disease; yet
he has to face the fact that the healing of disease does follow contact
with these objects.

Out of this dilemma the idea of the efficacy of autosuggestion
and expectant attention has delivered us. It was certainly a great
advance in our understanding of a body of most confused and puz-
zling phenomena when we began to realize the potency of expectant
attention, that attitude of mind by means of which the patient himself
ministers to himself all unknowingly while he supposes that the relic,
the bread pill, or the metaphysician is doing the work. To me, cer-
tainly, it seems to be an established fact that the agencies such as I
have enumerated do produce their effect by reason of the way in
which they appeal to the sufferer’s mind and call out of the depths
of that mind certain healing suggestions which he then quite un-
consciously applies to himself. As to the nature and limitations of
this type of healing, I shall have more to say in a subsequent lecture.

¹ This is the prevailing note in Prof. Münsterberg’s “Psychotherapy.” The same assump-
tion supports the recent article by Dr. John E. Donley, on “Mysticism and Medicine,” in
Boston Medical and Surgical Journal, March 17, 1909.
[ 24 ]
Now I am concerned simply to point out that, while all the more occult and supposedly supernatural devices of psychotherapy do seem to me to reduce themselves to one or another form of auto-suggestion and to find their only scientific basis in the understanding of this interesting mental state,* it is not true that suggestion and autosuggestion make up the whole body of well-recognized, well-classified scientific fact on which psychotherapy rests.

Knowledge of Character and Pedagogy Are the Basis of Sanest Psychotherapy

Much more important, it seems to me, for the future and for the more rational portions of mankind are the types of psychotherapy whose scientific basis is not the psychology of suggestion, but the psychology of character and of education, including work and religion as forms of education. We are accustomed to refuse the name of science to any body of facts that are as yet unclassified and unmapped—facts which have not yet submitted themselves to the discipline of having a text-book written about them. Until they have been tamed and subjugated in this way we do not feel that they can be admitted into the house of science. They are not yet house-broken. They are still wild and dangerous. There is no text-book for the study of character, more's the pity. A few rather unfruitful attempts have been made by French and German writers, but anyone who has a sense of humor and a reverence for the vast and sacred field of human character will realize, after a very slight perusal of these works, that the science of character is not contained therein. Neither is it to be found in the ordinary text-books of psychology. Could we tap the resources of a mind like George Meredith's, Tolstoi's, or Balzac's, and formulate the vast knowledge of the springs of action moving all sorts and conditions of men and women as these writers know them, we should have, indeed, a text-book for the study of character, for it is the novelist, not the man of science, who has so far made the most exhaustive and illuminating study of the varieties and mysteries of the human personality.
ANYONE who attempts to practice psychotherapy must have felt again and again his need for just such knowledge. A great fund of it exists, I believe, and is at work in the activities of the best type of social worker, in the expert politicians, and in many tactful women whose profession has as yet no name. But such knowledge exists at present largely in the form of wonderfully accurate instincts about the right thing to be done or said in a given situation with a given kind of person. It will doubtless be a long and difficult task to bring to the surface, out of the depths of this half-unconscious, half-instinctive action, the knowledge upon which the novelist or the politician acts when he does or says the right thing in a difficult situation. To gather from the pages of a novel the science of character contained therein one must be, I suppose, as great as that novelist, or nearly so.

But while the difficulties that will certainly attend the building up of this new science are obvious and discouraging, the need of such a science and the fact that it is already more or less unconsciously used by everyone who attempts any rational type of psychotherapy, and by all good friends in their dealings with each other, cannot be denied. Psychotherapy cannot become wholly scientific until this need is met, until our practical knowledge of character emerges from the twilight of mysteriously accurate instincts and unexplained intuitions into the clear light of self-consciousness and orderly statement. A beginning of solid work in this direction has been made by Dr. Lightner Witmer, of the University of Pennsylvania, in his most interesting magazine, The Psychological Clinic. Essays pointing in the same direction have also come out of the psychological studies and questionnaires issued from Clark University under the leadership of Dr. Stanley Hall.

Rational Psychotherapy Rests Now on the Science of Education

BUT the most solid basis, the most scientific foundation on which rational psychotherapy now rests, is the science of education, if the term "science" may properly be applied to what is now known of that art. It is not worth while to dispute over this latter
question. Every science has its admixture of art and every art its scientific underpinning; but if we are looking for something that rests on the empirical, something that embodies the recorded experience of many careful observers, then I think it is clear that the solid empirical foundations underlying modern psychotherapy (and especially the American type of psychotherapy) are represented by the accumulated wisdom of successful teachers—the generalizations which emerge from the numberless experiences and experiments made by all who have tried to build up judgment, discrimination, mental flexibility, self-control, and self-direction in their pupils through study, through practice, and through the imitation of good models.

It is not very important whether we call education a science or an art, or a combination of the two. But it is important to recognize that in this field, as in any other, one may go far astray, waste much time and strength, and injure a great many people if he ignores what others have learned and attacks his problem as if he were the first man to do so. To ignore (as our medical and theological schools have usually done) the whole mass of experience in teaching which is embodied in the text-books of psychology and in the history of pedagogy, experience freely used in the training of most school teachers, is simple folly.

A Good Text-book for Psychotherapists

A LARGE portion, for example, of Prof. William James's admirable "Talks to Teachers" is available as a basis for the educational and re-educational work which makes up the bulk of modern psychotherapy. How can anyone be so fatuous as to practice psychotherapy without careful study of all that Professor James has written on "Habit"? For nothing can be more obvious than that what we study in psycho-diagnosis is largely the genesis, nature, and structure of that bundle of habits which make up most of every personality, while our whole task in psychotherapy is the construction of new habits and the remolding or replacement of old ones.

Or, from another point of view, we may regard all psycho-
therapy as the study of the *interests* a man possesses with a view to seeing how they may be developed or replaced by training up more fruitful ones.

Or, lastly, we may say that the control of *attention* (which is the essence of self-control and self-launching) is all that we hope to teach in psychotherapy.

*Habit, interest, and attention, with the rules of their production and destruction—this, then, can be regarded as the total subject-matter of psychotherapy* as of all other forms of education.

Some of the More Important Principles Underlying Education

*WHEN I attempt, then, to remind you of some of the more important principles or rules which the experience of teachers and trainers and the studies of psychologists have worked out as the basis of successful education, I shall at the same time be stating the most solid and scientific aspect of psychotherapy.*

1. **"No reception without reaction, no impression without correlative expression."**

That we learn and remember by reason of what we do more than by what we hear or read is the lesson here tersely stated. Set the drunkard to preaching temperance, the dunce to teaching fellow dunces, and the medical student to dissecting. Put responsibility on the ne'er-do-well, make the coward lead the scouting party—such are the familiar applications of the principle in everyday life. Of its uses in psychotherapy I will speak in a later paper. This rule or law is empirically established like any law of natural history—i.e., by the collection and generalization of multitudes of instances, by the experience of innumerable teachers or *entrepreneurs* who have tried it and found it work, or who, disregarding it, have come to grief. It is established alike by the success of our college students in athletics and by the failure of the lecture system of college instruction either to strengthen character or develop scholars.

2. **New interests, new or greater powers, must be ingrafted on or from or be developed out of existing (spontaneous) interests and powers.**

1 James: "Talks to Teachers," p. 33.
The strength that you wish your pupil or your patient to acquire must be first cousin to some strength that he already possesses, must come to seem to him a prolongation of what is already natural and easy to him. The interest in history must develop out of the interest in listening to stories; the new and desirable capacity to disregard caprices about food must be mortised into the firm habit of disregarding whims about lying in bed or brushing one’s teeth.

3. *Whatever we do once is easier to do a second time* (the law of habit).

This well-worn truth gets a new edge and freshness when we recognize that no matter how or why we act, no matter how mechanically or against whatever painful resistance, the act is plowing a crease in our mental life that makes it easier to act in this way again.

When it is a question of encouraging a slack and tired neurasthenic to make an effort, of stimulating a psychasthenic to go into crowds despite his fear of them, we have an important weapon of attack in our well-founded empirical knowledge that the first effort is almost invariably harder than the second, the second harder than the third, and so on in a diminishing ratio. It makes us able to induce people to assume a virtue (or rather the outward behavior of virtue) when they do not yet possess more than the wish for it.

"Whistle when you are afraid" is a maxim useful not merely because the act distracts attention from the terrifying thought, but because the performance of the action (while you whistle) makes a beginning of a habit which will end in going "of itself" without effort or friction.

4. *To use the law of the association of ideas*—or the tendency of ideas to "ring one another up" so that thinking of one makes a group of others come into our minds without any effort on our part—is indispensable in psychotherapy as in all other kinds of education.

People's ideas are as sure to cohere in bunches as bees are to swarm in a hive, and when we wish to suppress a harmful or inconvenient idea one must search out the train or pathway of ideas that
usually lead up to it and arrange that another path shall be cut diverging from the main one before it nears the harmful spot.

I will not go on with this list of rules. I have done enough to show where I think it is that the scientific and well-founded portions of psychotherapy rest. Not on any gropings in the dusky vagueness of the subconscious (or sleepy) parts of our minds, nor in any far-fetched attempts to stretch (with Breuer and Freud) the radiations and suggestive promptings of the sexual instinct till it is made to explain all the fears and the fits of the psychoneurotic, not in any facile technic of hypnotism, is the science of psychotherapy grounded.

Psychology and its applications to pedagogy hold all the well-sifted material that is available to-day to found a science of psychotherapy. It is no more occult, no more supernatural than any other type of education. On the other hand, it is as well founded as any of the medical sciences, and will grow more accurate, more sure-footed, and more effective in proportion as we learn to collect, state, and apply the data on which the novelist’s art is based.

Editor’s Summary

In Dr. Richard C. Cabot’s discussion of psychotherapy we may note these salient points:

(1) Psychotherapy is not one of the exact sciences any more than botany, biology, physiology, or psychology. Yet its facts can be predicted with a reasonable degree of certainty, and it has on this account a right to a place in the same class with education.

(2) Autosuggestion—the basis of much of mental healing—does not make up the whole body of well-recognized, well-classified, scientific fact on which psychotherapy rests.

(3) The development of psychotherapy goes with increasing knowledge of human character. Such knowledge is, at present, largely intuitive. Psychotherapy cannot become wholly scientific till our knowledge of human character can be formulated in an orderly and self-conscious statement.

(4) The solid, empirical foundation of the American type of psychotherapy is represented by the accumulated wisdom of successful teachers and the generalizations that have emerged from their numerous experiments and experiences. Dr. Cabot recommends Prof. William James’s “Talks to Teachers” as a very good text-book for psychotherapists, especially its chapter “Habit.”
NOTES AND COMMENT

(5) In psychotherapy we study the personality, the nature of its habits, and how they came to be. The psychotherapist's whole task is to build up new, good habits and to do away with old habits or to make them serve instead of hinder.

(6) The total subject-matter of psychotherapy is contained in habits, interest, and attention.

(9) Dr. Cabot recalls to us some of the more important rules or principles that are the basis of scientific education and therefore of psychotherapy. These are:

(a) We learn and remember better by doing than by reading or hearing.

(b) Desired capabilities and interests can be developed only by grafting them on some old capabilities or by educating old capabilities to be more efficient.

(d) Whatever we do once is easier to do a second time.

(e) Psychotherapeutic work is accomplished through that faculty of the human brain by which an idea brings up a number of associated ideas. This is very simple. In the mind that is thinking of the alphabet, a calls up b, b calls up c, and so on. But, let us say, h can suggest not only i but a harmful idea also. All our mental processes entail this method of bringing up ideas. When we desire to suppress a harmful idea we must discover the path by which the consciousness reaches that idea and, by education, make a branch leading away from the main path before it reaches the harmful idea. To do this we need a deep and sympathetic knowledge of the patient's character and interests. We might educate one young person to give such an allegiance to beauty that his mind never would get past b on the road to the harmful idea.

Notes and Collateral Reading
[Numbers refer to pages in the text]

21 *Nothing more mysterious than common sense*: It is not difficult to make the psychical method of healing ridiculous. I remember a pamphlet, issued against our method in the first days of our clinic, in which I was represented on horseback riding behind the lines of our then not always victorious little colonial army (he is here referring to the Dutch colonies in the Malay Archipelago) and shouting commands to the wounded, who fell down, to stop bleeding and be whole again, and join the attacking lines at once. It is a curious habit of the human mind, when it hears of some unwonted practice, to insist on miraculous extremes, or else to withhold any belief at all. Public opinion has little self-control, and is often like a shy horse. In our own experience a few "miracle cases" were at first highly exaggerated and brought the crowd rushing to our rooms. And then when we could not succeed in performing miracles all day long our opponents
—the orthodox medical colleagues leading the attack—began to belittle or deny entirely the real good we might have done.

Some German professors bred in the materialistic school of Haeckel, became very violent indeed. They were afraid of "mysticism." The entire universe had just been so nicely explained by a well-rounded system that anything looking more or less inexplicable was not to be tolerated. It must be treated as blasphemy and heresy. I remember the indignation with which a famous German professor denounced the psychotherapeutic method as utterly beneath the dignity of a self-respecting physician, on the ground that "suggestion could be practiced by the bluest shepherd boy." The argument had just as much value as that which forbade a doctor of good standing three centuries ago to do a surgical operation. That was left to the barber as a task too coarse and too easy for a learned man.

—Frederick Van Eden, in the American Magazine, October, 1908, p. 534.

25 This interesting mental state: Question eye-witnesses concerning the details of some event at which they were present, and you will see that they have all seen differently, because they have all looked through the spectacles of their understanding distorted by preconceived opinions and autosuggestions. . . . The fairy of autosuggestion slips in everywhere with her fairy wand. . . . People whose scientific intellect is developed are less naturally suggestible. . . .

If autosuggestion is capable of leading us into error concerning even the existence of a fact, and capable of giving rise to a purely suggested sensation, it is still more powerful when we enter the world of internal sensations, sentiments, or convictions. Here we no longer have the question of the possibility of control by our five senses; we have to do with vague sensations and mental views which have no objective reality. . . .

Human suggestibility is incommensurable. It enters into every act of life, colors all our sensations with the most varied tints, leads our judgment astray, and creates those continual illusions against which we have so much trouble to defend ourselves, even when we exert all the strength of our reason.

The power of an idea is such that not only does it distort a preëxisting sensation or an idea, but it can create the sensation in its entirety. There is no difference for the individual who feels it between the real pain and the imaginary pain. More often the patient does not possess any criterion by which to decide the question. . . . The physician ought to remember that if exact sensations habitually transmitted by our fine senses can have birth through autosuggestion the mental representation acts still more powerfully on those vaguer sensations, etc.

The Next Article

Editor's Note.—Dr. Putnam has been laying down for us certain principles of health, and concludes this part of his discussion with this paper. He has pictured to us the human mind with all its scope for pessimism or optimism, for joy or sorrow, for failure or success, and has indicated to us what direction the healthy mind takes through its intricate life, what it chooses, and what traits it grows up to have.

In his four earlier articles Dr. Putnam shows us that, in so complicated a world, the mind needs a right philosophy. To gain this, he says, we should accept such a view of the universe as will show it to be the expression of an orderly purpose. For this will help us to meet our troubles with a higher spirit. Idealism, he points out, is more conducive to health than materialism, because it expresses outwardly man's inner nature. Yet, he makes clear, idealism alone cannot fill man's need; man must live also in the world of faith and in the world of science. For the healthy man must take all of life for the sake of growth, of spontaneous creative power, and of the development of purpose.

In health, Dr. Putnam says, mind and body are not separate, but dependent on each other—see Dr. Cabot's article in the third issue—yet mind is the parent of the body and is largely responsible for its health. Health is best defined as a direction or as an endurable equilibrium. He points out the value to our civilization of persons who have won through hard troubles and sickness, and gained by it something more than resignation. He shows the health-giving encouragement which such experiences as that of Helen Keller, as shown in her book, "The World I Live In," yield to us. They prove that the mind has power to recreate a dark and melancholy world into one filled with sunlight, beauty, order, and harmony; for these are not in the world, but in the mind.

Dr. Putnam shows that health is merely a process of becoming, a progress toward something better. Recovery from sickness is also this. Sickness compels us to strive for recovery and so trains us for the best health. A healthy being, he points out, must ever be pushing on toward higher goals. It is driven to this partly by a vital impulse in it, a spontaneity, a need of self-expression. The exercise of this impulse, he shows us, is very important to health. He then brings to our attention how great
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a factor in our lives is personal effort; for, though we be nine tenths creatures of chance, the remaining tenth may outweigh all the rest, as being able to break through habits.

Dr. Putnam, in this final part of his discussion of the psychology of health, brings us to the vital question of whether it is wiser to attempt to excel or to remain on the plane of comfort and safety. A great poet, in a pessimistic mood, has said that all man's woe is due to his excelsior-loving spirit. Dr. Putnam doesn't agree with this. He concludes by answering the question as to what traits are most favorable to the tendency to make progress in life, capacity for which, he says, is one of the chief signs of mental excellence.

Gain Freedom of Action in Both Mental and Physical Life

When once a decision is reached and execution is the order of the day, dismiss absolutely all responsibility and care about the outcome. Unclamp, in a word, your intellectual and practical machinery, and let it run free; and the service it will do you will be twice as good.

—William James.
The Psychology of Health\(^1\)—IV

By JAMES JACKSON PUTNAM, M.D.
Professor of Diseases of the Nervous System in Harvard Medical School.

Spontaneous Initiative and the Organization of the Personality

ET anyone contemplate his own life, taken as a whole, or any one of his more important mental acts, and he will become aware that a movement is in progress which has a twofold tendency—a tendency to create and a tendency to organize. We are bundles of habits, and each one of them had its birth in some constructive effort of reaction, spontaneous or purposive, taking place consciously or without cognizance, as the case might be. Each new effort seems, as it were, to leave a deposit in the form of memory, habit, and eventually character, somewhat as a geyser, when it shoots upward, deposits upon the earth around a portion of the solids which it had held dissolved. As an explorer, in making his way to a new mountain top, breaks down the underbrush with his feet and so creates the rudiment of a trail which he may follow, if he will, on his return, and which by frequent repetitions of the passage will become a path, so it is with ourselves when we become explorers of the unknown world of life. With our imagination, our aspirations, our creative instincts, we press onward, observing new facts and new relations in our environment, making new acquaintances, exploring, most of all, the unmeasured resources of our own minds; going forward as if to bid welcome to a new life, new and yet strangely familiar, that seems to approach us from the dim future.

And yet, as we press onward, our feet still remain upon the earth. If our hopes and our insight look mainly forward and con-

\(^1\) See note "The Next Article" on page 33.

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nect us with the future, our memories, our habits, and the structure* of our bodies look backward and join us to the past. The new mountain top is reached from the old and well-known plain. We use our old “brain paths,” our well-worn memories and habits, so far as they will carry us toward the goal that we ideally conceive; and then, by the constructive power of our spontaneous initiative, we bend them to new ends, or leave them and break through the untrodden underbrush and start new paths.

Memory More than a Mere Reproduction

Our memories unquestionably play a more important part than that of providing for a simple reproduction, in thought, of the experiences which we undergo. They seem rather to join actively in bringing results to pass. Later, these memories help to organize motor mechanisms, which are to be studied through their acts and also in the form of recognizable structure, thus hinting at the great process through which, since organized life began, a vital impulse corresponding to the expansive action of our consciousness has shown itself as an important factor in determining the course and details of the evolution of the different animal forms. If this is so we need not wonder at the vital nature of the relationship that continues permanently to exist between the body and the mind. Body and mind thus form one unit expressive of two tendencies of life. We must organize the motor mechanisms of the body in order to react promptly and effectively on our environment, and yet in so doing we become from time to time aware that we are doing something which in a measure holds us back.* In the same sense, our habits are partly our allies, partly hindrances to our progress. But they need be hindrances (under favorable conditions) only in the sense that the necessity of providing depots for stores of food, hospitals for the wounded, bridges for retreat are hindrances to the advance of an army into the country of the enemy.

* See note at end of article.

1 See Bergson’s “Matière et Mémoire”; also Dr. Morton Prince’s admirable article on “The Unconscious,” Journal of Abnormal Psychology, October, 1908.

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The value of the tendency that results in the best efficiency and the highest form of health in this double process is most strikingly brought out when it is contrasted with that which produces less good results. Our habits may reflect not only our best purposes and instincts, but also our indolence, our tendency to imitation of ourselves and others, not always at their best, our readiness to be contented with an existence of second-rate value that rolls over and over on its own axle without making material progress—

Thus it happens that a man's ideas, ideals, and aspirations help to organize his mental life, to some extent even his physical life.

"As tho' to breathe were life."

I do not mean that the persons whose existences are of the best type consciously invoke a lofty moral principle as a motive for each trivial action. Fortunately, this is not necessary. Daily observation shows us individuals leading active, useful, happy lives, making no ostentatious show of duties, yet who, in fact or in imagination, have climbed the hill of difficulty, have passed through the ordeals of purgatory, thought out the range of human duties, contrasted motives and explored their real sources, and have discovered springs of action greater than definable pleasure.

The Advantage of Having Fixed Aims in Life

There are many types of healthy persons whose activities seem unified and concentrated, so far as needful, by purposes of sufficient strength; but I think there are none where the unifying purpose is so steady, so normal, so effective, at once so unobtrusive and so strong and so fruitful in organization of the best sort, as that of the class to whom I now refer. Such persons settle once for all within their own minds what their leading aims are to be, and succeed in so regulating their lives that without too constantly referring to their purposes they become sensitive to any tendency on the part of their habits and desires to lead to deviations from them. The goal before us is not alone to discover how to "exist," but how to attain the highest efficiency and health. The man whose mental aims are of the best type would organize his habits and eventually
modify his structure on different lines from those which would be followed in the development of an individual of a less adequate kind.

We have not the right to class in the same category those persons who seek their best destiny and those who content themselves with lower aims, simply because a certain unity and equilibrium may be reached in either case. There are likely to be marked differences in physiological and mental development in the two cases, and it is a suitable task for psychology to point them out. It is well known that fine mental qualities lead to fine facial expression and to bodily grace of movement, and there are many analogous pieces of evidence for the view that the higher forms of mental life may make their influence widely felt throughout the mechanism of the body. Emerson's poem of the "Days" gives a striking illustration of the difference between choices made in accordance with instincts made in accordance with instincts making the higher forms of mental life and those constituting the lower.

"Daughters of Time, the hypocritic Days,
Muffled and dumb, like barefoot dervishes,
And marching single in an endless file,
Bring diadems and fagots in their hands.
To each they offer gifts after his will—
Bread, kingdoms, stars, and sky that holds them all.
I, in my pleached garden, watched the pomp,
Forgot my morning wishes, hastily
Took a few herbs and apples, and the Day
Turned and departed, silent. I, too late,
Under her solemn fillet saw the scorn."

It is possible to lead rounded and unified lives without leading the best conceivable life. But a capacity for progress will mark the latter more definitely than the former, and the tendency to progress is one of the chief signs of mental excellence.

*HITCH your wagon to a star* is one of Emerson's fine aphorisms in which much of the truth that I am here stating is expressed. And there is no doubt that many of the people who have hitched their wagons to the stars have thereby freed them-
selves from various causes of ill health as well as of morbidness of mind. Such persons, at their best, solve the problem of eliminating the objectionable "temptations of the flesh" in a better fashion than the fanatics of Orientalism have devised. They do not withdraw themselves from sense pleasures, but utilize these as a means to secure a better insight. I realize, in saying this, that the varied problems of health and success cannot be reduced to one problem or solved in one sentence. The wagon must sometimes be hitched, not to the star of fine ideas alone but to those of prudence, wholesome living, activity, and achievement. The people of fine ideas are not always by inheritance the most robust and not always those whose unity of mental life is well rounded in the direction of attention to the requirements of their bodily health. But these defects, although important, do not necessarily go with the instinct to live in accordance with one's ideals.

Every man must have, whether he will or no, a philosophy, a general attitude toward life, if only the attitude of negation, and the position which he assumes, even toward the smaller problems of his daily existence, is likely to be controlled by his views upon these broader topics. If he has thought the matter out and has arrived at the conclusion that each individual has a definite part to play; that his mind is stocked with powers through which he can read a new richness of meaning into the worlds of his senses, his reason and his will; and if he allows full scope to the sentiments formed in accordance with these beliefs, his conduct all along the line is likely to be different from what it would be if he regarded himself simply as an intellectual critic, an onlooker of the world. Philosophy and metaphysics usually count as unpractical and unprofitable studies. In fact, they form one of the best avenues of entrance for the reasoning mind into the world of beauty, order, and reality.

FIRST, the forward movement of the mind is to be measured in part by the number and variety of considerations which it shows itself able to grasp and unify in the interests of a given need. A good general thinks of the whole field of operation of his armies
during a battle, or of the whole period of his campaign, as forming a sort of unit. Washington divined eventual victory as the outcome of his constant countermarchings and retreats where many of his subordinates saw only failure. In like manner a good chess player sees his whole board, a good musician his whole composition, more or less as one. To the eye of the wise teacher, of the foreseeing statesman, momentary faults in pupil or nation are viewed as incidents in a long history. The philosophic generalization that "time and space are only forms of thought," seems absurd when stated in those terms, but the examples just cited, which typify every form of mental action, give a practical meaning to the statement.

Second, it is only a further carrying out of this principle to assert that in proportion as a person's mind is healthy and efficient he utilizes his past experiences in the interest of his present problems. What does this imply? Some of a man's past experiences have been, at least partially, under his control. If he has had the wisdom to plan wisely, and to form his habits in harmony with a fine and broad conception of his future needs, then what he now attempts will be easily accomplished; will seem, indeed, a species of natural fruition.

"—It is the generous Spirit who, when brought
Among the tasks of real life, hath wrought
Upon the plan that pleased his boyish thought." ¹

But it is also true that some of a man's past experiences, or, to speak more accurately, certain elements in all his past experiences, have been practically outside of his control. He has to work through functions and structures in the formation of which he had but little choice. If the conditions of evolution and surroundings and individual effort have secured a development of these functions and structures along favorable lines, the person who inherits them finds his own task lighter; otherwise, more difficult. But the wise person accepts the conditions imposed on him by inheritance, not as clogs but as indications for his guidance, and in this way deprives them

¹ "Character of the Happy Warrior."—Wordsworth.

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of their power for harm and often makes them starting points for progress.

Importance to Health of Leading Motives and Live Interests

WHILE the first two conditions favorable to mental efficiency and health referred respectively to the power of the mind to unify the materials placed within its grasp (as in the case of the commander of an army) and to its ability to utilize the teachings of the past (gathered in the form of broad and favorable tendencies of thought and action), the third condition is the habit of recognizing the value of moving impulses and leading motives, and selecting the best of them as guides. A strong desire, a fixed aim, serve as centers round which thoughts and efforts cluster, and organize them into effective unities. But they also do more than this. In proportion to their magnitude and force they impose orderliness of movement, even upon mental and bodily operations, apparently out of any definite relation to them, just as a great leader infuses something of his spirit into all his followers,¹ even those with whom he has had no direct communication.

The center of purpose and effort is interest, and fortunate is the man in whose behalf, from boyhood to manhood, this flame has been steadily kept kindled in the form of an ascending spiral of fine and strong emotions working themselves out in appropriate acts. It is not only specific interests and emotions of particular sorts that it is desirable to encourage, but the "habit" of interest-taking, of expecting to feel the glow of enthusiasm for desirable institutions of the community and for life.

The study of the best means of awakening and cultivating interest and active responsiveness to emotional impulses of the best sort during childhood is of vast importance for the securing of mental health in later years. President G. Stanley Hall² seems to consider that for this purpose the savage instincts characteristic of the childhood of the race must be appealed to. This is an in-

¹ Professor Royce's recent "Philosophy of Loyalty" points out many important bearings of the motives indicated by this term. ² "Adolescence." (Preface and elsewhere.)
evitable outcome of his belief that development, which education should help to lead, must proceed through a process of recapitulation of the world’s moral history. I sympathize fully with Miss Blow’s attitude in this matter. “It is an indisputable fact that mankind has often strayed from the path of progress. It is not necessary for individuals to repeat the abortive experiments of the race. It is not necessary for them to relieve what humanity has outlived. Vestigial emotions are harmful to their possessors, and should be inhibited rather than indulged. In the individual recapitulation of race-progress, many results formerly reached by devious winding paths are attainable by ‘short cuts.’”¹ These are basal instincts of various sorts that play an important part in the formation of character; partly through being followed, partly through being repressed. Fortunately it is often possible to pass them by, but the attempt should not be made in ignorance of the forces with which we have to deal.

How Social Relationships Affect Mental Health

In order that the individual mind should progress along the lines of health, it is important that it should recognize its relationship to other minds. It is impossible to feel oneself free and capable of expansion without recognizing that the personal consciousness is likewise a social consciousness. This need is not based purely on ethical and practical considerations, important as these are; it is the expression alike of biological and philosophical principles. An individual may be described as a community of individuals, a “colony-animal,” and, in like manner, a community may be looked on as an individual. It is in each man’s social relations that his own mental history is mainly written,² and it is in his social relations, likewise, that the causes of the disorders that threaten his happiness and his effectiveness are to be mainly sought.

¹ Susan E. Blow, l. c., p. 224.
We toil for others and measure our successes and failures by their opinions and approval, or by a personal judgment which gets its color from a half-felt judgment of our neighbors. Our fears are intensified by a sense of what a mishap to us would mean to other men, or how our failure would cause us to appear in their eyes.

Just as the actual presence of a friend, his facial expressions, the signs of his emotions, may become such an essential part of a man's environment that in other surroundings he is a different person, so his imagined or remembered presence acts. A thought struck out by two minds acting in conjunction belongs afterwards to both, just as the flight of a ball struck by a bat points back alike to thrower and to batter. This principle is of importance as emphasizing the intricacy of the relationship between the community and its members, and as indicating the responsibility which attaches to relationships allowed consciously to grow up between each man and his habitual associates.

Finally, and as the keystone of the arch of mental qualities which I have tried to raise, let it be understood that will, expressing itself continually in action, and thus testing the value of antecedent motive and impulse, must be assumed as indispensable to the conception of good mental health.

Achievement may take many forms, and there is no real difference, except in emphasis, between reasoning, feeling, and willing. But in some sense we must achieve, and must estimate our mental health partly from our success therein.

Conclusions from the Psychology of Health

The point which I wish mainly to emphasize is this: The personal habits and modes of action that we organize as our mental life goes on reflect the value of the vital impulses which impelled us forward, and of the intelligence by which their action was controlled. The instinct of self-expression cannot safely be allowed to run wild. The child should be taught to work in the interests of beauty and order and for the service of the community,
and should be given reason to believe that his conscious life is related to the life of forms of consciousness higher in type than ours.

I have tried to show that for the healthy and successful life it is necessary that there should be a certain unity in the working of the mental functions; that for the stability of this unity a leading motive or a series of coördinated motives is required, and that among persons of the best type the value of the principal leading motive is reflected in the organization of habits, even those, it may be, that relate to trivial matters. It is almost essential that a portion of this leading motive should be constituted by the spontaneous initiative in which each person’s individuality is expressed, and by the purposes which he has formed with the aid of intelligence.

Editor’s Summary

Dr. Putnam in this issue concludes his discussion of the psychology of health. His article in Issue 4 ended with an introduction to this last installment, which he begins with a discussion of the part played by personality in the individuals’ health. Carrying this further he brings to our attention:

(1) That anyone contemplating his own life as a whole, or any of the more important decisions he has made or steps he has taken, will see that his mind tends both to do new things, create, and to organize. These actions that our lives, our environment, require us to make form habits in us, either consciously or unconsciously to us. We may make these actions, and lay the foundation of these habits either with purpose or else by instinct, as it were. Yet our bodies remember the actions and become a bundle of habits (see Dr. Cabot’s paper in this issue) which make up our personality. We march forward and, as we go, our feet make a track—a sequence of habits—which connects us with the past. Yet we may break away from the old, often-trodden paths—the old habits and memories—and form new ones.

(2) Our memories do more than merely let us go over the old routine. They join with the vital impulse in us to get things done. The habit faculty not only brings results to us easier each time, but brings better results each time. Yet habits may hinder us in that we have to unlearn the old before we can learn better ways.

(3) In understanding this next point we must remember that Dr. Putnam is describing mental life with the idea of showing what kinds of activity the best and most healthy minds exhibit. He answers the question
as to what tendencies the most efficient and highest form of health impels
a mind to espouse. Shall it be satisfied with an easily attainable, second-
rate existence, or shall it desire to "mount the hill of difficulty"? He says
that the mind that chooses the second-rate existence may seem to find har-
mony and equilibrium, but that a capacity for progress will mark the one
with the higher aim more than the other, and that this capacity is one of the
chief signs of mental excellence. He adds that there is no doubt that many
persons who have entertained some idealistic aim have freed themselves
from causes of ill health and morbidity, and have also solved some of life's
worst difficulties.

(4) It is well to feel an intimate connection with life as a whole, and
to know that we have a definite part to play in it. This consciousness teaches
us to see or read into the world order, beauty, and reality.

(5) Dr. Putnam now answers the question, What mental traits are
favorable to making progress in life? He says that they are:
(a) The ability to see or foresee the greatest number of possibilities
in a given situation without confusion.
(b) The ability to use past successes and failures to help in the pres-
ent need.
(c) The ability to criticise our motives for action, and to follow our
most praiseworthy reasons.
(d) The recognition of the mind's relationship to other minds; for
the community spirit is in us, not merely because of its practical aid to us,
nor merely for ethical reasons; it is an essential part of us, biologically.
(e) The mental trait that acts as a keystone in keeping up the arch
of health is will. Will expresses itself continually in action. In this way
it tries the value of our motives for action by our success or failure in
what we do.

(6) Finally, the healthy and successful life needs a certain unity in
the working of its mental functions, a compatibility among the things it
desires, and to keep this unity it must have some strong motive, strong
enough to keep it interested.

Notes and Collateral Reading

[Numbers refer to pages in the text]

36. Recognizable structure: In man, movements acquired volitionally,
and perhaps laboriously, are, after constant repetition, reproduced with pre-
cision without consciousness. The maintaining of the body in one position,
sitting or standing, though requiring a complicated correlation of a large
number of muscles, is carried out without conscious volition. It is the same
with walking and running. Still more complicated movements are similarly
performed in typewriting and playing on the piano. The neurons remem-
ber or reproduce the process acquired by previous experiences. Precision
in games of skill largely depends upon this principle. A tennis player must
learn the "stroke" to play well. This means that the muscles must
be coördinated to a delicate adjustment which once learned must be uncon-
sciously remembered and used without consciously adjusting the muscles
each time the ball is hit. Indeed, some organic memories are so tenacious
that a player, once having learned the stroke, finds great difficulty, even by
effort of will, in unlearning it and making his muscles play a different kind
of stroke. Likewise, one who has learned to use his arms in sparring by
one method finds difficulty in learning to spar by another method under a
different teacher.

—Morton Prince, M.D., "The Unconscious," in Journal of Abnormal
Psychology, vol. iii, No. 4, pp. 266-267.

36. In a measure holds us back: Habits or tendencies which we have
acquired or yielded to, or which are bequeathed to us from earlier genera-
tions, endure long after the causes of them have passed away. . . . The
conscious motives have passed, but their efforts remain. Instinct therefore
has been defined as an acting for ends of which we are not conscious. Con-
scious effort is partially determined by unconscious motives, and leaves
behind it unconscious effects. In the individual, as in nations, sudden revo-
lutions avail but little; below the surface tendencies persist which it takes
time to overcome. Thus it was necessary for the Israelites to wander forty
years in the wilderness. . . . In the lives of eminent and leading men we
often see how they have to struggle to overcome what the impressions of
youth and habit have implanted.

—Harold Höfﬁng, "Outlines of Psychology," p. 75.

The Next Article

EDITOR'S NOTE.—It is surely important in the study of psychotherapy
to have clear ideas of psychological terms. There is a widespread mis-
apprehension, even among cultivated people, regarding the ordinary proc-
ces of mental life.

Perhaps no term is more often wrongly used in connection with psycho-
therapy than "the subconscious." Prof. Joseph Jastrow, in this article,
shows us what the subconscious part of our mental activity is. He describes
how our wakeful consciousness may choose or select some things out of all
the possible elements that at any moment solicit our attention. He shows
how we pick out what we are interested in, leaving all the rest. We may
be, he shows, subconscious to thirst when we would be better off for water,
merely because our consciousness is engaged, for the time, by our interest
in a story. Afterwards the thirst becomes dominant and we can no longer
keep our minds on the book.
The term "the subconscious" he tells us is used because psychologists needed a word to express the portion of our landscape of which, for whatever reason, we are unaware.

The value of a knowledge of this subconscious phase lies in the fact that we depend upon it—the subconscious phase of our mind—to perform a vast routine of minor business in carrying on the bodily functions. Breathing, swallowing, heart action, digestion, etc., are performed by it. By understanding it we also shall be less liable to be amazed and carried away by some manifestation of its action that might seem miraculous.

Prof. Jastrow's paper follows naturally Prof. R. S. Woodworth's article in the preceding issue "How the Mind Works," and also Dr. Frederick Peterson's article in the Issue 4 on the bodily effects of the emotions that act subconsciously through the nervous system. It also gives us psychological reasons for some of Dr. Cabot's and Dr. Putnam's statements set forth in their articles with a more broadly philosophical purpose.
The Subconscious in Health and Disease

Part I. The Subconscious: The Modes of its Expression and Control

By JOSEPH JASTROW, Ph.D.
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Hat man does not live by bread alone is a significant though simple truth. He lives and moves and has much of his being in the varieties of his conscious experience. Just how this conscious guidance came to be, and what may be the intrinsic mode of its operation, we do not know; indeed, can hardly conjecture. Yet that it participates widely and serviceably in the mental life of man and of the higher animals we have the most convincing evidence. Our present purpose is to gather from the observable modes of the participation of consciousness, in the homely as well as in the exalted affairs of men, some insight into its natural function, its vicissitudes, and its amenability to control.

In general it may be said that we have come to possess, and should enjoy, such manner of consciousness in connection with the composite business of mind and body as tends to the most economical and efficient expression of our thoughts and actions. Consciousness exists and thrives by virtue of its utility. The several functions of body and mind thus require and achieve very diverse representation in consciousness. Some of the simpler mechanisms might well be so nicely adapted to play their limited parts as to fall out of the range of consciousness altogether. The light-regulating mechanism of the eye is of this order. The excess of light so affects the retina.

1 See note under "The Next Article," on preceding page.

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as to induce the narrowing of the pupil; the act arouses no feeling; we are not aware of it in any wise; it has no representation in consciousness. Similarly, there is constantly going on in the many-roomed laboratory of the body a great variety of chemical and physical reactions, which perform their functions like silent servants in the house, and make no report to the inspecting consciousness. Glands secrete and tissues grow; waste accumulates and dissolves; nutrition is absorbed, and all with but the vaguest intrusion into that progressive flow of states and conditions which we call our conscious, our real inner life.

Consciousness and the Regulation of Bodily Functions

We know that it is the business of the nervous system to centralize and coordinate the several partnerships that make up the organism. Heart and head, lungs and vocal chords, glands and muscles, eye and hand, are all brought into effective concordance of service through the mediation of the intricate network of the nervous connections, and in each such service there is some distinctive accompaniment of consciousness.

Observe the great constant or periodic bodily needs. The blood circulates; the pulse beats from birth to death; the lungs inhale and expel the air from the first to the last breath; yet they accommodate their service to varying conditions. To support vigorous exercise the pulse quickens, the respiration deepens; in sleep, the relation between income and outgo is reversed, and to this process of recuperation the breathing and circulation are adjusted. Of the two we observe that circulation is the more automatically regulated; it sends but the slightest reports to consciousness, and the possibility of control by effort is next to nothing. Of our breathing, we may readily become conscious by attending thereto. Rapid breathing, deep breathing, yield definite sensations, and through such awareness may become voluntary actions. We may take over regulated breathing as an exercise of the will, and train ourselves into desirable forms of breathing; or for special proficiency, as in singing, develop unusual control and management of the breath.
Other sets of functions have a like status. Winking ordinarily goes on without awareness or effort; the slight irritation periodically sets off the reflex, and the eyelid is lowered for an instant. Yet the wink may be intentionally used as a signal, while in turn a very rapid winking rate may become an indication of nervous condition. Swallowing is yet another function typical in its relations to consciousness. When food reaches the head of the esophagus, the sensations it there arouses launch the morsel on its passage down the alimentary tract. At suitable intervals the accumulation of saliva is similarly disposed of. By a direction of the attention the process enters the field of awareness, and at desire the swallowing movements are intentionally performed. Yet in this instance we may meet with possible conflict. The conscious effort to swallow the pill may result in its sticking in the throat and there is said to be an excessive, an unwise intrusion of consciousness, a too zealous oversight of a function that works best without such interference.

How Consciousness Enters Into the Control of Our Actions

But the possibility of quarrel proverbially requires a party of the first and of the second part. The former is the lowly artisan who does his job simply and well by ready use of a familiar equipment, but constitutionally subject to the oversight and restraining influence of a superior; yet when the superior “bosses” the job too closely, the simple artisan becomes confused. The swallowing of the pill is said to be inhibited, not in this case intentionally but by conflict. But the possibility of inhibition, the supervision itself, is a most useful contrivance. For, if at the moment of swallowing, I find the morsel unpalatable, I quickly reverse the lever and voluntarily prevent its further passage. Thus, in regard to a wide range of familiarized, semiautomatic activities, the conscious control keeps a hand on the throttle, is ready to slacken or quicken speed, to note signals and switches, and, if need be, to apply the emergency brake; and all this in complex dependence upon assiduous stoking and the fit condition of a properly geared, well-oiled machinery.
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The physiologist thus finds it convenient to speak of higher and lower centers, or higher and lower types of function. The most distinctive trait of the higher type is psychological, and appears in the complex consciousness and control which it involves. To understand the manner in which the drafts upon consciousness are made we must consider the dual control provided for within the nervous system. We have not one set of muscles at the direct service of a conscious will and another for the automatic performance in immediate response to a routine stimulus. Whether I wink in response to a natural impulse or as a signal to an accomplice, I necessarily use the same muscles. I cannot command the muscle except by commanding the lower center that is in direct charge of its contraction. All that the will does is to release the lower center to drop the eyelid, and the possible conflict or difficulty is that of getting hold of the executive subordinate. The higher commands; it depends for execution upon the consent and subservience of the governed.

Next, a second principle of equally wide application: We summon and direct only such movements as have attached to them this handle of a recognizable feeling. I cannot possibly contract the pupil because I do not know how it feels when the pupil contracts; I do not know what to try for. I do know how it feels to breathe or swallow, and so can deliberately summon these reactions and consciously guide them or release them to their set service. Yet, even though I have a proper familiarity with the feeling accompaniment of the desired action, it does not always follow that I can command it. I may fail for several reasons. It may be that I am trying to perform by intent a function that is removed from such control of the lower by the higher center. I know (at least during and after the process) how it feels to sneeze or blush, to have goose skin, or to be startled, but I cannot in cold blood arouse these responses. In normal cases these functions require their natural physiological or psychological stimuli; yet it is always possible that in unusual cases these lower centers will in part yield to an influence from above. Another reason why I may not succeed in what I attempt may lie in lack of skill, in that I have not as yet mastered the coördination necessary for the execution. There are, for in-
stance, many things which I can do with the right hand, but not with the left. It would be futile for the beginner to try to play a concerto by Liszt, though quite within his range to run through a simple tune. Clearly there must be a large background of previous facilitation to secure correct and prompt execution. And, again, I may fail in my efforts because of my nervous condition. Such condition may make itself felt in states of vague distress, or of distinct and definite fear, or of a motor instability, or of involuntary tension. My nervousness makes me suspect that I am not in good form to-day, and that if I try to play tennis my strokes will be uncertain; or it may affect my speech, causing me to hesitate or mispronounce syllables or to go constantly upon an embarrassing search for words that ordinarily come readily enough. And thus the quality, the nicety, the success of what I do and say is conditioned by the tone of my nervous health, my form at the moment. This in part means that when in good form I guide my flow of ideas to expression, my impulses to execution with just the right measure of conscious control, neither too carelessly nor too carefully.

The "Stream" of Consciousness

If I venture to picture how this mutual influence of intent and execution is provided for, I may find helpful the supposition of a steady stream of impulses playing upon the executive centers from above. If this stream is sufficiently lowered, I drowse and go to sleep, and if I happen to fall asleep while sitting in a chair, the wobbling of my head (the erect posture of which is a voluntary issue maintained by a constant stream of impulses to the head-holding muscles) is a very convincing index of the waning of control, as the sudden straightening when I become aware that I have yielded to forty winks is equally an index of the resumption of the superintendence. With a disturbed pressure in the stream I find it difficult to hold off undesirable tensions; my brow wrinkles, my jaw is set, my hand clinched; and however often I deliberately relax, as from time to time I realize the situation, I find myself a moment later again involuntarily contracting these muscles.
The psychological impediment may take the form of fear, and vary from slight embarrassment to stage fright; and much of the apprehension, so far as it assumes definite form, is that of inability to command the service of the accustomed functions. I fear that I may forget my part, confuse my cues, lose the thread of my discourse, dull the edge of my presentation, blunder along with platitudes, or break down altogether in sheer physical incapacity. If I succeed in pushing through the breakers near shore and find myself sailing along smoothly with the familiar feeling of favorable headway, I regain confidence and all is well. The source of the confidence must, we conclude, be some sort of poise, of normality of tension between higher and lower, a favorable distribution of the stream of consciousness, permitting of wide areas of command of the intellectual resources and prompt and exact execution of the maneuvers as planned. The hesitation, the sickly o'er with the pale cast of thought, must likewise be one of many possible varieties of disturbance in a most complex and delicately adjusted procedure.

Our first lesson in the psychology of consciousness may now be followed by a second, and the second begins by pointing out that in what has already been considered there appear three component factors of a typical bit of conduct, and to each there attaches a characteristic manner and measure of consciousness. First, with all our seeing and hearing and feeling, with every attention to a shifting of the environment, a change in the situation, our consciousness alters. Secondly, at the last, when we act, there is for the action a characteristic, a necessary degree of control of which we become aware, and become aware, also, of our own actions, comparing result with intention to our satisfaction or discomfiture. Thirdly, and most perplexingly, do we become aware of the conflict of motives, the weighing of reasons, and the balance of inclinations. This, more than any other factor of the whole, we call thinking; it must intervene to fit action to situation, conclusion to premises, to find the solutions to our several problems. Moreover, all this composite mental life takes place under constantly fluctuating conditions which contribute endlessly to the complexity of psychology and of the practical life. To these we now turn.
THE largest familiar contrast is that between waking and sleep; and this contrast of attitude at once involves another—whether the consciousness, the beam of our attention, is directed toward the world without or toward the world within; that is, to our environment or to our flow of thought and feeling. Wakefulness implies a certain openness to the appeals from the senses, something of an attention to objective concerns. Yet along with this there is also a constant stream of messages from within the organism itself.

On the more nearly physiological level we maintain a bureau of information in regard to the status of the inner awareness—the normal behavior of the organic contributors to the mental welfare. Ordinarily we prefer and secure the bliss that lies in the absence of any notable advices. We are ready to assume that, unless heard from, all is well along the digestive, respiratory, circulatory, secretory, and other physiological highways. Also do we ignore the variety of sensations that come from the contact with the clothes we wear. Then there are the several periodic and cumulative appeals, also coming predominantly from inner needs. With considerable regularity I become aware that I am thirsty or hungry; that I am restless and need a turn in the open air; that possibly the room is getting too warm; or, if I have acquired such habits, that I crave the stimulus of nicotine.

So long as I keep actively busy, I feel the composite subdued surgings of these incipient impressions the less distinctly the more intently my task engages my interest, though I still maintain them as a background of my consciousness. From time to time one or other of the organic appeals breaks through¹ the major occupation and becomes insistent, and I have no comfort until I change my position, or open the window, or sip a glass of water, or light a pipe. On the other hand, when I compose myself for sleep, and my attention to outward things subsides, then the volume and head of this stream from within rises. I experience quite a positive sense of relief in discarding my clothing; I appreciate that a new pair of boots, while easy enough, has yet made a distinct contribution

¹It is well to direct attention to the fact that when such feelings require for their relief a voluntary motor response or cooperation, they emerge very clearly in consciousness.
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to my feeling-background; I find that I am more tired than I had supposed; I become aware of various tinglings and throbblings, slight aches and minor twinges, and a vague medley of nocturnal voices that together find issue in a groan or a sigh.

Most interesting is the further circumstance that when in due course I give myself over to sleep—a process again of voluntary consent—this motley chorus marches boldly upon the stage of my dreams, makes free with the properties of my waking occupation, and presents travesties of my character and experience that equally amuse and astonish and at times alarm. To a considerable extent the stuff that dreams are made of is garnered from some such inner source,* though also from the outlying strolls and walks of life.

What I am principally emphasizing as a normal distribution of consciousness is that the inward-set and the outward-set attitudes maintain an inverse ratio. I drive real pain or minor discomfort or dull care away by plunging into engrossing objective occupation; and again, when consentingly or perforce I must shut out the outer world, the inner throbs intensify and take possession. To anyone who can recall the experience of going through an evening of responsibility under the strain of a headache, all this will appeal in drastic realism. The appearance that one just succeeded in saving sinks in a heap; the pain that one was barely able to endure, when once one yields to a pillow and the focus of consciousness is turned upon the inner turmoil, throbs again with fiery torture.

Yet again, though we constantly contrast the attention outward to the thronged avenues of sense with the attention inward to bodily condition on the one hand, and to our own thoughts and feelings on the other, we realize how decidedly the one mode of intercourse mingles with the other. Indeed, for instances of crude, unalloyed sensory occupation we must go to the nursery, and observe a child entranced in the swinging before its eyes of a big, bright ball or charmed with the jingle of bells. Yet to the child, in much of its occupation, and to the adult throughout, an appeal must have meaning in order to endure; only art is long. The mind finds its food in the significance of things. It maintains interests broad and super-

* See note at end of article.

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ficial as well as narrow and deep, to make a significant world out of the number of things of which it is so puzzlingly full. And thus it comes about, in the first place, that our most objective occupations are suffused through and through with reflective accompaniments, and, in the second place, that in many of our mental periods the reflective accompaniments are so pervasive and dominant that the attitude is once more correctly described as looking inward. But the instrument of our vision is like a faintly silvered mirror, permitting us both to see in it and to look through it. The subjective reflection of our thoughts appears against the objective background of a stimulating point of departure, and thus for the most part are our mental pictures composed. The impression, the initial sketch, is recorded out of doors, face to face with nature, but the composition is elaborated in the studio.

I cultivate interests, I seek adventure, I welcome intercourse, I attend a play or read a novel consistently for the two-sided reaction: that, receptively, my consciousness may agreeably be aroused by the varieties of intellectual appeal, and that, reflectively, these in turn may set vibrating all sorts of speculations, imaginings, ambitions, or reveries. At times the receptive attitude dominates; the play is on; the orchestral symphony resounds; the picture rivets my attention. And yet this sustained attention is fed from springs within as well as without. At night, alone, in silence and darkness, I find myself dwelling again and again upon the scene, the theme, the portrait.

Characteristics of the Conscious Self

Thus we reach the most distinctive aspect of the intellectual life, the communing within ourselves, the elaboration of ideas, the pondering upon the relations and bearings of things, the contemplation of what is and what may be, and all of it emotionally suffused with hopes, longings, misgivings, or despair. This matured inward sense we term self-consciousness. That the "self" aspect thereof is composite is abundantly evident. The serial unity and continuity of growth, despite change, imparts the most intimate, con-
vincing warmth to my own feelings and experiences; I am above all and through all myself. My experiences are unified by being saturated in the medium of the receptive and contemplative life; therein do they acquire something of their personal flavor, their individual quality.

Yet equally distinctive and intimate is the will-like, consenting aspect of the absorption. That is mine which I have willed. The feeling of intent, running the gamut from strained effort to acquiescence, is the very heartbeat of self-expression, and likewise directs the scenic progress of the psychic action. Moreover, the attitudes which in an earlier context were characterized as receptive, are partly under the dominance of the active will, for perception is not a silent, listless surveyor of the passing show. Something from within determines what shall be seen; the attention is in some measure an active process; is selective, and thereby implies a selector.* Out of the multitudinous appeals to my senses my selective appetite, made keen by my interests, accepts and makes for the congenial, the appropriate, the satisfying.

For my most thoughtful, most productive moments I must be free from distraction of sight and sound, restfully adapted to familiar surroundings, and responsive to the promptings from within, stimulated as they usually are by an imposed purpose. Amidst the distracting bombardment of all the avenues of sense in the crowded streets of a great city I must closely select the indications of my route, and disregard the irrelevant if I am to make any progress. But that is an occupation least conducive to reflection. In the quiet stroll along the country lane I welcome such peaceful alighting points of my attention as present themselves, and find in it all a helpful accompaniment to my musings.

The self of the moment may thus be said to be conditioned by three sets of components: the intimate bodily surgings from within, the attentive and selective absorption of the situation without, and the contemplative, reflective stream that pervades the whole. The distribution of consciousness amidst these contributory attitudes determines the occupation and shapes the serial unfoldment of the mental life. And the self that emerges and matures, the character that be-
comes set, the personality that is achieved, and the achievements which it leaves behind, are all conditioned by—as with the largest knowledge they might be expressed in—the modes and qualities of consciousness that served their purposes.

What the Subconscious Is

AND now, turning about, let us retrace our course and survey other typical aspects of the psychological landscape. Even in so cursory a cruise, and at some distance from the shore line, we realize that the impression of the whole is contributed by a group of detailed features. These we know to be there even though we cannot separately distinguish them without the aid of a spyglass. It is the business of psychology to furnish the spyglass—that is, the methods of closer delineation. As a means to this end we require a term to designate a factor as contributory to the changing contours and aspects of consciousness and yet not dominant therein. Such a purpose seems adequately served by the word subconscious.* The use of the term must be guarded. It should be permitted to assume a meaning in accord with the data which it summarizes; not so broadly as, by its all-inclusiveness, to lose definition, nor so narrowly as to compel adherence to a crystallized theory or a dogmatic notion. Least of all should it be made a fetish, and imbued with powers to account for what at best it but describes and clarifies.

Editor's Summary

Prof. Joseph Jastrow's presentation of the subconscious makes clear the following points:

(1) That consciousness—our faculty of being aware of things—exists only because we need its help. We see that any bodily function, as winking, which is always the same repetition, drops out of consciousness, because it can get along without it. Our winking, swallowing, breathing are functions of this unconscious or semiconscious nature. The heartbeat and digestion are quite unconsciously performed.

(2) Our awareness, when necessary, can influence the action of many of these unconscious bodily functions—we can swallow, wink, and breathe fast or slow at will.
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Our awareness cannot directly act to change bodily function. These are carried on by executive or working nerve centers. Our awareness acts on the higher centers, and these may, if the conditions are right, induce the lower centers to act accordingly.

(3) The only bodily functions that we can command at will are those actions we are conscious of—we know how they feel.

(a) We cannot feel the retina move nor can we control its movement. Yet, in great emergencies, consciousness may influence it. Fright makes the retina move, and also the heart beat faster.

(b) If we lack practice or skill, to write, for instance, we may fail to govern effectively the lower centers.

(c) If we are nervous and fear to fail we may also be unable to govern effectively the lower centers.

(4) The working balance in the nervous system is maintained by a "stream of consciousness." This flows from our will to the executive or working centers. If it is lowered we grow drowsy. On the other hand, if it is under pressure, we make involuntary motions, our jaws set, our hands clench, etc. This pressure, due to stage fright, for instance, may hinder our speech.

(5) There are three component factors in each typical bit of conduct. For instance: (a) any change in the situation—say change of light, change of temperature—alters our consciousness; (b) we are conscious of both the degree of control necessary to do the action and of our performance; (c) we are conscious of a conflict of emotions.

(6) Consciousness may be directed either inwardly or outwardly. When all is going on well with our bodily functions—digestion, breathing, heart, etc.—no messages from them distract our attention. Then we become aware that we are thirsty. If we are busy we keep even such appeals as this in the background till they become insistent. In the usual distribution of consciousness our inwardly looking awareness—of hunger, of discomfort, etc.—and our outwardly conscious attitude—of color, of form, of sound, etc.—maintain an inverse ratio; for, as either increases, by so much the other decreases. That is, minor discomforts may be kept in the background for a while, but let the occupation cease, the pain reasserts itself.

(7) The attention that we give to our inward feelings and the attention that we give to our outward sensations mingle. The world is full of puzzling things. The mind looks over all this, seeing many things in a mere glance, but paying strict attention to a few; because these, for any reason, are closely related to us, we perceive their significance to our inward state. The result is that all our occupations, even those that most have to do with the outer world, cause emotions in us. Our vision lets us see that outer world as through a window, but shows us also our inner state as a reflecting mirror.

(8) We cultivate interests, music, exploring, etc., so that (a) our awareness may be awakened, and (b) that this may give us emotions
through exciting our imagination, our faculties for speculation, our ambitions, etc.

(9) We contemplate the relation of one thing to another; we look at what is and from it guess at what will be, and connect it all to ourselves by our hopes, longings, misgivings, etc. This knowledge of how we may be affected by what is and is to be, and of our own powers of handling life, we call our self-consciousness.

(10) The "self" aspect of our awareness of things is many-sided. Things change, but we are still ourselves. The logical linking together of part to part, the continuity in our mental growth gives reality to our sense of being ourselves. The mingling of, the relationship between, our feelings within, and our impressions from without unifies our experience. The outward world is colored and harmonized by our feelings.

(11) Yet anything in the outer world that comes home to us does so because we consent. The faculty of consenting may have to strain to make something ours, or it may merely need to acquiesce, but the feeling of it in us is what expresses ourselves to us. It also directs the progress of our minds. This choosing of what becomes ours is, moreover, partly under the dominance of the active will. There is something in us that determines what shall be noticed and considered, and this, in some measure, is an active process. It is selective and thereby presupposes a selector.

Notes and Collateral Reading

[Numbers refer to pages in text]

55. Dreams: Dreams acquire what has been appropriately called a mythological character. If the breathing is unusually easy and free we think we are flying; if it is difficult we are oppressed with nightmare. If the sleeper becomes cold through losing the bedclothes he finds himself on a journey to the North Pole or promenading the streets naked. A man who had a hot-water bottle at his feet dreamed he was walking on the crater of Mount Etna. Often a most complicated event is constructed to explain some simple impression, as when the falling of a curtain and the appearance of light in the room calls up a dream of the Day of Judgment depicted with a host of details.

In the waking state we explain individual impressions according to their relation to our other experiences. The dream consciousness follows the same method, often with great ingenuity and great perseverance, and with a certain artistic capacity, but it cannot, as a rule, keep individual impressions under control. . . . Hence the shifting and disorderly nature of dreams resembling insanity, which is also a state of disorganization.

The dream state shows us, then, psychological laws in operation, but below the threshold of consciousness proper. It is a station on the road from unconscious to conscious life.


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57. *A selector:* From antiquity downward psychology has laid the greatest stress upon the original bents of feeling, which give the keynote to the mental life, whatever line it may strike out. Both talent and character are determined by the temperament just as feeling occupies a central position in relation to the cognition and will. The temperament is determined by the organic constitution and manifests itself in the vital feeling, the fundamental mood which controls the mind independently of definite external experiences. It is one of the most important constituents of the real self, the feeling regulator of the individual. As a background given from the beginning it determines the mode in which all experiences are received by the individual, and consequently the mode in which the individual reacts upon the external world.


58. *The subconscious:* To avoid misunderstanding regarding the meaning of the term "subconscious," attention ought to be called to the limited and precise sense in which this term has been used in this work. The word is used by writers in general with a great deal of looseness, and too frequently its use indicates a lack of precision of thought and often a vagueness of knowledge. But aside from such loose use, though all writers include under the term "subconscious" a coexisting stream of thought—that is, the notion of *coexistence* of dissociated thought—others extend the term so as to embrace any dissociated state of consciousness, whether in coexistent activity or not. Thus one competent writer, Boris Sidis, designates as subconscious any dissociated state so long as it is dissociated and whether coexisting or not. "Subconscious" becomes synonymous with "dissociated" and embraces all amnesic states, including the normally forgotten, anything that has dropped out of the memory of the personal consciousness. All past mental experiences, the memory of which is not at the moment in the mind, are regarded as subconscious. An experience that can be recalled if desired, as well as one that cannot be, is defined as being in the region of the subconscious so long as it is not recalled. Whether or not it is at the moment in actual activity as a coconscious idea is immaterial. The underlying notion seems to be that all forgotten or other dissociated states not in the focus of attention are potentially capable of being revived, and, therefore, must have at least a potential existence somewhere.

It may be desirable to have a term to define all such potentially conscious states, but it does not seem to me expedient to employ the term "subconscious" for that purpose. I would suggest "latent consciousness" as a term which seems to express such states. I have limited the use of the term "subconsciousness" to states which actually coexist with the primary consciousness, and, therefore, to an extra, coacting mind of which the primary self is not aware. For an idea to be subconscious it must be actually in activity, and this means parallelism of thought and doubling of the mind. Unless "subconscious" is used to designate such ideas it has, to my way of thinking, no special significance. This, it seems to me, is
the sense in which the term is used by the majority of workers in abnormal psychology.

Another use of the term is to define those perceptions and mental states of which we are only partially aware at any given moment, and which may figuratively be said to lie in the fringe of the focus of consciousness. This, of course, is equivalent to coexistence. After all, it is only a matter of definition, but we must have some term to designate coexistent dissociated thought, and this seems to be the natural meaning of "subconscious"; that is, something that at the moment actually streams under the primary consciousness. A much better term for such thought is a "coconsciousness" or "concomitant consciousness," but the conventional term has become so widely accepted that the best we can do is to limit its meaning.

—From "The Dissociation of a Personality," by Morton Prince, pp. 529 and 530.

The Next Article

EDITOR'S NOTE.—We have seen in earlier issues in the Rev. L. W. Batten's account of mental healing in Old Testament times that the ancient Hebrews considered disease as primarily a retribution. At the same time they attributed their hygienic and preventive regulations to divine revelation, and also held that healing came from God. We saw also that not only physicians, but priests and prophets administered to the sick, and used psychotherapy by suggestion and persuasion in effecting cures.

This paper, "Healing in the New Testament," by Dr. W. L. Bevan, brings to our attention one striking difference between the cures effect by the evangelists in the early Christian Era and those effect in Old Testament times among the Jews—save in a very few cases—or among other, spiritually, less enlightened peoples. Healing powers were exerted by the Apostles and disciples of Christ and their successors, for the main part, not that the man who was lame might live a more convenient life, being now able to walk, but that the man healed, and oftentimes those who stood by, might have a more precious gift bestowed upon them—the gift of spiritual awakening. They aimed at the whole man.
Healing in the New Testament

By W. L. BEVAN, Ph.D.

Associate editor of The Churchman

The collection of evidence from the Old Testament Scriptures has been so effectively carried out by the preceding articles, "Healing in the Old Testament," that appeared in Issues 1, 2, and 3, that the reader is enabled, without much in the way of preliminary introduction, to take up a discussion of the subject in the New Testament. In one sense it may be said that there is no distinctive or abrupt break between the two portions of the canonical Christian writings. The New Testament is the outgrowth of the Old, and the Old Testament is the preparation for the New. But generalizations of this kind should not be allowed to obscure the fact that there are between the two many points of difference which have to be noticed even when we are using both of them as a source of historical evidence on the subject of psychotherapy. In the first place, the Old Testament books cover a long period of time, whereas even the most radical critic would allow that the New Testament writings were all composed within the period of a century. Then, too, the books of the New Testament are, from the literary point of view, far more homogeneous than those of the Old Testament. In the New Testament, for example, there is nothing like the difference one can find between certain parts of the Chronicles and the Book of Job. The literary character of the sources, therefore, in each case must be considered, and along with it the times and dates of the composition.

1 See note under "The Next Article," on preceding page.

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The environment in which the writings in the two collections originated must also be brought into consideration.

It would be far less valuable evidence, far less interesting to modern conditions of thought and practice, to find recorded in some of the oldest documents of the Old Testament facts relating to mental healing than would similar facts were they found noticed in the Epistles of St. Paul. In the one case there might be an anthropological record which would have little to do with the actual revealed religion of Judaism, while in the other there would be the additional weight attaching to it, in a modern Christian community, because of the apostolic precedent.

The references to mental healing are not evenly distributed in the books of the New Testament; they are found to be more numerous, however, in those sources to which, from a Christian point of view, most importance must be accorded. The preponderating evidence comes from the three synoptic Gospels, and with them may be associated the Acts of the Apostles, though the strict application of historical method would give the first place to the Pauline epistles. For the purposes of a general introduction, though, it must be noticed that the reader is brought face to face with the accounts of mental healing in the miracles of Jesus. And here one's view cannot be restricted only to the miracles of healing, for they are presented in such a shape in the synoptic Gospels that they cannot be isolated from the rest.

A Broader Point of View in Studying Miracles

PROFESSOR SANDAY has recently said that the whole question of Christ's miracles is being studied to-day from a broader point of view than used to prevail in the methods of either the radical critics of the Bible or of the hostile critics of Christianity. He quotes as an evidence of this change the following words of Harnack: "Much that was formerly rejected has been reestablished on a close investigation and in the light of comprehensive experience. Who in these days, for example, could make such short work of the miraculous cures of the Gospels as was the custom of scholars
The whole discussion of this question by Professor Sanday, in his extremely valuable article on Jesus Christ in the Hastings Dictionary of the Bible, should be carefully read. His point of view substantially is as follows:

First we accept the Gospel miracles because modern investigators are putting a higher value on the evidence in the Gospel sources themselves. Secondly, the old intellectual view of the world has given place to a recognition of the wider possibilities of nature. Finally, medical science itself finds no difficulty to-day in admitting a large class of the miracles of healing. This would include nervous disorders especially where the direct action of the mind upon the body is conceded by the modern practitioner.

Demoniacal Possession

In regard to demoniacal possession it is necessary to remember that the treatment of it is placed on the same basis in the Gospels as the other cases of healing. Professor Sanday argues that the scientific description of these cases has doubtless changed. The Gospels show us Christ himself and the patients who were cured, both accepting the firm beliefs of that time as to demoniacal possession.

It is generally allowed that all attempts to eliminate the miraculous elements from the Gospels and preserve their historic character have failed. The evidence for the miracles is strong. Moreover, it is not possible to make a classification of them on the ground that certain kinds of miracles are better attested than other kinds. The miracles of healing and the nature miracles occur in all the documents or sources. The portion common to all three of the synoptic Gospels contains the healing of demoniacs and paralytics, the healing of the issue of blood, the raising of Jairus's daughter, the stilling of the tempest, and the feeding of the five thousand. So it must be frankly admitted that the evidence for the healing miracles stands, on the same basis as the rest, apart from subjective reasons for accepting or rejecting them.

1 "Christianity and History," p. 63, English translation.
As to the character of the evidence the records in one Gospel at least are separated from the facts as they occurred by an interval of hardly more than forty years. It is plain, therefore, that accounts of such acts of healing as are recorded in the Gospels must have been in free circulation in the Christian community from a very early date. Christ himself in one of his recorded sayings—the answer given to the inquiry of John the Baptist in Matthew xi, 6—points to His works of healing the sick, etc., as a testification of his ministry.

As to the direct therapeutic energy of Christ, Dr. Worcester has recently pointed out that the first three evangelists give a record of eleven miraculous acts. Of these, nine are cases of healing. These nine triply attested therapeutic cases are: first, fever; second, leprosy; third, paralysis; fourth, a withered hand; fifth, demoniacal possession; sixth, hemorrhage; seventh, reanimation at the point of death; eighth, epilepsy; ninth, blindness. These are of course only specimen cures; they are not presented as exhausting the healing energy of Christ. They are reported in the Gospels as the Messianic works belonging to what Professor Sanday calls the first active or constructive period of Christ's life—the period of the founding of the kingdom, the time when the Twelve Apostles were called, when the ministry of Jesus was differentiated from that of John the Baptist, when the new kingdom was preached, and when the effect on the populace, the common people as well as the Jewish teachers and readers, was most conspicuous.

Christ's Healing a Part of a Greater Mission

It has been noticed how thoroughly the healing activity of Christ corresponds and harmonizes with his own character. These acts of healing were not worked for self-regarding ends. They were performed in the closest connection with Christ's own mission. And they were subject to certain definite restrictions. All the way through the records there runs the insistence that the recipient of the miraculous work of healing shall maintain silence about it. (Mark i, 34, 44, iii, 12, and Matthew xii, 16, Mark vii, 33, and viii, 26.)

The connection of this energy on the part of Christ with His
position as a teacher, and His work as a unique religious leader, belongs to the subject of historic theology. All that one can do in the study of the Gospels is to recognize that in the minds of contemporaries and also in the mind of Christ according to the earliest records, the works of healing were a necessary part of that ministry which was described as belonging to the character of the Son of Man, and attesting the validity of His claims to be the Son of God.

Psychotherapy in the Palestinian Traditions

The most ancient Gospel, that which is allowed to present the Palestinian traditions, without being worked over by later editors, is St. Mark. The early Christian point of view, therefore, as to the importance of psychotherapy in the ministry of Christ may be determined and illustrated by noticing briefly this type of cure as found in this Gospel. It is not desirable to make any distinction between the cure of diseases and the expulsion of demons and spirits which in some cases may and undoubtedly does represent a simply popular way of designating a malady.

In Mark i (verses 23–26) it is recorded that, at the very beginning of Christ's ministry, a man in the synagogue at Capernaum was cured of an unclean spirit. In verses 29–31 there is a record of the healing of a fever of the mother-in-law of Simon after his selection as an apostle. The verses immediately following speak of the healing of persons afflicted with divers diseases and of the casting out of devils. In verses 40–45 of the same chapter there is a record of the cure of a case of leprosy. In chapter ii, verses 1–12, there is a vivid account of the healing of a man sick of the palsy. In chapter iii, verses 1–5, there is described the cure of a man with a withered hand. The 10th verse mentions that Christ had healed many, the number being indicated by the words "as many as had plagues pressed upon him that they might touch him." Chapter v, verses 1–13, describes the casting out of an unclean spirit in the country of the Gadarenes. Verses 21–23 report the incident of the healing of the daughter of Jairus where Christ is besought to lay his hands upon one at the point of death. Verses 25–34 give the
incident of the healing of the woman which had an issue of blood twelve years.

In chapter vi, verses 5-6, it is noted that Christ in his own country "could do no mighty work save that he laid his hand upon a few sick folk and healed them." The 13th verse recounts the activity of the disciples in casting out devils and in healing the sick with the anointing of oil. At the end of this same chapter, verse 56, it is recorded that in the villages and cities and in the country where Christ entered, the sick in great numbers were brought to Him, and that contact with His garments made them whole. Chapter vii, verses 25-30, narrates the casting out of an unclean spirit. Verses 31-37 contain the record of a cure of one who was deaf and had an impediment in his speech. Chapter viii, verses 22-25, give the case of the gradual recovery of a blind man after Christ's hands had been laid upon him. In chapter ix, verses 18-29, is related at length the recovery of a young man described as possessed with a dumb and deaf spirit. This is especially interesting because it shows the popular ascription of demoniac possession to a case of a congenital infirmity. In chapter x, verses 46-52, there is an account of the recovery of a blind beggar, Bartimæus, whose sight was restored simply at the word of Christ without the laying on of hands.*

The consideration of the works of healing in the Gospels must be completed by noticing the exact words spoken by Christ, and reported in the Gospels, which show that these miracles were not to be isolated facts in the career of the Founder; but were rather to be regarded as the foundation of a ministry of healing in the apostolic body utilized to attest the divine presence in the Christian community. In Mark's Gospel, just after the general commission to preach the Gospel and to baptize, among the signs which are to follow the evangelic message is mentioned: "They shall lay hands on the sick, and they shall recover." In Matthew x, 8, in commissioning the Twelve, among the other commands is mentioned, "Heal the sick." In Luke x, 1-16, in an analogous passage where specific directions are given to the seventy disciples, they are bidden to "Heal the sick and say unto them, 'The Kingdom of God is come nigh unto you.'"

* See note at end of article.

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HEALING IN THE NEW TESTAMENT

IN the light of recent investigation special regard must be paid to the records of the life in the early Christian community contained in the Acts of the Apostles. Scholars such as Sir William Ramsay and Professor Harnack are convinced of the early date of the Acts. Both Sir William Ramsay and Professor Harnack by their careful examination of details have made it plain that through the whole book, St. Luke used contemporary information and, in a considerable portion of it, was an eyewitness of the facts he reported.

The cases of healing contained in the Acts are therefore, in the light of these investigations, especially noteworthy. In chapter iii, verses 6–8, St. Peter is reported to have healed a man afflicted with congenital lameness. In chapter v, verse 15, the healing activity of the Apostles is described, showing how the sick were carried into the streets and laid on beds and couches that as Peter came by, at the least, his shadow might fall upon some of them. Sick folk from the cities around Jerusalem were brought in, with those who were vexed with unclean spirits, and all were healed. In chapter viii, verse 7, it is recorded how the apostles in their journey to Samaria healed many that were palsied and lame. In chapter ix, verse 17, is given the account of the healing of Saul the future apostle, from his blindness, by Ananias through the laying on of hands. Chapter ix, verses 33–34, contains the account of a healing by Peter of a bedridden patient suffering from palsy. At the close of the same chapter, verse 40, comes the narrative of Peter’s bringing to life again a Christian disciple, Tabitha. In chapter xiv, verses 8–10, St. Paul is recorded as curing a cripple who had never walked. In chapter xix, verses 11–12, St. Paul is stated to have wrought special miracles—the sick being cured by being brought into contact with handkerchiefs or aprons taken from the Apostle’s body. In chapter xx, verses 9–10, the incident is mentioned of St. Paul’s bringing back to life a man who had fallen from the third story and been taken up as dead. The last case mentioned in the Acts, chapter xxviii, verses 7–10, is of special interest, as has been recently pointed out by the critics. St. Luke, who is relating the voyage of St. Paul and himself to Rome, tells how the chief man of the island of Malta on which they were shipwrecked, Publius, who lay sick of fever and dysentery, was cured
by St. Paul through prayer and the laying on of hands. Then St. Luke, who, be it remembered here, was an eyewitness, goes on to say that when this was done, the rest also which had diseases in the island came and were cured.

Sir William Ramsay in his latest volume, "St. Luke the Physician," points out that in this personal narrative there is a remarkable witness to the employment both of medical science and of _charismatic_ cure in the healing of diseases. St. Luke, who is a very careful writer in the use of his language, employs one verb, _iasate_, when he speaks of St. Paul's cure of Publius, but uses another verb when he mentions himself as associated in the cures (_etherapeuonto_). The last verb implies that the patients who were treated by Luke along with Paul, received also medical attention of the ordinary kind. The early tradition that St. Luke was a physician has been satisfactorily established through the recent examination of his language by both German and English scholars. He is fond of employing medical terms and in his Gospel he often uses an exact technical expression, where, in the other Gospels, a general term is used. In the case of this incident at Malta, it seems well established, according to Sir William Ramsay's contention, that the association of medical science with the practice of healing diseases by prayer and laying on of hands has a very early precedent.*

St. Paul Laid No Stress on Healing

A _preponderance_ of interest in favor of miraculous works of healing, so plainly indicated in the synoptic Gospel narratives and in the Acts, cannot be detected in the writings of St. Paul. These letters of the Apostle are the earliest historical documents contained in the New Testament. They are letters, not codes of laws, not constitutions, not directions for church services. Sir William Ramsay has called attention to the fact that a comparison made between the letters of the Apostle and the ordinary letters found among recently discovered papyri, shows that St. Paul was following the ordinary form for writing an ordinary letter. He does not give specific directions except where they are needed.
Gifts of healing are referred to in the Pauline Epistles, but no special stress is laid on their possession or their exercise. For example, in the first Epistle to the Corinthians, in the 12th chapter, the Apostle speaks twice of the gift of healing. There is no reasoning about it, no systematic discussion of it, no prescriptions based on its exercise in the actual work of the Church. In writing to Timothy directions as to the care of his health it is interesting to note that St. Paul does not refer him to a charismatic cure. He advises Timothy to take wine for indigestion and reveals himself here as in so many other points a man of common sense, who refused to tie himself down to even the most beneficent form of spiritual activity in the cure of disease.

Probably there was more than one consideration in a small case like this. The curing of disease was not only for the personal benefit of the individual, but it was a manifestation of a great spiritual power at work in the community itself and to be used for the benefit of the community. The gifts of healing probably in the Apostle’s mind were associated with a confession of faith brought about by an unexpected case of deliverance. If Timothy had been a pagan unacquainted with the teachings of the Christian religion, the gifts of healing might have been exercised for his benefit.*

There was then this implied connection between the teaching of some spiritual truth publicly and personally impressive, meant to influence in some deep, profound way the individual benefited rather than the mere cure of the physical complaint. Incidentally the case of Timothy may illustrate the point of view of the early Church. The employment of the gifts of healing were not to be invoked without consideration of the whole condition of the man’s personality. Their exercise stood on the same level as other extraordinary manifestations of spiritual energy, such as the speaking with tongues. One remembers how the Apostle was careful to show that the use of spiritual gifts might really under some conditions degenerate into an abuse. So we find him at Athens and in many Greek centers recorded as not especially concerning himself with either the speaking with tongues or with the gifts of healing. The use of such methods of impressing upon alien populations the spiritual authority

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of the Church was, so far as we can see, from his epistles by no means uniformly the rule.

The earliest documents of the New Testament, in point of the time of their composition, are the two letters to the Thessalonians. They are noteworthy as revealing the concentration of interest in the Christian community on the Parousia, or second coming of Christ. The idea of a kingdom prepared for a speedy advent of the Lord Himself naturally precluded any especial stress on means which would be considered important in providing for a permanent institution. In these two epistles there is no reference to the gifts of healing.

On the whole it is fair to say that too much may be made out of the negative aspect of the Pauline Epistles on this point. There are a great many subjects of paramount importance to the early Church—matters of supreme interest connected with the personality of Christ Himself which pass quite unnoticed in them. If by some chance the Gospels had perished and the modern reader was dependent solely on the Pauline Epistles for the history of the early Church and its Founder, whole areas of investigation would have to be left vacant. The details of Christ's ministry could not be recovered, much of His personal teachings would remain obscure; for example, the Lord's Prayer itself would not be recorded. The comparative neglect, the absence of any insistence on gifts of healing in the Pauline writings, need not therefore be given too much weight; nor should these considerations be allowed to prejudice the reader when he turns from this authority to the other contents of the New Testament, especially the Gospels and the Acts of the Apostles.

There is no necessity, therefore, to try to reconcile the scanty nature of Pauline evidence on the gifts of healing with the material contained in those direct records of the life of Christ and of the early Apostles, all of which, critics now acknowledge, are later in date of composition than the body of authenticated Pauline literature.

Whatever may have been the purpose of the Gospels, whether they were biographical, intended for individual or public reading, whether they were the notes to be used by evangelists
in missionary talks or addresses, there can be no doubt of this fact, that they presuppose a public interested in the work of Christ in healing the sick, in delivering individuals from diseases both of the body and of the mind.

It cannot be said that the philanthropic aspects of the question were paramount in early Christian thought. The cases selected by the evangelists are evidently intended to impress the hearer or the reader with the supernatural character of Christ. So, other details in which we should naturally be interested are omitted, or left vague. Speaking from the modern point of view, it may be regretted that the life of Christ was not written by some one gifted with the wide interests, the sympathies and the discrimination of a Plutarch. One only needs to compare the Gospels with the extant specimens of ancient biography to see that we must not expect to find in the Gospels ordinary biographical matter.

Again it must be pointed out that there is no technical nor scientific interest involved in the manner in which the cases of mental healing are recorded. It is only necessary to refer to Greek medical writings, such as Galen’s work on fevers, to convince oneself that a very different account of the cases of healing could have been given by an observer in possession of the ordinary scientific training of the first century.

Appendix

*Christ's Methods of Healing*

It is very interesting to observe the different methods which our Lord Himself used in healing the sick, as the following list of cases recorded in the Gospel will show.

It should also be noted that He healed *all* manner of diseases and *all* manner of sickness (S. Matt. iv., 23)—and that there is not one recorded case which He sent away or refused to heal. Many followed Him and He healed them all (S. Matt. xii., 15).

Two cases—

Specific diseases .................

\[
\begin{align*}
S. \text{Luke v., 12.} \quad & \text{Healed by touch.} \\
S. \text{Luke xvii., 12, 14.} \quad & \text{Healed by word.}
\end{align*}
\]

[ 73 ]
<table>
<thead>
<tr>
<th>Condition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Two cases. S. Mark i., 30; S. Luke iv., 38. Touch and word.</td>
</tr>
<tr>
<td>Paralysis</td>
<td>S. John v., 8. “Arise, take up thy bed,” etc.</td>
</tr>
<tr>
<td>Possession with dumbness</td>
<td>S. Matt. ix., 32.</td>
</tr>
<tr>
<td>Possession with blindness and dumbness</td>
<td>S. Matt. xii., 22.</td>
</tr>
<tr>
<td>Epileptic man with many defiant devils for many years</td>
<td>S. Matt. vii., 25-30.</td>
</tr>
<tr>
<td>Boy with unclean spirit brought by others</td>
<td>S. Matt. xii., 27. By touch.</td>
</tr>
<tr>
<td>A girl healed at a distance</td>
<td>S. Mark vii., 22-25. Gradual, spit, twice laid hands.</td>
</tr>
<tr>
<td>Two blind men</td>
<td>S. Matt. ix., 27. By touch.</td>
</tr>
<tr>
<td>A blind man</td>
<td>S. Mark viii., 22-25.</td>
</tr>
</tbody>
</table>
HEALING IN THE NEW TESTAMENT

A man born blind

- Three processes and cooperation:
  1. Made clay of spittle.
  2. Anointed eyes.
  3. Washed in pool.

- And S. Mark x., 46.

Deaf and dumb

- S. Mark vii., 32. Put His fingers in ears, spit, touched tongue, looked up, sighed, spake.

Three healed at a distance were Gentiles:

- "So great faith, no, not in Israel."

Centurion's servant

- S. Matt. viii., 5.

Woman of Canaan


Nobleman's son

- S. John iv., 46.

Editor's Summary

Recapitulating the more important points brought out by Dr. Bevan in this historical account of psychotherapy in the early Christian Era, we see:

1. That though the New Testament is an outgrowth of the Old there are many points of difference, nevertheless, which must be taken into account even when we are merely considering the evidence in them of the practice of psychotherapy. The records of mental healing in the New Testament have, for us, a closer connection with revealed religion.

2. That the larger part of the records of psychotherapy in the New Testament are found in the synoptic, the first three Gospels, and in the Acts. Of this evidence modern scholars are taking a broader view, due (a) to a higher value placed on the records as history, as evidence, and (b) to an awakened knowledge of life's natural possibilities. Physicians are beginning to recognize that many of the cures would be possible by natural means.

3. Yet it is generally allowed that all attempts to eliminate the miraculous elements from the Gospels and, at the same time, to reserve their historic character have failed. The evidence for the miracle is strong.

4. As to the character of the evidence, we learn that in at least one Gospel—St. Mark's—the record was separated from the facts by hardly more than forty years. St. Mark's represents the Palestinian tradition, for it was not worked over by any later editors. It pictures what the early Christians thought of the rôle healing played in Christ's mission.

5. As to how Christ Himself looked upon it, we see that He taught His disciples to regard His miracles as founding a ministry of healing that was to attest the divine Presence in the community.

6. As regards ordinary medicine in the early Christian Era we see in
the Acts of the Apostles, recorded by St. Luke, who was a physician, and an account, in part, of contemporary information, and in greater part by an eyewitness, that some of those who received healing, like Publius, who was cured by St. Paul alone, received, besides, no regular medical treatment, while others, in whose treatment he, St. Luke the physician, assisted, had the usual medical care also.

(9) The Apostle Paul used psychotherapy, but laid no stress on it. On the other hand, he advised Timothy to take a little wine for indigestion. Healing power the Apostle considered only as a part of a greater mission, and not for the personal benefit of the individual; rather as a manifestation of God's presence, a great spiritual power at work in the community. Like its other manifestations, it was to be guarded for such uses as the public teaching of some spiritual truth, or for the influencing in some profound way the individual benefited.

(10) Whatever purposes the writers of the Gospels had, there can be no doubt that the public to which the records were addressed was deeply interested in the healing of the sick, and the cases selected by the evangelists were evidently intended to impress men with the supernatural character of Christ. The details, in which we should naturally be interested, were omitted. Nor were these records written in the more scientific vein of extant contemporary Greek medical treatises.

Collateral Reading

69. *Without the laying on of hands*: Professor Bacon in his latest book, "The Beginnings of the Gospel Story," uses, as one of his main arguments for the perversion of the earlier Christian tradition in St. Mark's Gospel, the predominant place given in it to the miracles of healing. This is the result, according to the theory of this scholar, of an editorial working over of the text, in Rome, where the biography of Jesus was presented in accordance with the popular taste of the second generation of believers. The contrast in this respect between St. Mark's Gospel and the Epistles of St. Paul, in which the healing ministry of the church is treated as a mere incident, proves Professor Bacon thinks that the interest in the healing miracles was a development which came in after the Apostle's death. It is not easy to see how this view can be harmonized with a recognition of the early date of the Acts, in which there is a considerable amount of material concerned with the healing of diseases.

—W. L. Bevan.

71. *Has a very early precedent*: This argument would not be affected even if the later date assigned by many critics to the pastoral epistles were conceded. In this case the letters would represent not the words of an apostle, but the common Christian feeling of an early period.

—W. L. Bevan.
72. Might have been exercised for his benefit: The early speeches in The Acts of the Apostles, it is to be noted are used by Loisy and other critics as evidence of the early Christian tradition as the Messiahship of Christ. One (II-22) contains a reference plain and direct to the miracles of healing, and may be regarded as additional proof of the general acceptance at an early period of the healing ministry of Christ.

—W. L. Bevan.

15. ¶When Jesus therefore perceived that they would come and take him by force, to make him a king, he departed again into a mountain himself alone.

16. And when even was now come, his disciples went down unto the sea,

17. And entered into a ship, and went over the sea toward Capharnaum. And it was now dark, and Jesus was not come to them.

18. And the sea arose by reason of a great wind that blew.

19. So when they had rowed about five and twenty or thirty furlongs they see Jesus walking on the sea, and drawing nigh unto the ship: and they were afraid.

20. But he saith unto them, It is I; be not afraid.

21. Then they willingly received him into the ship: and immediately the ship was at the land whither they went.

—John vi.

7. In the same quarters were possessions of the chief man of the island, whose name was Publius; who received us, and lodged us three days courteously.

8. And it came to pass, that the father of Publius lay sick of a fever and of a bloody flux: to whom Paul entered in, and prayed, and laid his hands on him, and healed him.

9. So when this was done, others also, which had diseases in the island, came, and were healed.

—Acts xxviii.

The Next Article

Editor's Note.—Several ministers have recorded their success in treating alcoholism by the method which Dr. Frederick Simpson, in this article, describes as being "of the greatest value." That is by the "psychotherapy of persuasion and by the rebuilding of the moral character." This success has been conditioned largely by the patient's desire, not only to be freed from the degrading bondage to strong drink, but also by his hungering and thirsting after righteousness; as the Rev. Lyman P. Powell says in an article contributed to the "League of Right Living Course of Instruc-
tion," vol. ii. Mr. Powell finds it useless to accept others than such as these for this treatment.

Dr. Simpson’s description of the physical and mental destruction caused by alcoholism—one of civilization’s gravest problems—is, though he uses cold, scientific words, almost as moving as one of Gough’s passionate addresses. That knowledge of psychotherapy can be of use in combating this disorder has been proved by the results obtained in Boston and elsewhere.
Alcoholism and Drug Addictions

BY FREDERICK T. SIMPSON, M.D.
Visiting Physician to the Hartford Hospital

ALCOHOLISM, or the clinical conditions, mental and physical, which result from the excessive use of alcohol, is too large a subject for presentation in this paper. The alcoholic insanities, including delirium tremens and dipsomania, may be dismissed at once with the remark that they constitute from fifteen to twenty per cent of all the cases of insanity admitted to our asylums. Likewise the organic alcoholic diseases, like alcoholic neuritis, alcoholic cirrhosis of the liver, etc., must be omitted. Alcohol, however, produces a psychopathic disposition usually before it produces pronounced diseases of brain or body. On the other hand, a neuropathic or psychopathic disposition often begets alcoholism. All hard drinkers show nervous disturbances which may be to some extent inherited from alcoholic ancestors, and it is a well-known fact that children of alcoholic progenitors are extremely liable to show physical and mental degeneration.

The Effects of Alcohol on the Physical Condition

LET me from a clinical case describe to you the effects of alcohol upon a man before he has developed an actual insanity, or an organic disease. This man in ugly mood, under the influence of drink, has just committed an assault which brought him into the police station. He sits in a chair untidy in appearance, restless, somewhat talkative, speech rather slow and a little thick, face flushed,

1 See note under "The Next Article," on page 77.

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eyes reddened, with a marked tremor of muscles of face, head, and hands, and a rapid pulse. He is not drunk. His consciousness is fairly clear, and his answers to questions are fairly lucid, but evasive. He lays the blame of his condition on his wife, who—all the time scolding him—weeps at this point. As for himself, he says he works hard, keeps good hours, stays at home nights, but admits he drinks too much. The testimony of his wife and son is that he has always used stimulants to excess, and has been for eight or ten years a horror to his family—violent, abusive, vulgar in speech, accusing his wife before the children of infidelities and calling her bad names, getting more vile in language, and often threatening her with a pistol. He assaulted his sister in a fit of temper, so that she left the family. His work suffered, he couldn’t keep his accounts, was forgetful of his appointments, and for several years had contributed very little to the support of the family, while he himself would spend thirty to fifty dollars on a Saturday night drinking and carousing. His parents were respectable and respected, and he himself had been a good man until he began to drink.

In other words, the excessive use of alcohol begets a character that is irritable, violent, and explosive. It makes a person untruthful, selfish, faithless, egotistical. It destroys the sense of honor and self-respect. It withers the conscience and all the moral faculties. It weakens the will. It abolishes the æsthetical feelings. In the intellectual sphere it impairs all the mental faculties, attention, memory, judgment, and reasoning. Occasionally it produces automatic or secondary states of consciousness. It stimulates the sexual passions, while enfeebling the sexual capacity, whence arises very frequently suspicions and eventually delusions of infidelity of wife or husband. The work or occupation of the individual suffers in proportion, until finally the victim can no longer support his family or even himself. Progressive dementia is the tendency which, if conditions continue, is liable to be permanent.

Such cases form a great majority of the offenders in our police courts, but they also occur in large numbers in circles of society which seldom figure in the police court, leading to domestic tragedies of the most cruel sort, which are constantly coming to the attention
of the physician. Alcoholism, or inebriety, has a pathology with lesions of many of the systems of the body. I can only, in passing, refer to its effects on the neurons, which show at first swelling of the dendrites and cell body with gradual erosion, or disintegration, and atrophy of all the parts, including the nucleus. Owing to the efforts of Dr. Crothers, of Hartford, of Dr. Kerr, of London, and many others, during the past fifteen or twenty years, it has come to be recognized by the profession that alcoholism is a disease primarily psychological in character, with a progressive enfeeblement of the will, and the highest qualities or attributes of the personality, while the pathological changes of brain tissue are later developments. Unfortunately, when the case comes to the care of the physician the vital resistance and the nutrition of both brain and body in most instances have been markedly impaired.

Treatment of Alcoholism Must Be Based on Individual Factors

Evidently the treatment of alcoholism must be an individual one based upon judgment of the many factors in the case. Where the circumstances of the patient permit, removal for a long period to a sanitarium where absolute withdrawal of stimulants of every sort can be made certain, is the best plan. The great variety of means and methods used at these sanitariums to rid the patient of the craving for drink, and to build up body and nervous system to a point where a successful resistance to temptations to relapse is assured, I cannot describe. The statistics of these institutions, however, according to Crothers, show that from thirty to forty per cent of permanent cures are effected.

Hypnotism has been used with varying results in these cases. I can only report to you the statements of various authorities.

Kerr, of London, says (1898): “I cannot recommend hypnotism, having seen many cases in which it failed and some in which it has left mental injury.”

Arthur Tooth, London Lancet, reports “Most gratifying results from the systematic use of hypnotism in his institution for dipsomaniacs.”
Bushnell: “Hypnotic suggestion successfully employed in twenty-three cases.”

R. Osgood Mason: “Let the patient already anxious for recovery be impressed with the idea that his recovery will be much influenced by his own mental attitude—that if it is positive and hopeful, he will recover his health much more easily and rapidly than if it is despondent or indifferent, and that in this matter he can greatly assist himself. This being impressed, teach him with earnestness and sincerity to affirm to himself constantly, and especially while going to sleep, ideas like the following: The power of the alcohol or drug habit is broken. I am sufficiently strong and my will is sufficiently firm to resist successfully every temptation. No influence can make my hand carry the poison to my lips. I shall gain strength and self-control through sleep. I shall rapidly and perfectly recover.

The most sanguine of the writers as to the efficacy of hypnotism is Quackenbos, who, though a regular physician, belongs to the class of the professional hypnotists. He states that statistics show that treatment by hypno-suggestion gives at least seventy-five per cent of cures but gives no statistics except his own. He bases his views upon a personal experience with some seven hundred cases during a period of eight years, of which eighty per cent have been cured. “The essential to success,” he says, “is the honest desire on the part of the patients to reform.” He says again that “it is not claimed the tendency to relapse is absolutely obliterated,” and in his severer cases he administers for six months or a year various nerve-tissue builders, and if needed bromide and chloral to induce sleep. The success of the treatment, he says, bears a distinct relation to the amount of injury already inflicted upon the brain cells.

Collins, of New York (1900), a leading neurologist, says: “Alcoholism, morphinism, etc., have been amenable to treatment by hypnotism.” Paton, of Johns Hopkins (1905), says that in hysterical alcoholic patients it cannot be denied that satisfactory results have been obtained, though in some cases harm has been done.

Dubois seems to have little or nothing to say regarding the psychic treatment of the drink habit.
To sum up, I may say that it appears to me, from my reading of neurological literature, that in the earlier stages of alcoholism hypnotic influence may be properly used where other influences have failed. But in quite a proportion of cases psychotherapy in its highest form—that of enlightened moral persuasion—is of the greatest value. We have all of us seen numbers of cases of reformation of the drunkard under moral persuasion. The wonderful work of Goff and Murphy and many other temperance reformers proves that. A wave of reformation through moral persuasion has been sweeping over Europe and America in the past few years. In view of the great change of conditions in this regard, one ought to be a thorough-going optimist in respect to the deliverance of man from the great evils of alcoholic intoxication.

Morphinism

After alcohol, the most common narcotic used is morphine, or some preparation of opium. Like alcohol, its use dates back to earliest times, especially among Eastern peoples. Homer is said to have partaken of the juice of the poppy. According to Crothers, there are one hundred thousand morphinists in this country alone, and, of physicians, ten per cent have been estimated as secret or open users of the drug. Ordinarily the habit is formed by prolonged administration for the relief of pains—at first real pains, then imaginary pains, and the habit is persisted in because of the distress experienced in giving it up.

The psychic symptoms are varied. While the alcoholic is social and takes his stimulant openly and in company, the morphinist is unsocial and takes his drug secretly. But ethical deterioration is none the less pronounced. He loses all altruistic feelings, and becomes selfish and self-centered. The sense of duty is lost, and the sentiments of honor, truthfulness, and responsibility disappear. Timidity, sensitiveness, suspiciousness, anxiety, and depression are characteristic. Untruthfulness, especially in regard to his failing, is notorious. Mental torpor and forgetfulness are present.

In the chronic condition of opium-taking there are pronounced
bodily symptoms, such as anaemia, contracted pupils, scaly yellow skin, neuralgias, insomnia, and a general lowering of the nutrition. Sudden withdrawal produces collapse, with diarrhea, sweatings, cramps, anxiety, and sometimes mental delirium.

The treatment is exceedingly discouraging, ninety per cent relapsing eventually. Isolation in a sanitarium with gradual withdrawal of the drug, forced feeding, and a general toning of the system in various ways, is the only treatment.

Cocainomania

COCAINOMANIA is another drug addiction which has become relatively common in the last ten or fifteen years.

A young man of twenty-seven presented himself not long ago with a history of having taken cocaine for four months. He began with one of those advertised hay-fever powders containing cocaine, which gave temporary relief to nasal conditions, and then used cocaine with chalk and menthol on his own initiative. Every hour or two he would snuff this up into his nostrils with a great feeling of exhilaration and banishment of fatigue. After six weeks, he found his appetite was upset, that he couldn’t sleep, and that he was troubled with profuse perspiration. He then tried to leave it off, but discovered he was unable to do so. He became more addicted to it than ever, so that he sometimes did not go to bed all night, but sat up, read, smoked, or walked around. At intervals his condition was so bad that he was semidelirious and had various sorts of hallucinations. He became dejected, sullen, moody, had to stay away from his work more or less, and finally gave up his job and disappeared. I have known a brilliant journalist to become a tramp, abandoning work, family, and everything good, traveling over the country, and using his wits in deceiving people so as to get money to supply himself with the drug.

Hallucinations and delusions of persecution are common with cocaine sufferers, and they are liable to be dangerous to other people. The outlook for a cure is very unfavorable, and asylum treatment is generally necessary.
Editor's Summary

In Dr. Simpson's account of the use of psychotherapy in alcoholism and drug addictions, the chief points are as follows:

(1) The alcoholic insanities, those for which alcohol is directly responsible, constitute from fifteen to twenty per cent of all the cases of insanity admitted to our hospitals, and, more than this, that alcohol tends to produce a psychopathic disposition usually before it produces pronounced diseases of brain or body.

(2) The excessive use of alcohol impairs all the finer elements of character, abolishes the æsthetic feelings, and weakens the grasp of judgment and of reason.

(3) Inebriety has a special pathology of its own, for it produces lesions of many of the organs of the body. It affects the nervous system: the neurons, for example, which, at first, show swelling in the dendrites, and cell body, followed by a gradual disintegration and atrophy of all the parts, including the nucleus.

(4) The medical profession has come to recognize alcoholism as a disease primarily psychological in character, accompanied by a progressive enfeeblement of the will and of the higher attributes of the personality.

(5) The best remedy is to keep the patient in a sanitarium, where the stimulant can, for a long period, be kept away from him. From thirty to forty per cent of cases so treated are cured.

(6) Hypnotism has been used in alcoholism with more or less favorable results, yet psychotherapy in its highest form, that of enlightened moral persuasion, is of the greatest value. Dr. Simpson favors the use of hypnotism in the earlier stages of this disorder, when other influences have failed.

(7) The morphine and cocaine habits, often started in some invidious way, or fastened on the victim by patent medicines, are as harmful in their effects as alcoholism, and the chances of cure are much smaller.

Notes and Collateral Reading

The problem of civilization: From what has been said about the causes of mental and nervous disturbances we can see how tremendously complicated they are. The main cause we have found in hereditary tendencies, and the main cause of these again in the injuries to the germ plasm, chiefly through poisonings, of which alcohol is the most important cause. Then come other unhealthy conditions of life and emotions. But when we consider that hereditary tendency is by all odds the most important factor, and gives a considerable impetus to the effects of all other causes, then we must try to establish the principal causes of it.
In almost all civilized lands we observe a tremendous increase of nervous and mental disease. Insane asylums and nerve institutions grow like mushrooms. Nervousness, mental insufficiency, defects of character, weakness of will, and nervous disturbances of all sorts are racing to burden and complicate our social life and make mankind miserable. There is a corresponding increase in the number of suicides. Crimes are certainly not diminishing, and it is significant that their character is ever more predominantly and frequently pathological. An attempt is often made to explain the matter by saying that we pay more attention to these things than we used to, take better care of the insane and lock them up oftener, and that consequently the increase is only apparent. We will not dispute the partial justification of such an explanation, but it is not sufficient and the other factors should not be overlooked or ignored.

Formerly they made much shorter work than now of incapable and unsatisfactory people. A tremendous number of pathological individuals, that were not pronouncedly insane and yet injured society by their perverse tendencies, by sexual crimes and brutalities, by drunkenness, theft, and murder, were shortly and summarily condemned and hanged or beheaded. The process was short and sure, for it kept these people from increasing any further and plaguing society with this degenerate stock. Even those genuinely crazy were killed or burned as witches. Our present misguided humanitarianism carefully nurses the whole breed at private and public expense, and lets them marry merrily away and increase, while the strongest, healthiest, and most normal people are partly sent off as food for cannon in war, partly tied up as soldiers and servants in peace, kept for a long time from marrying.

Is it any wonder that the products of such a perverted selection stand out glaringly as noxious social dangers?

But the worst of all, and what increases the bad selection, we have pictured, to the highest power, is the systematic alcoholizing of mankind, which has become an acute pestilence in modern civilizations, because the extraordinarily cheap production of alcohol has made it accessible to the poorest of devils.

The fact that the tremendous decrease in alcoholism in Sweden and Norway during the last fifty years has put a stop to the increase of mental disturbances, and caused a positive increase in the number of able-bodied recruits, while, on the other hand, the mental and nervous degeneration of the people is strongest in countries where there is most drinking—this throws the clearest light on the main source of evil. The same lesson is to be learned wherever prohibition communities are contrasted with those where drinking is profuse. [Norway and Sweden were most seriously given over to alcohol and degenerated in the first half of the nineteenth century, but at that time a strict reform was begun.] To state the matter most strikingly and concisely, there is an increase of crime with an increase of alcoholic consumption, and a decrease with its decrease, and the same is true of suicide. But the frequency of crime and suicide is likewise a
clear indication of the amount of nervous degeneration in society, although this is also largely affected by acute alcoholism. Other causes, such as the herdings together of the proletariat in great cities, in bad rooms or tenements with insufficient food and unhealthy employments, undoubtedly weaken the nervous system, but it is hard to prove their effects statistically. But, after all, the wretched condition of the Jews in Russian or Polish cities shows the results of privation where alcohol is not involved.


Dr. August Forel is Professor of Morbid Psychology in the University of Zurich, and also director of the Burghölzli asylum. He has had a very abundant opportunity for investigating the underlying causes of the undeniable degeneracy in some phases of modern life. His viewpoint is not philosophical, but scientific. He states no theory, and save by the use of one adjective, “misguided humanitarianism,” he brings nothing into his diagnosis but the indisputable facts.

The Next Article

Editor’s Note.—It is not altogether a matter of “clinics” and “cases,” this much-discussed employment of psychotherapy in connection with religion. This is suggested by the narrative of the experience of one clergyman, who believes that “nine out of every ten people in my congregation need just such help as can be given by psychotherapy.” The Rev. Herbert M. Hopkins, in the following article, takes up practical questions which directly concern the religious elements of the community and are of interest to more detached observers who would discover the point of view of working clergymen in this matter.
Psychotherapy in the Small Parish

By THE REV. HERBERT M. HOPKINS
Rector of the Church of the Holy Nativity, Bedford Park, N. Y.

The initial experiments in Christian therapeutics were conducted in large city parishes, where the conditions were favorable for departures from the established order of things. Clerical and lay assistants, an equipment for institutional work, including, perhaps, a clinic, and a following of people, not strictly members, who looked to the church for help in various difficulties—these were the conditions which provided a good laboratory for demonstration. Here was an opportunity to deal with the unfortunate individual without regard, at the outset, to community sentiment and prejudice.

But the conditions in a small and comparatively homogeneous parish are different. The whole burden of administration falls upon the rector; public sentiment is less elastic and liberal; and, finally, equipment is lacking. It would seem too that there is a lack of material, or of "cases," though this is, in reality, far from being the fact. The need of Christian therapeutics in a small parish is evident, and the conscientious pastor must address himself to the problem, if he would not be disobedient to the heavenly vision. If the truth were told, nine out of every ten people in any congregation need just such help as can be given by psychotherapy. What must strike any observer is the lack of joy and peace in the majority of Christians. Somehow their religion has not made them happy. They are tormented with worry; they suffer from nervous disorders of various kinds; their work in life is performed with friction and

1 See note "The Next Article," on preceding page.

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difficulty. Christians ought to be recognizable generally by their exceptional health of body and mind, by a certain illumination of expression, the index of an internal and deep harmony. But, unfortunately, this is not so. They have heard the truth, but have not understood; they have seen, but not perceived. It must be put to them in a new way, and when this is done it comes with all the freshness and power of a new revelation.

Needs and Methods

I WISH to consider in this article a typical small parish. The people are respectable and comparatively prosperous. There is neither wealth nor poverty, the readiness for novelty which comes with the one, not the obvious need of help which comes with the other. Yet, in just such a community, there come mysterious failures. In many instances the church has not connected with the daily life of the people. Among the very faithful, one breaks down with nervous prostration; another is a dyspeptic; in short, most of the illness which the pastor meets with in his visitations need not have occurred at all, if the sufferers had only used the latent spiritual power in themselves whose very existence they did not suspect.

The old-fashioned way of dealing with such cases was to consider them divine dispensations, to offer words of sympathy, often conventional, and to depart, having accomplished nothing. Many a pastor became hardened by his inability to help. He listened indifferently, perhaps from an instinct of self-preservation. He expected to hear just so much complaint of ill health, and had never learned to apply his mind to each problem, because he had no solution that was of practical value.

We must not be too severe with him. Old ladies were accustomed, by immemorial tradition, to save their woes for his professional ear, and his suspicion of the unreality of most of such troubles had some foundation. I used to take delight in the anecdote of an old lady who complained to her pastor of an occasional dryness of the throat, and gravely accepted his remedy, a glass of cold water. But this pride of infirmity, real or imagined, is passing away. There
are the many victims of modern conditions, whose need is very great, and not the less great because so often unrealized.

The way I launched psychotherapy in my own parish was as follows: I advertised a series of so-called "faith-cure conferences" for Lent. The expected result was an unusually large attendance, such as no ordinary service of a mid-week evening in Lent could have brought out. I introduced a physician of high scientific attainments, who spoke for half an hour on the physiological effect of mental states. He spoke as if he were lecturing to medical students, described in detail the process of digestion, and showed how that process was hindered by mental turmoil. The gist of his thesis was, that mind does actually affect matter.

The lecture was dispassionate and scientific. There could be no doubt of the ascertained facts. With the religious side the physician was not concerned, nor need he be in such a demonstration. It was enough to show Science and Religion within speaking distance of each other, even accepting the same dogma, though each might interpret it in his own way. It was the province of the clergyman to demonstrate what the religion of Christ had to do with this phenomenon.

Thus, at the first meeting, the main thesis was presented in such a way as to disarm criticism. What I said that evening, and subsequently, need not be put down here. I described the work of Dr. Worcester, and cleared the ground for a further discussion of those illnesses which, having a psychic cause, are susceptible of psychic treatment.

The interest at the following meetings was even greater, and the attendance larger. None of the regular congregation came to me privately on the afternoon set aside for that purpose, though all came to the general conferences. My private callers were from the outside—those who had read an account of the movement in the papers. I suspect that my own congregation had an instinctive doubt concerning private interviews, as savoring somewhat of the confessional, an honest Anglo-Saxon opinion which I respect; and I believe that no one was willing to be regarded as a "case," though he received help and suggestion from the open discussion.
NOTES AND COMMENT

I did not carry the conferences beyond Lent. They were advertised for that season only, and ended then, not because they were unsuccessful, but because I regarded them as only one of my duties as a parish priest, and saw myself in danger of neglecting other needs in a young and growing church, as well as of breaking down under the continual demands upon my time and strength from outside.

Results

WHAT, then, was the net result? Within the parish there were two cases of chronic dyspepsia cured by this method of autosuggestion, by the substitution of happy, confident thoughts for fear and worry. But, more than that, the tone of the congregation was visibly altered. There was a marked tendency to ignore life's pinpricks, which, when taken seriously, become, so often, fatal wounds. Those who needed help made the personal application, often admitting the fact humorously to one another. At the general meetings there was a fervor, a conviction, and, at times, an exaltation, which was unique in my experience. We all won a deeper knowledge of the power of prayer.

The main thesis is established; yet the whole subject of Christian psychotherapy is pregnant with mystery and danger. We must preserve the Christian virtue of resignation to God's will, which some are likely to forget. The fanatic and the fraud are always with us, those who make the healing of the body the final test of God's power, and care nothing for that greater miracle, the healing of the soul.

Collateral Reading

The healing power of Christianity: The Christian faith is indeed a healing power. For sanity there is no such help as belief in the eternal love. Down through the life of character, the life of the intellect, and the life of the flesh, the power of the Christian idea of the universe goes like the balm of Gilead. This is no new discovery; it is as old as the Christian faith; and men like Peter have been turned by it from a life of delusion, and when so turned they have strengthened their brethren. Direct self-discipline in God, self-discipline in God through the nobler mind of the
prophets of God—that is the immemorial way over which the individual soul has won its victory. And because men have turned aside from that way they have gone after blind leaders of the blind into the wide wilderness of delusion and excess.

—Rev. Dr. George A. Gordon, sermon at Old South Church, Boston, Mass., December 28, 1908, in The Herald, Boston.

Religion in Education

EDUCATION is indeed the most potent of all our weapons in the attack upon nervous disorders; but it is not academic nor intellectual acumen that we wish to produce in this type of sufferer, but rather that moral and spiritual awakening which gives him a greater and better reason, a purer and intenser motive, for all that he does. Because I believe, then, that all explanation, all encouragement, all education, which ignores religion is for that reason slipshod and slovenly, I believe that patients whose physical ills can be mitigated through explanation, encouragement, and education need the help of some one to whom religion is a working reality.

—Richard C. Cabot.
Bibliography

Suggestions for Supplementary Reading

To those readers who may wish to carry their study of the topics treated in this and the preceding issues of the Course outside these pages the following suggestions for supplementary reading may prove helpful. The books mentioned below are of especial value in throwing light upon some of the more fundamental facts underlying psychotherapy that have been under discussion.

"Hygiene of Nerves and Mind in Health and Disease," by August Forel, M.D., translated from the German by Herbert Austin Aiken, Ph.D., 1907.
"Letters on Psychotherapeutics," by Herman Oppenheim, M.D.
"Hypnotism," by John Milne Bramwell, M.B., C.M.
"Outlines of Psychology," by Harold Höfding, translated by Mary E. Lowndes, 1902.
"The Force of Mind; or the Mental Factor in Medicine," by Alfred T. Schofield, M.D., 1902.
"Psychotherapeutics," by C. Lloyd Tuckey, M.D., 1901.
"Psychotherapy," by Hugo Münsterberg.

In connection with the relationship of mind and body which is the basis for psychotherapy these passages are significant:


For the anatomy and physiology of the nervous system involved in psychotherapy may be mentioned:

Religious psychotherapy as exhibited in the Emmanuel movement is described in these three recent books:


Various popular phases of the movement to utilize psychotherapeutic influences are dealt with in the following articles:


A series of articles are appearing in Woman’s Home Companion.

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**Glossary**

*Abraxas*, a genus of lepidopterous insects; the gooseberry span-worm.

*Acedia*, despondency.

*Amoeba*, a genus of very minute protozoan animals consisting of a mass of naked protoplasm and capable of changing their form at will.

*Archaeus* (archeus), astral body, of Paracelsus.

*Cyanosis*, a blue coloration rising from some temporary or non-organic cause; also a blue color of the skin resulting from a congenital malformation of the heart or some defect in the pulmonary circulation.

*Galvanic*, electric.

*Hydroscopic*, water divided into minute drops.

*Nidus*, a nest; a point or focus suited for the development of germs; a pocket in which pus may be hidden; a small collection of ganglion cells constituting a nerve center within the mass of a larger ganglion.

*Œdema*, a swelling from the effusion of serous fluid into the cellular substance.

*Peristalsis* (to wrap up), the peculiar movement of the intestines and other tubular organs, like that of a worm in its progress, by which they gradually propel their contents.

*Sciatic nerve*, a nerve trunk running down the back of the thigh.

*Sciatica*, neuralgia of the sciatic nerve.

*Vascular*, having or relating to vessels.

*Vegetable organs*, organs which contribute to growth or nutrition or reproduction, but have no properties of animal life.

*Vermicular*, worm-shaped.

*Vagus*, the triangular space below inferior fovea; floor of the fourth ventricle corresponding to nuclei of pneumogastric and glosso-pharyngeal nerves.
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[3]
The Next Article

Editor's Note.—Dr. C. Lloyd Tuckey, the author of the leading article in this number, is recognized both here and in Europe as an authority on the subject, his book, "Psycho-Therapeutics," being one of the most valued works in the field. His defense of hypnotism, therefore, to which he devotes a considerable part of his paper, demands consideration. In the first place, whatever may be the final decision as to the value of hypnotism, it must be borne in mind that practically all forms of psychotherapeutic suggestion have their origin in hypnotism, just as in its turn hypnotism had its origin in mesmerism.

Dr. Tuckey very naturally begins his article with an account of the clinic of Liebeault, the first great practitioner of hypnotic suggestion in Europe. This visit led Dr. Tuckey to further study and practice of hypnotism and the various forms of treatment by suggestion, which he describes and analyzes with great acuteness.

In the discussion of hypnotism which is going on and which has already divided psychotherapists into two camps—the "school of Nancy" and the "school of Berne"—Dr. Tuckey's presentation is of high value.
How Suggestion Works¹

BY CHARLES LLOYD TUCKEY, M.D.,
Late Visiting Physician to Margaret Street Infirmary, London,

In the autumn of 1888 I paid my first visit to Nancy, and spent a few days attending the Clinique of Liébeault.² I believe I was one of the first English physicians to investigate modern hypnotism, and I preserve a vivid recollection of my early impressions. Accustomed to ordinary private and hospital practice, the system adopted by Liébeault seemed at first unscientific and fantastic, and as conviction of its importance grew, one had to readjust many ideas and prejudices.

The dispensary was a sort of bungalow, situated in a garden, and thither flocked the patients from 7.30 to 9 every morning, and ranged themselves in chairs round the room. Dr. Liébeault, an elderly, keen-eyed little man, went from one to the other, examining newcomers and chatting freely with patients and visitors. Having diagnosed the disease and decided as to its suitability for treatment, he would proceed to hypnotize by telling the patient to look at his fingers, held a few inches above the eyes, while he spoke in quiet tones and suggested the symptoms of the oncoming of ordi-

¹See note under “The Next Article,” on page 4.
²The first to apply suggestion in psychotherapy with marked success.
nary sleep: “Your sight becomes indistinct, your eyelids heavy; a torpor creeps over your limbs; your thoughts get indistinct; you want to go to sleep; shut the eyes, sleep.”

Half a minute’s talk of this kind was sufficient in most cases to produce a greater or less degree of hypnosis, varying from profound somnambulism to slight drowsiness and torpor, according to the patient’s temperament.* Then the doctor would make the suggestions appropriate to the disease, and emphasize them by placing his hand over the affected part. After a few minutes’ rest the patient would be aroused and allowed to depart, generally free from the pain or discomfort with which he had entered the room. There was a complete absence of mystery about the proceedings, and everyone took the treatment as a matter of course. We therefore had perfect conditions for psychical healing—a physician whose reputation, appearance, and manner inspired confidence; a sympathetic environment; and simple, trustful patients.

The Method in England

An article I wrote on my return to London in The Nineteenth Century attracted a good deal of notice at the time, and brought a good many visitors, lay and medical, to Liébeaut’s modest clinique. Among these were some wealthy and ultra-fastidious English and American patients, and these the old doctor found much less amenable to his methods than the simple peasants and artisans among whom he loved to practice. The homeliness of the surroundings and the publicity, which were natural to the habitués of the place, proved antagonistic to a different class. Dr. Milne Bramwell, in England, and Dr. Van Renterghem, in Holland, have had similar experience. These physicians relate how, on their return from visiting Nancy, they put into practice the Liébeaut methods with similar surroundings, and with complete success as long as they dealt with a humble class of patients; but when they came to treat chronic disease among rich and critical people in London and Amsterdam, the technic had to be modified to meet the altered condi-

*See note at end of article.
tions.\(^1\) My experience and that of all other physicians is similar, but in the main Liébeault’s method is still practiced by all his pupils, and we all venerate the memory of our dear old teacher.

I should like to give here an emphatic denial of the assertion, still sometimes made, that medical hypnotism weakens the will and disturbs the mental and bodily health of the patient. Liébeault practiced in Nancy for forty years, and a large proportion of the inhabitants must have submitted to hypnotism at his hands. Since 1882 his most distinguished pupil, Professor Bernheim, has practiced on an even larger scale, so that, as Professor Wood, of Philadelphia, said after his visit in 1889,\(^2\) “the air of Nancy is heavy with suggestion.” Yet we have no record of the health of Nancy—intellectual, physical, or moral—being inferior to that of other towns in France. A great many eminent physicians have visited Nancy. Sir Lauder Brunton, of London, gives an interesting account of his visit to Liébeault’s Clinique in a recent book.\(^3\) And Sir Francis Cruise, of Dublin, in his introduction to the fifth edition of my book, “Treatment by Hypnotism and Suggestion,” describes his impressions of Bernheim’s hospital practice.

How Suggestion is Related to Hypnotism and Other Methods

FROM the foregoing remarks it will be understood that I am a thoroughgoing upholder of the Nancy school, though I do not go so far as Bernheim in asserting that all the phenomena of hypnotism are due to suggestion, and that hypnosis and natural sleep are practically identical states. Hypnosis is, I believe, a condition \textit{sui generis}, and its interest with the readers of this course depends on the fact that it offers the key to unlocking the mysteries of suggestion. Sleep is a complex condition which still baffles investigators and depends upon various causes; for instance, the sleep following healthy fatigue is different from that induced by a heavy meal or excessive drinking of alcohol. Hypnosis is due to direct action on the cortical cells of the brain leading to psychical disso-

\(^1\) “La Psychothérapie dans ses différents modes,” 1907.
association and inhibition; it is followed by no reaction, as is the case with drugs, and is producible and determinable in good subjects in a very brief space of time.

I find myself thoroughly in agreement with Bernheim, Delbœuf, and other authorities, when they affirm that the deeper the degree of hypnosis the greater the effect of suggestion, and I always endeavor to obtain a state of somnambulism with lapse of memory or amnesia on waking. One does, of course, get good results from suggestion without any noticeable alteration of consciousness. Christian Scientists and mind-healers indignantly scout the idea that they practically hypnotize their patients, and that their cures are the result of suggestion, but if we accept the dictum of Bernheim, that hypnosis and suggestibility are really synonymous terms, we can come to no other conclusion, for it is one that corresponds with the facts. Many persons have come to me after undergoing various forms of mind cure, and they often assure me that the feeling produced when I endeavor to implant an idea into their minds is identical with what they have experienced when sitting with a mind-healer.

Suggestion, Persuasion, and Other Methods

SUGGESTION is the process whereby an idea is received as true, and being so received, it is able to modify not only conduct, but also function. Many able physicians, especially Professor Dubois in Switzerland (whose book, "The Psychic Treatment of Nervous Disorders," Dr. Cabot calls epoch-making), and Professor Freud in Germany, claim, and no doubt rightly so, great success from their methods of psychical analysis and persuasion in the waking state. But I consider that there is practically a state of light hypnosis present in such treatment, and that, like M. Jourdain in Molière's play, who talked prose without knowing it, many doctors use hypnotic suggestion without calling it so. While advocating the induction of as deep a degree of hypnosis as possible, Bernheim, in his own practice, demonstrates the fact of suggestion being often

1 "Hypnotism, Suggestion, Psychotherapie," 1891, p. 77.
2 "Études Nouvelles," p. 76.
HOW SUGGESTION WORKS

very successful apart from ordinary hypnotic methods. His personality is remarkable and he is all-powerful in his hospital wards. When one sees the way his patients accept his suggestions as true and act upon them, one understands why he says there is no hypnotism, only suggestion.

In his books, Bernheim gives many illustrations of enforced suggestion in the waking state, and in persons he has never hypnotized. It is the possession of this faculty of imposing one’s will on people which is called personal magnetism, and it is the property of leaders of men in all departments of life—the Church, the army, medicine, etc. Bernheim thinks that much false evidence is given in law courts in good faith by witnesses dominated by astute lawyers. For example, he quotes the case of a recent famous trial in Budapest, where Jews were accused of sacrificing a child at the Passover, and many children came forward and swore to evidence supporting the story.

Is it Possible to Make a Hypnotized Person Act Against His Conscience?

CHILDREN are extremely suggestible, and traits often attributed to untruthfulness are frequently due to excess of imagination and too great mental receptivity. On the other hand, some people are absolutely or comparatively insusceptible to suggestion, even in states of profound hypnosis. Bernheim, for instance, could not get an imperialist to declare himself a republican, though profoundly hypnotized. Dr. Milne Bramwell contends that it is impossible to make a hypnotized person commit any act against his conscience or waking volition. I should like to be able to indorse that view, but am afraid I cannot go so far. Bernheim made a hospital patient take another patient’s purse, though she at first indignantly refused to steal, by telling her that it was really her own property which she was resuming possession of. The subliminal self, to which we appeal in hypnotic states, is apparently weak in logic.

It is, of course, difficult to prove that the subject is not, even

1 “De la Suggestion et de les Applications à la Thérapeutique, p. 187.
2 Quoted by Sir F. Cruise, M.D., Dublin Journal of Medical Science, May, 1891.
in these cases of apparent acquiescence, acting a part, as Dr. Bramwell contends, and assenting to a harmless deception to humor the hypnotizer. Nevertheless, I should advise extreme caution on the part of both hypnotist and subject, and, as I have said elsewhere, I should rather take a pill from a stranger than an hypnotic suggestion.

The success of suggestion, therefore, depends largely on the temperament and character of the subject, and it is important in using it for medical purposes to have the acquiescence and cooperation of the patient. If the patient is intelligent, we appeal to his reason in a preliminary conversation, explain the modus operandi, and get his assent to the suggestions to be used. The arguments used may be entirely on the material plane, as is the case at Nancy, or higher ground may be taken and an appeal made to man's spiritual nature as in the Emmanuel movement. In each case that something within ourselves which makes for health—the vis medicatrix naturæ, the subconscious mind, or whatever it is called—is brought into play with curative results both to body and mind.

Some of my medical friends tell me they use suggestion, but have no need to induce preliminary hypnosis. I can only envy them their powers and their choice of patients. "Chinese Gordon" went through his campaigns, I believe, armed only with a walking cane, but most soldiers require a more formidable weapon; and my defense for the use of hypnotism is, that it furnishes the ordinary medical man with a means of curing patients on whom he might use argument and suggestion alone without the smallest effect. Myers expresses a confident hope that a system of curative self-suggestion will in time be perfected whereby the patient will be rendered independent of the physician in functional diseases, but in the meantime the saying of the American humorist still holds good: "A man is not able to raise himself by his own boot straps."

Suggestion must come from outside, and is vastly increased in scope and efficacy by the previous induction of an hypnotic condition. This fact is being constantly brought home to me in practice. It has often happened that I have treated a patient by suggestion alone after vain attempts to hypnotize him, and little or no improve-
ment has followed. Then one day the psychological moment arrives and the attempt succeeds, with the result that the symptoms, hitherto unyielding, diminish and disappear, and the whole aspect of the case changes. Some subtle adjustment of nervous energy to organic needs has taken place which it required the hypnotic state to bring about. Hypnotism is not alone in producing a rapid or sudden change. Myers says "a few moments of sleep—a mere blur across the field of consciousness—will sometimes bring a renovation which hours of lying down in darkness and silence would not yield. . . . The break in consciousness is associated in some way with a potent physiological change."1 Liébeault told me that he could hypnotize himself and suggest away fatigue and neuralgias, and many writers have propounded systems of self-cure of hypnotic character.2

Though the intelligent coöperation of the patient is most desirable, success of suggestion does not necessarily depend upon belief or faith. Dr. Hugh Wingfield, in his experiments on undergraduates at Cambridge, found some of the most skeptical young men yielded most quickly and thoroughly to his influence, and Professor Forel tells how an unbelieving spectator in the hospital at Zurich realized the suggestion of Prof. Otto Stoll that he should dream of the devil, and wake in a terrible fright.3 Such an outcome of suggestion offers, perhaps, an explanation of the action of curses on individuals and families, for the efficacy of the curse, be it noted, is dependent in many recorded cases, not on the sanctity of the curser but upon the receptivity, often disguised, of the victim.

Illustrations of the Power of Hypnotic Suggestion

A RECENT experience shows the efficacy of hypnotic suggestion. The patient was a woman of forty, and a trained hospital nurse. Through trouble and sickness she had taken to drink, and her condition seemed almost hopeless. She wished to be cured, and

2 For instance "Ideal Suggestion," by H. Wood, of Boston. "Have I a Strong Will?" by Charles Godfrey Leland.
proved a good hypnotic subject. I suggested moral and physical shrinking from alcohol, and added that if she attempted to drink any it would make her violently sick. Months afterwards, when quite cured, she confessed that she remembered my suggestion on waking, and felt very skeptical about its application. To put the matter to the test she drank a glass of brandy on her return home, with the result that it not only acted immediately as an emetic, but made her ill for several hours.

In another case a similar suggestion acted when ordinary consciousness was extinguished, for the patient, a man of thirty-five, fainted on a cricket ground, and had some brandy poured down his throat by zealous bystanders; the spirit brought him round promptly, but by its emetic and not by its stimulating effect.

Even when it is apparently possible to get the full coöperation of the patient, there is often subconscious resistance to curative suggestion; any attempt to influence him in the waking state is received as an injury and as showing want of sympathy. Even a slight degree of hypnosis sometimes breaks down this resistance and renders curative suggestion effective. Then there are many cases of moral disease, where the patient's ordinary volition is opposed to reform and cure. In these, as the late Dr. Auguste Voisin proved, hypnotism overcomes the resistance of the lower self and enables us to reach the saner and better stratum.\(^1\) In this way he reformed many apparently hopelessly bad characters, male and female, and most of us who practice hypnotic therapeutics have had similar experience.\(^2\)

Suggestion and "Spiritual Healing"

LEAVING out of the present discussion the question of modern miracles which are brought about in answer to prayer and by special divine interposition, I think most of the results obtained by psychotherapy can be explained by the action of suggestion. An esteemed clerical friend is much interested in psychic healing and

\(^1\) *Revue de l'Hypnotisme*, 1889-90, etc.

firmly convinced of the efficacy of prayer, combined with unction and the laying on of hands. He is a man of fine presence and full of sympathy; his firm touch is sufficient to inspire the weak with confidence and the despondent with hope. He told me of his cures, and was rather hurt when I asked him if he thought the means adopted would be equally successful in the hands of a weak-kneed, flabby little person. Much of the success of Christian Science depends on the strong personality of Mrs. Eddy and her profound knowledge of human nature; for instance, she insists on the patient asking for treatment before it is given, thus fulfilling two of the chief conditions of successful suggestion—faith and cooperation, the first rungs of the ladder of cure. In spite of the fallacies and exaggerations of Christian Science, we owe much of our awakening to its invasion.

One learns much of human nature and its complexity by studying suggestive therapeutics. Many people hug their pains and rejoice in bearing what they term their cross. These are patients who, above all others, I think, need a combination of spiritual and physical suggestion. Perhaps, in many cases, appeal to only one factor will have failed, but the double appeal will succeed. One need not go so far as some mind-healers, whose books I have read, in associating cause and effect so closely as to assert, for instance, that corns are often the result of jealousy and inveterate neuralgia the bodily expression of backbiting. I should refer the corn question to the bootmaker; but admit that if one could bring about such a mental change in the slanderer as to make him more charitable, there might be, pari passu, other changes set up influencing function and nutrition, and so promoting cure.

It is advisable to have a working hypothesis in carrying out a system, and Myers's theory of a subliminal self, so ably advanced by him in his great work, fulfills temporary requirements and offers an explanation of the phenomena of sleep, hypnosis, and ecstatic states. This underlying self, recognition of which does not imply belief in dualism, but only in diverse strata of consciousness and control, is a curious thing. Its readiness to receive and act upon suggestion is explained by supposing that it is affected by deductive, but not
inductive, reasoning. Given a premise, it works out the syllogism without reference to the truth of the first statement—e.g., when the hypnotist tells the subject the house is on fire, the latter does not inquire as to the truth of the statement, but acts at once upon the idea and rushes from the spot with exaggerated expressions of alarm.

The success of the operator, whether he works avowedly with hypnotism or not, depends upon his being able to impress the reality of his statements on the subject. Dr. Schofield brings out this point in his books, and argues from it the necessity for medical students and medical men studying psychology. The most successful physician will be he who believes thoroughly in himself and his methods, and is able by his appearance and manner to carry conviction into the minds of his patients.

The Bishop of London, in a recent sermon on spiritual healing, said, "with great exaggeration and much false teaching people are calling the attention of the Church to a forgotten truth—the message of the Gospel of the body." The medical profession, to a hardly less degree, has neglected the mental aspect of disease,* with the result that much quackery prevails, to the detriment alike of physician and patient. It is to correct this defect that the Medical Society for the Study of Suggestive Therapeutics, which already claims a membership of nearly a hundred physicians, has been founded.

Overcoming "Fear-thought” by Suggestion

A PROMINENT feature of Mrs. Eddy’s teaching is the recognition of fear as a potent factor in ill-health and disease. Fear is largely the outcome of morbid self-suggestion, and must be overcome by healthy suggestion, applied from without but acting from within. It is often the first knot, as it were, requiring unravelment in the tangle of disease. This truth is well set forth by Dr. Morton Prince, the late Dr. Russell Sturges, of Boston, and other physicians in America, and notably by Drs. P. Janet, P. Dubois, and Freud in Europe. These writers and others show how pain-habits, obsti-

1 For example, “The Personality of the Physician.”
2 The Guardian, October 28, 1908.

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nate constipation, heart symptoms, and troubles of digestion can be cured by healthy suggestion, even without hypnotic preliminaries.

Education of the physician in the elements of psychotherapy will prevent much unintentional harm-doing. Few people are so sensitive, let us hope, as a lady I know, who assures me she never consults a doctor without incurring a new disease owing to his suggestions; but I have suffered, in common with Dr. Bramwell, from the ignorance of well-meaning medical men, who, coming with patients, have expressed most anti-health sentiments* in their presence, forgetting that the mind of the sick is alert to take in suggestions, and that morbid suggestion is not alone applied by direct word of mouth. It is acknowledged that much of the good effected by electrical treatment and local applications is due to this factor. This is well expressed by Professor Ballin, the eminent authority on nervous diseases¹ and physician to the Hôtel Dieu, Paris, who attributes at least one half of the effect of electrotherapeutics to suggestive action on the patient's mind.

Suggestion in Neurasthenia

REFERENCE to Professor Ballin's excellent book on Neurasthenia brings me to the practical point that a large proportion of chronic sufferers from ill-health come to us afflicted with that disease. Very far from being malades imaginaires, they feel their pains and disabilities no less acutely because they cannot be laid bare by dissection or physical examination. Dr. Van Renterghem, of Amsterdam, a scientific and most successful physician, says more than half his hypnotic male patients are neurasthenic; and this class of patient will form a preponderating element in all psychotherapeutic clinics, for ordinary physic can do little for them. Neurasthenia, therefore, may be taken as a typical condition of functional nervous ill-health influencing the entire organism, and I propose to briefly consider the physiology of the action of suggestion, and especially of hypnotic suggestion in cases of neurasthenia, for by that means I think we shall be enabled to come to an intelligent understanding of the whole subject.

¹"Neurasthenia," translated by Dr. Campbell Smith, 1908 edition, p. 188.
Recent improvements in microscopical technic have placed at the disposal of science methods of examining minute structural changes hitherto beyond our reach; and Dr. Clouston, the eminent Edinburgh alienist, gives in his interesting book, "The Hygiene of Mind," photographs of brain cells in men and women of various ages and under different conditions of health and disease, obtained by the Nissl process of hardening and staining. These cells are shown to be filled with chromatic granules, the material for potential work in young and vigorous persons; but similar cells, examined in persons who have suffered from exhausting disease or overwork, show great diminution in the number of these granules, and they appear pale and atrophied. Rest and sleep are the recognized restorers of nervous energy, for then recuperation takes place. The difficulty is to get these neurasthenics to take effective rest, for waste is continually going on in useless and unproductive channels. Sleeplessness and restlessness are among the most distressing symptoms of the disease, and the patient moves in a vicious circle; he never has any reserve of nerve energy, but lives from hand to mouth on his capital. Weak and exhausted organs are always irritable, as we see in cases of diseased heart, hence we have the irritable weakness of neurasthenia. The objects we seek to bring about in these cases are physiological rest of the cortical cells and conservation of wasted energy; these are attained by curative suggestion.

A Recent Explanation of Hypnotism

AMONG recent scientific investigators of nervous phenomena in connection with disease, Dr. William McDougall, of Oxford, takes a high place, and he has recently promulgated new theories of the action of hypnotism. He supposes that the nervous system consists of a series of arcs arranged in dispositions or systems associated according to heredity and habit. The cortical brain centers are being continually gently stimulated by the arrival from the sensory nerves of freed nervous energy or neurokyme (Oscar Vogt).

1 Address delivered to the Medical Society for the Study of Suggestive Therapeutics. "The State of the Brain during Hypnosis," Brain, 1908.

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In health and under normal conditions there is an equable and moderate dissipation of this neurokyme through all the organs and tissues, making our cœnthesis or systemic consciousness, and constituting that state of perfect health which is characterized by a sense of general well-being without undue consciousness of the working of any one organ. This state of equilibrium explains the expression of some happy individuals who say they don't know what it is to be ill, and of other unhappy ones who never appreciate good health until they lose it.

The best way to regard the nervous system 1 is as consisting of a collection of cells with long processes. 2 A nerve cell and its processes, or neuron, constitutes a unit of the nervous system, and these units are estimated to amount to some thousands of millions in number. They communicate with one another by means of their processes, or dendrites, which interlace and lie side by side so as to allow nerve impulses to pass from one to the other. In childhood and youth new associations and dispositions are constantly being formed by education and by repetitions which become habits. Effective suggestion acts in the same way as habit, but infinitely more rapidly.

Man differs from the lower animals by being endowed with imagination, therefore the flow of energy or neurokyme can be affected through his ideational centers by suggestion as well as through the ordinary sense channels—e.g., the verbal suggestion of hunger and food will create a flow of saliva apart from its actual presence. The curative action of suggestion in functional disturbance results from its regulating innervation, and establishing nervous equilibrium by direct influence on the nerve centers in the cortex of the brain—centers which have an ultimate controlling influence over the action of every organic cell and every muscular fiber of the body.

By withdrawing the nervous current from a much overworked or unduly irritable nervous center or bodily organ, and by isolating it through induction of a relative dissociation of the center,” says

1 See the articles by Drs. Coriat and Woodworth, No. 2, vol. i, of this Course.
Dr. McDougall, "rest may be secured and a bad habit of over-action may be suspended—as, e.g., in neuralgia; while by repeatedly directing a powerful stream of innervation through some other channel a too sluggish organ—e.g., the bowel in constipation—may be brought back to action and healthy functioning."¹ These ideas, expressed in the language of modern scientific thought, closely resemble those promulgated by Liébeault nearly fifty years ago, when he spoke of directed attention and its effect in diverting nerve currents and relieving nervous congestions.²

Frederick Myers, poet and perhaps prophet, looked forward to a time when by his own power and self-suggestion every one of us would be able to direct his own vital and curative forces. Until that time comes, if it ever should, we must be content to depend upon suggestion coming from without, and our object as men of religion and science should be to classify it with correctness and utilize it with discretion.

Liébeault used to place his hand over the seat of pain or organ he wished to affect, and he attached much importance to the patient feeling a glow of warmth in response to suggestion. This glow or flush depends upon an increased flow of blood to the part due to the dilatation of the arterioles through the action of the vasomotor branches of the sympathetic.

The sympathetic nervous system is largely responsible for most of the phenomenon of hysteria and of many of those of neurasthenia and allied conditions.³ It is not under the control of the ordinary will or consciousness, but can be profoundly influenced in the hypnotic and allied states, as is seen by the occasional production of stigmata in religious ecstasy and of inflammation of the skin in deep hypnosis.⁴ It is this action on the sympathetic system—the brain

¹ McDougall, loc. cit., p. 18.
² "Thérapeutique Suggestion, son Mechanisme," etc., 1891, p. 45.
³ Savill, loc. cit., p. 895.
⁴ I have before me a photograph kindly sent to me by the late Dr. Wetterstrand, the eminent Stockholm physician, showing an inflamed and ulcerated spot on the dorsum of the hand of a woman. She was an exceptionally good subject and with her consent the experiment was made of producing this local effect by suggestion and the light contact of the finger. Charcot, Binet, and other authors report similar effects.
of systemic consciousness and organic life—through the highest cortical centers, constituting the ultimate court of appeal that enables us to effect cures of functional organic troubles by suggestion.

Editor's Summary

Dr. C. L. Tuckey, the first English physician to apply modern hypnotism in his practice, visited Dr. Liébeault's clinic at Nancy, France, in 1888. He saw in Liébeault's treatment:

(1) That there was a complete absence of mystery in the proceedings, and that this, combined with Liébeault's inspiring personality, high reputation, and the sympathetic atmosphere of his clinic, gave perfect conditions for physical healing. Liébeault, he says, would pass from one to another of his patients in the clinic making them comfortable, diagnosing their ailments, hypnotizing them, and applying the appropriate suggestions. His practice was to ask the patient to gaze at his fingers held a few inches above the eyes, to suggest sleep with a word, and to emphasize the healing suggestions by touching the affected part.

(2) He brings to our attention that Liébeault, as well as Dr. Milne Bramwell in England, and Dr. Van Renterghem in Holland, had better success with simple folk than with the more sophisticated, and that Liébeault's technic had to be modified in dealing with fashionable people. He adds that, in the main, he and the other pupils of Liébeault still follow the methods of their teacher.

(3) In answering the critics of hypnotism Dr. Tuckey presents strong evidence that hypnotism does not weaken the will nor disturb mental or bodily health. He adds, though, that he does not agree with Bernheim that hypnotism is nothing else than sleep. He says it is a condition sui generis.

(4) The value of hypnotism, he points out, is that it heightens suggestibility, though results may be got by suggestion without noticeable alteration of consciousness.

(5) Suggestion, he says, is the process by which any idea is received as true by the whole being so that it not only modifies conduct but also affects bodily functions, such as digestion.

(6) Dr. Tuckey holds that success in the therapeutic use of suggestion depends largely on the temperament and character of the subject. The arguments used as suggestions to the patient may be entirely on the material plane or they may be made to appeal to the patient's spiritual nature, yet in every case it is the subconscious part of the mind that is acted upon and that effects the cure.

(7) Hypnotism, he says, overcomes the resistance of the less human self and enables the suggestion to reach the saner and better underlying stratum, and that this is especially true in curing bad habits like dipsomania.
(8) To explain its action Dr. Tuckey makes use of Meyer's theory of the subliminal self (see Professor Jastrow's articles in this Course on "The Subconscious"). He says that the readiness of this subliminal self to receive and to act upon suggestion is explained by supposing that it only reasons deductively; it follows out whatever suggestion is made, regardless of whether there is any foundation of truth for it.

(9) As to where suggestion may be used he says that its field lies largely in treating functional and nervous diseases, and adds that a large proportion of sufferers from chronic ill health are neurasthenics for whom ordinary physic can do little.

**Notes and Collateral Reading**

*Numbers refer to pages in the text*

6. **According to temperament:** As soon as they are able to pay attention and understand, children are, as a rule, very quickly and very easily hypnotized. It often suffices to close their eyes, to hold them shut a few moments, to tell them to sleep, and then to state that they are asleep.

Some adults go to sleep just as readily by simple closure of the eyes. I often proceed immediately without making use of passes or fixation by shutting the eyelids, gently holding them closed, asking the patient to keep them together, and suggesting at the same time the phenomena of sleep. Some of them fall rapidly into a more or less deep sleep.

Others offer more resistance. I sometimes succeed by keeping the eyes closed for some time, commanding silence and quiet, talking continuously, and repeating the same formulas: "You feel a sort of drowsiness—a torpor—your arms and legs are motionless. Your eyelids are warm. Your nervous system is quiet; you have no will. Your eyes remain closed. Sleep is coming, etc." After keeping up this auditory suggestion for several minutes I remove my fingers. The eyes remain closed. I raise the patient's arms; they remain uplifted. We have induced cataleptic sleep.

Others are rebellious, preoccupied, unable to give themselves up; they analyze their own feelings, are anxious, and say they cannot sleep. I command them to be calm. I speak only of drowsiness and sleepiness. "That is sufficient," I say, "to gain a result. The suggestion alone may be beneficial without sleep." Generally, during the second or third séance, I succeed by means of this suggestive education which the patient has had in inducing a more advanced stage of hypnotic influence.

Whilst with some patients success is more readily obtained by acting quietly, with others quiet suggestion has no effect. With them it is better to be abrupt, to restrain with an authoritative voice the inclination to laugh.


14. **The medical profession has neglected the mental aspect:** It is unquestionably true that what is popularly known as the scientific mind finds
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itself incapable of getting beyond the material world in its interpretation of facts. Medicine has, therefore, very naturally found itself increasingly unwilling to accept with cordiality ideas and theories which demand other than a physical explanation, with the result that the psychotherapeutic movement, which at various stages in the progress of medicine has emerged with more or less vigor, has hitherto for the most part been suppressed and relegated to the region of uncertainties into which the modern scientific spirit is unwilling to probe.

It is clear that, from the standpoint of the medical profession at large, no deep consciousness of the possibility of the practical application of mental means to the prophylaxis and treatment of disease has as yet developed. The primary study of mental phenomena is still regarded by the rank and file of the profession with skepticism, although undoubtedly with a growing tolerance.


15. The physician as a cause of disease: One of the common blind spots in the physician's eye results in a failure to recognize the harm done by his treatment, or even by his diagnosis, through their influence on the mind of the patient. We are, most of us, watchful and cautious about prolonged examination of a patient with pneumonia, because we realize that the position necessary for the examination may exhaust his scanty strength. But when it is a question of serious harm to the mind of the patient, as a result of our treatment we are often skeptical or careless. A young girl of strongly hysterical tendency was attacked by an acute articular rheumatism which (as later appeared) did damage to one of her heart valves, although compensation was quickly established and remained perfect. Later, in Venice, an Italian physician called for some slight disturbance, listened to her heart, became much interested in its condition, and so prolonged his examination that her apprehensions were thoroughly aroused. As a result she rapidly became bedridden and the prey of torturing hallucinations which took over a year to disappear.

Later, when she came under my care, knowing that I was especially interested in diagnosis and in diseases of the heart, she called my attention particularly to the condition of her heart and awaited my verdict with feverish eagerness. Luckily I had a pretty intimate knowledge of her character and temperament, and so, concentrating myself in the effort to get the essentials as quickly as possible, I listened not over three seconds to her heart, recognized a well-compensated mitral stenosis and got away again so quickly that it was easy to reassure her as to the functional soundness of the organ.

In diabetes or chronic nephritis we should often like to examine a patient's urine every week or two, but in many cases the therapeutic guid-
The Next Article

Editor's Note.—Dr. Cabot discusses in this article the uses and abuses of rest. Americans are great wasters of energy and, as has often been pointed out, we are more nervous than other peoples. Dr. Cabot, incidentally to this discussion, shows us in a few vivid sketches some of the ways in which we use up energy and get no return for it. We see ourselves entertaining a "panicky, dazzled state" which, he says, is responsible for a great deal of fatigue and ineffectiveness.

It is this needless waste and not hard, effective work, he points out, that wears us. And when we are disorganized by it and run down, he intimates that we usually need reeducation more than rest. Rest, he shows, has its uses, but it is often abused.

Dr. Cabot points out that the influence of normal rest is deep and potent and that sleep is the keystone of the whole arch of well-being; but he does not counsel us in our ineffectiveness and fatigue to remain seated lest we break down, nor to invite atrophy by a too long rest. On the contrary, he says: "Just as no one ever strengthened a weak muscle by resting it, just so surely no one ever strengthened his power of self-control, of concentration, of initiative, of decisiveness or sympathy save by using them and using them for the most part against a painful resistance," the resistance of our old habits and our inertia.

"The hardest worker is often the best rester," he adds in conclusion.
The Use and Abuse of Rest in the Treatment of Disease

BY RICHARD C. CABOT, M.D.
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I

The Benefits of Rest

I SHALL spend relatively little space in expounding the value of rest. Most people know it very well, though they often do not act on this knowledge. On the whole, I think the tendency of the time is to over-accent the value of this agent in cure. Certainly no order has more often been given to sick people by their physicians than “Rest,” and probably no single measure has been more effective than that which prescribes rest. Beginning with the old maxims about calling in “Dr. Diet and Dr. Quiet,” developed by Dr. S. Weir Mitchell in his so-called “rest cure,” popularized of late by the writings of Professor William James and Miss Annie Payson Call, the advantages of relaxation and rest have been very widely preached.

That we all need a rest after a hard run or after a hard day’s work is as obvious as that we need food. Indeed, there seems to be no deeper nor more widespread law of nature. The boat’s crew that wins the race is said to be the crew that learns to rest between every stroke and thus to postpone the accumulations of fatigue which exhaust. In health and in disease alike, then, anyone with a grain

1 See note under “The Next Article,” preceding page.
of common sense must have felt the deep and potent influence of rest. In health, proper and regular sleep is, I believe, the keystone of the whole arch of well-living. In the cure of organic diseases of the heart, the stomach, and the kidney, as well as in the treatment of infectious fevers such as typhoid, rest has formed a very essential part of that "expectant treatment" which in the history of medicine followed the era of wholesale drugging, and has remained one of the most valuable parts of our inheritance in the practice of medicine. We have learned beyond possibility of doubt that when a patient's heart is exhausted by the strain of maintaining the circulation despite the handicap of a leaky valve, simple rest will produce sometimes an almost miraculous relief—a relief which doubtless in the past has often been attributed exclusively to the use of digitalis and other drugs. Professor Osler was wont for the instruction of his classes at the Johns Hopkins Hospital to treat by rest alone some of his cases of serious cardiac failure from organic valvular disease in order to demonstrate how much could be accomplished by this method without the aid of any medication. So in the treatment of diseases of the stomach associated with obstinate vomiting many of us have come to believe that for a day or two the best medicine is no medicine, and the best diet is no diet, because rest is the essential need of the stomach in so many cases. The treatment of acute Bright's disease consists of arranging such a diet as for a time will spare (or rest) the kidney.

The Gospel of Relaxation

Such examples might be multiplied almost indefinitely, especially in the field of surgery where the management of sprains, strains, fractures, and many other diseases has consisted very largely of rest. But in the field of psychotherapy and in the treatment of the psychoneuroses the two types of rest cure above alluded to claim our special attention. I suppose that it was not until comparatively recent years that any considerable portion of the well-educated public realized the danger and the folly of keeping a dozen sets of muscles tight and contracted when there was no call for the use of more than one set. The wasted energy with which we push against
the inside of a carriage when it does not seem to be going fast enough, or sit upon the edge of our seat, half our muscles tense, because we are afraid of missing a train, is typical of that extravagance and misdirection of our resources* of which we have been made aware in recent years, especially by the writings of Miss Call and Professor James, with their innumerable imitators and followers. Under these conditions, to relax our muscles tends to make it easier for us to relax the strain of our attention and thus to obtain mental as well as muscular rest.

Still more important than this first and easiest chapter in the gospel of relaxation has been the suggestion usually worked into this gospel, that a panicky, dazzled mental state is responsible for a great deal of our fatigue and ineffectualness. Why is it that we contract all our muscles when the need is to contract a few and leave the rest slack? How comes it that when we sit down to write a letter, we write not with the fingers of one hand but with all the muscles of the right arm and shoulder, and not infrequently with our faces, our tongues, and our legs, which are screwed and twisted up in a ludicrous effort to assist the laboring hand? It is in part, I think, because we are muddled; we do not know exactly what we want. That our energy should be intelligently and accurately directed, so that we launch exactly the act that we intend and do not let our powers spill over into half a dozen more or less similar channels—this, it seems to me, is one of the most important features of Miss Call's gospel.1 It is not merely the excess, but the misdirection of our energy that needs correction. To know what we are about, to be clear as to what it is that we are attempting, makes not only for effective but for healthy and unimpeded action. I shall return to this point more in detail in subsequent articles. I wish now to consider the method of treatment first described and practiced by that great genius, Dr. S. Weir Mitchell, and now generally known as the "rest cure."

1 A quiet, intelligent use of the will is at the root of all character; and an unselfish, well-balanced character, with the insight which it develops, will lead us to well-balanced nerves.—Annie Payson Call.

*See note at end of article.
PSYCHOThERAPY

It has been recently pointed out both by Dr. Mitchell himself and by other less competent persons that in the original description of the method of treatment now generally called by his name, Dr. Mitchell made it clear that rest was only one element in the management of the psychoneuroses for which his treatment was especially advised. Fully as important in his conception of the cure was the use of seclusion, the cutting off of visitors and letters, the employment of forced feeding and massage, and the daily visits of the physician himself. Unfortunately, however, when the medical profession undertook to appropriate and use Dr. Mitchell's treatment for their own patients, they seized upon only one feature, or one or two features, without realizing the rationale of the whole,* and especially without realizing that Dr. Mitchell's treatment without Dr. Mitchell's personality was a very different and far feebler weapon against disease.

Most forms of treatment are more successful in the hands of their originators than in those of anyone else, but this has turned out, I think, to be especially true of Dr. Mitchell's so-called "rest cure." From the start it has been evident that others could not get such results from this treatment as Dr. Mitchell has obtained, or not, at any rate, without great modifications of the plan as they understood it to have been originally promulgated. It is now, I think, generally comprehended that although Dr. Mitchell has a rather poor opinion of the word "psychotherapy"* and of those who make much of it, he was from the first a most brilliant practitioner of this art, and made it, in fact, an essential element in that fundamental reéducation of his patients of which he has said so little and done so much. Analyzed from this point of view, it is obvious that in the Weir Mitchell cure we have, besides rest in bed, the following elements:

Isolation

First:—The simplification of the patient's mental and emotional life by the exclusion of thoughts and feelings which result from intercourse with a variety of people, from the answering of a

1 "The Treatment by Rest, Seclusion, etc., in Relation to Psychotherapy," Journal of the American Medical Association, June 20, 1908.

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USE AND ABUSE OF REST

variety of letters, and other stimuli to action. Like a retreat to a
monastery, like Emerson’s journey to the mountains before he
resigned his pastorate, this period of seclusion has been to many
patients an opportunity not only for rest, but for meditation and for a
resulting reorganization of their whole plan of life. Many people
never have time to come face to face with themselves, to find out
what it is they have been doing or are intending to do. Like an ob-
servation taken at sea, such a pause with temporary banishment from
the world allows us to take account of stock, to find out how far we
have come, to ascertain whither we have arrived, and to plan where
we shall next direct our course.

Reëducation

SECOND:—Reëducation, mental and moral, seems to me like-
wise one of the essential elements in Weir Mitchell’s rest cure
as practiced by him, although this aspect has been far less recognized
by his imitators. It has been pointed out by Paul Dubois that even
the diet itself, restricted at the start to milk and given at stated in-
tervals and in fixed amounts which are steadily increased, may be
used as a means of educating a capricious and self-willed patient.
For in the first place a large proportion of such patients are pos-
sessed by the idea that they cannot take milk, that it invariably dis-
agrees with them and always has done so. Since they are in the
habit of allowing this prejudice to govern their actions they naturally
look with horror upon the idea of breaking through it. Under a
treatment like Dr. Mitchell’s the patient is forced, in the first place,
to submit to what he is likely to regard as an outrage—namely, to the
smashing of his lifelong prejudices regarding his stomach. I do
not mean to assert that there are absolutely no persons who cannot
take milk and be nourished by it, but only that the number of
such persons is probably not more than one out of every thousand
who suppose that they are limited in this respect.

Besides the good coming from the forcible destruction and re-
moval of an ancient prejudice, besides the good accomplished by the
breaking up of old adhesions in the mind, and thus freeing it from
some of the shackles of unreason, the rest-cure diet often proves a blessing in disguise because of its absolute regularity. Milk comes at stated times and in measured quantities, irrespective of the patient's desire for this or any other food. By this means the patient may learn a lesson which is one of the most important for many psycho-neurotics—namely, that their sensations are absolutely no guide for action; that the sensation of hunger does not necessarily command them to eat, nor the sensation of satiety to abstain.

What has just been said of the educational effect of thus regulating the patient's life so that everything in it happens at a fixed time and for a good reason, applies not only to his diet but to the massage, the bathing, and all other items in the régime, each of which reënforces all the rest and tends to create that regularity of habit which is so great a saving of mental energy.

Personal Influence

THIRD:—I have already alluded to the daily visits of the physician.* These, I fancy, have been one of the greatest elements in the success of the rest cure in Dr. Mitchell's hands. With the patient isolated from all other companionship, with his mind emptied of all the impressions and thoughts ordinarily flowing through it as a result of numberless sights, sounds, efforts, and experiences of all kinds, the daily visit of the physician may come with tremendous force and effectiveness, like the concentrated beam of a searchlight on a dark ocean. The impressions which he strives to make upon his patient at such a time sink far more deeply into the mind, and are much more likely to be worked over and wrought into the structure of his mental life than they would be under ordinary conditions when he has so much else to think about.

Through three important channels, then, Dr. Mitchell has brought to bear upon his patient the reëducative type of psychotherapy. To him it now seems absolutely unimportant that the modern terms and phrases were not often by him employed. To him educative psychotherapy was a second nature, a matter of common sense. But in the hands of less gifted men a treatment such as he has out-
lined easily becomes a rest cure pure and simple, an attempt to heal a patient by means of rest alone! To the reasons why this is impossible I wish next to direct your attention.

II

The Dangers of Rest

EVEN when rest is an indispensable element in the treatment of disease, as, for example, when we bind a broken arm to a splint, or fix a broken leg in rigid plaster of Paris, it is also distinctly harmful. It leads to wasting and degeneration not only of the muscles, but of the bones beneath them. The X-ray has recently brought out this last surprising fact, showing an increased transparency of the bone, due to loss of the lime salts, which give it firmness and strength. All this degeneration results from rest. The rest is indeed necessary to insure the healing of the broken bone, but when that is accomplished we have still to cure the patient of the disease (the degeneration and loss of power) which our treatment has itself produced. The "atrophy of disuse" means that a part of the muscle and bone are actually gone and that the wizened and stiffened tissues must be gradually restored (chiefly by use and exercise) to the normal working power of which the long-enforced rest has deprived them. This process of recreating by exercise the power of the semiparalyzed muscles ends by recreating the muscles themselves, for they have in some cases wasted down to mere strings of fibrous, gristly tissue. By their use they are restored, just as by their use they were (before the accident) maintained. Bind a healthy, unbroken arm to a splint and in a few weeks it will be reduced to the same pitiful wreck of its former self that we see when a broken arm comes out of splints. It is the rest, not the fracture, that makes the bone and muscle begin to die on their splints.

Surgeons have long recognized this, and of late years they have begun cautiously to reduce the period of enforced rest to the shortest time possible and to give the patient a chance to exercise the injured part at the earliest possible moment. But in the modern treatment
of sprains, surgeons have gone much further, for the recognition of the harm resulting from rest has now led to a complete reversal of the treatment in vogue twenty years ago. For a sprained ankle we used to order weeks of absolute rest—perhaps in plaster of Paris. The result was that when the sprain was healed it took months to get over the stiffening produced by the treatment. (Consider, in passing, how people stiffen up in their mental joints under enforced mental rest.) Now most patients who sprain their ankles are advised to use the joint from the first—cautiously, and with proper support to be sure—but never giving up its use altogether, even though pain is severe. With this treatment, such troubles as sprained ankle and water on the knee recover in less than half the time which used to be consumed when it was thought necessary first to rest and then to get over the bad effects of the rest.

In old times when people's stomachs worked poorly, we gave them rest by cutting out of the diet the articles of food that seemed to give most pain. In some cases we still consider this necessary, and even complete starvation may be prescribed. But even then we recognize the rest as an evil—though a necessary evil, while in perhaps the majority of all cases of dyspepsia we urge the patient not to cut down his diet but to eat even if it distresses him—suffering pain in the part for the sake of the nutrition of the whole. Of course, it needs a physician's training to distinguish these patients who must win back, through and despite pain, the power of good digestion. I am far from advising anyone to try the experiment without a physician's advice. Nevertheless, the fact remains that, as regards the stomach, the same rule holds which I exemplified a moment ago, viz.: The complete rest of any organ is at best a necessary evil. It should be reduced in all cases to the shortest possible period, and must always be followed by a reeducation of the part, through graduated exercises.

Did space permit, I might go on to exemplify this same rule in the modern treatment of diseases of the heart, lungs, and kidneys.

"Spare the organ and spoil the child" is indeed not quite true, for (with our present knowledge) it seems often necessary to spare an organ as much as possible for a short time, and to a certain extent
for a much longer time; but we do this as we give morphine, aware of its dangers, but considering it the lesser of two evils.

Rest but the First Step, Then Reëducation

Turning now to the dangers of rest in the psychoneuroses, we can point at once to those "awful examples," fortunately rare, of persons who go to bed to rest for a day and remain there for a decade. For most of these sufferers rest was originally prescribed as a necessity, but, alas! they have taken altogether too kindly to their medicine. The rest has produced atrophy and rigidity—mental, moral, and muscular—and it may take months or years to overcome the harm thus produced. A powerful, dangerous, almost heroic remedy is rest. It is valuable, but great caution must be exercised in its use.

"But," it may be asked, "is it not rest that we need in nervous prostration and nervous exhaustion? Surely there we need to make up for the long, continued fatigue, the chronic strain by an equally prolonged rest."

"Yes," I should answer, "whenever the trouble is due to overwork, to loss of sleep, to real overexpenditure of energy, we do need rest. But in the vast majority of cases nervous prostration is due not to overwork either of mind or body, but to over emotionalism, distraction, worry, and fear. Many neurasthenics were born tired and have been getting more tired the more they rest. Nothing will ever rest them but work, just as nothing cures the weak, sprained ankle except exercise, painful though that is."

Rest is, it may be, the first step in the cure. But the next and most essential step is to learn how to live more wisely, more actively, and with a serener outlook. Paul Dubois told me a story last summer which explains very clearly both the use and the limitations of rest for psychoneurotics.

"Suppose," he said, "a young man gets to spending more money than he earns. His scale of living is wasteful and improvident; at last he becomes bankrupt (that is nervous breakdown). In shame and despair he goes to his father, confesses his follies and begs
that his debts may be paid. The father pays his debts (that is the rest cure). But what next? Must not that young man's way of living be changed if he is to keep out of debt in the future? Is it any use to pay his debts if he is to go on spending more than he earns? Surely not. Therefore the wise father will pay this son's debts only on condition of reform—only as the preparation for that reform.

"So the neurasthenic can pay up his back debts of nervous energy by rest (perhaps). That is a good beginning, but then his cure is but just begun. The essential point is to change his heart, to reform his habits, to help him to find out how he can live in the future so as to run up no huge bills. Without that the 'rest cure' is a waste of time and money. In a few months it will have to be begun again."

Undeserved Rest is Pauperization

THIS, it seems to me, is the law and the gospel as to rest in psychotherapy. It weakens and pauperizes us like almsgiving, unless it is understood to be merely the first step in a reform of the patient's manner of life. The fault in this manner of life may be moral or mental—a blunder or a sin—but whichever it is, it must be corrected if the rest is to do any good. The rest may put the patient in a better condition for attacking this problem. But the problem is there just the same, only postponed. It must be faced and conquered sooner or later if happiness and usefulness are to be rewon.

Just as surely as no one ever strengthened a weak muscle by resting it, just so surely no one strengthens his powers of self-control, of concentration, of initiative, of decisiveness, of sympathy, save by using them and using them for the most part against a painful resistance, the dead weight of inertia and habit.

The Nail in the Shoe

IT is true that the neurasthenic is constantly fatigued and that the slightest exertion of mind or body increases his fatigue, but this is (for the most part) not because he has done so much work, but because his mental and moral machinery revolves with so much internal friction of part upon part. Suppose (to change the meta-
Q$^>\text{USE AND ABUSE OF REST}$

A man has a nail in the heel of his shoe. To avoid the painful pressure of the sharp point upon his heel, he shifts his weight onto his toes and walks with the heel raised. This forced and unnatural position soon tires him out and he sits down to rest. But would he not be a fool to stop there? To be forever resting and resting from the fatigue produced by a cramped, limping attitude—never to stop and deal radically with that nail, to put off the job and go limping on—that would be stupid indeed, but no more stupid than to go on year after year to a rest cure without an effort to find and remove the cause that makes our spirits limp. "This nervous prostration is a blunder," said one of the wisest women I have known. I hope I make clear what she meant.

It must be admitted that there are cases in which we are very sure that suffering and disability are due to some sort of nail-in-the-shoe or thorn-in-the-flesh (some physical defect or faulty mental habit), but cannot find the offending article despite our best search. Rest may then be our only weapon of defense. But my thesis is that never should we rest content with this lame and impotent solution until the most diligent search has been made, not only for physical causes such as eye strain or sacroiliac strain, but for maladjustments in the family, chronic globe trotting, mental dyspepsia, pain in the conscience, and like errors. Sanitaria and rest cures are right and necessary, but rest and peace come oftener out of the reform and readjustment of one's life than out of sanitaria. The hardest worker is often the best rester. He throws himself wholly into his work and wholly into his rest, turning his energies full on and then clean off, because he has found and made a job in which he can be completely loyal and therefore completely happy.*

But here I am approaching the subject of Work Cure, which I desire to reserve for another paper.

Editor's Summary

Dr. Cabot, discussing the uses and abuses of rest, points out to us a few important facts:

1. As to the value of rest, we see that effective activity is based on its intervals of rest; and that the recognition of the part played by rest
in the recovery from certain ailments is one of the most valuable heritages of modern medicine.

2. As to the danger of not resting, Dr. Cabot says that much of our ineffectiveness and fatigue is due to our wasteful mental habit of keeping, for instance, a dozen sets of muscles tight and contracted when there is no call to use more than one set.

3. The cause of this wasteful mental attitude lies, he points out partly, in that we are muddled and don't know exactly what we want. Dr. Cabot reiterates for us the good advice of Prof. James and of Miss Call, and says we should cultivate the habit of knowing what we are about and of clearness about what we are attempting to do.

4. Rest is not a panacea, he intimates. He draws our attention to the fact that rest is only one of the elements of Dr. S. Weir Mitchell's "rest cure." Its seclusion, overfeeding, and massage are equally important. In fact, one of its essentials is a fundamental reeducation of the patient. Dr. Cabot analyzes it from this point of view, as follows:

(a) Isolation: This is the simplification of the patient's moral and emotional life, and it gives him a chance to take account of stock, to find out what he has been doing and what he intends to do.

(b) Reeducation, mental and moral: Even the diet, which at the start is restricted to milk given at stated intervals and in increasing amounts, is a means of educating the patient, who usually is possessed with the idea that he cannot digest milk.

(c) Persuasion: The daily visits of the physician to the patient isolated from the world, impress him deeply and give great weight to the instruction and good advice.

5. As to the dangers of rest as a means of cure, Dr. Cabot points out that even when rest is needed in the treatment of disease it is also harmful. Dr. Cabot considers this point under three heads:

(a) When a broken bone is in splints, the bone and also the tissues waste away due to lack of use, so that when the bone is knit the "atrophy of disuse" has in turn to be cured.

(b) When the digestive organs are distressed it is often wiser to win back good digestion without cutting down the diet, though there are some cases, which only a doctor can recognize, when the rest or dieting is quite necessary.

(c) These statements of the dangers of rest he qualifies by pointing out the fact that an organ must often be given as thorough a rest as possible for a short time, or a partial rest for a much longer time.

6. On the dangers of rest in the psychoneuroses Dr. Cabot points out to us:

(a) That these patients may make the need of rest one of their chronic symptoms and, going to bed for a day, remain a decade.

(b) That while rest is needed when the nervous prostration is due to overwork, loss of sleep or real overexpenditure, the majority of cases are
due not to these causes, but to overemotionalism, distraction, worry or fear. Such get the more tired the more they rest.

(c) That the first step in the cure may be rest, but the next and most essential step is to learn how to live more wisely so as not to break down again.

7. One of the uses of rest in psychotherapy, he says in conclusion, is that it may put the patient in a better condition for his attack upon his problem; but it always must be with the view of exercise under better conditions later.

Notes and Collateral Reading

[Numbers refer to pages in text]

25. Extravagance and misdirection of our resources: The forces which we do employ and which we pride ourselves upon using are shamefully wasted and dissipated. The perfect steam engine and boiler should get out of every pound of fuel five and a half horse-power for one hour. Those in use actually get only about one seventh of this amount. More than eighty per cent of the coal escapes in the ashes, the cinders, the half-burned fuel, the hot air in the chimney, and in smoke.

It is just as true in the realm of mind as in that of nature that we ordinarily "put not forth half our strength." Prof. William James has stated that, "as a rule, men habitually use only a small part of the powers which they actually possess and which they might use under appropriate conditions." Nature has stored up a reserve energy in the human organism which may be drawn upon as occasion requires. In military language, we can "rally on the reserves." A mother sees her child in imminent danger, and the strength of a Hercules comes to her slender frame to rescue it. Sickness may overtake her loved one, and long, sleepless nights with unwearied care and attention to the sufferer be required, but in general she meets the emergency bravely, and when all danger is past gradually recuperates her strength.

When a student in the university, I learned a good lesson, one which I never have forgotten, from my Professor of Logic, who was a fatherly man of wide experience. A task had been allotted to me, to which, feeling somewhat inadequate, I was making objection. Putting his hand on my shoulder, he said to me in a kind but emphatic manner, "A young man never knows what he can do until he tries to do it." I made the attempt and succeeded.

We are sure to recognize the stores of vital energy to be drawn upon at pleasure if we will but do so. We can will to bring them forth. Our will may have been weakened. No matter. We can educate it to new activities. The main point is to make the start. We must take the opportunities that lie at our hand. Even the feeblest efforts in the right direction are keys to unlock new stores of energy. After the first attempts
the succeeding ones will be easier, until we can bring about results that we had not supposed possible.

Some of you in the throes of nervous breakdown are saying, "But I have been using my will too much, and here I am." Now, what is the trouble? Business men who come into my vestry, some of them in the very prime of life, who ought to be now in the thickest of the business fray, are broken down. They have not been lazy. They have been leading strenuous lives. They have been representatives of the typical American who is bound to win whether he himself breaks in the process or not. Now, what is the trouble? It is this—that one set of powers, of faculties, has been used and used continually, and a whole realm of powers that ought to have been exercised in due proportion have been neglected. There has not been balance. There has not been harmony.

—Bishop Fallow, "Health and Happiness," pp. 138-140.

26. The rationale of the whole: In January, 1874, I developed for a single seemingly hopeless case, literally at a woman's bedside, the treatment by seclusion, rest, massage, full feeding, and electricity. The intellectual process by which I evolved in three or four visits the details of this treatment is not without interest. At first I hardly realized the value of what I had found. There was an element of luck in the fact that this patient's case was ideally suited to the treatment it suggested. When confident of my success, in 1875, I told in lectures of what I had done; and in 1877, when more secure of my position, the new treatment of the neuroses was fully given to the profession in a little book. Before and long after these publications my statement of results was received here with incredulity and with such personal comment as I can well afford to forget. It found for some three years none to test its value until Professor Goodell first and Drs. Sutton and Perry later accepted it with the good judgment of men whom its novelty did not alarm or prejudice.

In the recent flood of books and essays on psychotherapy I am credited by many writers as inventor of a methodical treatment in which there is no provision for the use of influential mind treatment, no positive directions. As concerns this, I am more sensitive. To have added chapters of the commonplace advice of the big books on psychic medicine would have been to cloud my subject, insult the common sense of physicians, and again illustrate the fact that, as no surgical book ever made a surgeon, so none of these elaborate directions will ever make a psychotherapist. Mental medicine is most of it simple and yet temptingly open to elaborate description. I wrote of this adjuvant text for sermons, but not sermons.

In my first edition I said:

All the moral uses of rest and isolation and change of habits are not obtained by merely insisting on the physical conditions needed to effect these ends. If the physician has the force of character required to secure the confidence and respect of his patient, he has also much more in his power, and should have the tact to seize the proper occasions to direct the thoughts
of his patients to the lapse from duties to others and to the selfishness which a life of invalidism is apt to bring about. Such moral medication belongs to the higher sphere of the doctor’s duties, and if he means to cure his patient permanently he cannot afford to neglect them. Above all, let him be careful that the masseuse and the nurse do not talk of the patient’s ills, and let him by degrees teach the sick person how very essential it is to speak of her aches and pains to no one but himself.

In “Diseases of the Nervous System, Especially in Women,” I wrote:
With the first sense of ease comes the precious chance of the doctor for moral education. He can now point out that, however hard it was with failing powers to control emotion and suppress nervousness, it is easy to do all this when the physical condition is improving. This doctrine will be aided and enforced by the nurse, if a good one, and your patient will be constantly reminded that she is getting better physically and is expected to accomplish more and more in the way of self-restraint. If she fail, you praise the effort. She is your whole audience, and this with an hysterical girl gives you great power.


26. Dr. Mitchell has a poor opinion of the word “psychotherapy”:
May I be pardoned the emphasis of repetition if again I insist that my protest is not against mental treatment, but only against exaggerated statements of what is to be obtained from its use. Labels are deceptively alluring, and psychotherapy sounds most alluring. I have said that the self-importance conferred by the belief of the disciples of some of the cults of mind healing, that they are in possession of powers which lift them above their fellows, is one of the bribes which fosters these perilous creeds. There is some such risk for even the educated user of psychic methods. I should perhaps have better said, Is there not risk that occasional brilliant results may lead to the adoption of too general and exclusive psychic treatment? The man who sees, at his order, sleep come, the headache of years vanish, aphonia disappear, must be better self-guarded than some men if, feeling the sense of power, he quite escapes the moral danger of this tempting contribution to intellectual vanity.


28. The daily visits of the physician: Every physician knows how smoothly the ordinary self-limited and curable affections progress when the patient has confidence in his medical adviser; every physician knows not only this fact, but is even aware of the effect of each separate visit upon his patient. Irrespective of the instructions given to the nurse, or of the modifications in the details of treatment resulting from the observation of conditions present, each visit has a distinctly tonic and bracing effect upon the patient. The nurse, too, acts no inconsiderable part. By the way in which

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she attends to her duties, by her general demeanor and conduct, even by such trivialities as the raising or lowering of the curtains, will she convey indirectly to the patient suggestions for good or for ill. Many nervous patients are intensely susceptible to such indirect suggestion; others yield more or less readily to such methods as restraining, reeducation, mental exercise, mental gymnastics, and other methods.


33. Completely loyal and therefore completely happy: Everyone knows the health-producing power of work, the health-producing power of occupation: the man whose mind is actively occupied ceases, other things being equal, to be introspective; his mind assumes an objective attitude; he gives himself up to things other than himself, and his many symptoms recede in direct proportion. Special methods of mental exercise are, of course, to be applied to special cases and to strengthen special faculties. Everyone knows the great value of restraining, such as is, instituted by application to this or that occupation.


The Next Article

Editor's Note.—Professor Jastrow, in his article in the preceding issue, has prepared us for the consideration of the subtle and somewhat mysterious underworld of our mental life. He now goes on to point out how the term subconscious (the term subliminal or below the threshold, preferred by other writers, stands for the same thing exactly) came to be used. It was merely because psychologists needed some term to describe this portion of our mental life.

Professor Jastrow emphasizes the fact that the subconscious is entirely normal. He shows that it is active in us at all times and that the ordinary, humdrum business of our mental and bodily economy is, in great part, carried on by it. This indeed being nature's arrangement to leave consciousness free for the weightier concerns of human activity and the progress of our kind.

Much ill-digested matter has been written about the subconscious. It has been used to supply an apparent contact with reality to many mystical theories. Professor Jastrow points out the futility of depending on these hypotheses, for they only emphasize the abnormal and unusual.

The value of discussing in this intimate and minute way these normal and natural activities of mind lies, as Professor Jastrow shows, partly in this: that by a clear understanding of them we may be able to recognize the abnormal and be able to indicate such a regulation of mental hygiene as will bring ourselves or others back to health.
The Subconscious in Health and Disease

Part II: The Modes of its Expression and Control

By JOSEPH JASTROW, PH.D.
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In each of the three distinctive mental procedures—receptive, elaborative, and expressive—we detect a variety of subconscious contributors. A most comprehensive relation is that in all three alike there is a focus and a margin of attention. In the receptive sensory occupations by which I establish relations with the world about me the application is most direct. My eyes are fixed upon the andirons in my fireplace and doubtless are attracted thereto by some casual interest at the moment because the tops have just been brightly polished and thus emerge from the general level of neutrality of interest to which familiarity has reduced the whole setting of my work. Yet, as I look, I take in as well the mantel, the objects on the shelf, the bookcases at either side. If I allow my regard to travel, the bookcase becomes focal to my vision and the mantel becomes marginal. Yet let it be promptly noted that such a survey is more likely to be conducted with some consistent interest than in a vague or casual search for points of stimulation. Transfer the experience to the theater. It may be that for want of interest in the play I may be listlessly glancing about the house, finding some occupation in discovering whom I may recognize; yet more typically is my regard concentrated upon the stage, where again the star or the central figure of the moment occupies the focus, while the rest of the dramatis personæ and the scenery and the properties fall into the marginal background. In

1 See note “The Next Article,” on preceding page.

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such a receptive attitude I absorb the unfoldment of the plot, follow the dialogue, by consistent shifting from one focus to another, realizing, when I direct my attention thereto, how naturally in all such experience some element in the margin moves to replace the waning focus of interest. And so the play goes on; so I go on from play to the street outside the playhouse, to my home, my work, my life.

Subconscious Awareness of the Factors that Contribute to the Whole

A SECOND mode of contributing to the subconscious procedure is that of the merging of voices in a chorus, led, it may be, by a soloist. Though I cannot, even when I attentively try to single it out, detect a given voice, yet the presence of just that voice affects the quality of the whole to which I am responsive. This responsiveness to an ensemble with a subconscious, almost a suppressed, awareness of the contributory factors presents several subvarieties. The first is that of a quite explicit responsiveness to an effect, but with no analytic appreciation of the contributing factors, which remain, as it were, permanently submerged. In a musical chord we appreciate the effect of the whole, but the ordinary ear does not define or detect the components. Equally apropos is the fact that what to the ear remains a single tone is likewise characteristic because of the contributory overtones which accompany the dominant fundamental pitch. The same tone sounded upon piano, violin, or flute, brings with it the recognition of its quality, but no appreciation of the source of the quality as resident in the distinctions and emphasis of the overtones that accompany the fundamental. It seems fair enough to say that we are subconsciously receptive to the harmony of the orchestral effect, to the harmony of the chord, or to the quality of the tone of the piano.

This type of responsiveness is impressionistic in its character. It is readily extended to more complex fields of taste and discrimination, and there presents another subvariety. Whenever we distinguish between the genuine and the counterfeit, between the machine-made and the hand-made, between the cast iron and the wrought
iron, carved wood and composition, marble and scagliola, precious stones and paste, we are likely to do so without any consciously explicit analysis of the differentia. The thing looks suspicious to the sensitive or to the trained vision, but acquires such a look through some appearance that reaches the eye in this subconscious channel. It may be that we can discover the factor and become conscious of it, and it may be that we cannot. The judgment may be influenced, the confident decision reached, by way of an impression seemingly pervading the whole but in reality contributed by one factor or another; such factor may be said to be subconsciously effective.

Yet another type of subconscious receptive procedure takes the form of a subconscious registry of a factor that remains distinct enough, does not merge in a larger whole, but does not at any time approach the hearth of attentive interest. Such is the casually noticed detail, the apparently unobserved incident, that later reveals itself by establishing some share in the mind’s concerns. Yet this type already implies something in the attitude other than directly perceptive. It appears as simply as may be in the ability to count back the strokes of the clock, which were not “heard” at the time, to recognize as correct the description of a detail which could not be recalled and concerning which there was a marked confidence that it had not been observed.

The Nature of Sensory Interpretations

If there were opportunity to follow this vista we might find further use for our psychological spyglass in making out the nature of the sensory interpretations. These are somewhat more developed subconscious procedures and involve characteristic elaborative steps. Consider the inference by which we decide that one arrangement of marks on a photograph represents a protuberance and another a depression. The naïve judgment simply affirms that this is a dent and that a raised surface, and receives with surprise the proof that the appearance is due wholly to the illumination. Yet invert the picture, and the hollow instantly converts itself into a projection, the convexity into a concavity; and all because (the normal direction of
the light being assumed to be from above) an object that is bright below and dark above must be hollow, while the protuberance catches the light above and leaves the lower half in shadow. We are not aware that we are assuming the light to come from above, or that our further interpretation of concavity and convexity is based upon such inference. Indeed, the whole observation arouses in the uninitiated a sense of amazement, for we seem to see these effects as directly as we do color or sheen. The “moving-picture” illusion may be subjected to a similar analysis; or with less definiteness of result the group of sensations by which we recognize a complex culinary product.

But the pursuit of such illustrations of our theme is less profitable than the transference of our interest to the final and consummating phase of action—the expressive—or rather to the conduct as a whole with the emphasis upon the motor procedure. For the whole business of the mind is typically an active affair, proceeds in the interests of and expresses itself in concrete transactions. In the movement of thought the attention is fixed upon the alighting points, not upon the flight; the fluttering of the wings is subconscious, is inferred rather than observed or felt. Yet, as we survey in more critical mood the very domestic and commonplace varieties of our mental produce, we readily discern (in addition to the subconscious adaptation to and appreciation of the environment) the subconscious elaboration which carries the mental assimilation to a higher and more intimate stage.* Yet we see that it does this without the usual or explicit measure of attentive direction. Again we see that the subconscious expression at times carries the initiated process to a conclusion without intention, or without reporting the issue, or reporting it confusedly or simulating it altogether.* There is, first, the familiar search for a forgotten name. How the rummaging goes on is often not clear. Tentative approaches in many directions seem to be advanced, seemingly in vain for the moment, and yet the agitation continues suppressedly, when presto! quite unexpectedly the gap is filled, while the main attention is quite otherwise engaged. We know that we know the name, and find annoying the inability

* See note at end of article.
THE SUBCONSCIOUS

to command our resources, to articulate what we feel to be on the tip of the tongue.

The Subconscious in Conduct: Absent-Mindedness, Lapses

EQUALLY apropos is the mislaying of an article; and again, though differently, we seek the trail of the subconscious to discover what has become of the lost to sight, to memory clear. It may be that we have learned the tricks of our subconscious under-study and deliberately ransack his favorite haunts; it may be that we seek an associative clue, try to picture the circumstances of our last use of the missing article, to coax to the focus the moment of actual disposal in the margins of which the actual loss was incurred. The last factor is typical; quite likely it was while absorbed in an unrelated pursuit that inattentively I disposed of what now I seek to find. We call such a condition a state of absent-mindedness, and know that while we are all occasionally liable to such lapses, they come more frequently and characteristically to those by tempera-ment disposed to enter narrow-mindedly upon what they undertake, to lose easily an alert adjustment to the status quo.

It has been set forth that the mature, rounded mental procedure issues in an action, a bit of conduct, and that in tracing the path backward from the goal we may come upon the subconscious blaz-ings that actually guided our route. Such retracing is the psycholo-gist's art. Typically we know but vaguely how we came. For this reason we obtain a more startling appreciation of the mental wood-craft when we go astray, wander in a circle or are plainly lost. To elevate the subconscious guidance to the plane of our intent vision, is unnatural. Accordingly, I fall a ready victim to the penalty of philopena and complacently take what is proffered or answer "yes" or "no," because my natural attitude assigns such automatic re-sponses to the subconscious routine. It makes a very unnatural situ-ation when I must keep guard over such subconscious behavior; and similarly it is an effort for me to keep ever accessible the undercur-rent of consciousness that shall result in the posting of a letter or the attention to a commission when once I enter upon the day's occupa-tion.
PSYCHOTHERAPY

Equally interesting is the psychology of affectation—a situation in which what is really maintained by conscious effort is presented as though by nature quite spontaneous and subconscious. The actor’s assumption of the mannerisms of his part once more illustrates the burdens that may be laid upon conscious guidance; and the lapses into which he falls when he forgets his dialect, his limp, or his dignity, reveals the superficial hold of the artifice and the strength of the inner nature. The situation assumes the most critical aspect in the criminal deceptions of actual life, in which the constant effort to conceal deliberately what may, in an unguarded moment, be subconsciously revealed, at once constitutes the torture of the strain and the point of onslaught of the examining prosecution. It is in this attempt that the law is now considering how far a psychological laboratory, by supplying the means of recording subconscious indications, may rend the veil that a cunning shrewdness interposes.

The Personal Attitude and Subconscious Acts

In all these situations the attitude in terms of the distribution and manner of attention is characteristic. On more formal occasions I guard my words and my bearing, and again assume naturally the undress familiarity among intimates. My attitude is likewise distinctive in regard to the routine and in regard to the more original, creative phases of my occupation. The routine is largely given over to subconscious guidance, which in turn emerges as conscious direction when the routine is departed from and no longer meets the case. For the several doors of my house I know where to feel, even in the dark, for the knob, whether high or low, to the left or the right, to pull or to push; but I fail to appreciate how subconsciously this is attended to until the position is changed and I find myself fumbling in perplexity trying to open the door by the old formula. Yet best of all is the experience illuminated when the act is more complicated and has fallen into long disuse. Apropos is the instance of an elderly lady confronted with an old-fashioned model of a sewing machine and vainly trying to manipulate it, but who, when lapsing into an inattentive attitude toward the matter, and
committing the affair to her hands, is surprised to find the problem solved. Of course when once solved the solution may then be re-executed by a more conscious management. Yet in like situation such as that of tying a tie, it may be that the thing is always best accomplished when subconsciously done, and that the attempt to consciously manage each step may once more result in confusion.

The attitude becomes increasingly significant as the lapse spreads and encroaches upon all phases of the mental procedure. The distraction becomes acute or persistent, while yet it retains its wonted features. When markedly sensory the lapse may appear in the search for the spectacles reposing on the forehead, the pencil stuck behind the ear, the pipe hanging in the mouth, or the umbrella tucked under the arm. When markedly motor, it leads me to wind my watch when I change my waistcoat, or to descend at night to lock the outer door to find that I have already done so. It may lead the minister to send out the collection box twice during the same service, or may lead a switchman to change back a switch already reversed and so wreck a train. Routine actions thus get themselves performed on wrong occasions, or fail to leave a record of their performance, yet all do mainly, through some departure, slight or serious, toward a distraction.

With peculiar conviction does the issue appear when two sets of actions, in close alliance or parallelism, get their lines crossed, to the confusion of both. While engaged in a lively talk at the breakfast table the salt goes into the coffee-cup and the egg is sprinkled with sugar; or through some similar lapse in the kitchen the strawberry-hulls are served and the berries retained outside; or even the watch is dropped into the boiling water and the egg consulted to gauge the time. Quite unrelated are the two actions in the confusion of the passenger eating a banana in the train and offering the peel to the conductor while throwing the ticket out of the window. From such incidents onward we proceed by easy steps to situations so abnormal as to forfeit some of the distinctive privileges of alert wakefulness; these, as the sequel will show, require for their comprehension larger excursions into the field of the abnormal than we have as yet undertaken.
WHAT all this means, both for the comprehension and regulation of subconscious procedure in the normal mental life, may now be pointed to a conclusion if not to a moral. And first, the subconscious phases of and participations in the mental life form no exotic by-product, but blossom freely and naturally, though frequently obscured by the more conspicuous efflorescence. We could not maintain the endlessly complex relations of the mental intercourse, could not develop our common mentality and our special personality, could not learn to command our resources and achieve some unity of purpose in our careers, were it not for the constant and efficient support of our subconscious assistants. In the minor routine, intrusted almost wholly to their care, which leaves free the energy that leads to progress, or in the weightier concerns in which success depends upon extensive facilitation and intensive appreciation, we require the happy support of our associative mechanism, which responds more characteristically to a subconscious than to a conscious appeal. Thus recognizing how naturally and intimately we lean upon subconscious procedure in the daily, homely life, we find necessary some comprehension of its mode of working, and through such knowledge are prepared to consider its place in the maintenance alike of sanity, normality, and efficiency, and of the deviations of its functioning in the varieties of abnormal experience.

Secondly, by such familiarity with the domestic varieties of the species and their habits, we are less likely to be misled by distorted or exaggerated accounts of rare fauna displaying most amazing behavior and requiring for their comprehension theories that transcend our narrower experience. The mental realm is one with the realm of life, and the qualities which are favored issue in accordance with recurrent needs. It is futile to have recourse to hypotheses that emphasize only the unusual; and from the least comprehended aspects of these, develop a system of a mystical underlife, or a silent and secretive partnership, or a transcendental control, that by occasional intrusion reveals aspects of mental structure and function, undreamed of in our sunlit and saner philosophy.

Thirdly, we have thus emphasized the variety as well as the regularity of the mental experience, and find within ourselves the
starting points of the departures from normality, that when written large seem so strangely transfigured. The fluctuations of condition from interest to interest, from mood to mood, from work to play, from freshness to fatigue, from wakefulness to sleep, from youth to maturity, from individual to individual, enormously extend the mental explorations and bring insight into the origin of vagaries, the affinities of deviation related to tendencies present in the most normal of us. Thus the study of normality prepares for as it reflects the significance of the abnormal, and equally does it point the way to such regulation of the mental hygiene as shall check the undesirable deviations or bring back within the fold the wayward straggler.

Finally, by no other approach do we gain so convincing an appreciation of the intimate kinship of theory and practice. The science of Psychology contains within itself the possibilities of contributing to the arts of life because it becomes wholesomely absorbed in the study of the natural order of things, because it is willing to analyze minutely, to examine intimately, to proceed cautiously. It holds no hopes of tearing aside the curtain that is assumed to stand between our limited insight and the illumination of mystery revealed. It promises insight only at the cost of sympathetic wisdom, and yet requires that the wisdom, however imperfect, that be begotten by a vision of the whole shall serve to illuminate the slightest of its problems. What we believe concerning the world of mind and how we come to believe it will affect profoundly, even though indirectly, what we shall be inclined to do to regulate mental health. And in no respect is such knowledge a more indispensable guide, philosopher, and friend, than in the wanderings among the confusing paths of subconscious procedure.

Editor's Summary

Prof. Joseph Jastrow, in this second paper on the subconscious phase of our mental activities, discusses:

1. The subconscious impressions of things in the margin of attention: The mind receives impressions, elaborates ideas, and expresses itself in action. In all of these three processes, Professor Jastrow points out, there is
a focus, a point on which the attention is fixed, and a margin of things near the focus, of which the mind is only subconsciously aware.

2. Our subconscious awareness of the parts of some whole of which we are fully aware: This is true he shows in several ways:

(a) We may be quite aware of the whole, but have no power, even when we try, of divining its contributory factors or of seeing them separately. For instance, the ordinary ear may appreciate the effect of a chord, but cannot distinguish its components.

(b) We may register in our minds and afterward recall factors of some whole which were distinct enough individually but which our awareness, occupied fully with the whole, did not separately notice. For instance, we can count back the strokes of a clock after they cease, for we registered them subconsciously even though we did not consciously count them.

3. The element of the subconscious in our behavior or conduct: In considering the part the subconscious plays in expression or in conduct, Professor Jastrow points out that:

(a) In mental activity, in the movement of thought, the attention is fixed not on the progress or movement, but on the object of our thought, or on the alighting points along our progress toward it. Again we are aware that the subconscious part of our mind has been doing work of one kind while the consciousness was busy elsewhere with different work.

(b) We find it hard to keep attentive to small items of behavior, for ordinarily they are done subconsciously.

4. Professor Jastrow, continuing, brings to our attention several varieties of the same situation:

(a) Among intimates we act at ease, but when a stranger comes in we are attentive to and guard our acts of behavior.

(b) The routine of our lives is carried on subconsciously, yet when any change in it is made it seems to us as though we had broken away from a consciously directed order of things.

(c) Actions that have long been done by routine are better done when not too closely watched—i. e., the tying of a cravat, for instance.

(d) On occasions, our attention is so fixed on one thing that all other actions lapse into subconscious processes and we find ourselves doing absent-minded things.

5. Concluding statements:

(a) The subconscious actions of the mind are natural and normal.

(b) We need to be familiar with the ordinary varieties of our subconscious activities so that we shall not be over-amazed by any exaggerated account of their rarer manifestations.

(c) By studying our normal mental activities intimately we shall be able to understand what the abnormal is and how by mental hygiene we can check the undesirable variations and regain normality and health.

(d) To the psychotherapist, who watches abnormalities develop in the human mind and subside after treatment, the science of psychology, because
it is wholesomely absorbed in studying the natural order of things, is a most indispensable guide, philosopher and friend.

Notes and Collateral Reading

[Numbers refer to pages in text]

42. To a higher and more intimate stage: The most brilliant thoughts of genius are not manufactured in his upper consciousness; they spring suddenly into his mind; their whole creation belongs thus to the assiduous work of the subconscious neighbor. There the inventor and discoverer gets his guidance; there the poet gets his inspiration.


42. Without reporting the issue, etc.: We try to remember a name or think of the solution of a problem; what we are seeking does not come to consciousness, and now we turn to other things; and suddenly the name flashes up or the solution of the problem becomes clear to us. Who can doubt that the subconscious mind has performed the act? While our attention was given over to other questions, the subconscious mind took up the search and troubled itself with the problem and neatly performed what our conscious mind was unable to produce. Moreover, in every situation we are performing a thousand useful and well-adapted acts with our bodies, without thinking of the end and aim. What else but the subconscious mind directs our steps, controls our movements, and adjusts our life to its surroundings? And is not every memory picture, every reminiscence of earlier experiences, a sufficient proof that the subconscious mind holds its own?

Surely if we think how this, or subconscious mind, is able to hold all our memories and all our learning, and how it transacts all the work of controlling our useful actions and bringing up the right ideas, we may well acknowledge that, compared with it, our conscious life is rather a small part. It is as with the iceberg in the ocean; we know that only a small part is visible above the surface of the water and a ten times larger mountain swims below the sea.


The Next Article

Editor's Note.—Dr. John E. Donley, M.D., gives us in this article a lucid and clear-cut account of certain extra-voluntary and very unwelcome mental states commonly called obsessions. These obsessions often seem to their victims to be indeed unquiet spirits who have found a lodging within, and who live but to mock their activities, with premonitions of failure, their
hopes with shadowy forebodings, their faith and reverence with suggestions of blasphemy and scorn.

Dr. Donley gives extracts from the diary of one of his patients who was thus made very miserable by an obsession of excessive shyness. This diary is remarkable for its revelation of the numberless ways that obsessions have to torment the mind where they find room. It is also interesting for the side-light it throws on those sorrowful literary diaries, like that of "Oberman" (de Senancourt) and "The City of Dreadful Night" of Percy Vanolis (James Thompson).

In very mild forms obsessions are not uncommon. There are many people, otherwise quite healthy, who are occasionally visited by some kind of obsession. A great many people have felt, perhaps, when they were sick in bed, obsessed by the design of the wall paper. Some are occasionally visited by the obsession that compels them to count steps, telegraph poles, or whatever. Some have one pet dread—Henry Ward Beecher is said to have dreaded insanity.

One of the most interesting points that Dr. Donley brings out is that an obsession is not an isolated event. It holds certain relations with other elements of the mind. An obsession that appears in middle age may have begun its history in childhood. They may be caused by the effort to get along, by shock, anxiety, exhaustion, etc.

Another important point is that obsessions may have their source in the subconscious stratum of the mind and appear automatically in the consciousness, in which case the obsession is due to some emotion that has been forgotten. Not only emotions that are illogical, but impulses to or against action, may appear in this way.
The Nature and Cause of Obsessions

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NOT the least noteworthy feature of contemporary medical psychology is the endeavor to pursue genetic modes of thought. As in general biology, so too in psychology, it is becoming more and more evident that any fruitful study must travel along the lines of development; for, to attain to an adequate appreciation of the manywise complex and often bewildering mental life of individual minds, it is necessary to penetrate as carefully as may be into the causes and circumstances that have conspired to make them what they are, and what, left to themselves, they will very likely continue to be. For this reason the altogether illusive and somewhat arid generalizations from data, both quantitatively and qualitatively insufficient, upon which previous generations of physicians were compelled to base their forms of treatment, are no longer looked upon as quite satisfactory, and to-day it is, or should be, the teeming wealth of concrete individual experience with which the physician works in his efforts to render service to those who seek it.

But when points of view are recent and when each advance of science only intensifies by contrast the limitations of knowledge that preceded it, one scarcely feels justified in criticising, because information is neither as broad nor as deep as one could wish. And nowhere, perhaps, does this apply more truly than to the study of obsessions. The more we seek to penetrate beneath the surface, the

1 See note under “The Next Article,” on p. 49.
more complex we find these peculiar affections of mind to be; and what appears superficially very simple is seen to be quite otherwise and to sink its roots deep into the very springs of personality, past as well as present. That this is so, we hope to make clear by the illustrative cases which follow.

The word obsession is a heritage derived from the Middle Ages \(^1\) when belief in diabolical influence was common. It was used by medieval writers to describe the assaults of the devil from without; while possession was by them employed to characterize his entrance into and capture of the citadel of human volition, and his subsequent use of this position to enforce the doing of acts foreign to the disposition of the acting individual. This latter is precisely the sense in which the term obsession is now used, with the difference that the possessing influence is at present considered to be not diabolical, but rather pathological.\(^2\) The distinguishing characteristic of obsessions of whatever sort is, therefore, their extra-voluntary nature; they are mental automatisms that occur and recur against the will and beyond the direct voluntary control of those who suffer from them. Into the stream of normal consciousness they thrust themselves; and in proportion to their intensity, frequency, and elaboration they disrupt the equable flow of thought, emotion, feeling, and volition, producing at one time merely a momentary, inconsequential disturbance, and passing thence through all grades of severity, until they completely dominate and obstruct the life of their victim.* Remembering, then, that by obsession in general is to be understood any unwelcome, extra-voluntary, recurring mental mechanism, we are prepared to apprehend the multifarious forms that obsessions take. If we accept as adequate the traditional division of mental activities into those of intellect, will, feeling, and emotion, we find obsessions presenting themselves in each of these spheres of mental life.

\(^1\) [In most instances demoniacal possession is met with in isolated cases, but in the Middle Ages it appeared in epidemic form. In this it resembled witchcraft.]

\(^2\) Mercier, “Psychology, Normal and Morbid,” p. 368.
Accordingly, Loewenfeld groups obsessions upon a descriptive basis into:

a. Those in the intellectual sphere, which may be divided into two categories:
   (1) More or less isolated and independent obsessions including imperative ideas; in the narrower sense of the word, imperative sensations and imperative hallucinations.
   (2) The obsessive ideas of a more complicated form of mental activity such as the forced questioning, imperative remembrances, compulsory thinking, excessive introspection.

b. The imperative processes which are chiefly characterized by anomalous emotional reactions, apprehensiveness with or without definite fears, imperative emotional states and moods.

c. The imperative phenomena associated with the motor discharge, impulses, a great variety of simpler movements as well as more complicated acts and inhibitory processes.

Another classification is that of Bianchi, who divides obsessions in a general way into (1) obsessional ideas, (2) obsessional emotions, (3) obsessional impulses.

Advantages in Study of Individual Cases

In giving classifications such as these, it may be well to point out their necessarily abstract and schematic character, and to utter a word against placing too much dependence upon them. For however carefully elaborated any classification may be, it has, after all, only an instrumental value as a means by which we are enabled to handle with greater deftness our intellectual material; in no case does it comprehend the concrete wealth and fullness of the individual situation which it endeavors to typify, and thus it lacks, as Wordsworth says, the living form of flesh and blood. By too great a faith in classification, new or old, we lose that elasticity of thought so essential to progress, and are always prone to force reality within the limits of our little portmanteau conceptions—a procedure that can-

1 Quoted by Paton, "Psychiatry," p. 105.
2 "Clinica Moderna," 1899.
not fail to impede a deeper knowledge. What I wish to make obvious is the facile error of splitting up the concrete unity of life into a number of abstractions, and the further error of laying all our gifts upon the altar of one of these abstractions—namely, mind. A living human being—the one, let us say, who reads these words—is not directly conscious of being a mind and a body, and of possessing a certain number and variety of thoughts and emotions and feelings and volitions which appear and reappear upon the stage of what is called consciousness; for such a description arises from the reflective thought of the library, and amounts in fact to a mutilation of concrete personality and a splitting up of the felt unity of individual experience. If we bear this well in mind we will avoid the false antithesis of physical and mental and shall be prepared to give proper consideration to every element in the concrete situation that confronts us.

In the matter of obsessions, for example, we will not bother our heads over the fact that a particular obsessional experience does not quite fit under a, b, or c of our classification; but rather we will approach our study without the rigidity of preconceived ideas. We will try to grasp the immediate situation as we find it, and use it, as Dr. Adolf Meyer says, for what it is worth; we will ask what are the known conditions, past and present, inner and outer, that have made things such as they are; we will seek to discover, if possible, the psychological or other mechanisms that perpetuate the abnormal mental state; finally, and most important, we will endeavor to modify, so far as may be, those factors, both subjective and objective, which are prejudicial to personal health. Thus we shall obtain not merely an incomplete static, cross-sectional view, but also a dynamic, longitudinal conception of the total situation we are studying. Let us, accordingly, take a concrete example.

Example of the Bashful Man—Psychasthenia

HERE is a young man who has been bashful and diffident from the earliest period which his memory can recall. He is now past twenty-five years of age, and, like Sir Thomas Browne, he may
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well say, "I am naturally bashful; nor hath conversation, age, or travel been able to effront or harden me." Never at home in the company of the opposite sex, always feeling his own incompetency with a vividness little less than cruel, reluctant to enter upon any except the most simple projects, he had managed up to a short time ago to adapt himself to his environment without great difficulty. But one night while reading the daily paper an irrepressible something within him suddenly thrust upon him the idea that he should go into the yard and cast himself into an abandoned well. He did not sleep that night because of his extreme mental and emotional agitation. Early the next morning, tired and depressed, he was walking across a bridge, when like a flash the thought occurred to him, "Throw yourself into the water!" He quickened his pace to get across the bridge, but says he thought he would faint before doing so, so weak did he feel. A day or two later while in the act of shaving himself the fear arose that he would cut himself, and accordingly he gave his razor into the custody of his father. In the interval between the onset of these obsessive ideas he is afflicted with a vague feeling that something is about to happen, he knows not what. Occasionally he suffers from an obsessive emotional state—namely, a feeling of depression that casts its gloom over everything he says or does during its continuance. While waiting to see his physician often times he has an impulsive desire to leave the room for fear other patients will notice that he is nervous and blushing. His philosophy of life, so far as he has formulated any, is pessimistic; he is perpetually perplexed over the problem of existence, and is forever borne down with the weary weight of all this unintelligible world.

Clearly such a man suffers from obsessions—ideas, emotions, impulses to or inhibitions from action, which recur automatically and are beyond his voluntary control—but this is not all of the story; nor does it embrace more than a fraction of the total concrete situation. For many years before the onset of his obsessions he manifested certain peculiarities of temperament and feeling, and certain maladjustments to his social environment, the sum total of which Dr. Pierre Janet has brought together under the rubric of what he terms psychasthenia—an abnormal mental condition characterized, among
other things, by obsessions, impulses, doubts, fears, tics, feelings of anxiety, strangeness, and incompleteness. While this psychasthenic substratum of obsessions is more marked in one case than in another, a careful study will usually disclose its presence in all. Obsessions are therefore not isolated and unrelated mental facts, but a more acutely disturbing episode in the course of an already distraught mental life. An obsessed mind is by nature, and not seldom by nurture, reticent, shy, unable to meet the demands of daily life without fear or favor, and hence thrown back upon itself, suffers the anguish of an incompetency it is powerless to remove.*

Attributes of the Psychasthenic Nature

Perhaps I cannot better illustrate some of the many attributes of the psychasthenic nature than by quoting the words of Mr. W. Compton Leith in his recent "Apologia Diffidentis." "M. Taine," he writes, "saw that this pain of diffidence becomes more subtle as the progress of culture makes us more sensitive to vague impressions from our environment, and tunes the nerves to a higher pitch. A shy nature upon this plane of susceptibility suffers anguish from an uncontrollable body; and even in peaceful moments the memory of the discomfitures so inflicted may distort a man's whole view of the world around him. He is impatient of the wit which demands a versatility in response beyond his powers, and persuades himself into contempt of those ephemeral arts to which his nature cannot be constrained. Irritated at the injustice which places so high in the general scale accomplishments which he cannot practice, shrinking from the suave devices of gesture and expression which in his case might be distorted into antic or grimace, he withdraws more and more from the places where such acts win esteem to live in a private world of inner sentiment. As he leaves this sure retreat but rarely himself, so he forbids ingress to others; and becoming yearly a greater recluse, he concentrates himself the more within the walls of his forbidden city. The mind which may have been fitted to expand in

1 A tic is an involuntary impulse to perform some coördinated movement, such as shrugging the shoulders, winking the eyelids, etc.
the free play of intellectual debate or to explore the high peaks of idea, loses its power of flight in this cave where it dwells with a company of sad thoughts until at last the perfect eremite is formed.”¹ But these unfortunate souls do not always, indeed one may truly say they never, willingly become the eremite. The love of life is strong in them, for 'tis life whereof their nerves are scant, more life and fuller that they want; and it is their constant effort to force themselves into the dusty arena of everyday life, with all its harshness and lack of consideration for the timid and the weak, that brings to a focus their peculiar unfitness and determines their psychasthenic feelings and obsessions.

Experiences of a Sufferer from Obsessions as Told in his Diary

For the purpose of showing how varied are the obsessions, moods, and emotions of these patients, I have requested one who suffers from them to keep a diary of his experience, a portion of which follows:

Monday: Awoke at 5.30 A.M. and remained awake ten minutes before getting up, during which time a flash of thought struck me, that I was physically all tired, all gone, and the sinking of heart and spirits was almost instantaneous with the thought. I resorted to counter-suggestion in the following words: “Now this is only a mental whim and nothing real.” During the time of dressing I thought of worrying, not actual worrying, but I worried for fear I might worry through the day. Again I counter-suggested this. Nothing unusual occurred for two hours, while I was busy at office work. But when my mind became disengaged it looked inward once more. I picked up the morning paper and read where a man was adjudged of unsound mind. Immediately I thought that I may get so, but I said “No!” and a ray of hope came to my rescue. For the moment my feelings were such as to render a man unfit for business or employment were they to continue for any length of time. Each idea or flash of thought is immediately followed by a depress-

ing emotion, and these ideas make their appearance at any time and on the slightest provocation. In the afternoon when getting somewhat tired I felt an impatient nervousness. A trifling incident occurred. Something went wrong which caused me to worry needlessly and I knew it. An idea struck me: "Suppose I am reported for this!" Now this was a groundless idea and something that would not occur. Nevertheless I worried, and yielded by saying, "Well, let it come." After an idea follows the sinking emotion—the feeling of black despair for an instant until blind faith and autosuggestion come to my rescue. Fear seems to be my chief difficulty.

Tuesday: I got up feeling physically refreshed, but, as on Monday, an idea of worry for fear I may worry again struck me. The sinking of heart followed, together with the feeling of despair. A second idea arose, "What's the use?" But I said to myself, "Brace up and try again!" Then I went to work. A rumor reached me in the afternoon of Tuesday that I was to be transferred in the near future. Immediately an idea of lack of self-confidence in meeting new conditions, and a second idea, of doubt concerning the principles of my fellow-man and his sincerity. Hope and autosuggestion seem to banish this feeling of mistrust. I say to myself, "Now there is going to be no such thing; and furthermore I am able to meet any conditions; there is nothing the matter with me" (repeated three or four times). When an idea strikes me and the usual emotions follow, the back of my head feels filled up, and there is a slight sensation as if something wants to break and escape. This lasts perhaps five or ten minutes in a notable degree, while a dull, heavy feeling in the head remains all the time. To-night I feel pretty well except when conversing with others, when I have to keep whipping up my presence of mind to keep it under control. At times I experience difficulty in looking people fully and manfully in the face, although my better judgment tells me I have done nobody any wrong. I cannot discover a cure for this.

Wednesday: Nothing unusual or out of the regular routine of dullness occurred until the afternoon, when retrospection seemed to take a sudden hold upon me. I observed a man whom I knew some years ago and whom I have reason to think has made a success of life.
An idea struck me which I may put into words as follows: “What a useless mortal I have been, now in the prime of life, and an utter failure thus far!” It was only an idea, but it brought on the flash of depressed feeling as of remorse and lasted a few minutes until some person attracted my attention in a business way. A noteworthy fact is that I am perfect the moment I am engaged in conversation with somebody, but the next moment I am the incompetent again. I find autosuggestion works wonders, but I am compelled to force myself to use it. It seems as if one side of my moral make-up were urging me to use it, and another side seems to say, “Oh, you are fooling yourself!”

Thursday: My condition arises from various ideas. At ten o'clock to-day my mind dwelt upon an incident of the past. A physician I once visited told me the principal thing in nervousness was to obtain control of oneself. Presently I thought I had lost control of myself, or at least imagined I had for the moment. A second idea—I feared I should in the future. The feeling of depression immediately set in, caused by fear for the future. I commenced to repeat mentally to myself, “This condition will not arise to-morrow, or if another does it will not be so serious.” I kept mentally repeating this for five minutes or so until I was again occupied by a business proposition. In the afternoon I was impatiently nervous, as when riding upon a car, for when it stopped too often I felt as if it would never reach its destination, although I was in no special hurry. When reading a book or observing anything I have perfect knowledge, but no feeling or emotion. There seems to be a cleft between the mental and emotional sides of my nature. Who can explain? I cannot.

Friday: My feelings on this day are those of disgust with myself, for when observing something beautiful in nature I have no spontaneous emotion to put me in harmony with things beautiful. I feel as if I have been singled out from among the children of men to battle continually with myself. The feeling on this occasion has been a fear that some day blind Faith and that flatterer Hope will entirely forsake me, and then—

I went to the theater in the evening and felt impatiently nervous
until the curtain was raised. I could follow the performance, but felt no emotion to utter a spontaneous laugh as did the other spectators. Again, "Knowledge without feeling or emotion." When the man of the hour rescued his sweetheart from imminent danger, when all applauded in an ecstasy of delight, I experienced more a feeling of disgust mingled with shame. Strange to say, and contrary to nature, noble actions or things awaken in me no corresponding feelings, but rather quite the contrary.

Saturday: To-day my mind dwelt more upon my organic make-up.¹ Now this seems to be the hardest thought to counteract, since it has occurred from the beginning, more or less. It occurred to me, and sometimes still occurs, that my organic make-up caused my mental condition. The only remedy I find is to repeat to myself that what I imagined caused my condition was not the real cause at all, but that the mental condition caused that. I keep mentally repeating this thought. I have often felt while in this condition, but this afternoon in a marked degree, that people in general, but more particularly those with whom I come in daily contact, look upon me with a low degree of estimation, and this greatly disturbs me, as I am naturally very sensitive. In fact, sensitiveness has marked me for its own ever since I came to the use of reason. Hence I keep to myself, having an aversion to society because of this moral weakness.

Enough has been said, perhaps, to make clear the complex psychological condition of one suffering from obsessions. I have quoted the actual daily record of this patient to illustrate briefly how vastly different is the concrete situation from any schematic representation of it. There is here no sundering of personality, but instead an intimate union of ideas, feelings, and emotions, eventuating in conduct and aroused by contact with the environment; while underlying all are the feelings and emotions which express the individual's organic consciousness.

As to the forms obsessions take, these are innumerable, and the mere mention of them would lead us very far afield. Besides complicated obsessions such as those described above there are more

¹ By "organic make-up" he means the sense of fatigue he constantly suffers.
OBSESSIONS

simple types. We meet, for example, the man who, like Dr. Johnson, is impelled to touch the posts in the street, and who if he misses one will go back to touch it. Then there are others who, following Napoleon, have the habit of counting the windows in the houses they pass, while still others must count everything they see. A patient once remarked to his physician: “You have four buttons on your coat, three on your vest, eight bottles on your shelf, and twenty books on your desk. Pardon me, but I have to count!” One person cannot get upon a car until he has counted twelve, and another cannot board a car bearing an odd number. Then there are those whose obsession takes the form of fear of dirt, and they are constantly compelled to shine their shoes, wash their hands, and brush their clothes. Fear of insanity, tuberculosis, heart disease, and other ailments is a not uncommon obsession. Finally there are the doubters, the scrupulous, the anxious, the ticquers, and many others, whose obsessional thoughts and acts have this in common, that they are not apropos of the requirements of the situation into which they obtrude themselves.

The Study of the Normal Human Personality

If now we leave the descriptive view-point and attempt to grasp something of the psychophysical significance of obsessions, we will find ourselves immediately confronted by the most perplexing and withal most fascinating problem that can engage our study—namely, human personality. And here it behooves us to be very modest in the matter of dogmatic statements; but this we may say, that as time goes on, and as genetic and analytic psychology receives greater vogue among physicians, there is reason to believe that our already somewhat confused knowledge will become more and more definitive.

What then are we to understand by the normal human personality and in what way is this personality disturbed by obsessions? For practical purposes we may say that any personality is normal which is adaptable and adapted to the constantly changing demands of the environment in which it finds itself placed. Our total reaction at any moment must be such as to facilitate without undue ob-
struction the carrying out of our interests and purposes. Emotions, feelings, ideas, volitions, actions must be so combined as to render our conscious experience agreeable, or at least not markedly disagreeable and contradictory. Under the influence of attention we must be able to direct our mental activity to its proper object, and so to control the association of our ideas as to give unity, coherence, and continuity to the stream of our immediate consciousness. Furthermore, we must be able to transform or not to transform our mental states into significant, purposeful motor activities, as best suits our convenience and the requirements of the moment. Such a condition of affairs constitutes a normal personality, which is the result of education and environment working upon and modifying an hereditarily determined psychophysical organism.¹

In the obsessed what do we find? As we have said so many times, an obsession is not an isolated event; it has a history and holds certain relations to the other elements of mind. An obsession which appears in middle life may have begun its history in the childhood of the individual.* Although not always, still usually, the candidate for future obsessions presents certain peculiarities of character which stamp him as possessed of a type of personality not quite normal in the sense we have just described. Such a personality is not always nor by any means necessarily obstructive to a useful, active, and even distinguished life; but if we study it carefully we will find a greater or less number of psychasthenic characteristics clinging to it. There is diffidence, a certain impulsiveness, more or less emotional instability and impressionability—a tendency to magnify trifles and to take both itself and the world too seriously. Again there will be noticed feelings of incompleteness, vague fears, and a sense of unreality concerning things in the world without. Such is the soil from which obsessions most frequently spring. Their direct exciting cause may be in some cases the mere effort to get along in the world; in other cases they may be determined by a sudden emotional shock, long-continued anxiety, physical exhaustion, social and

other indiscretions, overindulgence in alcohol, tobacco, tea, or coffee; in fact anything, mental or physical, which is capable of disintegrating personality.

The Essential Note of an Obsession is Its Nonpurposeful Character

As we have seen, the essential note of an obsession is its automatic, nonpurposeful character. It is an ideational, affective, or motor parasite inasmuch as it has no organic connection with the conscious context in which it is found. During the existence of an obsessional experience there is mental disaggregation, and I believe there is also a true alternation of personality in this sense, that neither in emotion, volition, ideation, nor conduct is the individual psychologically continuous with the state preceding the obsessions. The focus of consciousness is changed and the whole mental life is for the moment centered about the obsessive idea or emotion, as about a nucleus. During the dominance of an obsession there is a rearrangement of conscious contents, so that it would seem justifiable to describe the obsessive consciousness as an alternating state of personality. It is true that between this state and that of the normal or quasi-normal personality there is no cleavage in the sense of a loss of memory; but loss of memory (amnesia) for one another is not essential to alternating conscious states.

We have seen that obsessions lie beyond the control of the will; and to illustrate what this means to the obsessed person, let me quote again the author of the diary. "In my opinion," he says, "there is nothing which plays so important a part in nervous disease as the will. I will to get over my trouble, and immediately an obsession gets hold of me that I have no will. This is a feeling that at some critical moment my will is likely to forsake me, and leave me to the cruel winds of adversity. At another time when the will appears strong, an idea strikes me that my will-power will become exhausted or that the unknown agent within me generating will-power will refuse to respond; and this obsession of fear is very discouraging. These obsessions have a strong tendency to affect my physical
condition. I feel languid and tired physically with a sensation of soreness along the spine as far as the lower ribs. An obsession will follow a thought on this; that is to say, an idea arises in the mind that there is something bodily wrong, and a flash of despair follows telling me it is useless to try to cure myself by effort of will. Autosuggestion will banish this for a time. Fear and depressing emotions are my constant companions. Faith and hope are my weapons to combat these feelings, and so the battle wages. Pleasure and joy are unknown to me. All I have is Faith in a Supreme Being, that He will strengthen my soul to suffer with resolution when He denies the gift to enjoy.”

Obsessions Come in Lower Subconscious Stratum as Well as in Upper Conscious Stratum

Thus far we have spoken only of the obsessive ideas, emotions, and acts occurring in the upper level of consciousness and accompanied by awareness on the part of the patient. Besides this variety of obsession there is another whose source is in the lower subconscious stratum of mind. This is not the place to enter upon a discussion of the subconscious. It is, however, necessary to remark that in this connection “subconscious” is used to signify a state existing simultaneously with the upper primary consciousness, and not any state that has passed out of mind, whether actually coexisting or not. “Subconscious” in this sense is therefore synonymous with “co-conscious,” and implies a splitting of consciousness into primary and secondary strata.¹ Obsessive ideas, emotions, and impulses to act may appear automatically in the upper consciousness and have their origin in the subconsciousness. Many obsessions of fear are of this character. Arising originally in some conscious experience, they later become split off from the main conscious stream, together with the memory of the event which gave rise to them. Then from time to time this emotion without its associated memories appears as an obsession, and the subject experiences a vague, indefinable fear without any apparent object. By proper methods of psycho-analysis,

however, it is possible to show that many of these obsessive fears have their origin in dissociated subconscious states. Not only emotions, but also impulses to action and impulses preventing action (aboulia) may arise in this way. An interesting example of what was really an obsessive sensation of pain may be quoted here. One evening during the winter a young woman, a school-teacher, was sitting before an open fireplace reading a novel. Beside her was a pet cat. For some reason or other the cat suddenly jumped upon her lap and bit her thumb. She was very much scared and screamed. The doctor was called, pronounced her wound to be not serious, and gave a very encouraging prognosis. In the course of a short time the cut had completely healed and gave no evidence of any disturbance. There was, however, a pain at the site of the original injury. This pain was at first intermittent; sometimes it would be present with considerable severity, at other times it would be completely absent. After a time the pain which had been confined to the thumb gradually extended up the forearm into the arm and terminated at the lobe of the ear. There was nothing to be discovered by examination of the muscles of the arm except a slight degree of weakness. The patient was put into what is known as the hypnoidal state, and it was then discovered that the pain was due to subconscious reproduction of the events occurring at the time of the accident, and that the only part of the reproduction which appeared in self-consciousness was the intermittent pain.¹

It is possible, therefore, for ideas, affective states and motor impulses and aboulias to appear with obsessive force in the field of the upper consciousness, while their point of departure is the subconscious mind. And judging by what has already been attained by American, German, French, and other investigators, it is, perhaps, not too much to say that in subconscious factors will ultimately be found the explanation of the vast majority of obsessions.

Editor's Summary

Dr. Donley's study of obsessions, or "extra-voluntary influences," is based upon the necessity, now generally recognized by physicians, of ignoring generalizations and applying concrete individual experience to a study of each case. We may chiefly note the following points:

1. Attempts at classification of obsessions, some of which he sets forth in detail, are all too inelastic, he says, and too much dependence should not be placed upon them.

2. The best way to approach the study of obsessions, the author thinks, is to take each situation for what it is worth, consider the known conditions, past and present, discover the psychological mechanism of the abnormal mental state, and finally and most important, modify those factors, objective and subjective, which are prejudicial to personal health.

3. Obsessions, he points out, are not isolated and unrelated mental facts, but acutely disturbing episodes in an already distraught mental life. Quoting at length from the diary of a patient, he illustrates how obsessions vary and how complex is the psychological condition of one suffering from them. This diary, Dr. Donley points out, shows the difference between the concrete situation and the schematic representation of it.

4. The psychological significance of obsessions, it is explained, leads at once to a study of human personality, the knowledge of which is becoming more and more definitive.

5. A normal human personality Dr. Donley defines as one in which the association of ideas is so controlled as to give unity, coherence, and continuity to the stream of consciousness and which possesses the ability to transform mental states into purposeful motor activities.

6. In obsessions, on the other hand, the essential note is its automatic nonpurposeful character. It is marked by a complete psychological break with the state preceding and following it. The whole focus of consciousness is changed; the whole mental life is centered about the obsessive idea or emotion. In this respect an obsession, says Dr. Donley, might well be described as an alternating state of personality.

7. Finally, obsessions occur, he points out, in the lower subconscious stratum of mind as well as in the upper. Or they may appear automatically in the upper consciousness and have their origin in the lower, as is frequently the case with fear.

8. This brings Dr. Donley to his final conclusion, that the true explanation of a vast majority of obsessions will ultimately be found in subconscious factors.
Notes and Collateral Reading

[Numbers refer to pages in the text]

52. Dominate and obstruct the life of the victim: There are but few kinds of disorders which interfere more with the happiness of the community than those which cause a painful and hampered action of the mind, though without implying the presence of serious mental derangement. The disorders to which I refer are mainly those characterized by insistent thoughts, emotions and impulses, "obsessions" and "morbid fears," which the patient recognizes as largely causeless yet cannot shake away. Starting, perhaps, with some severe or prolonged emotional strain, and on the basis of some weakness or defective organization which one would call hysterical or neurasthenic, these morbid tendencies become deepened by habit, and expand into complex systems or "temperaments," which mingle their influence with every motion of the mental life; or they show themselves in the form of occasional outbreaks which really have a definite, though hidden, history, or as constantly recurring and seemingly causeless tricks of muscular movement, the "tics" of the French writers, and in many kindred ways.

Even the "fatigues" and faint-heartedness of neurasthenia are, in some measure, to be classified amongst these incoördinations of the mind.

These affections cloud the happiness of many persons whom every doctor meets upon his daily rounds, and yet, in spite of this fact, they are far more susceptible of relief, under prolonged and skillful treatment, than is commonly supposed.

Of course, the mental therapeutics may rarely be the only kind of treatment to be thought of. Sometimes an impaired general nutrition stands in the way of improvement, or some local ailment, which perhaps a gynecologist or an orthopedic surgeon can remove, has lowered the vital tone just enough to make the patient a prey to troubles which would otherwise have been resisted, and if such a physician or surgeon is wise he may make his treatment the starting point of a new departure of helpfulness to which, perhaps, no other avenue could have been found.


56. The anguish of an incompetency it is powerless to remove: Fortunately, it is also true that some of the insistent fears which seem so invincible when they are present, turn out to be possessed of little substance, if resisted boldly and not taken too seriously. Under these circumstances a strong effort, or a series of graduated efforts, in which the patient is firmly supported by the physician, may overcome a morbid fear of long standing. The determined adoption of the attitude of dogged indifference, based on confident and authoritative advice, will often suffice to carry the patient through the first severe trials. Sometimes the triviality of a dis-
tressing but causeless fright can be made to appear more evident through
the demonstration that it can be relieved by a trivial distraction, just as a
slight turning aside of the attention may relieve the cramped mental atten-
tion of a balking horse.

On the other hand, there is an equal or greater number of insistent
ideas, which seem trivial yet are so hard to master, that one is reminded of
the legend of Thor, who in vain tried to drain off the horn of wine that
had been given him, and found, at last, that it was connected with the sea.

—J. J. Putnam, M.D., “A Consideration of Mental Therapeutics,” in

62. May have begun its history in the childhood of the individual:
Every one of a man’s acts expresses, in a sense, a history of his life. What
he has done before he will tend to do again, and the old habits and motives
(themselves the expression of his total and partly unconscious experience)
will ever strive to reassert themselves.

This principle will be admitted, but it is not usually realized how
strongly and instinctively a man lends himself to self-deception in this mat-
ter, nor what an important bearing this self-deception has in causation of
disease. It is on this point that I now wish particularly to speak.

Under the exigencies of competing successfully with our fellow-men, a
strong instinct has developed itself which leads us to push to the front, into
the field of our habitual consciousness, only those memories and motives
which seem of distinct utility in the attainment of our present conscious
needs. This arbitrary group of memories we call “ourselves,” and we
push out of sight those experiences of our past life which do not harmonize
therewith.

It is of no apparent use to a man to recall a painful emotion or a
serious fright. If he could he would gladly wipe them out from the records
of his life, and, as it is, he strives to thrust them into the background, not
realizing that he might, if he had the power, training, and insight, con-
sciously assimilate these experiences, and that his present motives would be
fuller and richer for their presence.

But it often happens that these painful experiences and memories
which, in his ignorance, he thinks so needful to be rid of, often refuse
to be banished thus cavalierly. His refusal to deal with them does not
make them disappear from his mind, but as he cannot or will not assimilate
them and utilize them and acknowledge the lessons which they could have
taught, they lead a sort of parasitic existence in the mind and form a species
of organization hostile to his well-being. And thus it happens that a seri-
ous breach is made in the unity of the conscious life, and a breach that may
constantly tend to widen.

To this process the term “dissociation of consciousness” is often given,
and it is one of far-reaching significance. Thereafter, when a call for action
comes, a double set of reflexes—as for convenience we may call them—will
tend to show themselves; one set expressive of the organized experiences, memories, and motives which the individual would be glad to have reckoned as constituting his personal identity, the other set expressive of the mental experiences which have clustered around some of the unassimilated painful emotions as a center.

Thenceforward, also, the conscious mental life will be marked with confusion, with a sense of an unexplained something which is wrong, and with inefficiency and self-distrust. In many cases the disorganization has its roots even far back in the years of childhood.

The function of the doctor is to heal this breach, to neutralize the disassociation which has taken place, and to restore the previous unity of the mind.


The Next Article

Editor's Note.—Dr. W. L. Bevan, in the preceding part of his account of healing in the early Christian Era, pointed out that the Apostle Paul and his associates regarded their psychotherapeutic powers as given primarily to combat materialism and ignorance and to give evidence of the Spirit. We saw also that St. Luke, the physician, did not disdain to supplement his mental healing with ordinary medicine.

In this concluding part of his account, Dr. Bevan brings more forcibly to our notice the fact that such healing was not considered as anything extraordinary by the peoples dwelling about the Mediterranean Sea in the years of the first spread of Christianity.

He cites Professor Harnack to show that the only difference between Christian and pagan healing was in the attitude toward the facts, not in the facts. If the Apostles and evangelists had had to depend on healing alone to make their message acceptable they would not have been able to compete with the cult of Æsculapius. Its distinction, Dr. Bevan brings out, was in that it appealed to the whole man. It cured him of an ailment and made him a conqueror of all disease, and the world stood very much in need of such a message.
No distinction is made in the Gospels between the therapeutic type of miracle and others. The acts of healing are not placed in a category by themselves. All such classifications are due to a standpoint differing from that of the writers of the Gospel and of the public for whom they wrote. The acts of healing are often closely associated with what are called cosmic miracles. There is no consciousness in the Gospel that the evidence in the one case is different from the evidence in the other. The whole narrative flows on smoothly with no break, such as might be expected in a modern author who turns from matters entirely disparate from the modern point of view. Objectively, therefore, the evidence for the healing of diseases stands in the Gospels themselves on the same basis as the evidence for the other miraculous actions of Christ. This absence of distinction between what might have been commonly known at the time about an ordinary event, whether a fact or a word, and what might have been almost impossible to establish, is a common trait in ancient literature.

Mental Healing was not Considered Remarkable

The writers of the Gospels in regard to psychotherapy are not apologists. In other words, they were not trying to persuade people to believe in the possibility of mental healing. It cannot be

1 See note under "The Next Article" on preceding page.
Healing in the New Testament

too often remembered that the ancient public of the imperial period was not like the modern public of America and England. Often-times we see in the course of the Gospels that things are represented as impressing the Jewish contemporaries of Christ in a way very different from the way in which they would impress the people of today. The overshadowing subject of discussion among the Jews at that time was the question of the Messiah. It is evident from rabbinical literature that the healing of diseases without the use of medicine or doctors was not looked upon by the Jews of the first century as in any way remarkable in itself.

A reliable rabbinical scholar, Dr. Edersheim, notes that many diseases were thought to be caused by direct demoniac agency. Thus, leprosy, Rabeia (heart disease), madness, asthma, croup, and other diseases were ascribed to special demons. A considerable amount of information is given on the subject of the healing of diseases by amulets and charms. A number of cases are recorded in which individuals were healed of the diseases by eminent and famous rabbis.

Of course the literature in which these cases are mentioned is very much later, in point of time, than anything contained in the Gospel. But it is perfectly fair to take for granted, here, the conservatism of the methods of Jewish thought and to consider the existence of the practice of psychotherapy among the Jews in New Testament times. Various cases, Dr. Edersheim states, are related in which those seriously ill and even at the point of death were restored by the prayers of celebrated rabbis. One instance is specially noteworthy. We read that when the son of Rabbi Gamaliel was dangerously ill, he sent two of his disciples to one Chanina Bendosa to entreat his prayers for the restoration of his son. On this Chanina is said to have gone up to the upper chamber to pray. On his return he assured the messenger that the young man was restored, grounding his confidence, not on the possession of any prophetic gift, but on the circumstance that he knew his request was answered from the freedom he had in prayer. The messengers noted down the hour and, on their arrival at the house of Gamaliel, found that at that very hour the fever had left Gamaliel's son and he had asked for water.

Only under such presuppositions as these can the exact form in
which the healing ministry of Christ, as handed down, be appreciated. The presentation of proof and the scientific circumstances of the cure are alike out of the question. It was the purpose of the authors of the Gospel narrative to bring out the personality of Jesus in certain well-defined directions answering to the common type of thought in their own day.

The Gospels show no evidence that in the operation of these cures any special familiarity with medical science was a condition of the exercise of the curative power. The whole personality of the individual, not the mere diseased condition, was involved. The working of the cure was a religious act associated with an expressed dependence upon God. The power was evoked in response to sympathy with suffering humanity. (Matt. xv, 32; xx, 34; Mark, viii, 2; Luke, vii, 13.)

Belief that Demons Caused Disease

It was a common rabbinic conviction that the origin of diseases was due to the influence of demons, and bodily infirmities were associated with sin. But Christ does not accept the principle that human suffering is to be explained generally and inevitably by the sinfulness of man. As the renovation and reformation of the whole ego was aimed at in the curative process, the individual who was the subject was not a passive factor. Faith* in the deepest ethical sense, not a mere technicality, not the expression of a bare formula, is emphasized by Christ Himself as forming the foundations for the successful exercise of His own curative energy.

It is well to remember how frequently deviations from sound judgment follow when isolated scriptural examples are used, as if they were portions of a code of laws. A sense of proportion in the study of the Gospels is as important as an exact interpretation of any specific passage. Accordingly, over against the narratives of these charismatic cures must be set the teaching of Christ Himself, both in the form of direct instruction and in the case of parabolic teaching. We see there no specific theory of diseases, no special interest

* See note at end of article.
in the consideration of cures, no special commands or directions as to exactly how the physically afflicted shall be treated.

The Gospels record the life and teachings of Christ from a definite point of view. They may be considered an elaboration of the early speeches of St. Peter in the Acts of the Apostles. There was no purpose to hold forth the Master solely as the healer of diseases any more than there was a purpose to present Him merely as a thauma-turgic wonder-worker. It must be said, therefore, that all attempts at a more careful analysis of the healing activity of Christ are more curious than useful. There is no proof in the early records themselves of any scientific, systematic working out of the processes of healing. For example, it may safely be said that in the charismatic curative treatment of blindness, little can be urged in favor of following out the method of applying saliva to the eyes, as described in the Gospel narrative.

The passage in the Epistle of St. James, appealed to as the foundation of the early practice of anointing, cannot be disregarded. It is a plain attestation of a fact. How widely this custom was extended is another matter which is left doubtful. There was a large range of local diversity in the early Church, and the Judaistic community for whom this Epistle was written may have used this special form of the charisma of healing without in any way feeling that their practice was inconsistent with other types where the anointing of oil was not employed. The rabbinical examples already cited are enough to show the likelihood of the continuance in a Hebrew-Christian community of practices already firmly established in the popular religious system of the Jews.*

Pagans as well as Christians Used Psychotherapy

WHY, we may now ask, is the subject of psychotherapy, as recorded in the New Testament, a matter of special interest to modern times? Historically speaking, the various books of the New Testament are sources that must be treated by the same method as other documents narrating events or concerned with the actions of man. From this point of view the facts and phenomena of psycho-
therapy, so far as they are authenticated by ancient witnesses, generally would stand on no different level if reported in the New Testament than if they were handed down by contemporary authors coeval with the New Testament writers, such as Tacitus or Josephus. In other words, if we were dealing with the appearance of these phenomena in the first period of the Roman Empire, we would not have to seek for the facts solely in the pages of the New Testament.

It might be interesting, for example, to examine the literature of classical antiquity or the inscriptions of the imperial period to find references to the mental healing of disease. We can be sure, in doing so, that there would be no lack of material. The early Christians themselves when they discussed this subject did not consider that they were confined to their own sacred books, whether of the Old or the New Testament canon. They had every reason to think that mental healing was by no means limited to the practice of the church itself. The broad outlook of the early church on this matter is clearly set down in a passage in the celebrated reply of Origen to the pagan critic of Christianity, Celsus, who had made it a special point of his attack on the Christian faith and practice, to show that in the extraordinary manifestations of spiritual activity, paganism revealed a more exalted type of divine power than Christianity itself.

One of the fundamental points keenly debated between the champion of the church and the champion of paganism was the question whether Jesus or Æsculapius was the true Savior. Origen was perfectly ready to accept the authenticity of the extraordinary phenomena connected with the heathen deity.* In one place he calls attention to Celsus's claim that Æsculapius healed diseases in the cities where his cult was practiced. But leaving aside the mere question of fact as to the occurrence of such phenomena allowed by both the Christian and the heathen writer without any reluctance whatsoever or without any difference of principle, the following words of Origen are characteristic, because they show that the Christian point of view distinguished itself from that of the pagan not about the facts themselves, but about what might be called the temperamental and ethical attitude toward the facts.

Professor Harnack has already called attention to the crucial

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nature of this distinction. The whole passage must be quoted in order to show in what way the early Christian church itself approached the study of psychotherapy in its own records and in its own actual practice.

"Even if I were going to admit," Origen says, "that a demon named Æsculapius had the power of healing bodily diseases, I might still remark to those who are amazed at such cures or at the prophecies of Apollo that such curative power is of itself neither good nor bad, but within reach of godless as well as of honest folk; while in the same way it does not follow that he who can foretell the future is on that account an honest and upright man. One is not in a position to prove the virtuous character of those who heal diseases and foretell the future. Many instances may be adduced of people being healed who did not deserve to live, people who were so corrupt and led a life of such wickedness that no sensible physician would have troubled to cure them. . . . Power of healing diseases is no evidence of anything especially divine."

The Christian Church Kept the Ethical Phase of the Cure Prominent

It is evident here that the fact of healing, apart from some ethical advantage to the person healed, some spiritual benefit to his personality besides the cure worked on him, was, from the Christian standpoint, not in harmony with the purpose for which this particular gift of healing was exercised. The Christians of this period did not regard themselves as being faithful to the traditions of the Gospel, with its record of the activity of Christ in healing disease, unless they maintained, as permanently related, both of these elements in psychotherapy. The personality of the individual was ever kept in view; his disease was not regarded as an example of medical pathology. Along with the healing of disease there always went, pari passu, the moral renovation of his character.

This is shown in a striking way in that early fragment of apocryphal literature in which Jesus is presented as corresponding with the Prince of the town of Edessa. The letters are, of course, leg-
endary, but they are early enough to reflect the New Testament environment and to show how a community of Syrian Christians conceived that, in imitating New Testament documents, the dual tradition coming down from apostolic times of the cure of diseases and moral renovation must be maintained.

King Abgar, who is presented as suffering from a severe disease, writes to Jesus in the following words: “Abgar, toparch of Edessa, to Jesus the excellent Savior who has appeared in the country of Jerusalem, greeting. I have heard of thee and of thy cures performed without medicine or herb. For, it is said, thou makest the blind to see, and the lame to walk; thou cleanest lepers, thou expellest unclean spirits and demons, thou healest those afflicted with lingering diseases, and thou raisest the dead. Now, as I have heard all this about thee, I have concluded that one of two things must be true: either thou art God, and, having descended from heaven, doest things, or else thou art a Son of God by what thou doest. I write to thee, therefore, to ask thee to come and cure the disease from which I am suffering. For I have heard the Jews murmur against thee, and devise evil against thee. Now, I have a very small, yet excellent city, which is large enough for both of us.”

The following reply was supposed to have been written to the King by Jesus:

“Blessed art thou for having believed in me without seeing me, for it is written concerning me that those who have seen me will not believe in me, while they who have not seen me will believe and be saved. But as to thy request that I should come to thee, I must fulfill here all things for which I have been sent, and, after fulfilling them, be taken up again to Him who sent me. Yet after I am taken up, I will send thee one of my disciples to cure thy disease and give life to thee and thine.”

It is then told how one of the disciples of the Lord, Thaddeus, came to Edessa, and how the King was cured of his disease by the laying on of hands without the use of medicine or herbs, after he had confessed his faith. The story adds that Abdus, the son of Abgar, was also cured by Thaddeus of the gout.
The reader has been put into contact with the atmosphere in which the New Testament was written and in which it was circulated and made its appeal. It is obvious, now, that the examination of the subject of psychotherapy in the New Testament must be governed by appreciating these fixed presuppositions. It would be difficult from the historical point of view, unless one went into subtle distinctions as to the moral character of witnesses, to say that the authentication of the occurrences of healing without medicine or without herbs, to use the naïve expression in the document just cited, was better in Christian than in pagan literature. We must think of the time in which the New Testament books were written and circulated as a period when all types of mental healing were accepted as perfectly natural. If the Christian church had been obliged to depend alone on the practice of healing diseases through psychotherapy, it would not have in any way appeared as a successful competitor with the cult of Æsculapius.

During this part of the imperial period the masses of the people seemed to have concentrated to an extraordinary degree their attention on their bodily health. It was a psychological wave, a part of that great religious revival so vividly outlined in M. Boissier's book on Roman religion. The worship of Æsculapius was cosmopolitan, or, to use a modern parlance, international. Great establishments like the Battle Creek Sanatorium were founded in connection with the temples of Æsculapius in various parts of the Empire. Numbers of patients resorted to them, and the successful treatment of these through faith cure is attested by the votive offerings found to-day in great quantities wherever a shrine of Æsculapius existed. Accordingly, when we see the extraordinary amount of attention given in the New Testament to cures of diseases both in the Gospels and in the Acts, it is necessary, in comparing it with the Old Testament on the question of mental healing, that we should regard this not as something peculiar to the New Testament, but rather as an evidence of the faithfulness of the New Testament in reflecting a social psychological phenomenon common to the whole population of the then civilized world.

No investigation so far has attempted to trace out the condition
of Greek medical science as a possible reason for the prevalence of the practice of psychotherapy under religious auspices both pagan and Christian. Pliny has some hard words to say on the drastic remedies employed by Roman doctors, on their heroic surgical methods, and on their reputation for painful treatment. But anyone who has inspected the surgical instruments found in Pompeii, which, it must be remembered, was only a small country town and where the ordinary country doctor must have practiced,**will question whether Pliny was just to the practitioners of medical science in his own day.

The region of Palestine must be treated by itself; allowance must be made for the fact that Greek culture, Greek science, and Greek thought had little or no hold there. It is necessary to remember this in examining the synoptic Gospels, for they are ultimately of Palestinian origin. In towns like Alexandria, Antioch, or Ephesus, an orientation differing from the Palestinian-Jewish point of view might be expected.

The results of such an investigation as has been outlined here may seem only tentative; but, after all, when they are summed up and expressed cumulatively they are forcible enough. They are the more forcible because they present an attempt to keep close to documentary evidence and to interpret that evidence in the light of the documents themselves, not through the subjective media of later dogma. We cannot be guided safely by the popular interests of a time like the present, when there is a general reaction against the materialistic conception of the world and of man* made popular by such authors as Spencer and Haeckel.

To ask for the material improvement of the masses of mankind is in harmony with the teaching of Christ. But it must also be insisted upon that the teaching of Christ cannot be made to harmonize with any effort which tries solely to make the material side of life more comfortable and more tolerable. To heal disease without being prejudiced by the conceptions of materialism is worthy of the noblest efforts of a Christian. But the healing of disease exhausted only a portion of the public activity and the individual attention of the founder of Christianity. A movement to concentrate the amelioration of mankind solely on the healing of man's ailments cannot be
NOTES AND COMMENT

harmonized with the Christian system. To Christianize it one must look deeper into the whole career of Christ; deeper also into the aspirations, the convictions, and the practice of the early Christian church itself.

Editor’s Summary

Dr. W. L. Bevan in this account of psychotherapy in the early church brings to our attention facts which may be summed up as follows:

1. The acts of healing of Christ and his disciples were often closely associated with what are called cosmic miracles, and both were looked upon as being of the same nature. Therefore, in the Gospels, the evidence for works of healing stands on the same basis as that for the other miracles.

2. By the Jews, who at that time were still looking for the Messiah, healing by prayer was not uncommon. They considered disease as caused by demons, and that to appreciate just how Christ’s healing ministry was regarded at that time, the above fact must be kept in mind.

3. Christ did not accept the principle that suffering was inevitably to be explained by sin, and the individual cured by him was not a passive factor, but was required to have faith.

4. Christ taught no specific theory of disease, nor did he give any instructions or set formulas for effecting cures. So any study of just how Christ cured must be more curious than useful. Dwelling on this point more at length, Dr. Bevan states that the practice of anointing, spoken of by St. James, was possibly handed down from an earlier rabbinical custom.

5. The early Christians were not under the delusion that healing was confined to them. Celsus, a pagan, he says, claimed that paganism revealed a more exalted type of divine powers in its healing than Christianity.

6. The worship of Æsculapius, he points out, was cosmopolitan. The whole world had become anxious concerning health. Great temple-sanitaria were established in Greece and Italy where numbers were cured by faith.

7. If the Christian Church, he adds, had had to depend alone on healing to make its message acceptable, it would not have competed successfully with the cult of Æsculapius.

Notes and Collateral Reading

[Numbers refer to pages in text]

72. Faith in the deepest ethical sense: How is it that faith as a mere mental state has this power? Modern physiology gives the answer. It
tells us that the processes of the body are controlled by the two great nerve systems, the cerebro-spinal and the sympathetic. We perform our conscious acts through the mechanism of the brain; but the involuntary physical processes, such as the circulation of the blood, the complicated process of turning the food we consume into bone and flesh—in a word, all the vital chemistries of the body—are carried on by means of the sympathetic-nerve system. Now it is on this system that the emotions have most direct effect. Fear disorganizes and paralyzes the delicate machinery of the nervous organism, and, as a result, its various functional activities are disturbed or inhibited. On the other hand, faith stimulates and harmonizes them. Well has it been said that “there is no tonic so uplifting and renewing as joy, which sets into active exercise every constructive power of the body.” Now faith is a joyous emotion. Any object which excites it profoundly affects the unconscious bodily functions. It sets the body at ease and thus enables its functions to be carried on calmly and normally. Such is the power even of a blind or credulous faith, but its power is limited to the physiological region. There is a realm within which it is worthless. It cannot reconstruct character or summon anew into exercise ethical forces. A superstitious faith may, and does, work physiological blessing. Ethically and spiritually it can achieve only harm. The more deeply personality is involved in any given ailment, the more necessary is it that faith should have an object worthy of man’s ethical dignity, and one fitted to draw forth in reverence all his moral and spiritual energies. Such an object can be found alone in the supreme Reality, the Father of Spirits.

There are many who feel with Frederick Denison Maurice that the God thus offered to faith seems too often but a dim shadow thrown from our own minds with which no vital contact is possible. But in Christ we see unveiled the glory of God. There have been other great teachers, great reformers, great saints, but in Him the Divine has entered in a unique way into humanity and thus offers itself to the love and faith of men. There are aspects and regions of the Divine nature inaccessible to our limited minds, and hence an element of reverent agnosticism must enter into all our thinking about God, but that aspect of His being which can be apprehended by human faculties is revealed in Jesus as it is revealed nowhere else. He interprets God to us. The shadowy, the abstract, become in Him real and concrete. In His suffering, in His teaching, in His compassionate activity as the healer of the souls and bodies of men, in His entire person as the embodiment of all those qualities which are most divine yet most human—in all this we see God’s inmost feeling, His attitude toward the world and toward the individual soul. Trust in such a God draws together the scattered forces of the inner life, unifies the dissociations of consciousness created by guilt and remorse, soothes the wild emotions born of sorrow or despair, and touches the whole man to finer issues of peace and power and holiness. By the sweet constraint of such a faith, the jarred and jangled nerves are restored to harmony. The sense of

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irremediable ill disappears and hope sheds her light once more upon the
darkened mind.

293, 294, 295.

73. Rabbinical examples showed that the practice of miraculous heal-
ing was not thought of as inconsistent with the employment of other types of healing:

"I was sick and ye visited me. . . . As ye have done it unto one of
the least of these my brethren, ye have done it unto me." In these words the
founder of Christianity set the love that tends the sick in the center of His
religion, laying it on the hearts of all His disciples. Primitive Christian-
ity carried it in her heart; she also carried it out in practice. Even from the
fragments of our extant literature, although that literature was not written
with any such intention, we can still recognize the careful attention paid to
works of mercy. At the outset we meet with directions everywhere to care
for sick people. "Encourage the faint-hearted, support the weak," writes
the apostle Paul to the Church of Thessalonica (I Thess. v. 14), which in
its excitement was overlooking the duties lying close at hand.

In its early days the Church formed a permanent establishment for
the relief of sickness and poverty, a function which it continued to dis-
charge for several generations. It was based on the broad foundation of
the Christian congregation; it acquired a sanctity from the worship of
the congregation; and its operations were strictly centralized. The bishop
was the superintendent (Apost. Const., iii, 4), and in many cases, espe-
cially in Syria and Palestine, he may have actually been a physician himself.
Achelis (Texte u. Unters., xxv, 2, 1904, p. 381) attempts to prove that
the author of the Syriac Didascalia was at once a bishop and a physician;
he shows (p. 383) that similar combinations were not entirely unknown
(cp. de Rossi's Roma Sotter., tav. XXI, 9, epitaph from San Callisto,
Dionusios the physician, a presbyter; Zenobius, physician and martyr in
Sidon, in the reign of Diocletian, Eus., H. E., vii, 13; a physician and
bishop in Tiberias, Epiph., Haer., xxx, 4; Theodotus, physician and bishop
in Laodicea Syr.; Bassilius, a bishop acquainted with the arts of medicine,
at Ancyra, Jerome, de Vir. III, 89; in Can. Hipp., iii, 18, the gift of
healing is asked for the bishop and presbyter at ordination, while viii, 53,
presupposes that anyone who possessed this gift moved straightway to be
enrolled among the clergy). Cp. Texte u. Unters., viii, 4, pp. 1–14 (Chris-
tian doctors).

As regards therapeutic methods, the case stood as it stands to-day.
The more Christians renounced and hated the world, the more skeptical
and severe they were against ordinary means of healing (cp. E. G.,
Tatian's Oratio, xvii-xviii). There was a therapeutic "Christian science,"
compounded of old and new superstitions, and directed against more than
the "daemonic" cures. Compare, by way of proof, Tertullian's Scorp, i:
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“We Christians make the sign of the cross at once over a bitten foot, say a word of exorcism, and rub it with the blood of the crushed animal.” Evidently the sign of the cross and the formula of exorcism were not sufficient by themselves.


74. Phenomena connected with the heathen deity: If the modern physician still recognizes Æsculapius as his patron saint, he must have great respect for the faith cure. It appears certain, from inscriptions found upon “stelæ” that were dug up at Epidaurus and published in 1891, that the system of Æsculapius was based upon the miracle workings of a demi-god and not upon the medical art as we know it. The modus operandi was unique in some details. The patients, mostly incurable, came laden with sacrifices. They first cleansed themselves with water from the holy well, and, after certain ceremonial acts had been performed by the priests, fell into a deep sleep. The son of Apollo then appeared to them in dreams, attended to the particular ailment of the sufferer, and specified sacrifices or acts which would restore health. In the most cases the sick awoke suddenly cured. Large sums of money were asked for these cures; from one inscription we learn that a sum corresponding to $12,000 was paid as a fee. The temple sleep used at Epidaurus, and in common use among the old Greeks and Egyptians, corresponded to the artificial sleep now called hypnotism, and was a means of facilitating the effects of suggestion.


78. The ordinary country doctor: In antiquity there were no examinations, and little responsibility; hence many unqualified practitioners thrust themselves into a lucrative profession, such as shoemakers, carpenters, dyers, or smiths, just as unsuccessful doctors became corpse-bearers, or professional gladiators; at any rate Martial scoffs at such who, in their new occupation, practiced the old one still. Among these quacks, makers of salves and officinal wares ranked high. Galen says that most so-called physicians of his day could hardly read, and warns his colleagues of the necessity of good grammar when addressing patients: such physicians also would know nothing whatever of rhetoric and philosophy. Thessalus, an apprentice of his father, a weaver, as a doctor under Nero, gained great vogue, and said all his knowledge had been won in six months. His example inspired others. Physicians were accompanied by their pupils on sick visits. Martial says that, once when he was ill, Symmachus with a hundred students attended him and their two hundred cold hands gave him fever as well.

Surgeons specialized more than any. According to Plutarch, they worked with physicians without impinging on the other’s territory. But
surgery too was more minutely subdivided. Galen specifies the operations for fractures and stone and the sewing together of the eyelids. Alcon, the surgeon, put by Martial along with Symmachus and Dasius, the principal physician of Rome, "mercilessly cut incarcerated ruptures, skillfully treated the bones." Anaesthetics were administered in the forms of mandragora juice or atropin (also used as a sleeping draught).


78. A general reaction against the materialistic conception of the world: But when we have got that far, we are impelled farther. We are pushed into the religious sphere. Dr. Peterson, one of our greatest neurologists, has said to a friend of mine: "There is a point where we physicians stop, and you clergymen must take the patient up. There is a field for religion in medicine." For as soon as you have appealed to and developed the human will behind the brain, then the will demands guidance. In the face of the riddles of the universe and the perplexities of human existence, and the uncertainties of life, it is the weak man, not the strong, who is satisfied to be his own master and try "to go it alone." The strong man recognizes that what has made him strong is education, which is the enlightening cooperation of other and wiser wills with his will, whereby his own will is not only drawn out, but furnished with objects and persons whereon to exercise its latent power. None of us liveth to himself, and none dieth to himself. We are involved in a cooperative, responsive society, where personal guidance is afforded from the start. It is not simply what I have willed, but what others have willed for me, that has been the making of me. Sometimes I originate; sometimes I avoid or resist; sometimes I comply; but always in the end I feel, one way or the other, the guiding impact behind me and before. In the world-wide evolution we human beings have not—as a sheer, physical fact—found this to be a solitary, an irresponsible world. You and I are here to-day as able members of society, because at the moment when we needed shelter and assistance most, we found them without even looking for them. The newcomer on this planet, however helpless and strange, found companions more experienced than he, willing to protect his infancy, and give him needful lessons in the ways of this troublesome world. And the farther we got on, the more we ascertained in this natural way that the guidance to which we are subject here at every stage, and which we ourselves, almost unconsciously, soon exercise on others, so that even the babe in the arms guides those that nourish him—the farther we get on the more we ascertain that this human guidance is but a phase of what prevails throughout the universe, so far as we can peer into it. Nothing anywhere, animate or inanimate, from stone to star, but manifests this same characteristic of guiding and being guided. There is everywhere suggestion and autosuggestion. And since religion is the highest phase of manhood, is it not natural and logical, harmonious with the whole system,
that personal guidance should be there also, and that Jesus Christ, once revealed and found as our absolute Guide to God, and of God, would continue such forever? Even the Psalmist said, "When my father and my mother forsake me, the Lord taketh me up." And we Christians have found God Incarnate as the ultimate Guide.

—Canon George William Douglass, "The New Spiritual Healing, Etc.," an address read before the New York Clerical Club and the Clericus, pp. 6-7.
Bibliography

Suggestions for Supplementary Reading

To those readers who may wish to carry their study of the topics treated in this and the preceding issues of the Course outside these pages the following suggestions for supplementary reading may prove helpful. The books mentioned below are of especial value in throwing light upon some of the more fundamental facts underlying psychotherapy that have been under discussion.

"Hygiene of Nerves and Mind in Health and Disease," by August Forel, M.D., translated from the German by Herbert Austin Aiken, Ph.D., 1907.
"Letters on Psychotherapeutics," by Herman Oppenheim, M.D.
"Hypnotism," by John Milne Bramwell, M.B., C.M.
"Outlines of Psychology," by Harold Höfding, translated by Mary E. Lowndes, 1902.
"The Force of Mind; or the Mental Factor in Medicine," by Alfred T. Schofield, M.D., 1902.
"Psychotherapeutics," by C. Lloyd Tuckey, M.D., 1901.
"Psychotherapy," by Hugo Münsterberg.

In connection with the relationship of mind and body which is the basis for psychotherapy these passages are significant:


For the anatomy and physiology of the nervous system involved in psychotherapy may be mentioned:

Religious psychotherapy as exhibited in the Emmanuel movement is described in these three recent books:


Various popular phases of the movement to utilize psychotherapeutic influences are dealt with in the following articles:


A series of articles are appearing in Woman's Home Companion.

Glossary

**Analgesia**, want of sensibility to pain with appreciation of tactile impressions.

**Carminative**, tending to expel gas from stomach and intestines by increasing peristaltic action. A medicine having such power.

**Choreal**, a disease characterized by irregular, involuntary clonic contractions of certain muscles or groups of muscles.

**Clonic**, irregular, not persistent.

**Hypertrophy**, the increase in size of an element, a tissue or an organ, resulting from increased nutrition and assimilation with no corresponding increase in waste.

**Hysterical mutism**, dumbness.

**Myxaedema**, a disease characterized by infiltration of skin and other organs with a gelatinous mucus-yielding oedema, and by dullness of the senses, etc.

**Sacroiliac**, pertaining to both sacrum (or wedge-shaped bone formed by the union of five vertebrae, situated at the posterior part of the pelvis) and ilium (one of the three constituents of the hip bone).

**Sebaceous**, a furnishing sebum or fat.
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The Next Article

Editor's Note.—Professor Dubois is one of the most widely known scientific psychotherapists of the day. This is partly due to the general interest excited by his book, “Les Psychoneuroses et Leur Traitement Moral,” called in its English translation “The Psychic Treatment of Nervous Diseases.” In his introduction to this book Professor Dejerine says: “Dubois has had the merit of showing in a series of publications the fundamental rôle, almost unique, which is played in the treatment of nervous disease by what I may freely call psychic teaching—that is to say, the reeducation of the patient’s reason.”

In the article which follows, Professor Dubois explains the philosophy of his treatment by persuasion, and we may say again what Dejerine said of the book—it has parts that well might have come from the pen of a philosopher or of a moralist. The doctrine given here doubtless embodies the treatment he follows with his more intelligent patients.

He refuses to depend on authority in any of its forms, but uses, whenever it is possible, a method of reasoning which he calls “sentimental logic.” This might very accurately be translated “a heart-to-heart talk.” He addresses himself to the patient in such a fashion as wins the patient’s trust while it convinces his reason.

Functional nervous diseases, as we have seen, are caused by false mental representations. To cure them, new habits must be formed. The patient must be educated, Professor Dubois tells us, to change these erroneous opinions for correct ones. He points out that this may be accomplished either by authority or persuasion. Authority may remove the bodily difficulty at once and forever, while it leaves the first cause untouched. The sole way to convince the patient of the unreliability of his false impression, Professor Dubois points out, is by reason and logic. This, he says, in no wise excludes the use of physical means, but adds that in functional nervous diseases, since the mind has played the chief rôle in the production of the ailment, the principal task is psychotherapeutic.
The Method of Persuasion

BY PAUL DUBOIS, M.D.

WHENEVER we decide that the opinions or sentiments of persons confided to our care may lead them to act against their interests, either material, intellectual, or moral, it is our duty to bring them back into the right way. It is a question of rectifying these erroneous opinions and of changing these impressions and thereby altering the conduct of the patient. It is self-evident that to do this we must turn to educational means. If our patient is young, and has no preconceived opinions on the subject, we undertake a process of education; if he is, however, not only ignorant but has false ideas, it is one of reéducation and we have to correct a deformity.

This education aims at inducing the patient to accept with us the opinions we recognize as true and at implanting these opinions so firmly in him that they shall take on the character of effective ideas and feelings that will lead to an act by which he will be benefited. Reéducation, on the other hand, aims at dissipating error before establishing the truth. The procedure remains the same.

What are the means at our disposal of attaining this end? We can fall back, first of all, on authority in all its forms, for they are numerous. Authority determines conduct by demanding obedience;

1 See note on page 4 under “The Next Article.”
it promises reward or punishment. This means is quick, and often efficacious if one considers immediate results, but it reduces man to the level of an animal, whom we can control only by such summary means. This use of power may have useful and lasting results, when, in spite of its brutality, it leads to further reflections. We may occasionally be happy in having obeyed a command or an order not to act, even without retaining a pleasant memory of the means employed to bring us back into the right path.

Certain superficial thinkers are attracted by the quick results of the use of authority, and do not hesitate to extol this method or to regret its disuse. But the large majority of thinkers and moralists are discarding it, even while recognizing its efficacy in certain cases. No one now would dare to make brute force the basis of education. It has had its day.

Authority exists, toned down, as it were, under the guise of dogmatism, imposed on us by our environment, such as religious conceptions, or preconceived opinions, which we imbibe like the milk we drink or the air we breathe. They are implanted in us by affirmation pure and simple, an affirmation often enforced by the prohibition, "Forbear criticism of these ready-made opinions."

The world's protest against the constraint born of tradition is no new thing, but the breeze of free thought blows harder than ever. We want to examine and comprehend, and not to give assent to anything we fail to understand. We reject authority in all its forms.

The Essentials are Persuasion and Sound Reasoning Touched with Sympathy

What means are left us, then, of carrying into effect the necessary educational measures? Persuasion. It is our duty to impress upon our patient, by the most convincing arguments and by the most flawless reasoning, such ideas as will give a favorable outlook to his life on its physical, intellectual, and moral sides.

If the question concerns one of the physical or natural sciences or mathematics the answer is proof. It is purely intellectual and without any admixture of the emotional. Our teacher need arouse no feeling of sympathy in us, neither do we need to recognize in him any
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moral qualities. It is enough that we recognize his ability to prove his point.

In other branches of science, which are known as less exact, such as philosophy, the problem is to convince, to persuade. A mathematically exact proof is not possible in this field, and it is here that the demand on confidence and sympathy comes in which attaches us to our teacher and lightens his task of teaching.

In general, however great this personal influence may be, it should never overinfluence the mind. However much we may be attracted by personal charms, or inclined to submit to personal influence, we must keep our judgment open only to the arguments presented; we must yield to the master’s logic, not to his personality. Undoubtedly this mixture of sentiment and pure reason entails some danger. Our minds, already influenced, are in danger of being carried away. We yield to a warm vibrant word; we mistake simple adherence to sentiment for rational conviction. To realize all the danger of this element of sentiment, it is only necessary to watch crowds in the heat of political debate or individuals engaged in discussions involving passions.

Everyone should recognize this personal enemy in himself, this impressionable ego, which is in danger of flinching from exact reasoning. While we are open to conviction, let us preserve our coolness of judgment and examine the arguments without thought of personality, just as, in financial matters, we take careful account even of the lost penny. Has not someone said, “Good accounting makes good friends.”

While we are playing the rôle of educators, let us, too, preserve our sangfroid, and above all, our sincerity. Let us utilize the moral authority which our position regarding our pupil brings with it, not fearing to call forth in him sympathy and to convince him by true eloquence. But withal let our influence be based on truth and logic, that our argument may preserve its entire value, even when quite despoiled of any sentiment.

Pupil and teacher must strive to keep calm their power of reasoning. They must know how to act a double rôle. The one of sentiment, legitimate and kindly, which lends attractiveness to the search
for truth; the other of reason, which will not be deceived, and accepts nothing but sterling coin.

As to Suggestion in Educational Treatment

All this goes to show that "suggestion," a much-abused word at the present time, should play no part in any sort of education whatever. As Gourd ¹ has very well said: "It ought not to be that an alien will substitute itself for ours without our consent. Everything resembling a fascination or a suggestion is excluded at the outset from the moral domain."

Oh! I well know that this waggish elf intrudes itself everywhere! Not a day passes without its playing us a trick.

But however frequent the exceptions, they do not establish the rule. Should we be deceived twenty times, we shall always prefer not to be deceived. It is precisely because our reason is not sufficiently cultivated, and our logic not refined enough, that we so often yield to purely suggestive influences. Else we would not yield obedience, except to pure reason.*

I know, too, that to many others this honesty, so necessary to me, does not seem so desirable. Dazzled by the magical effects of "suggestion" in the hypnotic or in the waking state, they not only apply these artificial procedures for the recovery of patients, but they extol them for the purpose of education!

I do not deny that by this means one may correct a child's outbursts of temper, or overcome the habit of onanism, or check the yielding to rash impulse. But the end does not justify the means. These improvements or cures wrought by suggestion can be obtained by methods more rational, and when I see where the puerile suggestibility of the human race leads to, I am obliged to set aside, at the outset, every practice which may further develop this suggestibility. In using it, one crushes the spirit, and it is a dear price to pay for partial success, which, with a little patience, could be obtained better by legitimate persuasion following up a more general educational idea.

¹ "Les Trois Dialectiques," by J. J. Gourd, professor in the University of Geneva. Extract from the "Revue de Métaphysique et de Morale."

* See note at end of article.
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I THEREFORE reject on principle, in every attempt at education or reeducation:

1. Authority, which is always bad in spite of its momentary success, because it does not conduce to the necessary clear-sightedness.

2. Suggestion, because it crushes the spirit and develops a grave fault inherent in the human mind—namely, suggestibility.

I recognize but one means of education, persuasion by means of proof, by demonstration, by logical induction, and by reasoning which touches the heart. Of the proof of this last means there are all degrees. Precise but cold, proof dispenses with every emotional element; it appeals only to reason.

It is a great mistake to separate sentiment from reason, to establish a sort of contradiction between them. If one excepts the sentiments of passion, which are nothing but the expression of a desire (hunger, thirst, sexual appetites, or desire for material well-being), all our sentiments are secondary; they follow a mental image of an intellectual order, and consequently are subject to the control of reason.

Before fear there is a mental image of danger; before affection there is an intellectual evidence of an attraction; before aversion there is a reason for repugnance; before anger the representation of an outrage submitted to, etc.

Doubtless the impression follows so promptly on the heels of the mental representation that it seems to us simultaneous or even primary. An ignorant person will conceive the pressure of the button and the ringing of the electric bell, produced thereby, as simultaneous. We, however, know that the pressure of the button comes first and is the cause of the bell's ringing.

Let us examine, in the light of this fact, every impression and every emotion, and we will recognize by means of reason, if not by experience, the following chronological order:

(1) Mental representation.

(2) Impression, or emotion tinged with associated ideas.

(3) Setting free of the physical expressions that reveal the emotion.

To combat a sentiment, therefore, or to prevent the physical diffi-
cultures involved in it, we must modify the primary mental representation. To accomplish this it is plain that we have only reason or logic. I call logic sentimental because it modifies the sentiment.

Application of the Method of Persuasion to Diseased Conditions

It is along this same line that the cure of morbid states should be undertaken, as soon as they give especial evidence of erroneous mental representations, producing fear and disturbing the bodily functions.

This in no wise excludes the use of physical means in so far as they are able to suppress an ailment primarily physical that springs from an emotional cause, or diminish such symptoms as, arising from the emotion, persist after it. But the principal task remains psychotherapeutic, since the mind has played a chief rôle in the production of the evil.*

I have said that this treatment must be educational—that is to say, that, in the choice of means, I exclude at the start authority and suggestion; I advise only persuasion.

In the discussion of these therapeutic measures there is a vast amount of confusion, and I find myself obliged to define my words clearly. Authority has always played a great part in medicine. We have had no hesitation in employing it in its most brutal form, in hysteria, and even in neurasthenia and psychasthenia.

In all countries we find professors who think themselves very smart because they have succeeded in overcoming a hysterical paralysis by placing the patient on her feet and leaving her to her own devices, or because they have caused sensory or motor difficulties to disappear by means of painful faradization, forced gymnastics, or by an unexpected cold douche, or even by a sharp box on the ear. We have been able by these threats to cause most "nervous" troubles to disappear. In the estimation of certain practitioners it is of prime importance in the treatment of hysteria to act suddenly to break the matter off short in order to prevent the evil from becoming permanent.

I do not deny that frequent successes follow such measures, espe-
cially when applied to hospital cases, unfortunate beings, who are especially suggestible.

Necessity of Adopting the Persuasive Treatment in Hysteria

I SHOULD always discard these methods of intimidation, particularly because I dislike drawing a distinction between social classes and showing to these outcasts a roughness which one would not permit oneself, in the case of a woman of society; and further because I place but meager reliance in the final results of such treatment. Yes—the attacks of vomiting may cease from day to day; the paralysis may disappear forever, in consequence of these brutal measures; but the hysterical mentality remains the same. The patient keeps her childish autosuggestibility which is dangerous for her future. We must look beyond the actual malady, beyond the periodic crisis. We must face from the outset the principal objective, the correction of the mentality itself.

Does this mean that we can always and everywhere avoid the measures that closely or remotely resemble threats, that we can banish all authority? No. There are situations in which the physician finds his hand forced and sees himself obliged to have recourse to measures somewhat authoritative.

Certain young female patients, for instance, who are suffering from psychopathic anorexia, and who are difficult to handle, have to be kept apart from their family circle for weeks or months. It is sometimes necessary, owing to their resistance, to remind them that they are placed there for recovery, and that they may not leave without the consent of parents and physician. This is in order that they may realize the need of hastening their recovery and shortening the cure by eating better, by standing the forced feeding of a milk diet, and by submitting themselves willingly to the physician’s orders. In other cases, where the patients, steeped in selfishness, take no pains to assist the physician in his task, it may become necessary to manifest a degree of discouragement or to appear less interested in the patient; he must be made to realize that he cannot count on his physician’s approval unless he himself assists in his recovery.

[11]
But even in such exceptional cases it is not necessary to show anger or impatience. We keep to the path of what I call sentimental logic when, in all calmness, we make our patient realize that her isolation is not a punishment, but a useful and necessary measure, and at the same time prove to her that we are leaving her temporarily alone because her selfishness paralyzes our efforts. There are a thousand ways of making the patient appreciate these “necessities” without threats or rolling of the eyes or elevating one’s voice.

The Wrong Use of Authority in Treating Neurasthenia

In treating neurasthenics one very rarely has to resort to summary proceedings. Their difficulties are not as directly traceable to pure autosuggestion as in the case of hysteria and cannot be juggled with by means of brutal commands. But there are physicians who do not believe in “bad nerves,” and who “go for” their patient, throwing in his face the reproach of being a *malade imaginaire*, lazy, or “chicken-hearted.” For one patient possibly placed on his feet by an affront of this kind, there are a hundred who would be hurt at being misunderstood, and would seek help elsewhere.

There is still another very childish measure which even great practitioners use—namely, of assuring a patient that he is well. From the commencement of treatment they repeat every day, “You are better, are you not? You look better; you are already well,” and they continue in this strain in spite of the protestations of the patient. Man is so suggestible that this sometimes reassures; but patients, too, know how to be malicious, and the outcome of such treatment, which pretends to be on the line of psychotherapy, is that they mock the childlike assurance of their Æsculapius.

Abuse of Authority in Dealing with Psychasthenia

Psychasthenics, who suffer intense agonies from most incredible fears and unspeakable manias, are difficult to treat, and they breed impatience in the physician who depends on “authority.” Such a one has perhaps commenced the treatment with courage and
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sympathy; but he loses his grip when he sees the patient wash his hands fifty times a day; or be afraid to step into the street; or scratch his nose till it bleeds; or bite his nails furiously; and answer all attempts at encouragement by the fatuous "It is stronger than I." Then he loses patience; * he takes the patient, who does not dare to go out alone, in a carriage and puts him down far away from the center of things, making him return quite alone; he shuts the patient troubled with "claustrophobia" up in a room, and insists on a journey by train, for him whom "siderodromophobia" hinders from traveling.

Even here one sometimes succeeds, although, for the most part, one has aggravated the patient's condition by causing him to say to himself, "He won't catch me at that again."

This is what is called "the suggestive enticement," and is what leads me to speak of suggestion, which is extolled as a national method of treating so-called nervous diseases. It is just here that, under the influence of Bernheim and his pupils, the most appalling confusion has arisen.

Editor's Summary

Professor Dubois advocates treating the functional neuroses by the psychotherapy of persuasion. In this article, "The Method of Persuasion," which he will supplement by other articles in following issues, he explains the philosophy of his position and gives his reasons for holding that the educational method, whenever it can be used, is not only the most effective in the long run, but that other methods, in which either authority or suggestion plays the chief rôle, are undesirable.

We may note several elements as distinctive in the development of his method.

(1) This kind of physical disability or ailment, he shows, is caused by the fact that the patient has developed sentiments or opinions which lead him to act against his best interests. To remove this disability these wrong impressions must be changed and these erroneous opinions must be corrected. To do this, he says, we must turn to educational measures.

(2) There are, he points out, two means of accomplishing the needed reeducation. One is authority and the other is persuasion backed by sound arguments. Authority, Professor Dubois reminds us, demands obedience and enforces it by a threat of punishment and a promise of reward. While this, he says, is effective, it is brutal and stunts intellectual development. The
educational method of persuasion he describes as the impressing upon the patient, by the most convincing arguments and the most flawless reasoning, of such ideas as will correct the former erroneous ideas and give a favorable outlook to his life on its physical, intellectual, and moral sides.

(3) He points out that, whatever arguments the physician can present toward this end, he will not be able to give them a mathematically exact proof, and that, therefore, he will need to win the patient’s trust and confidence. Professor Dubois sees that here the physician may go too far and appeal to something as undesirable as authority—namely, suggestion. He says that however great this personal influence may be, it should never repress the patient’s judgment which should accept the argument only because he sees logical reasons for doing so.

On this premise Professor Dubois rejects on principle, in every attempt at education or reeducation, these two elements:

(a) Authority, which is always bad in spite of its momentary success, because it does not conduce to the necessary clear-sightedness.

(b) Suggestion, because it crushes the spirit and develops a grave fault inherent in the human mind, suggestibility.

(4) He recognizes but one means of education: persuasion by means of proofs, by demonstration, by logical induction, and by sentimental logic or heart-to-heart talks. In this education he leaves to sentiment only the initial rôle.

(5) Professor Dubois explains why reeducation is necessary to cure the mind of erroneous impressions whose effect he pictures as developed in the following chronological order:

First, the mental representation.
Second, from it, the emotion or impression.
Third, the expression or gesture that reveals emotion. This last takes, under morbid conditions, the form of some physical disability. Therefore to cure the physical disability, caused by an emotion which in turn is caused by an erroneous mental representation, it is necessary, he points out, to modify the primary cause, the mental representation. This, he adds, in no wise excludes the use of physical means, where they would benefit the patient, but as the mind has played the chief rôle in producing the trouble, the task is primarily a psychotherapeutic one.

Professor Dubois then takes up the discussion of this method of treatment as applied to special cases.

Notes and Collateral Reading

[Numbers refer to pages in text]

8. Obedience, except to pure reason: However, Dubois has justly called attention to the disadvantages even of a suggestion in the waking state as a therapeutic procedure. He insists that suggestibility is a fault and that the individual who wishes to preserve the integrity of his common
sense and to keep his mental health intact must always appeal to his intelligence and hold watch over his mentality. He may, by doing so, lose the small advantage of being some day cured by hypnotism, but will gain the great one of escaping his natural autosuggestions.

Dubois's method, based on the above-expressed principle, is, therefore, eminently one of moral education and persuasion, or, as it were, a moral hygiene and orthopedia.


10. Since the mind has played a chief rôle: Reëducation is undoubtedly one of the most important factors in producing lasting cures. Nothing is easier among psychoneurotics, perhaps, than to make some symptoms disappear, but the experienced neurologist will not be duped into thinking that he has made a cure by driving away a symptom. In many cases it is only by influencing slowly the mind and body by careful reëducation that anything like a real cure can be made.

The psychic side of cases is, it is true, only one side, but the physical side has been and probably will always remain our chief interest. With Springthorpe, I think that under existing conditions there is no likelihood of the physic factor in disease being underestimated, or of its claims being neglected, while there can be but little doubt that the psychic factor is too often ignored and unused. This is partly due to the entire neglect of the study on psychology as a part of cerebral physiology. It is all wrong that physicians should make no attempt to reap the crop of good results which might be obtained by psychotherapy, "leaving entirely to others those exceptional harvests which astound the unenlightened and make the fame and fortune of quacks."


13. He loses his patience: The psychotherapist who will be successful must give a good deal of time to each patient. He must analyze the psychic state of his patient, and win his confidence by the insight he shows into his condition. The abrupt statement, "There's nothing wrong with you; go home and go to work," so often given to a neurasthenic after a negative physical examination, is but rarely efficacious. The neurasthenic is ill and knows that he is, despite the negativity of the doctor's objective examination. The physician who listens to the tale, who shows by his questions that he is familiar with many of the symptoms from which the patient is suffering, even before he speaks of them, who extends his sympathy to him in his distress and tells him that he need have no fear, that he believes that his disease is curable and that he will help him to get well, makes the right start. If the physician knows how to follow up the advantage thus gained, he will be able to cure a very large number of these patients.

Editor's Note.—We have grown to expect from Dr. Richard C. Cabot such wholesome and useful advice on psychotherapy and subjects akin to it as the best type of American family physician would be likely to give us in his office.

He writes in this issue on the place and the effects of suggestion, authority and command in everyday life. To be shown how important and omnipresent suggestion is in all we do will probably startle the average reader. Authority and command we can see and feel; but suggestion, sly elf, as Dubois calls it, gets some idea into “the back door” of our mind that does its work—it may be in some bargain we afterwards regret—before we are aware.

Dr. Cabot has given us two typical descriptions of the unhappy effects of the abuse of suggestion. Doubtless readers of these will recall other typical cases of its abuse, for they are not uncommon. This bears out the justice of the reason for Dubois's reluctance to increase, by using suggestion in psychotherapy, “a grave fault inherent in the human mind—namely, suggestibility.”

Since suggestion is necessary, as Dr. Cabot shows, in all we do, and since we cannot escape it, it is surely well for us to be able to criticise not only the influence of others on us, but our own influence, with a view to its effect on others, it may be those who are dearest to us.
Suggestion, Authority, and Command

BY RICHARD C. CABOT, M.D.
Assistant Professor of Medicine in Harvard Medical School

Our ears are assailed by two counterblasts of assertion regarding suggestion. From the writings of Dr. Quackenbos and from much that is said and suggested in "Religion and Medicine," one would judge that suggestion could never do any harm except in the hands of grossly incompetent or morally perverse individuals, that it appeals to the noblest and most spiritual part of man, and is one of the most important healing agents.* On the other hand, we are told by many good medical authorities, and by many others less expert, that suggestion is a dangerous and harmful procedure,* leading to an abnormal and warped state of mind, and never to be employed except by those expert in its use and deeply versed in the mysteries of psychology, psychopathology, and the diseases of the nervous system.

By its defenders we are told that it is omnipresent, that everyone is using it every day, and that therefore it must be harmless. Or again we are pointed to cases in which it has done demonstrable good, and asked whether it is possible that such a benign remedy can be dangerous. But neither of these arguments seem to me valid. Flattery is also very widely used, but not therefore harmless; morphine is a valuable drug, but is also dangerous. Let us try to free our minds of all these misleading antagonisms and sharp contrasts of opposites. All the great forces that I can think of are potent, it seems to me, for both good and evil. Let us see whether this is not the case with suggestion.

1 See note "The Next Article," on preceding page.  *See note at end of Article.
To begin with, let us attempt to define it accurately. The great majority of controversies regarding suggestion would have been avoided if the term had been more accurately defined. The difficulty of defining the word arises from the fact that it has both a broad-current and a limited-scientific usage, which are apt to get confused. I am using the word here not in the ordinary current sense, but in the more limited sense, as it has been used by the great majority of psychologists and neurologists who have employed it. If I suggest to my choreman that he let the furnace go out because the weather is too warm for it, I am not using what is technically known as suggestion. I am simply conveying an idea in the directest and simplest way that I know. But “suggestion” in the technical sense means lodging an idea in a person’s mind without his being aware how it got there; getting it in, as it were, by the back door, getting it to work and to influence conduct without the person’s being aware of its modus operandi. Let me begin by giving a large number of examples, to some of which I have previously alluded.

The “Magnetic” Personality

When we say that a person has a great deal of “magnetism” or personality, we are using words very loosely and, I think, unwarrantably; still we do mean something, something suggested by the remark very likely to be coupled with this allusion to “magnetism”—“He is the sort of person of whose presence you are aware as soon as he comes into the room.” Translated into psychological language, this means: he is the sort of person whose way of moving, whose gait and carriage, whose voice and gestures, whose look and hand-grasp, all call attention to him even though we see him, as it were, only with the tail of the eye. Unusual movements, unusual sounds, grip attention, even though very little of them strikes our senses. So the orchestral conductor who makes a sudden and dramatic movement of his baton is perceived and followed even by those musicians who do not lift their eyes from their notes. His gesture flashes in through the margin of the visual field and is acted on almost unconsciously. So it is with the movements of the so-called “magnetic” person.
SUGGESTION, AUTHORITY, AND COMMAND

Suggestion of this same type is further exemplified by the manners of all polite persons which contain a myriad of little looks, gestures, and vocal intonations, suggesting approval, welcome, sympathy, in delicate and pleasant ways which would be almost impossible to define in words, but which enter our minds as the scents and colors of the spring do, and shape our mood far more powerfully than the most skillful speech.

By similar subtle influences the successful school-teacher keeps order in her room. The best disciplinarian is not the teacher who talks most about order, attention, or quiet. As a rule she says very little about these things. Her pupils get the ideas out of what she does not say—out of just such motions, looks, and tones as I have already alluded to—only with the difference that they are here directed not to produce an impression of ease and charm, nor to grease the wheels of social intercourse; but to concentrate attention, to narrow and clear the field of mental vision by shutting out the noises of the street, the awareness of comrades in adjoining desks, and the other impressions that distract attention. I shall not attempt to describe the devices by which this is done. The practice itself must be familiar to most of us. Let us turn for a moment to another field.

The Uses and Abuses of Suggestion

MOST of us have known the type of dominating mother who bosses the whole family and seems to crush all the initiative, all the independence and force out of the children whom she manages so smoothly. Their docility is admirable, but it is the death of their originality. This fact is, of course, familiar enough, but perhaps not quite so familiar is the method of such maternal madness. Such a mother works her will not chiefly by express command or compulsion, but much more largely by suggestion—that is, by letting it be known what she wants without expressly stating it. Her wishes are caught up and acted upon, like germs, by contagion.

Now this is all of value—under certain conditions. The order, the system, and smoothness of action resulting from the dominance of such a personality may be of the greatest importance, especially in
emergencies. When the house is afire, when the country is in danger, we have the utmost need of people who can be ruled through their instincts—i. e., by suggestion—more accurately and more swiftly than any process of reasoning could work. When an order is to be given and swiftly executed on a ship at sea, the rational consideration of the debating club or the town meeting is out of place. As Mr. Joseph Lee has put it—it will not do to say, “It is moved and seconded that we hoist the jib; those in favor will say Aye, those opposed No.” From the mate there issues a hoarse roar and certain well-known gestures. The men rush to the halyards and up goes the jib. Wherever quick mechanical efficiency is our end, that is to say in the larger part of warfare on land and sea, and in a large proportion of that industrial warfare by which most of us make our living—in the workshop, in the factory, on the fishing smack, and in the mining shaft—suggestion is ubiquitous and indispensable. Appeals to the initiative of the individual, efforts to make him realize that he is a unique personality, and should make up his mind and govern his actions for himself, all this is then quite out of place.

So long as this type of instinctive action under command, instinctive obedience to orders, does not so extend as to usurp the whole of life, it is of value, is indeed essential to efficient cooperation and prompt action of large bodies of men. But we all know what happens to the sailor on shore. Aboard ship he has been used to what is called “discipline”—that is, to the absence of self-government and the constant pressure of the force of habit, of command, and of suggestion. But all this training goes to unfit him to paddle his own canoe, and to manage his own affairs, so that when he gets ashore he generally drifts about like a derelict, until he is picked up and hoisted on board again, once more to take his place as an efficient part of the ship’s machinery.

The Demagogue’s Methods

The examples so far given of the force of suggestion or the contagion of personal influence through the “magnetic” personality, the tactful society leader, the successful school disciplinarian,
the bossing mother, the emergency leadership of the fire brigade and
the ship's captain, all fall under a single group. Closely akin to them
is the phenomenon of demagogism. No one is more the master of
the art of suggestion than the demagogue. It is generally said that he
plays upon the emotions of the crowd and acts upon their passions
and prejudices, rather than upon their reason and will. I fully agree
with this, yet I am just now more interested in observing that he im-
plants within them motives for action without their knowing how.
The ideas get in by the back door, as I have already put it. They
work upon the individual without his knowing the ways and means
by which he is swayed. They spread to him by contagion, the con-
tagion of personality.

Closely akin to this type of suggestion is the much-studied exam-
ple of "crowd contagion," or "mob spirit," whereby each member
of a crowd acts upon all the rest and is acted on by them through a
species of suggestion which none of them can understand or control.
Thus linked, a crowd may perform acts either nobler or baser than
those of which its individual members would be capable. They imi-
tate each other like the cattle in a stampeded herd. Subconscious
looks and gestures, tones and motions, produce in such a mob an
effect far beyond that of reason and speech.

Suggestion Enters Largely Into Life Everywhere

CONTINUING my attempt to show how familiar, how almost
omnipresent, the phenomenon of suggestion is in our ordinary
life, and entirely apart from the field of medicine or medical treat-
ment, I wish next to refer to a group of cases in which suggestion is
potent without the immediate agency of any human being. In all
the types so far mentioned, persons have been at work. Some one has
passed on the suggestion to his fellow beings. But rooms, places,
colors, odors, and the quality of atmospheres—literal or metaphoric
—all these, too, act most powerfully upon us through the back doors
of our minds. One receives suggestion from the shape, arrangement,
and color of a room, the softness of the carpet on which one treads,
the leap and sparkle of the fire on the hearth, the glitter of glass and
metal, the solidity or frivolity of the furniture, the general brightness or somberness of the ensemble. Perhaps the most powerful impression that I have ever received through suggestion was that of the lines, colors, and odors of the Cathedral of Seville, when I pushed back the heavy leather door and stepped from the baking glare of the square outside into the cool and quiet and deeply symbolic fragrance of that marvelous cathedral. Not a rational element in the whole—only instincts, feelings, deep-buried impulses were appealed to, but every sense was attacked—every sense but one.

In the cathedral and in the room man has been at work, although he is not just now directly appealing to us; but in the suggestions that come from the landscape, the sky and sea,* the quality of the air we breathe, the motions of trees and grasses in the wind, the scudding leaves in a storm, the heave of waves at sea, we get another set of deep and powerful suggestions without knowing how they enter the portals of our nature.

I think I have done enough to suggest the literally infinite variety of ways in which our nature is attacked or appealed to behind the back of consciousness, unbeknown to us. All such appeals are more frequent in the life of children and of childish races, perhaps more frequent in the life of women than of men. Children do not know how it is that they learn to speak or walk, whence come their likes and dislikes, how their days are molded and managed, and the negro knows almost as little as to the reasons for his actions. But even in the life of the adult educated man suggestion plays so essential and integral a part that it would be impossible to live a day or earn a dollar without it. There is absolutely no possibility of excluding it, even if that were desirable. Our only remaining task is to attempt some criterion for distinguishing good suggestion from bad.

By most writers suggestion has been either praised or condemned wholesale. The attempt to give it its place, to see where it belongs, how much of it is "too much," seems to me both difficult and important—important for all of us. To this task I now address myself.
So far I have tried to describe suggestion in a perfectly impersonal way, putting before your minds a group of examples, without trying either to commend or criticise. But I must now consider what it is that is to separate the good from the bad in all these types of suggestion. I will try to lay down criteria which seem to me the true ones.

In the first place, I believe that whenever we use suggestion we should be backed and governed by the truth, first, last, and all the time. I am going to skip through the list of examples which I have been giving you, and try to show how it is that suggestion may or may not be backed and governed by the truth. Let us go back to my illustration of a contagious psychic atmosphere: take the sense of good-fellowship. There are persons who, we find out later, to our cost, did their best to make us believe that they felt a great deal of friendship and good-fellowship for us, but did not back up their protestations by the truth. The reality was not there. They fooled us. They used the suggestion, they gave us the idea, but the facts were not behind it. If, on the other hand, the facts are behind it, if we do feel a genuine good-fellowship and a genuine affection for people, there seems every reason why we should use every method, indirect as well as direct, the back door as well as the front door, to express it. If I want to encourage my friend, the first thing, it seems to me, is for me to tell him the encouraging truth about the situation in which he is, as near as I can state it, to give him the truest possible view that I can. But while I am encouraging him by the truth, I see no reason also why I should not use an encouraging voice; I do not see why I should talk to him in a dismal voice; I do not see why I should not cultivate, if I can cultivate it, an enheartening voice in which to give the truth which I try to convey. Or, again, if I am trying to soothe and tranquillize a person, trying to help him to a more peaceful and more serene state, it seems to me the first thing is to state the truth about his condition so far as I can find it, tell him exactly what I think he ought to do, tell him exactly what I think he has done, and do all I can to clarify his view of the actual facts. But while I am doing that, I do not see why I should not give him suggestion by using the most soothing, most
quieting, most restful voice I can; I do not see why I should not do it in a soothing room, if I can; I do not see why I should not back myself and aid myself in every possible way from the field of suggestion, provided truth, sincerity, is behind it all.

Suggestion in Medicine

AGAIN, in the field of medical suggestion, if I genuinely believe in the action of a certain drug (there are a good many drugs in whose beneficent action I do believe) and it happens to have a bright-green color, I do not see that I need abstain from using it because I know that that green color will impress the patient’s mind. So long as I also do what I can to let him know why I am using this drug, to let him understand what effects I want to produce, what the limitations of its action are, how it should be helped out by proper ways of living, by proper ways of thinking and by proper views of the world, I do not see why I should not get all the effect I can from the suggestive side of that treatment as well. If I genuinely believe in the medical action of electricity—which I do for certain purposes—then the fact that electricity has also a strong suggestive action is no reason why I should not use it.

But if I use a drug which I do not believe has any medical value, a drug which is practically inert, and which I give simply because I think the patient must be given something, then that is a lie. I have no right to do that; I am using a suggestion without any truth behind it. It is as bad as flirtation, which allows a potent suggestion to go forth with no corresponding truth of feeling or intention behind it. So with this use of the tuning fork. I do not believe that there is any medical man in this country who supposes that tuning forks or magnets have any beneficial effect on the human body, yet they are used, and have been used ever since the time of Charcot in Paris, from whose clinic I believe that particular fraud came down. But if a man by any chance does happen to believe that magnetism has an effect upon the human body, there is no reason why he should not use any magnet, knowing, of course, as he might know, that the idea of “magnetism” acts perennially as a powerful suggestion on people’s minds.

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SUGGESTION, AUTHORITY, AND COMMAND

Truth, then, it seems to me, is the first limit, the first guiding principle in regard to the use of suggestion. It must always be subordinated to the truth; it should always be backed up by the truth; it should never go an inch except as the truth guides it; it should never go in any direction save that pointed out by the truth.

Secondly, I should say that suggestion is of value in its proper place when it is strictly and constantly subordinate to education. Take the case of a teacher who uses suggestion in the control of her class; she uses suggestion, but subordinates it to education. Her methods are repressive in so far as they are suggestive—because all suggestion is repressive; it is making a human being act without his knowledge, without its spontaneous initiative. But the teacher is willing to use those means, because education—the direct appeal to the pupil’s reason, the direct appeal to his intelligence—is always her ultimate object. Because she wants to control his attention, because she wants to reach his individual ambition, because she wants to rouse him to do his individual best in his own way, and not in anybody else’s way, because she does not want to boss him or crush him, she is worthy to use, in a subordinate way, this art of control by suggestion.

On board ship we must admit (as I have previously said) the necessity of suggestion—of sharp, irrational methods of control. But the condition of the sailor, or of anyone else under this sort of discipline, is never satisfactory, unless there is something educational going on at the same time, unless he is learning something new, unless some one is thinking of him as a man and not as a machine. It must be a debasing trade so long as education forms no part of it. So in medical suggestion, not only must truth be back of all that we say and do, but we must have the education of the individual, the appeal to his intellect and soul, always in our minds.

I think very few of us who have not tried this know how difficult it is. The vast majority of patients that come to us want to be led, want to be bossed, want us to make decisions for them; and to a certain extent, in subordinate ways, we physicians have to do that. Yet it seems to me always our task to counteract the evil influence of this necessary bit of suppression by a great deal more
education. If there are a few things which we have to tell people to do merely because we say so, there ought to be a great many more things which we put freely into their own control by explaining to them in detail. If there is a part of hygiene that we cannot get people to carry out except by command, there ought to be a much larger part of hygiene which we can put in their own hands. We ought to lay the facts before them and say: "Use these facts, deal with these facts. They convince me; ought they not to convince you? They govern my action; ought not they to govern yours? I do not tell you that you ought not to drink and smoke; I will tell you just what will happen if you do drink and smoke. You have the facts; deal with the facts." That, it seems to me, is the only way in which we can address an intelligent human being, unless it is for a very temporary purpose, as I have said, and subordinate to the main trend of our influence.

The Harm of the "Spiritual Cocktail"

So when it comes to the psychical side, when it is not a question of physical hygiene, but of mental hygiene, there is very great danger; and this principle seems to me still more important. The people who come to us for guidance are people who are in a passive state, who are looking for strength, who want to be bossed, who are deficient in initiative, deficient in independence, deficient in power to make up their own minds. There is danger that we may yield to the temptation which confronts all of us who have anything to do with these nervous sufferers, the temptation to give them what they ask for. They ask, for example, for inspiration; it is often the worst thing we can give them. It is a spiritual cocktail. It lifts them up, but in a week they will be down in the dumps again, as we know by experience. It does not point them to the sources of their own strength; it does not give them contact with any force or with any being from whom they can perpetually draw strength aside from any human being's help. We must constantly be striving to help these people make up their own minds, to form their own plans, shape their own actions, striving against what they want and what they ask of us.

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SUGGESTION, AUTHORITY, AND COMMAND

THERE are, of course, some people who are so saturated with the spirit of independence that we cannot get it out of them—the people who always differ with you, who always criticise, who always take the opposite side, who in a meeting are always voting “No.” But if you have been to many meetings you will know that there are not many such people. Citizens who are ready to vote “No” when the rest of the audience has voted “Aye” are very rare. I suppose John Adams was such a man, and I suppose there have been as many such in this State of Massachusetts as anywhere. I don’t believe you could have hurt John Adams by too much suggestion. I don’t think you could hurt Theodore Roosevelt very much by suggestion. He would take it all in, take what was good in it, and make up his own mind. There have been many statesmen, I am sure, who sucked in too much suggestion as to what they thought the people wanted. I suppose the “Little Giant” Douglas was of that type, while Abraham Lincoln, that man who is so much in all our minds this year, combined, as no other man in our country has ever combined, the power to take suggestion and the power of independent initiative.

Justified, then, when guided and backed by the truth, justified for a short time, justified as a subordinate part of our dealings with any human being, sick or well, patient or friend, child or parent, justified within these limits is suggestion.

Notes and Collateral Reading
[Numbers refer to pages in text]

17. One of the most important healing agents: He [James Braid] cited many reasons for his belief that the practice of hypnotism was devoid of danger, and amongst them the following are the more important:

1. He had successfully demonstrated that hypnosis could never be induced without the subject’s knowledge and consent.

2. Perception and judgment were not abolished in hypnosis; this was not only true of the “alert” condition, but extended also to the “deep.” Even when the subjects were in the latter state, if anything were done which was opposed to their moral sense, they at once passed into the “alert” stage and were then as capable of defending themselves as when in the waking condition.

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3. Hypnosis undoubtedly increased the moral sense and rendered subjects more fastidious as to conduct than when awake (Hypnotism, p. 292).

The cases in which it has been "clearly proved" that hypnotism has done undoubted harm are neither numerous nor important. Charcot and the other members of the Salpêtrière school asserted that hysterical symptoms sometimes appeared after the attempted induction of hypnosis. That such phenomena occurred with them is not surprising when one considers the nature of the patients and their surroundings. Charcot also recorded one or two instances where the employment of hypnotism for stage purposes had produced bad effects (Hypnotism, p. 425).

Bramwell continues on page 427 of his book in answer to a critic:

"Now I have never, either in writing or in speaking, asserted that there were no drawbacks to the therapeutic use of hypnotism, but, on the contrary, have constantly pointed out that such existed. Further, I have never denied that hypnotism, through ignorance or malice on the part of the operator, might be so misused as to do harm. This risk, however, is not only grossly exaggerated, but falls far short of that associated with ordinary medical treatment."

—J. Milne Bramwell, M.B., C.M., "Hypnotism."

17. That suggestion is a dangerous and harmful procedure: Should hypnotic procedures of the sort which produce states of lethargy or catalepsy be resorted to in the cure of disease, and what is to be hoped for from their use? What harm, if any, may result from employing such methods? These are practical queries.

Putting the matter as briefly as possible, my experience and observation indicate that little of permanent value is to be accomplished by the production of profound hypnosis, and that it may be the means of doing no inconsiderable harm. Hypnotic procedure, however, even when used to induce profound somnambulic states, has a field of usefulness which is very limited, although it cannot be disregarded. It may be used, for instance, on the principle of choosing the lesser of two evils, for the improvement of the sad condition of those amnesic and depressed hysterics described by Janet and familiar to all neurologists, who have a double or dissociated personality and live for the most part in a state of consciousness in which life is truly a burden. It can be admitted that it may be right not only to change for a time, for patients of this sort, their state of consciousness or personality, but even to allow them to remain in the artificially induced state, the second condition being better than the first or usual one. At the best, however, hypnotism is here only a method of making a life altogether intolerable a little more tolerable. The temporary ailments or conditions are relieved, but the degeneracy and neuropathy remain and will constantly reassert themselves.

I have seen not a few examples of the evils actually caused by hypnotic procedures, used either for amusement or for scientific and therapeutic purposes. Many years ago two of my professional friends made a series of
NOTES AND COMMENT

interesting experiments on the artificial induction of convulsive seizures. They brought about their results, as I witnessed on one occasion, by placing themselves under the conditions of a spiritual séance or table rapping. With their hands placed in slight contact with the table, and their minds made as vacant as possible, they were able to bring on conditions of catalepsy and clonic spasm. Wisely they both soon determined that they had had enough of these experiments. One of them told me that on more than one occasion, while on the street or in some public place, he had been compelled to back himself into a doorway or against some support to prevent a spasmodic attack.

A young man, intelligent and educated, of a highly sensitive nervous system, out of interest and in the spirit of accommodation, allowed himself to be used again and again by a psychologist for the purpose of exhibiting and illustrating the phenomena of hypnosis. States of lethargy, of catalepsy, and examples of automatism at command were frequently shown with this youth as the subject. Later, after entirely giving up his part in these exhibitions, this young man became a victim of hystero-epilepsy from which he had never suffered before. He did not recover until some years had passed. Hysterical phenomena brought out by suggestion under hypnosis can be evoked more readily the oftener the hypnotic procedures are repeated. It is always possible that the hypnosis artificially produced may initiate hysterical affections which may become chronic. I might give a considerable number of illustrations of this fact were it worth while.


22. Suggestions that come from the landscape, the sky, and sea. As a type of wholesome suggestion, nothing could be truer than the influence of nature. Its effect is immortally expressed in Bryant’s lines:

“To him who in the love of Nature holds
Communion with her visible forms, she speaks
A various language; for his gayer hours
She has a voice of gladness, and a smile
And eloquence of beauty, and she glides
Into his darker musings, with a mild
And healing sympathy, that steals
Away their sharpness, ere he is aware.”

—William Cullen Bryant, “Thanatopsis.”
The Next Article

EDITOR'S NOTE.—Dr. J. Milne Bramwell discusses in this article the use of hypnotism in the treatment of obsessions. We have in Dr. John E. Donley's article on obsessions, in the preceding issue, a clear, physiological description of them.

The peculiar difficulty encountered in the attempt to grasp the full significance of this class of mental disorders is suggested by Dr. Bramwell in pointing out that one of the commonest forms of obsessions, excessive doubt, folie du doute, is found not only in individual patients, but may even be thought of as a disease of Science, vainly trying to give obsession a place in its catalogue.

One of the most interesting points he brings out is the fact that obsessions depend on the emotion they induce. From the anxiety and the fear arises the disturbance. The point of attack, he intimates, is, therefore, these emotions. Cure them and the obsession disappears.

Dr. Bramwell's success in the use of hypnotism in obsessions is testified to by the severity and variety of the cases he has relieved. It may happen, as is shown by one example given, that the patient may again become a victim of the old obsession; but in the particular case referred to the patient at least gained ten years of health by the treatment.

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PHYSIOLOGICAL SECTION

ARTICLE VIII

Obsessions and their Treatment by Suggestion — I

By J. MILNE BRAMWELL, M.B., C.M.

Author of "Hypnotism," etc.

Much doubt has existed, and still exists, in reference to the mental conditions involved in obsessions. Dr. Ladame, of Geneva, for example, in referring to the different opinions expressed concerning folie du doute and délire du toucher by Schuele, Magnan, Krafft-Ebing, Marcé, Jules Falret, Morel, Lasègue, Ball, Meynert, Kraepelin, and Scholz, says folie du doute is regarded by contemporary writers sometimes as a symptom of the most varied mental affections, sometimes as a psychopathic episode of hereditary degeneracy, sometimes as a special form of psychosis, and sometimes as a simple elementary trouble dependent upon the general pathology of mental alienation. Thus, doubt, he says, does not only exist among the patients; it has passed into science and could equally be called folie du doute, on account of its uncertain place in the chart of mental maladies, as well as for the strange symptoms which characterize it.

Before discussing this, however, I propose to give you the history of some cases of obsession, drawn from my own practice, and also I wish to draw your attention to some points of interest in reference to the subject of obsessions as a whole. Then, with this material before us, I shall give a short account of the methods of inducing hypnosis and of employing suggestion in the treatment of disease.

1 See note under "The Next Article" on preceding page.
Cases of Obsessions

MRS. —. I received the following notes of this case from Dr. —, the patient's husband: "My wife has suffered from myxœdema, following influenza; she had low temperature, loss of hair, dullness of intellect, slowness of movement, general irregular swelling of the body, facial disfigurement, alteration of voice, and muscular pains. I put her on thyroid extract in January, 1893, and, although the symptoms peculiar to myxœdema disappeared, she became utterly sleepless, her limbs trembled at the least exertion, and her digestion remained very bad. I brought her to you on March 1, 1894, to see whether suggestion would procure sleep. At the second attempt, you succeeded in inducing very slight hypnosis, and she began to sleep fairly well. For more than a year she has never had more than three hours' broken sleep and often far less. She soon began to sleep thoroughly well and uninterruptedly, and her indigestion, for which I had found drugs and careful dieting ineffective, disappeared after a few suggestions. Her legs became stronger and her energies restored very much to what they were twenty years ago, when she was renowned among her acquaintances for her untiring energy. But the fact that strikes me most forcibly is this. Several members of her family are sleepwalkers. She used to walk in her sleep in childhood, and once or twice as a young woman, and the habit is transmitted to my youngest girl. When her first baby was born—sixteen years ago—the thought crossed my wife's mind: 'What if I walk in my sleep and do any injury to my child?' I endeavored to persuade her that she had grown out of the habit, but the attempt was wholly fruitless. The idea grew until it assumed the character of an idée fixe, and she always tied herself to the bed-post at night. All attempts to break herself of the habit were failures, and if she went to bed without fastening herself she was never able to go to sleep until she did so.

"When we moved into our present house, three and a half years ago, she became alarmed at the great height of the bedroom windows from the ground and their lowness from the floor. She began to
suggest that possibly she might undo her own knots during sleep and get out of the window. I pointed out how unlikely it was that she should walk in her sleep after a score of years' complete immunity. She granted my reasoning was just, but it did not dispel her fear and she insisted upon my tying her to the bedpost each night in a very effective manner. In May, 1894, I told you of this persistent dread and asked you to suggest that she should neither walk in her sleep nor be apprehensive of so doing. During that séance you repeated this suggestion two or three times, but have not done so since. The effect was magical. She has never asked me to tie her to her bed from that day, and tells me she has never once thought about it. To tell me it is all the more remarkable as the hypnosis in her case is so slight and appears to pass into natural sleep if you leave her for a few seconds. She is of a nervous, excitable temperament, but by no means greedy of the marvelous, or ready to accord belief to any new doctrine. She had a healthy skepticism of the possibility of anyone hypnotizing her, but was anxious for the attempt to be made, as she suffered so acutely."

At the end of a year I saw this patient, when she told me she had remained entirely free from her morbid fears, and her recovery is confirmed by much later reports.

(2) Mrs. ——, aged thirty-two, was sent to me by Dr. Forbes Ross, on November 5, 1907. She had always been nervous and four years ago she commenced to dread open spaces. Then, after a cab accident, she was quite unable to travel in any vehicle. When she came to see me, she was obliged to walk from her home in Hampstead and back again. After being treated thirty-four times, she recovered. She recently reported that she had spent a holiday in Paris and had no nervousness in traveling. She had also been in a motor accident, but this had not upset her.

(3) Miss ——, aged twenty-six, was sent to me by Sir Malcolm Morris, on November 12, 1907. Four months previously, she had applied something to her eyebrow to make the hair grow on a bald patch, and then commenced to have the idea that she had touched her upper lip with the same preparation and that this would make her hair grow there. This passed into the distinct delusion that she
was growing a mustache. She told me that it was no use my trying to remove her obsession, as she could see the hair growing every hour. She was very emotional and excited, and was constantly looking at her face in the glass. Could not sleep without drugs. She entirely lost her morbid ideas after nineteen treatments, and her recovery is confirmed by later reports.

(4) Mr. ——, aged thirty-five, schoolmaster, was sent to me by Dr. Hyslop, of Bethlem Hospital, on January 2, 1908. Family history and general health good. At the age of four he commenced to have obsessional impulses to throw things off the table; these lasted four years, and he could never resist them. Then for some weeks he had an impulse to push something into his own eye, but this he was able to resist. Since then he has never been free from obsessions, and of late years these have been mainly a dread of heights, with an impulse to throw himself from heights, out of windows, and in front of express trains. His class room was on the third story, and the obsession about throwing himself from the window became so strong that he had to give up work. He recovered and returned to work after sixteen treatments. Recovery confirmed by later reports.

(5) Mr. ——, aged thirty-two. In 1879, when attending a School of Art, he commenced to have doubts about his work, and lost interest in it. He was making a collection of tracings and copies of various artistic things, but felt that this was useless as it might be destroyed by fire. Later, he commenced to be influenced by every superstition he heard of, and gradually these morbid ideas filled his entire mental life, and interfered with many of his actions. Ultimately there were so many places he was afraid of going to, and so many things he was afraid of doing, that sometimes he could go nowhere, and do nothing. At first he recognized the absurdity of his fears, but in the end they became delusional. He did not fear that anything would happen to himself, if he did not conform to his superstitious ideas, but felt that something awful would happen to God Almighty. He was miserable, depressed, and had suicidal ideas. He improved greatly under treatment, but I have not been able to trace his after-history.

(6) Mr. ——, aged fifty-six, solicitor, consulted me on January
OBSESSIONS AND THEIR TREATMENT

24, 1906. About twenty years previously he began to have obsessions in reference to his work; these specially took the form that he had not paid sufficient death dues, etc., on behalf of his clients. His fears were constant, and as soon as he ceased to worry over one case another presented itself. The strain and mental agony were so great that he was compelled to give up his profession and to lead a very secluded life. Recovered; now travels, takes an interest in public affairs, etc.

(7) Mr. ——, aged forty, was sent to me by Dr. Ross Sinclair on October 3, 1907. He had suffered from various obsessions from the age of twenty-three, and for some years these had been mainly associated with his work. He was secretary to a public company, and dreaded having to read any report; his voice and limbs trembled and he felt unable to control himself. These fears increased and spread to everything connected with business. Before any important interview he had to take several glasses of spirits, and also from time to time deliberately got drunk. His mental agony from obsessions was so great that he felt he would become insane, unless he could in some way alter his mental condition. He found that his feelings of remorse after getting drunk took the place of his obsessional ideas for some little time, and thus gave him temporary relief. He recovered after eighteen treatments, and on October 26, 1908, wrote to say there had been no relapse, and that he enjoyed his work.

(8) Mr. B., aged twenty-five, first consulted me in March, 1890. Formerly strong and athletic, distinguished football player, bicyclist, etc. Two years previously, after the death of his mother from cancer of the breast, he began to fear that he might contract the same disease. This idea grew stronger and stronger; he developed neurasthenic symptoms, and suffered from insomnia, depression, dyspepsia, etc. Finally, the dread of cancer passed into the firm conviction that the left breast was infected by it. He now remained nearly always in one room and would not pass into another without muffling himself up and putting on an overcoat. For some months he complained of difficulty in moving the left arm and carried it in a sling. I found nothing to justify his fears, but the muscles of the arm were distinctly wasted from disuse. He was easily hypnotized at the first attempt,
and this was repeated nearly every day for a fortnight, when deep hypnosis with somnambulism was obtained. His morbid ideas at once disappeared and his general health speedily improved. A few days after the treatment was abandoned I saw him driving a spirited horse, and holding the reins in his left hand. A week afterwards he told me that he felt perfectly well, and was just going to jump a young horse over some hurdles. Up to the present date there has been no relapse.

(9) Mr. C., aged thirty, consulted me in July, 1890. Had good health up to six months ago, when he was frightened by being awak-

en by his sister, who had acute mania, entering his bedroom. From this date he suffered from insomnia and dyspepsia, lost weight and strength, became melancholic, shunned society, and had the fixed idea that he would become insane. Hypnotized five times from July 3 to July 7, 1890. Deep hypnosis was easily induced at the first attempt, and he slept well each night. Recovered. No relapse up to May, 1891, when he died of influenza.

(10) Mr. D., aged forty-three, first consulted me in September, 1892. His illness commenced in early childhood, with the fixed idea that everyone noticed him and criticised him, and he soon began to blush if looked at. This condition has continued ever since, and had latterly become worse and made his life a torture to him. Not only did he blush in the most excessive manner when anyone, even his own children, looked at him, but the thought that anyone might look at him was sufficient to make him blush even when alone. He felt that he must give up business, and had suicidal ideas. He suffered from various neurasthenic symptoms. I attempted to hypnotize him five times without result. He returned for treatment in April, 1893; his condition was worse and he was in despair about himself. I hypn-

notized him forty-two times up to October, 1893. Slight hypnosis was induced at the fifteenth attempt, and afterwards became fairly deep, when he commenced to improve, and before the close of his treatment his morbid symptoms had disappeared. Recent news con-

firms his recovery.

(11) Mrs. E., aged thirty-six. Educated and highly intelligent. One of her brothers is congenitally deficient in intellect and she has
suffered from fits of depression since childhood, which have become more frequent and prolonged during the last fourteen years. The mental condition of one of her children, born during one of these periods, causes grave anxiety, and a younger child stammers. Four and a half years ago, after the death of a relative who had exercised an unfriendly influence on her life, she constantly thought that various misfortunes that were happening to her would give him pleasure; this idea increased and developed until she felt that he knew everything she did, and gloated over her troubles. Finally she became possessed by the idea that she was haunted by him, and felt conscious of his presence. Her whole life was filled with these thoughts, and she ceased to care for society or intellectual pursuits. She was constantly depressed, slept badly, and was weak physically.

I first tried to hypnotize her on November 26, 1892, and repeated the attempt a hundred times without success, until April 25, 1893; her condition meanwhile growing steadily worse. Slight hypnosis was induced on April 26th, and repeated twenty-three times up to July 21, 1893. Immediately after the first induction of hypnosis she rapidly improved, and the morbid ideas and depression entirely disappeared. She quickly regained strength and interest in life, and up to the present date there has been no relapse.

(12) Mr. ——, aged twenty-eight, first consulted me in April, 1894. His father was very nervous and passionate, and had suffered from "brain fever" and chorea. The patient is slight and undersized, and suffers from various neurasthenic symptoms. At the age of fourteen, he had many religious doubts and fears, and believed he had committed the unpardonable sin. At the age of sixteen, while working in a cocoa manufactory, he began to fear that the red lead, which was used in fastening certain hot pipes, might get into the tins containing cocoa and so poison people. This was the commencement of a "folie du doute" and "délire du toucher" which had never since left him. Instead of going on with his work, he was irresistibly impelled to clean and reclean the tins.

The following is taken from the letter of a friend to whom he confided his troubles: "On October 1, 1891, he told me he had attempted to commit suicide, as his life was so miserable (he had
taken poison). He had read of a case of poisoning through eating chocolate and connected himself with it, though it was five years since he had helped to manufacture any. He now believed he might have been careless with the molds and thus have produced a poisoned chocolate, which years afterwards had caused the child's death. The grotesque absurdity of the story, as he related it to me, would have made me laugh, had I not felt how horribly real it was to him. His vivid imagination had pictured every incident of the tragedy; the child buying the chocolate, running home full of happiness, then becoming ill and gradually sickening in awful agony till released by death. The keenness of mind with which he sought to prove the reasonableness of his belief that he had poisoned the child was extraordinary. He wrote: 'Yesterday I was unscrewing some gas burners in a provision shop and got some white lead on my hands, and I have been thinking it may have got among the food.' I found that brooding over this fancy had brought him to the verge of despair and for weeks his life was a perpetual agony. He worried about his work of fixing advertisement plates to walls and can never persuade himself that they are securely fastened. He fancies the nails are bad, or the mortar loose, and makes himself ill over it. I have pointed out to him that if a plate fell it would almost inevitably slide down the wall. This has not prevented him from painting a most elaborate mental picture of the decapitation of an unfortunate youngster who happened to be playing marbles with his head against the wall. To enumerate all his troubles would take a small volume. I have a great pile of his letters before me now, and I suppose they constitute one of the most extraordinary analytical autobiographies it would be possible to find. In reading them I cannot help marveling at the strange unshapely wonder of such an imagination. He makes every incident in his life the foundation stone of a castle of fancies, and of late years each castle has become a prison—a torture chamber in which he has dissected his motives and his actions, until he has ceased to believe in himself at all."

When I first saw this patient the "folie du doute" and "délire du toucher" were constant and most varied in their manifestations. If he accidentally touched persons in the street, he began to fear that
he might have injured them, and exaggerated the touch into a more or less violent push. If the person touched were a woman, he feared she might have been pregnant and that he might have injured the child. If he saw a piece of orange peel on the pavement he kicked it into the road, but soon afterwards began to think this was a more dangerous place, as anyone slipping on it might strike his head against the curbstone, and so he was irresistibly impelled to return and put it in its former position. At one time he used to bind himself not to perform certain acts, by vowing he would give God his money if he did not do them. Then sometimes he was uncertain if he had vowed or not. Owing to this, he gave sums to religious objects which were quite disproportionate to his income. Apart from his peculiar fancies, I found the patient perfectly rational and intelligent, and though his "délie du toucher" hindered him greatly in his work, he generally managed to execute it, though on some occasions he was compelled to abandon the attempt. At this time I tried to hypnotize him on twenty-four occasions, but apparently without success, and he was then compelled to leave town. He returned on April 2, 1895, for a week's further treatment, and told me that since his former visit his morbid ideas had not been so frequent and marked, and were accompanied by less mental agony. From that date, though the treatment was not again repeated, he rapidly recovered, and six months later wrote to say he could laugh at his former fears. His recovery was confirmed by a later report in 1902. I have received a letter from this patient to-day (November 28, 1908), in which he tells me that he has relapsed and is in great mental agony, because he believes he accidentally caused the death of a man twenty-two years ago.

(13) Mr. ——, aged thirty-three, tall, strong, and athletic, first consulted me March 7, 1894. He stated that he had always been of a sensitive disposition and inclined to be morbidly self-conscious. Of late years this has greatly developed and made his life a burden to him. He had the fixed idea that he was constantly making mistakes in business and that all those with whom he was brought in contact considered him a fool. During a business interview he was embarrassed and unable to speak, and felt that everyone must notice
this. He had the same feelings in reference to society, and shunned it as much as possible. He also had morbid and entirely unfounded fears about his physical condition. Hypnotized ten times to July 11, 1894, when his morbid ideas had entirely disappeared. A year later he told me there had not been the slightest relapse, and that he was now fond of society and at his ease in it.

(14) Mr. ——, aged thirty-five, was sent to me by Dr. de Watteville, on October 29, 1894. Illness commenced six months previously, after the sudden death of his brother-in-law. He began to sleep badly and to dream of his own death. The insomnia continued, and he was haunted by constant dreads in reference to himself and his family. He dreaded that he would lose his employment, and that he would find his wife and children dead when he returned from work, etc. He became afraid of open spaces, and was unable to cross the road without assistance. One day, when sitting alone in his parlor, he believed he saw two men bearing his coffin in. He never had a moment's freedom from his fears and was so miserable that he had strong suicidal impulses. About this time he commenced to have frequent attacks of giddiness, and felt that he would fall down if he did not catch hold of something. On one occasion only did he lose consciousness. He was hypnotized five times up to November 12th, upon which date his morbid fears had almost entirely disappeared, but, as he still had attacks of giddiness and sometimes felt depressed, I continued to hypnotize him once or twice a week up to April, 1895. His recovery is confirmed by later reports.

The cases I have cited are simply illustrative ones, and I could quote many more from my own practice, and supplement them by numerous other successful ones reported by Continental medical men.

The Mental and Physical Conditions Existing in Cases of Obsession

IN the present paper I do not propose to discuss the obsessions of the neurasthenics, although, as far as my experience goes, in every case of neurasthenia there are obsessional ideas. These are
generally varied, but all have reference to the patient’s supposed mental or physical condition. In extreme cases, these ideas are ever present, always talked about, and control or excite the patient’s actions.

The transition from the normal state to obsessional ideas is frequently almost insensible. In some instances, the repetition of insignificant sayings being, according to Ribot, the slightest form; and preoccupation, such as anxiety about an examination, a degree higher. Further, Ribot says: “In every sound human being there is always a dominant idea which regulates his conduct; such as pleasure, money, ambition, or the soul’s salvation.”

One class of obsessions, then, may be said to have their origin in the affections, and to be simply an exaggeration of natural anxieties. For example, a father, devoted to his children and anxious about their well-being, gradually became abnormally fearful until ultimately he suffered agonies when they were out of his sight. Thus, if he gave them permission to go for a walk, as soon as they had passed out of the avenue in front of his house, and he was unable to see them, he was obliged to send and have them brought back. In many other instances the not unnatural anxieties associated with business became so acute that the patients were forced to retire.

A Clear Distinction Between Obsessions and Insanity

A CLEAR distinction between these diseases and recognized forms of insanity was made for the first time, in 1888, by Morel. He stated that patients suffering from obsessions did not interpret them after the manner of the insane; that they had neither hallucinations nor illusions, nor underwent those transformations which change the personality of the insane, and make them radically different from what they were before. According to Westphal also, the obsession never becomes a true idée fixe délibrante, but always a stranger to the patient’s ego, while the insane conform logically to the deductions of their ideas. This scientific distinction between insane ideas and obsessions has long been recognized by the Church, which has always made a difference between possessions and obses-
essions, saying, for example: "This man is not possessed, he is only suffering from obsessions."

Ribot applies the term "fixed ideas" to the states we are discussing, and regards them as "chronic hypertrophy of the attention," the fixed ideas being the absolute; attention the temporary, predominance of an intellectual state or group of states. The fixed idea is attention in its highest degree and marks the extreme limit of its power of inhibition. There exists, he says, both in normal attention and in fixed ideas, predominance and intensity of a state of consciousness; this is more marked, however, in the fixed idea, which is permanent and disposes of the important psychical factor—time. In attention this exceptional state does not exist long; consciousness reverts spontaneously to its normal condition, which is a struggle for existence between heterogeneous states. The fixed idea prevents all diffusion: there is no antagonistic state that is able to overthrow it; effort is impossible or vain: hence the agony of the patient who is conscious of his own impotency.

The following is Ribot's conception of the probable physiological condition associated with fixed ideas: "In its normal state the entire brain works; diffused activity is the rule. Discharges take place from one group of cells to another, which is the objective equivalent of the perpetual alterations of consciousness. In the morbid state only a few nervous elements are active, or, at least, their state of tension is not transmitted to other groups. Whatever may be their position in the cerebral organ, they are, as a matter of fact, isolated; all disposable energy has been accumulated in them, and they do not communicate it to other groups; hence their supreme dominance and exaggerated activity. There is a lack of physiological equilibrium, due probably to the state of nutrition of the cerebral centers."

Ribot refers to Westphal's recognition of the difference between fixed ideas and insanity, and his statement that "the fixed idea is a formal alteration of the process of ideation, but not of its content." The "formal" perturbation consists, says Ribot, in the inexorable necessity that compels the association always to follow the same path. "There is alteration, not in the nature or the quality of the
idea, which is normal, but in its quantity, intensity, and degree." Thus, it is perfectly rational to reflect upon the usefulness of bank notes, or the origin of things, and this state differs widely from that of the beggar who thinks himself a millionaire, or the man who believes himself to be a woman.

Obessions Depend Upon the Emotions They Induce

According to Pitres and Régis, it is the emotion which is the essential condition of obsessions: the constant and indispensable one. If you take an obsession, no matter of what kind, and suppress the fear or anxiety associated with it, the obsession no longer exists. On the other hand, if you abstract from the obsession its fixed idea or impulsive tendency, and leave only fear or anxiety, you still have the essential part of the mental disturbance left. For example, you can have a state of generalized fear and anxiety, or even a fear of having a fear. Thus, these patients have no fixed idea, no specialized obsession, but yet have a constantly recurring dread of something they cannot define. Further, there are many cases of obsession in which the obsession is multiplex, or having commenced with one special obsession, passes into another quite distinct one, or several different ones may be present at the same time. The intellectual phenomenon, the sentiment or idea, varies, but the emotional phenomenon, the anxiety or fear, is always present.

The following is their description of the origin of a case of obsession: A sensitive young person blushed, for example, under circumstances more than usually painful, and this produced a moral shock. From that date, under certain definite conditions, particularly under the same circumstances and before the same people, the same phenomenon of involuntary blushing was produced, more and more painfully in proportion as its appearance was feared.* Up to that date it was only a systematized fear with purely intermittent manifestations, but little by little the dread of this infirmity took possession of the mind of the patient, and dominated it so thoroughly that the memory alone of an attack of blushing made him blush.

* See note at end of article.

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From then he always thought about blushing; a "fixed idea" was grafted upon the original emotional phenomenon and the fear became a true obsession. Thus, an obsession is often a morbid fear which has lost its character of simple emotional trouble in order to take, through the course of its natural evolution, the characteristics of a trouble at the same time emotional and intellectual.

Among my own cases the most noticeable fact has been the mental agony of the patients. Fear has been the predominant element. Generally they have dreaded that something was going to happen to them, such as sudden illness, death, or suicide, or they fear that they have actually injured others, or dread an impulse to do so in one way or another.

When the obsessions have been more purely intellectual, as in the case of a woman who worried about the Creation, and put all sorts of questions to herself and sought in vain for their answers, these fears have neither been so acute nor so specialized, but still, in all the cases I have observed they existed to some extent, and arose from, though not directly connected with, the obsession. For example, a patient suffering from insoluble self-questionings, such as the origin of things, etc., is not in the same frame of mind regarding this as the patient who dreads cancer, suicide, or an impulse to injure others. On the other hand, she may develop a more or less intense fear that these questionings may injure her own brain. Again, the impulse to touch certain objects, to do certain things, or to conform to certain superstitions, is generally associated with fears, either as regards the patient himself, or others. Thus, in the case of the man who was influenced by all superstitions, he felt if he did not conform to them that something dreadful would happen to the Almighty.

In Typical Cases the Patient Fully Recognizes the Absurdity of his Ideas

It is true, as Morel says, that in typical cases of obsession the patients fully recognize the absurdity and unreasonableness of their ideas and constantly fight against them. On the other hand,
obsessions have undoubtedly a tendency to become insane delusions. Thus, the dread of acquiring cancer in one case, passed into the fixed belief that it existed. In other instances, fears of having injured others became delusions that such injury had been done. In another case, where the patient had many abnormal conscientious scruples and fears of committing various sins, these ultimately passed into insane delusions. She believed, for example, that her umbrella was not her own, that she had taken it from some one else, that she had stolen the money in her purse, etc.

As far as my experience goes, none of the patients, who dreaded yielding to their impulses to injure others, ever gave way to them, and I have observed the same thing in reference to their fears of committing suicide in some particular way, such as throwing themselves before a train, jumping from a height, etc. On the other hand, I have known of cases where the dread of being forced to commit suicide in one way has indirectly led to the patient's doing so in quite a different manner—i.e., the agony of striving to resist their obsessional ideas has caused them to take their lives in order to escape from them. Further, one of my patients attempted suicide because his life had become absolutely miserable through his delusions that he had caused the death of others by poisoning them.

According to Dr. Gélineau, a crowd of sentiments of repugnance, etc., which the laity group as aversions, closely resemble the conditions we are discussing. Henry III, for example, who showed his bravery at the siege of La Rochelle and elsewhere, could not bear the sight of a cat. The Duke of Epernon fainted at the sight of a young donkey. Ladislas, King of Poland, got frightened and ran away when he saw apples, and Favoriti, a modern Italian poet, could not bear the smell of a rose. Montaigne says: "I have seen more people driven to flight by the smell of apples than by arquebuses, others frightened at a mouse, made sick by the sight of cream, or by seeing a feather bed shaken."

Similar observations have been made by Savage, who says: "The body has its imperative ideas—one person being unable to stand the presence of a cat, while another is affected by a rose. The
senses, in fact, give us a valuable aid in considering the question, for not only can we see that these imperative nervous influences may be primary, as with the cat smell, but they may be secondary or associated; thus in the so-called photisms, certain persons have associations with a sensation, which have no real relationship to them. For example, one man hears a vowel sound and sees a certain color at the same time, whereas another, perceiving a certain smell, also sees a certain color arise with the olfactory sensation. These sense relations are very imperative, and are so firmly established that most of those who have them cannot go back to any moment when they were free from them."

The fact that an obsession remains a stranger to the patient's ego distinguishes it, according to most authorities, from an insane delusion. This rule has its exceptions. One of my patients commenced to be "inhibited" by various superstitions. Many people, by no means insane, actually believe in, and are influenced by, similar superstitions, but it is just their belief in them which prevents the condition being one of obsession, with its inseparable mental distress. This patient, however, did not believe in them, at all events for some years, and keenly resented their interference with his actions. Thus, the nonassimilation of the obsessional idea sometimes constitutes the morbid element, and this apparently depends more upon the individual than upon the idea itself. The patient who made herself miserable about the Creation might, under other times and circumstances, have taken pleasure in discussing the number of angels who could stand upon the point of a needle, or whether, in passing from point to point, they had to traverse the intermediate space. The imperative idea to discover the site of ancient Troy only differed from those we are discussing in the fact that it was assimilated by its possessor; but this did not constitute insanity.

Editor's Summary

(1) Dr. J. Milne Bramwell has described for us his method of treating obsessions by suggestion. In his preamble he calls our attention to the fact that much doubt still exists in reference to the mental condition involved in obsessions.
NOTES AND COMMENT

His usual method of treatment, he tells us, is by hypnotism and the curative suggestions appropriate to each case.

(2) He then gives a list of cases of obsessions which he has treated with suggestion. These cases are numerous and varied and yielded readily to the correcting suggestions. Only one, afterwards, relapsed, and that only after thirteen years.

(3) Dr. Bramwell notes that the transition from normal state of mind to obsessions is frequently insensible, and that many of the preoccupations and anxieties of normal people are mild forms of obsessions.

(4) Obsessions are distinct from insanity. They always remain a stranger to the patient's ego, while the insane conform logically to the deductions of their ideas.

(5) Obsessions, the author points out, depend on the emotions they induce. If you relieve a patient with obsessions of the fear and anxiety which associate with his obsessions, they no longer exist. On the other hand, though you abstract from the patient his fixed idea or impulsive tendency and leave the fear or anxiety, you still have the essential part of the disturbance left.

(6) In typical cases, the patients fully recognize the absurdity and unreasonableness of their ideas and constantly fight against them.

Notes and Collateral Reading

[Numbers refer to pages in text]

43. In proportion as its appearance was feared: There is a type of fear which may take hold even of the healthy mind, though it is often also the sign of a pathological state of the nervous system. It is the type to which the term "Worry" is applied. It is almost unnecessary to describe it; the futile regret over past mistakes, past follies, and past sins, the miserable forecasting of the future, the constantly bearing with us, not only the real sorrows of the present but the imaginary sorrows of what might have been or what may yet be. These are the cursed forces that lay hold upon the soul, shake it to its center, while the cross-currents of thought are flowing to and fro without aim and without an end, and life threatens "to grow into one tissue of impossibilities." "Worry," says Dr. Beard, "is the one great shortener of life under civilization; and of all forms of worry the financial is the most frequent and, for ordinary minds, the most distressing. Merchants now make, always have made, and probably always will make, most of the money of the world, but business is attended with so much risk and uncertainty and consequent anxiety that merchants die sooner than physicians and lawyers." The philosophers would comfort us with the reflection that to worry is the sole prerogative of man. The animal does not worry. Shelley envies the skylark his power of giving him-
self up to the joy of the moment, and contrasts therewith his own faculty of sorrow:

“We look before and after
And pine for what is not,
And our sincerest laughter
With some pain is fraught.”

The Next Article

Editor’s Note.—The first article by Camus and Pagniez on the “Psychotherapy of Drugs” described the unconscious mental healing connected, in all ages, with the practice of medicine. This article, “The History of Psychotherapy by Persuasion,” takes up an intensely interesting phase of mind healing—the practice of the philosophers and those wise healers of souls, the greater father confessors of the Church.

Ignatius Loyola was, perhaps, of all these the only one whose methods are to-day in extensive use among laymen. His method of training the novices of his order made use first of isolation, then of stringent psychoanalysis and authority. His doctrine was based with relentless logic on this syllogism: that, if God be not a lie, if heaven be real, heaven, the eternal, outweighs the life of man so overwhelmingly that any temporal condition whatever is as nothing to the glory that lies beyond. Yet he was not so foolish as to forget the body. His philosophy made of a man a citizen of two worlds.

Perhaps the most vital phase of the teaching of Loyola lay in this: It gave the mind, that best of all guides, a purpose. For generations the Jesuits were the schoolmasters of Catholic Europe. If their narrowness and abuse of authority did harm there was always much wholesome wisdom connected with their teaching. To-day the Jesuit order maintains in England “retreats” open to all, where men from all walks of life—laborers, clerks, professional men—come for one day, two days, or perhaps two weeks every year to meditate and be instructed along the line of the “Exercises” of the founder of the order. It is said that their time is not wasted either from the material or the spiritual viewpoint, for it makes them more efficient in work as well as more devout in spirit.
History of Psychotherapy—III

TRANSLATED BY DR. PETERSON AND GARRIGUE

From the French of Camus and Pagniez

Psychotherapy by Persuasion

All systems of therapeutics have always been dominated by the idea of relieving or suppressing pain, and they are more frequently concerned with this consequence of illness than with the illness itself. Psychotherapy has not escaped this rule, and complete systems of philosophy have arisen to teach mankind to combat pain. It does not enter into the scope of this article to reproduce, even in brief outline, the evolution of the various forms of religion and philosophy. We only wish to show that from time immemorial man has sought to struggle against pain and sickness with the help of persuasion and reason, and we wish to point out the methods which have been used to cure both mind and body through the mind itself, and to note the period when physicians were impelled to use certain methods, which afterwards gave way to others for some unknown reason.

To attain this end we have intentionally neglected the general and the abstract regarding pain, confining ourselves to particular cases for which we have rules or advice given us by one form of philosophy or another. This method creates an artificial work, without doubt, taking, in some way, from a subject what, at first, does not appear to belong to it, what the author has not thought of putting there, but as Seneca says: "Do not be surprised that every mind deals with the same subject according to its taste. In the same field the

1 See note under "The Next Article" on preceding page.

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cattle will graze, the dog will hunt the hare, and the stork hunt lizards. Let a philologist, a grammarian, and a philosopher take the "Republic" of Cicero, and the reflections of each will bear on a different point."

Turning the leaves of works of philosophy, religion, and medicine at random, and taking the good where we could find it, we have sought to make a kind of collection gleaned from all periods, each contributing its remedy, we ourselves resembling those patients who, according to Herodotus, were found at the corners of the streets, begging advice from every passer-by.

Throughout all periods of time man has felt the necessity of moral direction coming outside of himself, a kind of moral support to help him struggle against himself and his suffering. We find indications of this in the Bible, as in the following from Ecclesiasticus: "But be continually with a godly man, whom thou knowest to keep the commandments of the Lord, whose mind is according to thy mind, and will sorrow with thee, if thou shalt miscarry. And let the counsel of thine own heart stand: for there is no man more faithful unto thee than it. For a man's mind is sometime wont to tell him more than seven watchmen, that sit in an high tower." But at certain epochs especially was the wholesome influence of the well-educated man appreciated, the man who, understanding the human heart, knew how to advise and help the vacillating ones, to lift them up, comfort and strengthen them.

Doubtless in the theoretical speculations of the Stoics, man found cause to struggle against suffering, to assert his will, resist sickness and overcome the physical by the moral. But this rude philosophy remained chiefly an intellectual pleasure, a toy of the dilettante, who had the satisfaction of keeping its impassibility complete. Suffering that was conquered or rendered less formidable became almost a divinity. The Stoic cried, "Oh, pain, thou makest man."* A practical application might be made from this speculation of the Stoics, such as the philosopher realized, who, while instructing his disciples, directed and helped them by his advice when they found themselves in desperate situations.

* See note at end of article.
“In Rome, where philosophy became more practical in adapting itself to the Roman character, the wise men were not satisfied with giving the fruit of their speculations to the public, but most frequently they had disciples whom they trained in virtue. The more illustrious lived in the homes of the well-to-do, becoming the advisers of the family and superintending the education of the children. The foremost men of the Republic were accompanied by a philosopher in their travels, in the army or in their sojourn in the provinces, and this philosopher became their friend. . . . Sometimes they sent for the philosopher, confided their griefs to him, opened their hearts and put their impatient or sorrowful soul in his hands. . . . The philosopher was sent for when they were ill.”

The theoretical philosopher had become practical; he found himself facing realities, struggling against his passions and vices, but also called upon to strengthen weak wills, to care for sick souls, to follow the effects of the treatment and avoid relapses; he became the director of the conscience.

The Practice of Stoicism as Exemplified by Seneca.

This practical philosophy no one put into his daily life better than Seneca, and in his works we get an idea of what his rôle was, of the way he interpreted this art of direction, and of the methods he used. “The most of his books are only works of circumstance, appropriate to the moral condition of persons, who confided their doubts, their uncertainties, and their weaknesses to him.”

In one place he speaks against ambition, in another he praises poverty, in still another he combats the fear of death, and again he consoles a friend who has just lost a child. But what is relative to our subject, and what permits us to regard Seneca as a psychotherapist, are such works as his book on “Anger” or on the “Tranquillity of the Soul.” In the latter we have both the complaint of the patient and the advice of the physician. The patient, Annæus Serenus, captain of Nero’s guards, writes to Seneca to confide his trouble,

2 “Martha,” loc. cit., p. 17.
which consisted in a changeable disposition and deficient will power. He regretted this lack of constancy which made him sometimes wish for office and honors, sometimes for laziness and solitude. He deplored these opposing tendencies which battled in him and the disgust which took possession of him, making him a bore to himself, and he begged the master to give him a remedy for his afflictions: "If you know of some remedy for this malady I implore you not to consider me unworthy of owing tranquillity to you. It is not the tempest that torments me, but seasickness (nausea)."

Ennius had already said: "The sick mind is unsettled, not knowing how to bear pain nor to subdue its suffering and desires." Seneca commenced by analyzing this condition, and we must admit he was a still better clinician than therapist, because bringing to light the various symptoms of this spleen, he traced an admirable picture of what other epochs knew to a certain degree, but not in such an acute form, though they probably met it more frequently. He painted the sufferer as resembling "a man from whom sleep had fled, turning and tossing, lying sometimes on one side, sometimes on the other," being always under the sway of deceptive and fleeting hopes, vegetating in a perpetual indecision, bored, discontented with himself, clinging to his griefs, undertaking journeys without purpose, going over deserts without being able to flee from himself and crying: "Quousque eadem?"

Seneca Recognizes the Power of Suggestion for Good or Ill

YOU ask me what remedy to use for this annoyance," said the philosopher, and he tried to suggest some prescriptions. Like every self-respecting physician, he referred to an authority (Athenodorus) who advises the retreat and occupation and the pursuit of study in this retreat. But Seneca finds he grants too much to the retreat, and in vague terms advises a happy medium between repose and activity. Progressing, he offers some good advice, such as to make an estimate of what he wishes to undertake and to compare his strength with his purpose, "because the strength of an act should

1 Seneca, "The Tranquillity of the Soul."  
2 Cicero.
always exceed the strength of resistance." He advises him to associate only with friends exempt from passion, because a companion who is always troubled, always complaining, is the greatest enemy of our peace of mind. Then he praises disregard of wealth, and the courage to bear annoyances which gives rise to the habit of making light of them. Never let us envy those who occupy more lofty positions than our own. Let us avoid dissipation and useless careers, and let us care naught for death.

Let us dwell in solitude and mingle with the world, alternating them in due proportion; let us go on journeys in litters and have change of scene, and let us not despise occasional forgetfulness to be derived from the use of wine.¹

We must admit that the remedy would appear out of proportion to the mischief: to a man attacked by hopelessness which may lead to suicide, it is small help to repeat, under an attractive form, the stoical maxim sustine et abstine. Nevertheless, it is practically the same advice in different form that the majority of physicians still give to patients suffering in this manner: occupy yourself, don't worry, take some distraction, travel. However, there is something in this advice, given in this hackneyed form, and this hidden something is the personal influence of the speaker, his uplifting influence, more than the words he uses and more than the things he prescribes. Descartes well expresses this feeling of the patient when he says: "Veneration is an inclination of the soul not only to treasure the revered object, but to try to ingratiate oneself, by submitting to it with a feeling of awe." ²

Moreover, advice which is without weight coming from any sort of an individual, gains power coming from the lips of authority. Seneca is not deceived regarding the proper value of these various means, and he expresses himself about traveling as follows: "The fickleness of a mind, more sick than ever, becomes more irritable and more unsteady and roving from the very effect of moving about." ³

He recognized the importance of turning the attention from

¹ Seneca, "The Tranquility of the Soul," passim.
³ Seneca, Letter CIV.
present suffering, of giving it another direction, and also the all-important fact of the unconscious, pernicious influence that the patient exerts on himself.

Seneca’s Advice in Regard to Autosuggestion

HE writes: “Be on your guard against aggravating your troubles by your complaints. . . . When we encourage ourselves by saying it is nothing, or at least it does not amount to much, let us learn how to bear it, and that will end it: we make suffering less by believing it less.”

Here we find autosuggestion already practiced. He praises the advantages of solitude, which he practices himself, enabling him to dress his wounds, and he speaks of the necessity of a director of conscience being capable of treating the afflictions of the mind, “a physician not easily carried away; it is only poor physicians who despair of cure.”

We think all this suffices to show that Seneca was not only a philosopher, able to guide his disciples in the right direction, and to promote their moral welfare, but he also knew how to apply his psychological knowledge, and to treat by psychic means the sicknesses and disorders that his clients submitted to his judgment, and that the title of doctor, which his correspondents often gave him, or which he gave himself, should not be taken only in the figurative sense.

Confessors and Directors of Conscience in the Catholic Church

THESE directors of conscience, physicians of the soul, which Rome had known at the time of the Cæsars, were found again in the Catholic Church, where the priest was no longer only one who performs the rites of the sanctuary, as in ancient religions, but he was more of a moralist teaching the morality of Christ.

To those tending toward religious perfection, it was not enough to have a confessor, a kind of judge to whom people came to confess

1 Seneca, Letter LXXVIII.  
their sins, but he must be a director to whom they could confide the management of their spiritual interests.

"The confessor hears the confession of sins committed, estimates their value, and gives absolution if he deems the attitude of the penitent warrants it. The director is acquainted not only with the sins of the penitent, but also with his habits, tendencies, temptations, and attractions, and his principal duty is to advise, to point out the perfect way, announcing the dangers, recognizing and controlling the inner demands for indulgence, adjusting the efforts to the strength and inclination—in a word, serving as guide, counselor and inspirer." ¹

The necessity of guidance is emphasized by the Catholic doctors such as St. Basil, St. Gregory of Nyssa, St. Jerome, St. Augustine, Cassienus, St. Bernard, Gerson, St. Francis of Sales. The director should be intelligent, tactful, experienced, educated, and virtuous—in fact, he requires every good quality, and so it follows that good directors are rare.

Spiritual perfection being the object sought, the director practiced his calling chiefly in monasteries and convents, but he also concerned himself with the souls of those living in the world, particularly those of devout women. At certain epochs the director forsook some of his austerity, and, in his association with the outside world, lost a certain degree of his essentially reverend character, and became a man of fashion, on visiting terms with the abbe of the court, appearing in the salons, and was often found in the homes of the great nobles. Montesquieu writes in reference to this: "He is a necessary man; he creates harmony in private life, gives good advice and kind attention, making special visits; he drives off a headache better than the man of the world; he is an excellent man." ²

We would not expect a great harvest of profitable instruction from the type of director just described, and, in fact, the advice of these directors was as ephemeral as the society to which it was addressed, disappearing with the beautiful penitents for whom it was intended.

² Montesquieu, "Lettres persanes," Lettre XLVIII.

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More solid, stamped with true dignity, marked with true knowledge of the human heart, are those who have been declared masters of spiritual direction, such as St. Francis of Sales, St. Ignatius de Loyola, Bossuet, and Fenelon.

Psychotherapy and Moral Discipline

We can imagine that in the practice of their art these directors not only had to stimulate the virtue of their penitents and hasten their more and more perfect union with God, but they also had to help them struggle against defective will-power and attention, they had to drive away sadness and discontent, and overcome scruples and obsessions. We might call this part of their work *terrestrial* guidance, and we can glean here and there useful information where the physician of the Church meets the physician of the schools on common ground. It is here that we find real psychotherapy caring for real psychic diseases. The habit of meditation, the severe moral discipline, to which they had been subjected, the constant association with penitents, opening the most secret recesses of the soul to their gaze, gave to these guides a profound knowledge of the human mind.

This knowledge resulted in observations and suggestions how to act on the mind, what methods to use, what results to expect, and what course to follow. We have intentionally made a complete abstract from the religious point of view, dominating all spiritual guidance, not wishing to face the question solely from the point of view of its relations with psychotherapy.

How did these directors treat aboulia, acedia,¹ and overconscientiousness?

From St. Francis of Sales we will keep the following observation, also found in Seneca, on the use of words uttered to change our thoughts. “In speaking strongly against a certain thing we may be roused to hate it,” said he, “although we might have had affection for it in the beginning.”²

¹ In the cloisters of the Middle Ages a disease was known which was called acedia (from the Greek *ἀχεδία*, indifference, apathy, enfeebling of the will).

“The moment you detect the slightest trace of anger in yourself, you must gather your forces together, not abruptly nor brusquely, but gently and firmly. For just as we have seen guards trying to quiet audiences in senates and parliaments make more noise than that which they strive to silence, so in trying to repress our anger brusquely, it often happens that we cause more trouble in our hearts than was there originally, and when the heart is troubled in this way there is no longer self-control.”

We must promptly atone for the anger by an act of kindness, “because fresh wounds are more easily healed.”

What shall we do for sadness? But first let us ask of what it consists.

“Sorrow is nothing more than a mental pain because we are experiencing some trouble against our will, either an external ill such as poverty, sickness, or disrespect, or an internal one such as ignorance, harshness, dislike, or temptation. When the mind feels it has some trouble, and is displeased at having it, that condition is sadness; it desires to be free at once, and to have the means of getting rid of the trouble, and in this respect it is right. . . . But if this desire is not satisfied, or if it is too intense, it produces restlessness, which itself gives rise to an increase of sadness.”

Letting the heart open freely is the best remedy for sadness. If the anxiety can be disclosed to the director, the mind is calmed immediately. It is the remedy of remedies, which acts on the mind as “bleeding acts on the body of one who has a continuous fever.”

The Spiritual Exercises of St. Ignatius

IGNATIUS LOYOLA, in his celebrated “Spiritual Exercises,” does not use psychotherapy, properly speaking. He teaches a method of psychic enthusiasm to attain a definite end, “to succeed in conquering self and regulating one’s life, so that it will not be influenced by any disturbing affection.” This method presupposes a director who gives the lessons and a disciple who receives them.

Among the various methods put forth in this collection of medi-

1 *Id. loc. cit.*, p. 181. The same idea is developed in the correspondence with Mme. de Chantal (March 7, 1606).

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tations, prayers, and examinations of conscience, there is one to keep in mind, viz., the mental picture of the place, which serves as a prelude to meditation. The one who follows the course of exercises should “with the help of her imagination reproduce mentally the physical place where the object she wishes to contemplate is found,” if the object of her meditation is something possible.¹

Contemplation takes place “sometimes on the knees, sometimes lying flat, sometimes extended on the ground with face turned upward, sometimes seated, and sometimes standing.” The position should be assumed which would be appropriate for the desired object, enabling the individual to make actual the feelings desired to be aroused in him.²

This method, which includes the principle of the ideoformative influence of movement and position, is most remarkable when we remember that the “Exercises” were written in 1548, and the idea of its mental picture of the locality is not less remarkable. They both denote a very profound knowledge of psychology on the part of the author.

St. Ignatius alludes to these points elsewhere. In pointing out the causes for lukewarmness of temperament, he cites “the performing of acts typical of it” as of paramount importance. And in reference to remedies to counteract lukewarmness, which are reduced to four—the knowing how, the being willing, doing, and praying—he expressly emphasizes the performance of acts just the opposite of lukewarmness.

Fénelon as a Physician of Souls

In the shrewd correspondence of Fénelon we have before us a director of conscience of the seventeenth century. His letters to the Countess de Montberon cover a period of eight years, and such instructions being followed will prove much more useful to us than any didactic work. This lady, according to the tenor of the letters of the prelate, was a woman well advanced in years, having reached

¹ St. Ignace de Loyola, “Exercises Spirituels,” p. 61, Trad. Jennesseaux Poussielgue, 1895
² Id., p. 81.
the age when it is easy to fall into habits of excessive devotion. Exalted, preyed upon by morbid conscientiousness, always tormented by the idea of imperfect confessions, attracted by austerities and extraordinary privations, she must have been one of those contrite beings who try the patience of their director.

Fénelon did not tire of his task for he found the countess to be “a good watch, only the spring was small, requiring to be frequently wound up.” Far from “abandoning her, he would pursue her unrelentingly,” and he even went so far as to write two letters the same day on the same subject.

He took care not to fall into the mistake of taking her for a hypochondriac. He wrote: “You are doubting and you cannot bear doubt; I am not surprised at it, for doubt is a torture. I have often seen and still daily see people preyed upon by morbid conscientiousness. It is a species of internal martyrdom; it goes almost to the point of madness and despair sometimes, although back of it all there is abundance of reason and virtue.”

“I enter into your troubles, and you have my sympathy.” Without ever allowing his perseverance to be thwarted, Fénelon sought to destroy Mme. de Montberon’s tendency to morbid conscientiousness. He begged and implored her to conceal nothing from him, to tell him everything: “There is nothing better than to disclose everything; people get rid of their troubles when they stop coddling them. . . . There is one thing in your letter which does not please me; it is believing that it is not necessary to tell me the little things which occupy you, because you suppose I despise them, and that I shall be made weary by them. No, really I despise nothing, and, in fact, did I despise things, I should, indeed, be despicable myself. . . . If you keep your troubles in your heart, they will steadily increase, and will finally overwhelm you.”

When, with full appreciation of the necessity, a director has been chosen, and everything has been confided to him, obedience becomes imperative: there is no other cure for this morbid conscientiousness: “Submission is the only resource for this trouble. . . . You must obey without ever allowing yourself to reason.”

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WITH considerate firmness, but occasionally with a haughtiness natural to his order, Fénelon demanded constant obedience from his penitent, and forbade excessive confessions or exaggerated austerities. "I believe that you will be able to confess one of these days, but on condition that you will limit your confession to such faults as can be noted without pain. . . . The less you confess, certainly the better. I beg you to commune to-morrow without confessing, and to force away all your doubts, giving God this proof of your sincere submission to his minister. . . . They even claim that you have performed various austerities. If you did so without consulting anyone, you have favored your own will. This own will was more important to mortify than an already enfeebled body. Morbid conscientiousness keeps up endless confessions of trifles, which are trying to both you and your confessor. Nothing but obedience can remedy an evil so pressing, but it is wanting in you, and I confess that I am shocked by it."

Some of these letters should be quoted in full, because they show the profound knowledge Fénelon had of these patients, and how great his experience was. He knew that to be too strict might spoil everything, because "nothing but rules might create disgust and doubt." He knew full well that only by substituting a strong will for a weak one could such a condition be changed.

He understood the physical effects of psychic stimulation, and he shows the importance of caring not only for the mind, but the body. "I beg of you, Madam, to remain in bed as much as formerly, and to expect sleep when it has failed you.* It will return when it is quietly awaited, but when we give the reins to our imagination, sleep will be driven farther and farther away. I shall have a good opinion of your mental condition only when you possess your soul in sufficient patience to sleep well. I only ask of you calmness and willingness. You will tell me that the calm of the imagination does not depend on us. Pardon me, it depends very much on us. When we curtail all anxieties in which the will takes part, we greatly diminish even those which are involuntary. The less we agitate ourselves voluntarily, the more we put ourselves in the con-

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dition of not being the least agitated, and of moderating a too emotional imagination." 1

Is not this expressed in language that a modern therapist would not be ashamed to claim, and which has, moreover, a winning quality, a style we no longer meet?

Fénelon did not linger among the discussions and subtleties of the schools; he did not, like Sarasa, attribute morbid conscientiousness to the thickening of the blood, nor to assaults of the devil, but he recognized a real sickness which he tried to treat psychically. 1

Bossuet, in correspondence addressed to various nuns, endeavored to free them from morbid conscientiousness by firm guidance.

**Bossuet Used Psychotherapy in Directing Penitents**

His attention and vigilance in caring for a soul were surprising," said one of his penitents. "He foresaw the minutest things which could have the slightest tendency toward the morbid; and almost without its being perceived, he would root out an imperfection with a saintly appeal at a time when we were submissive and willing."

Always willing to listen "even to nonsense in order to incline the penitents to receive the consolation they needed, he never tried to force, by his will-power, the minds he directed, and, like Fénelon, sought his remedy for these anxieties in the obedience he exacted from his penitents.

"I forbid you," he writes, "to have any anxieties about past confessions, either in life or in death, never to return to them as a whole, or even in the most distant reference, even if you were in the agony of death." And in the same letter a little farther on he writes: "These consultations keep up this anxious attitude, and prevent speaking of better things. Then don't be surprised if henceforth I cut all that off with a word."

1 "Letters," p. 635. On the Inconvenience of Prolonged Wakefulness. See also St. Francis of Sales, "Letter to the Abbess of Puis d'Orbe."

2 Sarasa, in his work "L'Art de tranquilliser dans tous les événements de la vie." Armand König (1764) points out as causes of morbid conscientiousness: the assaults of the devil, intercourse with the overscrupulous, and thickening of the blood.
In connection with the professional directors many philosophers and moralists could be named who, under various titles, would deserve being included in an essay on the origin of psychotherapy. We shall only refer to a few, especially to three men who should be mentioned here, not that they themselves professed psychic treatment, but because they were the founders of modern psychology, and because here and there in their works we find them clearly approaching the subject which now occupies us; these men are Descartes, Malebranche, and Pascal.

Descartes Describes a Psychic Disease and Its Cure

IN Descartes, for example, we find a study of irresolution, which he describes as "a kind of fear which holds the mind poised between several acts which it would perform." This fear is so strong in some individuals that even when they see but a single thing to take or to learn, they remain irresolute, and cannot decide how to perform the act which they consider good. This excess of irresolution, the philosopher tells us, comes from too strong a desire to do well, combined with mental weakness, which, not possessing clear and distinct ideas, has many confused ones. That is why the remedy for this excess "is to become accustomed to form certain definite decisions regarding things as they occur, and to believe that they have done their duty when they have done what they deemed best, even if they should have decided very unwisely." ¹

In another place he makes the important observation that the will is not sufficient to excite or suppress passions, but that it can be helped by making mental pictures of things which are habitually associated with passions which we wish to possess, or are opposed to those we desire to be rid of. So in struggling against a phobia, simply to will is not enough. "To inspire daring in oneself and to get rid of fear, require something more than merely the wish to do it; we must use reason and recall examples which will convince us the danger is not great, that there is always more safety in resistance than flight, and that we shall experience the glory and delight

¹ Descartes, "Les passions de l'ame," art. 170, Selected Works, Garnier ed.

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of having conquered, instead of having only regret and shame because of our having fled from the danger, etc." ¹

Malebranche's Method of Psychotherapy by Persuasion

If we transfer the spiritual realm to psychotherapy, we might borrow Malebranche's way of taking possession of patients and convincing them. He had in view people who followed their passions blindly. To win them back he advised not to approach the subject boldly, but rather use a suggestive method.

"If you notice that some one is in the mood to argue, just keep quiet. . . . After his own self-respect has restored and strengthened his attention, then question him, as you would a pupil. Express approbation for what is good in the answers he gives you, without paying special attention to the rest. Disclose truth in such a way that he will imagine that he himself has disclosed it; proceed so that it will be seen you recognize mind in everybody. Attribute to others substantial thoughts which they have only half expressed, or which they may not possess. In order that man may love the truth, it must belong to him, it must touch him; he must regard it as a production of his own mind. . . . You should have studied the science of man. Of all human knowledge, it is of most use, both for the subject I am teaching you and for several others of importance. But if you are humble, patient, persevering, full of charity and compassion for these miserable patients, you will almost always cure them. . . ."

"Remember that you are dealing with a patient who is following his own intelligence and his own impulses, and that his heart can only be changed by changing the aspect things have taken in his mind, in his imagination, and in his understanding; this is something infinitely more difficult than you imagine."

Pascal has devoted a lengthy chapter to the "Art of Persuading," where he shows that the mind can be reached both by reason and feeling. We shall have occasion to make a few extracts later, so we shall not dwell on it now.

Before touching on the subject of psychotherapy in medicine,

¹ Descartes, loc. cit., art. 45.
we shall add two quotations borrowed from two men, who have by no means done work in psychotherapy, but who in the course of their writings have expressed ideas bearing on our subject. These are Kant and Alex. Bain.

Kant's Way of Escaping from Dark Thoughts

KANT says: "When dark thoughts take possession of me, I ask myself if they have any real foundation. If I cannot discover a cause, or if I discover one whose effect I cannot change, I pass on to my daily duties. In other words, putting aside what is beyond my power, just as if I had nothing to do with it, I turn my attention to other things." This thought, quoted with approval by Feuchtersleben, and justly so, is nothing but a paraphrase of a maxim of Epictetus, who says: "In the first place, you must be ready to say to every imaginary thing: 'You are nothing but imagination, and not what you appear to be.' Then examine it well, investigate it thoroughly, and make use of the rules you have learned, so that you can fathom it, especially the first rule, which is to know if that which concerns you is among the class of things dependent on ourselves, or whether it is one of those independent of us, and if it belongs to the class over which we have no control; then realize without the slightest hesitation that it does not concern you." 1

A. Bain analyzes the causes of the unquestionable efficacy of making an affirmation with conviction, as, for instance, when we tell some one he can be virtuous if he truly desire it. Bain finds this expression a rather indirect way of saying he would like to see the person change his conduct, and the expression is more or less efficacious, according to the amount of confidence the speaker has been able to inspire in the one he is trying to help. He finds the words suggest an ideal of improvement to the mind of the guilty person, and he sees in them a little touch of dignity and pride of will, dear to the Stoics. The words may indirectly suggest to the mind good or bad consequences, which, as Bain points out, are the most powerful of all motives. In awakening these ideas the somewhat inad-
quate expression may become truly efficient, but care must be taken not to use a form which is not readily suggestive of the desired influence.

Editor's Summary

Camus and Pagniez in this article, a chapter from their book, "Isolement et Psychotherapie," translated into English for the first time for this Course, discuss the psychotherapeutic methods of the sages and the wiser father confessors of the Church.

Seneca, the Roman stoic, is the first whose practices they describe. That he was a psychotherapist is shown, they point out, by such of his books as the one on Anger and the one on Tranquility of the Soul. This wise philosopher, they show, understood the effect of suggestion. He once advised a man, who had applied to him, to associate only with friends exempt from passion, because a companion who is always troubled, always complaining, is the greatest enemy of our peace of mind. Camus and Pagniez also point out that Seneca recognized the importance of turning the attention from present suffering and the effect of autosuggestion, for he wrote, "Be on your guard against aggravating your troubles by your complaints."

The methods of the father confessors of the Roman Catholic Church are next taken up, and the authors point out that good confessors were rare, for such must have every good quality. They note among them St. Basil, St. Augustine, St. Bernard, St. Francis de Sales, Loyola, Fénelon, Bossuet, and Malebranche. The confessors had to give terrestrial guidance as well as heavenly guidance, for they had to contend with defective will-power and defective attention and had to overcome scruples and obsessions.

Camus and Pagniez note some of the maxims of St. Francis de Sales, particularly those that teach how to overcome anger and sadness.

Loyola did not use psychotherapy, properly speaking, but taught a psychic enthusiasm to succeed in conquering oneself and in regulating one's life to be free from the influence of any disturbing affection.

Fénelon they describe as a painstaking and wise director who was alive to the fact that a healthy mind and body were desirable in striving for a wholesome religion.

Bossuet, they note, endeavored to free those in his care from morbid consciousness by firm guidance, and that he, like Fénelon, used authority, forbidding his penitents to have any anxiety whatever about former confessions. He taught them to look upon these past things as having no longer any existence.

Descartes and Malebranche, they point out, were also wise in understanding and curing psychic diseases, and they conclude with noting Kant's and Bain's methods of getting rid of unwholesome moods.
Notes and Collateral Reading

[Numbers refer to pages in text]

50. "Oh, pain, thou makest man": Man has learned many things, but he has not learned how to avoid sorrow. Among his achievements the safeguard against wretchedness is wanting. Perhaps, indeed, he could scarcely be charged with exaggeration who shall hold that the aggregate of man’s unhappiness has increased with his increasing culture, and that the acuter sensibility and multiplied sources of distress more than outweigh the larger area from which his pleasures are drawn, and the more numerous means of alleviation at his command. At least it appears certain that the heaping up of enjoyments, if ever it was designed as a means of producing happiness, has proved a signal failure. When we regard the general tone of feeling of our age, whether as expressed in its literature, in its social intercourse, or even more, perhaps in its amusements, do we not find ourselves in the presence of a society from which real gladness has well-nigh died out, in which hope is almost extinct?


Bishop Fallows, commenting on this passage, says:

Mental pain is given or permitted for the best of ends in the divine economy. Human discipline and perfection of character cannot be attained without it.

"Where Sorrow’s held intrusive and turned out,
There Wisdom will not enter, nor true power,
Nor aught that dignifies humanity."

One of our wise thinkers, Bishop F. W. Huntington, has said: "Suffering or pain is a kind of test of all philosophies and of all theories of life. It is useless to leave it out of the calculation. For through the disorders of the mortal body, through all discouragements, through the disorders of the spirit, through a sensitive brain or heart, through the affections that weave families together, through some of these inlets it forces its way back into every lot and will not be forgotten.


60. Sleep, when it has failed you: The preoccupations which lead to insomnia are legion, and there are no two patients to whom one can give the same advice. When these are true misfortunes, such as the loss of a personal friend, real cares, and a justifiable remorse which haunts the mind of the patient, it is scarcely possible to dispel the sad obsession. However, sympathy consoles and time works to efface these impressions. In the very interest of the patient one must know how to wait and not
to have recourse to palliatives which cannot act on the cause. Without harshness the physician must draw the patient's attention to the purely mental origin of his insomnia and show him the uselessness of physical measures, and encourage him to have patience.

But there is one preoccupation which is especially dangerous; it is that of sleep itself. When one does not sleep and is impatient because he does not sleep, and keeps turning over and over, and growing worse and more vexed, one creates a state of agitation which hinders sleep. Many patients approach the night with a fixed idea that they will not sleep, and spend their time reckoning the unhappy consequences which this night of insomnia will have for their well-being on the morrow. They count the bad nights which they have already had, persuaded that this one will follow in line and resemble the others.

To dissipate these phobias which prevent the mind from attaining its necessary calm, I have been accustomed to tell my patients: "Sleep is like a pigeon. It comes to you if you have the appearance of not looking for it; it flies away if you try to catch it!"


The Next Article

EDITOR'S NOTE.—The historical articles presented so far in this Course, by Drs. Camus and Pagniez on the one hand and Dr. Batten and Dr. Bevan on the other, show us that there are two, though not very clearly distinguished, phases of mental healing. One might accurately enough be called unconscious, the other conscious, psychotherapy. The former is largely the result of human wisdom—that is, it is empirical common sense;—the other is an incomprehensible gift.

The Rev. Dr. Joseph Cullen Ayer, Jr., continues this discussion of the miraculous psychotherapy, and supplements Dr. Bevan's article with this paper, "Healing in the Early Church." Again it is brought home to us that, while it is true that the faith that cures is effective to remove ailments whether there be truth behind it or not, the real effect of the miracle and its durability is to be measured not by its physical action alone, but by the changes it works in the whole individual, in his mental and moral nature as well. It was this distinction—as both Dr. Bevan and Dr. Ayer point out—which decided the issue in favor of Christianity in its early struggle with the other healing cults, like that of Æsculapius.

One of the most interesting points in Dr. Ayer's article is his picture of the conditions in the Roman Empire during the first centuries of the spread of Christianity. We see the poor in the cities ill-housed and ill-fed; the rich aimless and addicted to morbid states of mind, and, above all, the cruel theory of disease that thought every ailment a demoniacal possession; and we can understand the cause of the rapid growth of a religion that offered, at once, hope and courage and health.
HISTORICAL SECTION

ARTICLE XI

Healing in the Early Church—I

BY THE REV. JOSEPH CULLEN AYER, JR., PH.D.
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Students of the history of Christianity have always been impressed by the singular adaptation of the conditions of the Roman Empire, to the spread of such a religion as that of the Gospels, and the intellectual preparation of the Gentile world for the reception and expression of the truths of the new faith. The condition of popular thought and feeling and the hopes and longings of the common man were no less fitted for a favorable reception of the good news.

The tone of the times was pessimistic. The world was perplexed as never before by the problem of evil. It looked for a redemption from that evil, and in various revived mysteries and popular Oriental cults many had intimations of such a redemption. Men everywhere were acutely conscious of the ills of life, and the misery due to disease was felt as never before. The Church asserted that Jesus had wrought such a redemption.

Christ's Mission to Men's Bodies as Well as to Their Souls

There was embedded in the Gospels a record of the activity of Jesus, not merely as a teacher, but as a healer, one who had come to alleviate suffering. The common impression He made upon the people of His time was that of one "who went about doing good, and healing all that were oppressed of the devil." His mission was to men's bodies as well as to their souls; the record made no sharp distinction. It was apparently indifferent whether He said, "Thy

1 See note under "The Next Article," on preceding page.

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sins be forgiven thee,” or, “Arise and walk.” He was a physician to the whole man. Body and soul were too intimately joined to be divided in His popular work.

This twofold ministry to the suffering body and the guilt-oppressed soul, the Apostles and other disciples of Jesus continued. The former had been especially charged with the ministry of healing. The Seventy had received a similar commission. The Christians of the Apostolic age believed that the power of healing the sick was a manifestation of the indwelling Holy Spirit, and there is no point in the development of the early Church at which that conviction was laid aside. Marked as are the differences between the fourth and first centuries, the conditions of the Apostolic age were continued in some respects into the Christian empire. Though a profound change did come over the Church, it was neither sudden nor complete.

The Physical Condition of the Roman World

THERE was much in the fortunes of the Roman world in the first centuries of the Church’s existence to make men vividly, even morbidly, sensitive to suffering. The tremendous political upheavals, and the vast social and economic changes of that period, were constantly before men’s minds.* The frustration of legitimate political ambitions, due to the changes in administration, had bred discontent. Introspection had become fashionable. Idleness had produced hypochondria. A multitude of imaginary ailments afflicted men of station who once would have mingled in political strife. Those of humbler lot suffered from pestilence and the diseases bred of poverty, crowding, and unsanitary housing.* These conditions were enormously increased by the prevalent theory of the nature of disease, and the terrors produced by the new conviction of the activity and power of unseen forces, evil spirits, which the decay of religion had brought forth. If men were dispirited by the social and political conditions, and a note of despair runs through all the better writers of the times, they were obsessed by the thought of the malignant demons plotting to afflict them.

* See note at end of article.

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The belief in demons and demoniacal possession prevalent in all parts of the Roman Empire in the first Christian centuries was of mixed origin. The Jew was convinced of the reality of evil spirits and demoniacal possession. That is clear enough from the Gospels. Wherever he went he carried that faith in these malignant powers, which he had acquired since his contact with Persian and Babylonian thought, and, much as the Jew was disliked, he found many disposed to embrace his religious speculation, even when they did not ally themselves with him in his religion.

The Gentile world, however, did not need to borrow its demonology from Jewish speculation. It was indigenous in heathen soil as well. The belief in demons dated back to the beginnings of Greek thought. At first the demon was an intermediary between the gods and men, appointed to succor and guide humanity. Each man had his own demon (e.g., the demon of Socrates). In view of the violent changes often noticed in human fortunes, it was easy to regard this demon as either good or bad; possibly there were two for every man. This popular conception was introduced into philosophy by Xenocrates early in the fourth century before Christ. The idea had developed so rapidly that Plutarch, in the first century after Christ, could use the idea of the evil demons in his apology for the indecencies of the Grecian mythology. In the popular thought the more important use made of the rapidly rising demonology was found in the explanation of disease, the evil that bulked largest in the mind of the times.

Both Jew and Christian were willing enough to recognize the advantage of identifying the evil demons with the pagan gods with their disgusting amours, which were the chief object of Christian polemics, and the good demons might easily have found their place under the general idea of the guardian angels, if there had been any incentive to have followed up that line of thought. But the main interest was in the identification of the demons with the heathen deities for which Plutarch himself had in a way given warrant, and Christianity, from Paul down, made abundant use of that identification.¹

¹ I Cor. x, 20 f.
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The evil in the world was easily understood as the work of demons, or evil spirits; the work of Christ, accordingly, was in large part the victory of the divine over the devilish powers. His life as commonly narrated was full of instances in which he had been victorious over the devils.

So great was the power of the new revelation that not merely the disciples had power over unclean spirits, but some who were not disciples were able to exorcise demons successfully, merely by using the name of Jesus. It truly represented the prevailing thought, therefore, when Justin Martyr said, in respect to the name of Jesus, that “His name as man and Savior has also significance. For He was made man also—for the sake of believing men and for the destruction of the demons. And now you can learn this from what is under your own observation.”

In the heathen world there was not only a demonology closely akin to that shared by Jew and Christian, but also a corresponding system of exorcism. There were also religious cults, such as Magna Mater, Isis and Serapis, and Mithras, that had taken up the healing function in adapting themselves to popular needs. It almost seemed for a time that the worship of Æsculapius would prove a serious rival to Christianity. The popular temples and sanctuaries were being converted into sanatoria and health resorts, where the powers of religious faith and suggestion supplemented the practice of medical science according to Galen and other medical authorities.  

Other Healing Cults as Rivals of Christianity

It was inevitable that when Christianity spread in such a world it should enter into active rivalry with such healing cults. The Christians had received the command to heal the sick, and many believed that they had received the charism of the Spirit for healing. The sort of healing which was of the most importance in the eyes of the Christians, and eventually superseded all others, was the expulsion of evil spirits or exorcism. Possibly this was because

1 Cf. Dill, “Roman Society from Nero to Marcus Aurelius,” Lond. 1905, pp. 459 ff.; and for a charming picture of such worship and healing see Pater’s “Marius and Epicurean,” ch. 3.
successful healing by other means was rarer or more difficult, but more probably because of the polemical advantage derived from such forms of healing, especially if the evil spirit could be made to identify itself with the heathen deities. This seems very frequently to have been the case.

It should be borne in mind that there was no simple appeal to miracles as evidences for the truth of doctrine, such as afterwards became common. The Christian Apologists remembered that in the case of Moses's rod, which turned into a serpent, the magicians of Egypt did the same with their enchantments. The existence of an extensive and, on the whole, effective system of exorcism, and the popular religious therapy of the temples of Æsculapius, and other divinities, rendered the Apologist more wary than his successors of the present day. Both the Christian and the heathen admitted the reality of cures wrought by the other, though depreciating them as much as possible. Each attributed the work of the other to vulgar magic, though Origen saw clearly that the superior force of the Christian appeal to the power of exorcism was the moral purpose and spiritual effect of the Christian healing. The constant appeal of the Apologist was to the common assertion that the spirits, when expelled, confessed themselves to be demons pretending to be divinities, and acknowledged the power of Jesus.

The question as to the truth of these so-called "ecclesiastical miracles" of healing has been mixed up with the larger question of the possibility of miracles, and the question of the continuance of miraculous powers in the Church. Into these questions there is no need of entering. The "ecclesiastical miracles" have been denied, even by those who admit the abstract possibility of miracles and the fact of the New Testament miracles. From the point of view of these writers as to the miraculous in general, the reasoning of Newman for the ecclesiastical miracle, sophistical as it often is, is irrefutable. Conyers Middleton, in his famous "Free Inquiry," wrote with an eye to the controversy between Protestants and Romanists, and denied all "miracles" subsequent to the Apostolic age, but he was forced to admit himself vanquished. Modern writers have taken the same position, with no better logic. Whatever mir-
acles there were in the early Church, the constantly reported cases of healing of demoniacs, the form of healing almost invariable in this period, do not fall under the category of the miraculous and therefore do not call for the elaborate investigation that an alleged miracle properly deserves. Healing as connected with the Christian religion is to be found in all ages, and not merely in the Apostolic age or the ante-Nicene period. No argument for correctness of doctrine can be based upon a case of healing, considered merely as such, so long as the relic of a Buddhist saint works as real cures as that of a Christian martyr. The fathers themselves were forced to admit, though grudgingly, the healing miracles of heretics.

Cures of Early Christians Rest upon Good Evidence

The statements as to cures wrought by Christians in the early Church are not the invariable product of fraud or imagination handed on by credulity. They are not vague hearsay. They rest upon the best evidence. It was, it must be admitted, an age in which there was much superstition, and one in which no sharp distinction was drawn between a cure wrought by appeal to faith and a distinctly miraculous event. But in the case of the cures there was from the first the fearless appeal of Christians to the notorious fact that cures were wrought by them, though those who report the cures or appeal to them do not claim the power of performing them. When such a man as Origen states that he himself has seen them, and his statements are exactly corroborated by writers before and after him, living in all parts of the world, and the phenomena are capable of an explanation in terms of modern psychological science, it is more reasonable to admit the phenomena, allowing for natural rhetorical embellishments, and explain them according to recognized principles than to fly in the face of evidence for facts which have abundant analogues.

The statements regarding cures wrought in the early Church (by which we mean the Church of the first three centuries) have a common annoying defect. They are always cited as evidence of the power of the Christian faith over demons, and were made in the firm
assurance that diseases were the production of evil spirits. There was, however, no little medical knowledge among the fathers. There were many Christian physicians. The Apologists, in meeting heathen objections to the Christian doctrine of the soul, and of the resurrection of the body, show that they had mastered contemporary medical science. One might, therefore, have expected some care in the statements as to pathological conditions. The main point, however, with them always was the manifestation of the spiritual power, a power superior to that possessed by the heathen. They wrote with the conviction that demoniacal possession was a sufficient description of the case.¹

Demoniacal possession was stretched to cover a multitude of diseases, even to the exclusion of more natural causes. This was easy, if practically everyone had near him an evil spirit or demon who might afflict him. Even in the case of nervous disorders, identical with or allied to hysteria, there was felt to be no occasion for going into details, though we have the testimony of Cyprian as to some of the effects of the demons' activity in the case of the possessed, that "they disturb their life, disquiet their slumbers, terrify their minds, distort their limbs, break their health, excite diseases."²

Editor's Summary

Healing by faith played no small rôle in life during the first centuries of the spread of Christianity. We may summarize the Rev. Dr. Ayer's account of psychotherapy in this period as follows:

1. The tone of the times was pessimistic. The world was perplexed by the problem of evil and had vague intimations of some redemption to come.

2. The Christian Church proclaimed that Jesus had wrought that

¹The Pseudo-Clement well expresses the prevailing judgment when he says of the demons lurking in the souls of men, afflicted with any disease, that they "induce them to think that it is not a demon that is disturbing them but a bodily disease such as some acrid matter, or bile, or phlegm, or excess of blood, or inflammation of a membrane or something else. But even if this were so, the case would not be altered of its being a kind of demon." "Clementine Homilies," vol. ix, Chap. XII (Chap. VIII, p. 287).

²Cf. Cyprian, "de Idol. Van.,” Chap. VII (vol. v, p. 467); Lactantius, "Div. Instir." II, Chap. XV (vol. vii, p. 64) and Minucius Felix, Octavius, Chap. XXVII (vol. iv, p. 190) use similar expressions.
NOTES AND COMMENT

redemption. He and His followers, after His death, healed diseases and brought a message of freedom not only to men's souls, but to their bodies.

3. One of the heaviest burdens of the period was the theory of the nature of disease which saw it to be the result of demoniacal possession.

4. It was thought that all the evil in the world was the work of these demons. Jew and Christian taught that the ancient pagan gods were the demons. The Christian preached that Christ's life had expressed the victory of the divine over these devilish powers, and so great was the power of this new revelation that by the name of Jesus even some who were not His disciples cast out devils—i. e., cured diseases.

5. In the heathen world there was not only a demonology akin to that of the Jews and Christians, but a corresponding system of exorcism. There were religious cults such as Magna Mater, Serapis and Mithras, which had taken up the healing functions and cured diseases.

6. Christianity came into active rivalry with these healing cults. The superior force of the Christian appeal lay in the moral and the spiritual effect it aimed at.

7. The statements of the cures wrought by the Christians in the early Church rest on the best of evidence. Yet, due to the superstition of the age, no sharp distinction can be drawn between a cure wrought by an appeal to faith and a distinctly miraculous event.

Notes and Collateral Reading

[Numbers refer to pages in text]

69. Social and economic changes: The upstarts and the new men in the Senate became more and more, and the ancient nobility continuously died out. Juvenal refers to the fusion of the nobility, and Apuleius, in 166, to the fewness of the old stock; but the old families became all the prouder of their genealogies, and were looked upon with ever-increasing respect. The hall mark of the aristocracy was the right of setting up ancestral pictures in the atrium. Reverently did the stranger betread houses in which faded paintings of triumphing generals in four-horsed chariots covered the walls, and smoked masks of the ancestors filled the atrium, their names, their honor, and their deeds inscribed below.

But princely wealth was a more common ornament of senatorial families than ancient lineage. Opulence and senatorial rank were interchangeable terms. G. Lentulus, the augur, under Augustus, possessed 400,000,000 sesterces, the largest private capital known in antiquity.

Even in Horace's day Sardinian corn lands, Calabrian beehives, and pastures there and in Cisalpine Gaul, "a thousand acres of Falernian vines," and estates on the banks of the Liris—all might be one property; one hundred years later, herds from Parma (worth 600,000 sesterces annually), Etrurian estates, worked by thousands of slaves in chains, vineyards at Setia, and properties at Hybla, the home of bees, in Sicily.

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In Nero’s day half of Africa belonged to six great landowners, and, under Domitian, in Africa and elsewhere, private property not only equaled but often excelled in size the municipalities. Seneca did not exaggerate in speaking of vast stretches, cultivated by slaves in fetters, cattle ranches wider than kingdoms and provinces. Everywhere, no lake whose waters did not reflect some great palace, no gulf by which their villas did not stand; from every lofty height over land and sea, their roofs glittered. Their palaces in Rome had royal forecourts, high atria, rich baths, libraries, galleries, peristyles, groves of laurels and planes, fountains, drives, and walks.

Horace was glad of his humble birth, which relieved him of a wearisome burden. He had not to busy himself with money-making and visiting and could travel by land without trains of horses and wagons and liverymen.


69. Poverty, crowding, and insanitary housing: Rome was mainly peopled by the “third estate”; in this class the proletariat formed the majority; it lived on the “panem et circenses,” the generous distribution of which was ever inflating its numbers. The great distributing of corn gave only the majority of male freemen the barest livelihood, and thus in the over-big, over-rich city there was also poverty and need. The poor man, says Martial, may well be a stoic, and despise his life; it is no merit of his. Their dark rooms, two hundred steps up, were not as high as a man’s stature. Their hearth was cold, a jug with a broken handle, a mat, a heap of straw, an empty bedstead, was their furniture; a short toga by day and night their only protection against the cold; vinegar-wine and black bread their food. Bread, beans and turnips (the workman’s lunch), lentils, onions, garlic, peas, and fish were their diet; leeks and a boiled sheep’s head, or a smoked pig’s head, was luxury. On July 1st, the usual day for moving, many poor families might be seen, driven out by the estate agent, after he had taken all their best property in distrant; with what was left they went into the street, a first of July disgrace, says Martial. A pale-faced man, exhausted with frost and hunger, the “Irus of his day,” and three women more like megaeras, dragging a bedstead one leg short and a table two legs short, and other rubbish, a horn lamp and lantern, broken crockery, a rusted coal-box, a pot stinking of fish, an old wreath of black fleabane (esteemed a cure and hung up in bedrooms), a piece of Toulouse cheese, string to support the absent leek and garlic, a pot filled with a cheap depilatory. Why should they seek a dwelling? the poet asked; they could live free on the bridge. Bridges, steps, thresholds, inclines, were, as in modern Rome, the beggars’ resorts.

—Ludwig Friedländer, “Roman Life and Manners,” pp. 144, 145.
Worry

By THE RT. REV. SAMUEL FALLOWS, D.D., LL.D.
Presiding Bishop of the Reformed Protestant Episcopal Church.

Worry is a diseased self-consciousness or a state of undue solicitude on any subject. The habit of borrowing trouble is easily formed, regardless of the fact that he who does so must give his peace of mind as security. Franklin's old adage that, "He who goes a borrowing, goes a sorrowing," is especially true in this case. Strange that so many people are always looking for trouble which nobody needs, and which often fails to appear when expected. One old gentleman sagely remarked: "I have had a great deal of tribulation in my time, and most of it never happened at all."

Worry is a Banyan tree whose tap root of distrust throws out innumerable downward trunks of evil. Fear, weakness, uncertainty, doubt, discouragement, sleeplessness are among the number. It is a Upas tree in the mind, for its poisonous influence penetrates all of the organism. Every worry is thoughtfulness run to seed. It is anxiety gone mad. It is a rasping saw, cutting into one's very vitals. It feeds like a vampire on one's mental and spiritual strength. It furs the tongue, changes the sweet into bitter, and a well-supplied table into a "layout" of husks. It pales the cheek and furrows the brow. It robs the eyes of their luster and the tongue of its clear utterance. It loosens the joints and weakens the muscles. It robs the hand of its cunning; it clouds the judgment; it paralyzes the will.
Worry takes the stars out of our sky, the perfume and beauty out of the flowers of our life. It hushes the songs of the birds and changes the day into night. It turns our sun into darkness and our moon into blood.

Worry is bad for the digestion, the very condition for all good health. It fearfully muddies the complexion. Bad for the health, it is bad for beauty. It has been said with more or less truth that most women would work harder to cure themselves of a habit which makes them disagreeable to the eye than they will to cure themselves of one which makes them ill; what shall we say, therefore, to a habit which does both? Let any woman who has indulged in pessimistic thought for an hour, or even half that time, take herself quickly to her mirror, and see what havoc she has wrought in the expression of her face; let her note the blanched cheek, the drooping lips, the heavy lines beside her mouth, and the ugly frown between the eyes. Away then with this enemy. Its

"effacing fingers
Sweep the lines where beauty lingers."

O woman, if you want to retain your good looks—and every woman does want to hold on to them—Don’t Worry.

When Mr. Gladstone, while Prime Minister of England, paid a visit to Rome, he startled the Italian people by saying, “There is an enemy among you of which you must be ever on your guard.” “What is it? What is it?” was asked among themselves. “Is it a political or a religious enemy?” He gave the name, “Deficit.”

The one great enemy of human happiness, peace, and power is Worry. Deficit is its other name—Deficit of faith in self, of faith in circumstances, and conditions, and of faith in God Himself.

The Contagion of Worry

WORRY it not only a destructive habit, which is like a moral leprosy—a veritable Pandora box filled with evils, but it is contagious as well. The seeds of pessimism and cankering care are
easily transferred from one heart to another. How many of us know of really good people who are worthy of our highest respect, and yet whose company we avoid whenever we can, because a few minutes of intercourse with them will make us "so blue" that they darken our horizon for the entire day?

The microbes of melancholy are a vast army ever seeking for new grounds, or at least for that which is less worn than are the fields which they have so faithfully worked. Victor Hugo said: "Melancholy is the pleasure of being sad, but it seems to include also the pleasure of making other people sad. How different is the breezy greeting of a sunny friend who, regardless of his own heartaches, has always a word of good cheer for his fellow voyager!"

Melancholy spreads itself like an impenetrable mist between the sunshine and the flowers; it is like envy and distrust among friends. Away with it. It is this spirit of impenetrable sadness which looks upon a beautiful face, only to fancy it sees the grinning skull beneath.

Some of us have learned by experience that undue anxiety on any subject is liable to bring nervous prostration with all its attendant evils. We know it hastens the approach of old age in all the forms which are undesirable and unattractive. The insistent idea continually magnifies itself, and habit leads the same train of thought round and round in a vicious circle which forms for itself a mental rut, into which gloomy reveries fall with marvelous facility.

Worry is constantly looking on the dark side of things. It is sure something terrible is going to happen. It makes us feel that we are unfortunate, that fate is against us, that we were born under an unlucky star, and that our lives are comparative failures.

This worry kills self-reliance and gloats over self-deprecation. Rabbi Hirsch says: "Why are we a nervous generation? It is because we live in an environment of nervous irritation. We are constantly drenched in emotion. We worry, worry, worry, lest we shall lose something we prize, or fail in our undertakings. Passion, fear, greed, and envy throw our minds and nerves out of balance, and diminish the power of our organism to resist the microbes that
are constantly assailing it. It has been scientifically demonstrated that worry causes a predisposition to disease."

It is easier to discourse upon the ill effects of pessimism than it is to cure it; easier to explain that worry is the dust, the rust, the clinker, the canker and the destructive principle of life, than it is to get rid of the oppressive habit; easier to note the ill effects of what we are bearing than to obviate the difficulties which have actually come upon us; hence the old adage that "an ounce of prevention is better than a pound of cure." If we deliberately walk into the fire, we have only ourselves to blame if we are burned. Forethought is far better than afterthought.

It is told of a woman who thought that her cross was too heavy that she would exchange it for one burdening some one else. She saw the crosses of her friends piled up before her, and was allowed to choose the one she would bear; she gladly laid down her own, and chose one of finely wrought gold, set with jewels. She picked it up eagerly, and was going away when she found that it was exceedingly heavy, and was growing heavier every moment, so she staggered back to the pile, laid it down, and took up her own little wooden cross, which she thenceforth contentedly carried.

Shakespeare says: "He is well paid that is well satisfied," and Socrates claims that "contentment is great wealth, while luxury is artificial poverty."

Food and Raiment

BUT even "food and raiment" may be a cause of discomfort—the comrades and precursors of the blues. Rich food with high living brings its own punishment in its train. What man can be either happy or contented when his liver is kept in a continual state of protest? Some men seem to have an idea that happiness consists in tickling the palate for a few minutes, and howling with pain all night afterwards.

An eminent jurist said lately: "I have not been feeling well for a day or two, and I wonder if the lobster salad and ice cream which I ate the other night have something to do with it?" Lobster
salad and ice cream! A fine combination to lead out the cohorts of pessimism and make inroads upon a man's very soul.

Food has much to do with a discontented spirit; nightmares walk in the wake of banquets, and even in his sleep many a banqueter is pessimistic. "The feast of reason and flow of soul" comes too late to bring pleasure and content when it follows a champagne supper that holds the brain in the grip of partial paralysis. The toasts may be drunk too often to enable one to appreciate the wit that was served with them.

Raiment, however, probably brings more discomfort and more worry to woman than to man. Sometimes it is the other woman's dress that excites envy and jealousy and self pity—the other woman's "fine feathers" that bring dismay into the heart of her sister. Let us hope, however, it is not a bird's scalp which can excite anything more than pity or contempt for the woman who wears it.

Rest to be Found Only Within Us

UNLESS we find rest within ourselves, it is vain to seek for it elsewhere, and many a woman has sacrificed her comfort for a whole day or evening by wearing a shoe that was too small. Strange, she cannot see that half an inch in the size of her shoe makes more difference to her than it does to the general public! She would be one of the first to laugh at a man who would court suffering of soul and body by wearing a collar that choked him, for the sake of appearing to have a slender neck, but she does not mind choking the very life out of herself if she thinks it will make her look better! "A merry heart doeth good like medicine," but how can she have a merry heart who is pinched in her feet and waist, and can only hold her head in one position, because of the stiffness of her neck adornment.

The craze for fine raiment and the absolute necessity for keeping up with the styles is a fruitful cause of worry, and robs many a woman of her heritage of happiness, and of that repose which should be unbroken in the midst of life's storms.

No wonder Henry Ward Beecher said: "We only see in a lifetime a dozen faces marked with the peace of a contented spirit."
Yet such faces might always be found, especially among the elder women, who have passed bravely and serenely through seas of suffering, sustained by faith that knows no doubts nor fears—faces that rise like Easter lilies among the disturbed brows around them—faces that bring their own message of peace into a troubled world, because they are illumined with light and life and love.

The writer knows a woman well along in years—old enough to be a grandmother long ago—who “carries her age” marvelously well, and carries a great deal of it. Her brow is smooth, her form is lithe, her cheeks and lips are rosy (when she has them finished), and her whole appearance is that of a very youthful matron. I once asked a mutual friend by what possible means this woman had actually retained her girlish appearance until she was well along in her fifties? The truthful and philosophical answer was: “With her nothing ever sinks in.” This was her secret, and she was enabled to go smilingly on her way, “marrying and giving in marriage,” until she has lost, or mislaid, three husbands, and is now a radiantly beautiful and happy bride for the fourth time! Moral: “Don’t worry.”

Another case, a man this time, who has had plenty of business and family and other cares, who has come down to threescore years and ten, and is as sunny as a perfect day in June, and a magnet of attraction to young and old. He radiates cheerfulness as an American rose its odor and beauty. “How does he do it?” was asked of one of his friends by another. “He doesn’t worry,” was the reply.

The mother of a household has multitudes of little vexations which are like “the times that try men’s souls”—times when a dirty track on a spotless floor will cause her tired nerves to well-nigh set her frantic. But let her feel that it would be sheer extravagance to waste a million-dollar back on a ten-cent kitchen floor.

The domestic will persist in taking long, swinging sweeps of the broom, and raise all the dust possible in the house. Never mind. Open wide the windows. Put the protecting sheets on the beds, the desks, the books. Get a few minutes every sweeping day to dip into Ruskin’s “Ethics of the Dust,” or some other good book.

A wise thinker has told us to keep good books on the reading table, and take time every day for some inspiring and uplifting read-
There is a tremendous fascination in study, and it is a great pity that so many idle women never realize the fact that most delightful hours may be found in company with the old classics. Women who have no housekeeping duties and who spend their time gossiping with their neighbors are wasting precious time. Take up the study of languages if you are not interested in books, or offer your services at some charity bureau. It is delightful to live a loafing existence—for just about a day; after that it is extremely tiresome. Work is the great tonic. It keeps one strong and splendid and in touch with the whole world. Worry cannot exist with such a line of action.

Americanitis

Oh, the hurry and the worry of money-getting! Mammon is the hardest master and the largest slave owner in the world, but money is not required to buy one necessity of the soul. It is the love of money, however, which is the root of all evil, and not the money itself, for if it is rationally and honorably sought and won, it is a blessing when properly used. A man’s money costs him too much when it costs either health, happiness, or conscience. Avarice is always poor, never satisfied with what it has; it is insatiable; always pushing on for more. Poverty is in want of much, but avarice wants everything; hence it is the handmaid of worry.

Many a man works so hard to get his money that he cannot enjoy it afterwards. Many a man ruins his children by starting them out in the world handicapped by great wealth and paralyzed by luxury; hence the uselessness of large fortunes tied up. They represent a vast amount of anxiety and worry as well as the enslavement of the men who made them.

What would we think of a man who would keep accumulating shoes—shoes—shoes until a million pair or more were piled up for him? Who could wear them? Certainly not himself. And yet this is much the same condition that obtains when a man squanders his happiness and shortens his days with anxiety to hoard up a million of money which he cannot use himself and is too avaricious to send about doing good.
Why not make a reasonable effort to obtain some peace and happiness in life? Why not take vacations before you are too tired to enjoy them?

Mental Work a Cure for Worry

It is true that many business men as well as those in the ranks of law, medicine, and theology, fall by the way while still comparatively young, in consequence of overwork in combination with other causes. But it is true also that a vigorous brain will accomplish an enormous amount of work if it is kept free from the poison of undue anxiety. We can hardly say too often that it is worry, not work, that kills.

When undue anxiety in connection with overwork has brought the sufferer to the verge of a breakdown, a change of mental effort—a different course of study will often bring relief. It is well, however, to go more slowly along any line, and especially necessary to refrain from great solicitude on any subject. Work quietly and slowly as if you had all eternity in which to accomplish your purpose. Nature never hurries and never worries. She works constantly upon her trees until they come to leaf and bud, and flower and fruit. The life current never fails to be on time, but there is no haste in her wonderful process. The seed time and harvest time are as sure to come as the sun is sure to rise. Work, then, along Nature's lines, keeping the poise of your spirit and your faith intact.

As one thought can only be replaced by another, so it requires a complete change of viewpoint in order to obtain nerve rest and heart rest. If only for a few minutes the insistent thought is forced out of its rut, that few minutes represents real gain; what, then, must be the result if an hour can thus be won from the hands of the enemy? Change the mental currents, cultivate the power of concentration by erasing all the impressions connected with the previous subject, drop every thought or effort that interferes with the new theme, and you will find peace.
The Effect of Clothing on Health

BY GEORGE L. MEYLAN, M.D.
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The wise selection of clothing constitutes one of the essential factors in hygienic living. The physical discomfort resulting from a tight neckband, ill-fitting garment, or narrow shoe, is not only injurious to health, but reacts unfavorably upon the mind by producing irritability, distraction, and general inefficiency.

Clothing serves various purposes. It protects the skin and the delicate underlying organs from injury by physical agents such as heat, cold, dust, disease germs, and hard objects. Civilized people wear clothing to satisfy a general sense of modesty which seems to develop simultaneously with the rise from the savage to the civilized state.

Chief Use of Clothing to Maintain Normal Body Temperature

The most important purpose served by clothing is to assist the body in maintaining a normal temperature. Health is absolutely dependent upon a constant temperature of the body which normally is so uniform that an increase or a decrease of two or three degrees gives just cause for anxiety, and a change of six or seven degrees is fraught with great danger. The constant temperature is maintained by the coordinated activities of the muscles, blood vessels, heart, skin, and particularly the nervous system. The various chemical reactions taking place in the body require a certain temperature, usually about 100° F.; when the temperature falls, these

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activities are retarded or checked; for instance, the action of the digestive juices in the stomach is checked when a glass of ice-cold water is taken during digestion. Runners and baseball players know from experience that their muscles work much better in warm than in cold weather.

The organs involved in heat regulation are capable of adjusting the body temperature over very wide limits, but not enough to preserve a constant temperature under the extremes of cold and heat to which we are exposed in our temperate climate. Clothing is necessary to prevent too great loss of heat from the body in cold weather. In cold weather the blood vessels near the surface contract, thus preventing too rapid loss of heat through the skin. When the body temperature tends to rise above normal because of muscular activity or a high external temperature, the blood vessels near the skin dilate and heat is lost by convection, conduction, and evaporation of perspiration.

The efficiency of the heat-regulating mechanism varies greatly in different individuals. Vigorous persons suffer less from sudden and large variations in external temperature because they are able to greatly increase the production of heat within the body when necessary, and also to regulate the loss of heat by means of efficient circulatory organs. Weak, thin individuals, with poor circulation, are more susceptible to cold; they require more clothing in cold weather to maintain a constant temperature and avoid those diseases which result from exposure to cold.

Proper Amount of Clothing

The amount of clothing necessary to maintain normal body temperature varies so much with different persons and changes in weather that the individual must determine for himself what he needs for his own welfare. The tendency is to wear more clothing than is really necessary and thus to lessen the efficiency of the heat-regulating mechanism. Many cases have come to my notice where the wearing of too heavy clothing, and scarfs around the neck, resulted in frequent attacks of sore throat and colds; the effect of
THE EFFECT OF CLOTHING ON HEALTH

discarding scarfs and wearing lighter clothing was invariably a greater resistance to cold and freedom from sore throat and colds. The other extreme of wearing too little clothing is equally bad. There are persons who boast of being able to go through the winter wearing summer underwear and no overcoat. The motive for such a practice is either a desire to appear exceptionally vigorous, or enjoyment of the strong stimulation resulting from exposure to very cold air. The waste of nervous energy and the risk of contracting bad colds when wearing insufficient clothing are adequate reasons for condemning the practice.

The following rules will be found helpful in deciding on the proper amount of clothing to wear:

1. Wear just enough clothing to keep the body comfortably warm when sitting in a room with the thermometer at 65° to 70° F.

2. When going out, wear an extra garment heavy enough to keep the body warm when walking. Additional wraps are necessary if one has to stand in the cold for any length of time, or to ride in an open vehicle.

3. Be sure to keep the feet and hands warm.

4. Avoid wearing so much clothing that it will produce perspiration.

5. Dress according to the weather and not according to the calendar.

Fashion Versus Hygiene

The hygienic requirements of clothing are rarely taken into consideration by the dictators of fashion. An article of clothing which in any way hinders motion, respiration, digestion, or circulation is detrimental to health. Tight collars interfere with the return circulation of blood from the head, and are responsible for many congestion headaches. Stiff and tight garments around the chest and waist are responsible for shallow breathing, weakness of the lungs, palpitation of the heart, indigestion and congestions of the abdominal organs. Round elastic garters tend to produce vari-
cose veins. Narrow, short, high-heeled shoes cause great suffering by producing corns, bunions, and ingrowing toe nails. The evil of wearing tight and ill-fitting clothing is widespread and far-reaching. The physical discomforts resulting from the hindrance to the functions of delicate organs represents only one phase of this evil. The health and efficiency of the mind are also affected seriously by the constant irritation of clothing which limits movements and causes pain. On the other hand, the wearing of neat, well-fitting, comfortable clothing, and clean linen, is an incentive to an orderly, efficient, and generally wholesome state of mind.

Many of the fashions in clothing are directly antagonistic to the teachings of hygiene, and, unfortunately, too many people are prone to follow the dictates of fashion at the expense of health and comfort. There is encouragement for better things in the present widespread enthusiasm over sports, outdoor life, and all matters pertaining to health. The necessity of wearing loose and comfortable clothing while engaging in golf, tennis, skating, and other sports, has caused many men and women to appreciate the evils of conventional fashionable clothing. The growing popularity of walking as a form of exercise and recreation is bringing about a reform in the styles of shoes. Amateur pedestrians learn very soon that comfortable walking is impossible when wearing shoes built on the fashionable lasts.

Some Suggestions Concerning Shoes

The foot is undoubtedly the part of the body which suffers most from unhygienic conventional covering. Fashion has decreed that a short, narrow foot is the most beautiful, and the shoe manufacturers have turned their attention to making styles of shoes that make the foot appear as small as possible. Such a result is obtained by making the shoes symmetrical and wedge-shape, and placing a high heel some distance from the back of the shoe. Shoes built on these principles force the feet into abnormal positions and produce not only marked deformities in the structure of the bones and liga-
ments, but they frequently cause painful corns, bunions, and ingrowing toe nails.

A good shoe has the following characteristics:
1. The sole is asymmetrical and as wide as the foot when bearing the weight of the body.
2. The sole and uppers are flexible enough to permit bending of the foot at the articulation of the toes with the instep.
3. The inner side of the shoe is “straight” from the great toe to the heel.
4. The heels are low and broad and placed under the heel of the foot.
5. The sole is flat, not turned up at the toes, “rocker” sole.

The accompanying diagrams illustrate the differences between normal and deformed feet, asymmetrical and symmetrical shoes, flat sole and rocker sole.

Low shoes are very desirable in warm weather, because they favor the rapid loss of heat and evaporation of moisture from the feet. For the same reason, russet shoes are more comfortable in summer than black shoes. The growing interest in sports, walking and outdoor life, supplemented by the earnest efforts of physicians and physical trainers, have created a demand for rational shoes. The leading manufacturers are meeting this demand by adding to their fashionable styles a new last called by various names, such as “common sense,” “orthopedic,” etc.

Some persons find the hygienic shoes very uncomfortable
because their feet are already deformed. In some cases the change should be made gradually from the symmetrical to the asymmetrical shoes.

The stockings also play an important part in the hygiene of the feet. They should be cut to conform with the shape of the normal foot. Much discomfort may result from wearing stockings too short and too narrow at the toes. Some orthopedic surgeons recommend stockings with a separate compartment for the big toe; those who have tried them say that they are very comfortable.

Rubbers are very useful to prevent wet feet in rainy weather. They should be removed as soon as possible because they prevent the normal evaporation of moisture from the feet.

Two main requirements must be fulfilled by the clothing worn next the skin.

1. It should be warm enough to prevent the too rapid loss of heat from the skin. The warmth of a garment depends largely upon the amount of air that it holds in its meshes. The various materials used in the manufacture of underwear vary greatly in this respect. Wool fulfills this requirement better than other materials because its fibers are kept apart by their stiffness and elasticity, with the result that wool fabrics always contain many spaces filled with air, which is a poor conductor of heat. The elasticity of the wool fibers also serves to prevent their felting together during laundering, as happens with ordinary cotton and linen fabrics. Cotton, linen, and silk are not as warm as wool because their fibers are straight and soft; as ordinarily woven and laundered, the fibers are packed so closely together that very little air is retained in the meshes. The warmth of cotton, linen, and silk fabrics may be increased by weaving in the “open-mesh” style which permits the retention of a certain amount of air in the meshes.

2. The clothing worn next the skin should take care of the perspiration. When the skin is moist with perspiration, the underwear should dispose of it readily by absorption and evaporation. Cotton, linen, and silk fulfill this requirement much better than wool.

The selection of suitable underwear should be made on the basis
THE EFFECT OF CLOTHING ON HEALTH

of the age and vigor of the individual, and the amount of cold to which he is exposed. Vigorous young persons who are not exposed to extremes of cold will find open-mesh cotton, linen, or silk underwear of medium weight, the most satisfactory. Old and weak individuals who are unable to maintain an active circulation through muscular exercise should wear wool next the skin. A tendency to rheumatism or neuralgia also makes woolen underwear desirable because chilling of the skin tends to aggravate these conditions. The underwear and stockings should be hung during the night where they will dry thoroughly.

A Few Hints as to Outer Clothing

THE objections to woolen underwear do not apply to outer clothing. In cold weather, woolen outer garments of sufficient weight to keep the body warm should be worn. Furs afford even more protection than woolen fabrics; they are often necessary under conditions of extreme cold, high winds, and particularly for persons who have to ride in open vehicles. The practice of wearing large fur boas for adornment, regardless of the weather, is responsible for many colds and cases of sore throat.

The warmth of the outer clothing depends also to some extent upon its color. Stark found by wrapping the bulb of a thermometer with wool of different colors, and exposing the thermometer to the direct rays of the sun, the following results:

To raise the thermometer from $10^\circ$ to $70^\circ$ F.
- Black wool requires four minutes fifteen seconds.
- Dark green requires five minutes.
- Scarlet requires five minutes thirty seconds.
- White requires eight minutes.

Stark also measured the length of time required to cool thermometers the bulbs of which were painted with different colors. In the same length of time
The black bulb dropped from 1° to .83°.
The brown bulb dropped from 1° to .81°.
The orange-red bulb dropped from 1° to .58°.
The yellow bulb dropped from 1° to .53°.
The white bulb dropped from 1° to .13°.

Night Clothing

CloTHING worn during the night should be loose and warm in cold weather. The same rules as to weight and fabric apply here as in the selection of underwear.
Bibliography

Suggestions for Supplementary Reading

To those readers who may wish to carry their study of the topics treated in this and the preceding issues of the Course outside these pages the following suggestions for supplementary reading may prove helpful. The books mentioned below are of especial value in throwing light upon some of the more fundamental facts underlying psychotherapy that have been under discussion.

"Hygiene of Nerves and Mind in Health and Disease," by August Forel, M.D., translated from the German by Herbert Austin Aiken, Ph.D., 1907.
"Letters on Psychotherapeutics," by Herman Oppenheim, M.D.
"Hypnotism," by John Milne Bramwell, M.B., C.M.
"Outlines of Psychology," by Harold Höfding, translated by Mary E. Lowndes, 1902.
"The Force of Mind; or the Mental Factor in Medicine," by Alfred T. Schofield, M.D., 1902.
"Psychotherapeutics," by C. Lloyd Tuckey, M.D., 1901.
"Psychotherapy," by Hugo Münsterberg.

In connection with the relationship of mind and body which is the basis for psychotherapy these passages are significant:


For the anatomy and physiology of the nervous system involved in psychotherapy may be mentioned:

Religious psychotherapy as exhibited in the Emmanuel movement is described in these three recent books:


Various popular phases of the movement to utilize psychotherapeutic influences are dealt with in the following articles:


A series of articles are appearing in Woman's Home Companion.

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**Glossary**

*Analgesia,* want of sensibility to pain with appreciation of tactile impressions.

*Carminative,* tending to expel gas from stomach and intestines by increasing peristaltic action. A medicine having such power.

*Chorea,* a disease characterized by irregular, involuntary clonic contractions of certain muscles or groups of muscles.

*Clonic,* irregular, not persistent.

*Hypertrophy,* the increase in size of an element, a tissue or an organ, resulting from increased nutrition and assimilation with no corresponding increase in waste.

*Hysterical mutism,* dumbness.

*Myxadema,* a disease characterized by infiltration of skin and other organs with a gelatinous mucus-yielding oedema, and by dullness of the senses, etc.

*Sacroiliac,* pertaining to both sacrum (or wedge-shaped bone formed by the union of five vertebrae, situated at the posterior part of the pelvis) and ilium (one of the three constituents of the hip bone).

*Sebaceous,* a furnishing sebum or fat.
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The Next Article

EDITOR'S NOTE.—Dr. Frank K. Hallock discusses in this paper "The Plain-Talk Method" of psychotherapy. He emphasizes the fact that the talk should be plain. He has found that any new and big-sounding word like autosuggestion is not unlikely to give the patient a harmful satisfaction. Perhaps it turns his attention away from the plain, commonplace position in which he stands, as one who has been wasting his nervous energy and now needs to keep his mind on the fact that he has a fight with himself on and must cut down waste and stop needless expense before he can get well. There seem to be not a few people who think that they have an immense bank account of energy in their subliminal minds and that all they need is to be shown how to sign checks on it.

Dr. Hallock addresses himself more to the physician than to the patient, yet in his article there is much of interest and value for both. He agrees with Dubois in his attitude toward the use of hypnotism, or other short cuts like it, in effecting cures. Hypnotism, he points out, acts quickly, while education by plain talk is a slow and trying process to both doctor and patient; but in it the patient himself has a part and, when cured, will never lose the effect of the victory. He sees plainly that hypnotism and each of the other methods of psychotherapy, as well as the use of psychical means, are valuable and necessary under certain circumstances in the treatment of nervous disorders. The physician, he says, must decide in each case what means to employ.
The Educational or "Plain-Talk" Method in Psychotherapy

BY FRANK K. HALLOCK, M.D.

It will not be disputed that even in organic diseases the individual can be greatly helped in his effort to act intelligently and bear his affliction bravely by explanation, advice, and personal encouragement. This is still more true when nervous symptoms exist. The teaching and encouraging influence of the physician is of very great value in functional nervous disorders and of supreme value in the class of cases exhibiting a general state of nervous invalidism in which the specific functional troubles are secondary in importance. In the great majority of this latter class, termed nervous invalids, it can be said that the most important and lasting benefit results not by the simple remedying of the present condition, but by the readjustment of the attitude of mind,* by the change of habits, and by the modification or control of temperamental characteristics. This, the so-called psychotherapeutic effort, has been the subject of much study and experiment ever since the publication of Bernheim's book on "Suggestive Therapeutics."

* See note at end of article.

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We are witnessing a tremendous expansion of interest and enthusiasm as regards this subject, not entirely along scientific lines, but rather toward a splitting into cults of a more or less metaphysical basis, much the same as religion has been divided into the various sects. Unfortunate as this may be, it is the characteristic American way of going to extremes, and it must be met with characteristic American optimism in believing that eventually good will come out of it all. Certain it is, as the common phrase puts it, we are "on the run"—physicians, clergy, and all of us—and we are slowly learning the lesson that those of us of sober mind should give the subject the attention it deserves.

In giving credit to new methods wherever it is due, we should not be carried away, forgetting the old, fundamental form of psychotherapy which is always practiced in some degree whenever the relation of patient and physician is established. My idea is that it may be possible to develop this simple, natural, plain-talk relation to such a point of efficiency that it will take the place of some of the mystical, and possibly, also, of some of the scientific but more elaborate methods. The physician cannot know his psychology too well, and, of course, he must and should use its terms. If what I have chosen to call "plain talk" will be more efficient under the appellation "autosuggestion," the latter term should be used; only let us be certain that it is necessary to employ it.

Four Classes of Psychotherapeutic Procedure

The kind and the extent or degree to which psychotherapy shall be employed must be considered for each case. For the present purpose, the kinds or methods of psychotherapeutic procedure may be grouped into four classes.* First, the suggestive influence exerted under the condition of complete hypnosis. Second, the same influence, but less profound, obtained under all the varieties of partial hypnosis. Third, suggestion given in the full waking state, including the teaching of autosuggestion. Fourth, the class of educative-suggestive influences resulting from explanatory and argumentative reasoning, advice or command, as exemplified in ordinary,
normal conversation of a deeply earnest, sincere, and sympathetic character.

Ordinarily the third and fourth classes would be considered as identical. A distinction, however, is intended to be made because there is a slight, but clear, difference in the suggestive influence, both in degree and manner of expression. In the first three classes there is a deliberate, intentional, and more or less forceful effort made on the part of the operator to influence the patient. In the fourth class there is no fixed, set purpose of attempting to influence or make suggestions as such. Explanations are made, reasons expounded, and advice given in a perfectly simple and natural manner. Sometimes there is even a display of indifference as to whether the opinions are adopted or not. In this instance the earnestness and force of speech is directed chiefly toward the elucidation of the ideas to be conveyed. The effort is made to set forth all statements in such a reasonable and convincing manner that the patient spontaneously, almost unconsciously, picks them up and assumes them as his own. At other times an appeal is made with all the personal directness and force possible, but without the aid of any special method.

Speaking generally, the order of effect upon the patient is quickest and most striking by hypnotic suggestion, less so by partial hypnosis, still less when the suggestion is given in the waking state, and slowest and least marked under the natural, conversational method. As regards the permanence of effect, the order is reversed; although some distinction should be made as to whether the aim is to reëducate the individual as a whole or simply to relieve symptoms. In the latter case the results are often surprisingly permanent, but in the main the rule holds good as stated.

Importance of Working Out One's Own Salvation in the Educational Method

In the attempt to influence the individual, as a whole, the rule is obviously correct for the reason that he is called upon to accomplish his reformation chiefly by his own effort. When the change is effected by hypnotic suggestion, it is in great measure done for
him; the miracle, so to speak, is wrought without conscious struggle, almost without his knowledge. On the other hand, the long, tedious fight in the open, often alone, as it were, with his naked soul, whereby at one time he restrains impulse and desire and at another compels himself to do things which hurt, results in a victory which cannot depart. It is part of the individual, for he has won it by what often seems to him sweating drops of blood.

This may not be a pleasant and encouraging picture to paint for the nervous invalid, but it is the surest way in which evil can be turned into good and the truest and most lasting profit can come from a hard and bitter experience. Indeed, it is this failure on the part of the patient to profit by experience, which is one of the most serious objections to the practice of hypnotism. Unless the suggestions given in séance are followed by further explanation and counsel in the waking state, the individual is not made wise as to himself and his trouble, and without such knowledge he cannot properly guard himself against future breakdown.

Each of the four kinds of psychotherapeutic treatment, above mentioned, which is intelligently and conscientiously practiced, has its value. The selection of the kind and its adaptability to the requirements of the case must be determined by each physician, it being well recognized that practitioners will vary in results according to proficiency in their own, more-acquainted way of procedure. It can be said with considerable confidence that the lesser-grade psychoneurotics and the long-term invalids, many of whom have had numerous physicians and every form of treatment, can best be handled by the natural or educational method. The difficulty is so essentially a question of the individual himself that the truest chance of improvement lies in his going to a schoolmaster who will make him study and learn his own lessons and not allow them to be done for him.

It cannot, therefore, be amiss to enter a brief in behalf of this straight, honest, old-fashioned, man-to-man method in dealing with the sufferer from nervous troubles as against the faddish, present-day habit of running to so-called psychotherapists for the relief of every ill to which the flesh is heir. It is not that objection should be
made to hypnotism, for that is a most valuable and at times perhaps the only means of cure, especially in some of the most severe and rebellious forms of the psychoneuroses.* Its use, however, should be restricted to such cases, or to those with whom all other methods have been tried and failed. It is certain, also, that many cases, in which one or more of the partial hypnotic or other forms of suggestion are commonly employed, can best be dealt with by the plain talk or conversational method.

A Plea for Plain Forms

The pictures come to my mind of two professors, each a representative of the best grade of intellect and sound judgment in our two most prominent Eastern universities. Both were singularly alike as to the type of nervous organization, and among their nervous symptoms insomnia was preeminently distressing. One had learned to perform psychotherapeutically with himself, chiefly by means of autosuggestion, and he continues to this day to steer himself through life quite largely by the use of these procedures. The teacher in the other university was taken in hand in the most simple, matter-of-fact manner, taught to eliminate all concern over not sleeping, shown how to relax and helped to work out a rational mode of living. Today he goes serenely along, a slave only to his limitations, which he has learned to recognize and accept cheerfully. The former is in bondage to his trick methods, is increasingly self-conscious, and, deceived by his power to manipulate himself psychically, is prone to exceed the limits of his nervous capacity. It is not safe or fair to argue from one case to another, but making all possible allowance and considering that the suggestive influence of the physician is the same in the two cases, differing only in degree and manner of application, the result is certainly obvious in demonstrating the superiority of methods.

Although it is one of the fundamental essentials to explain in a sufficiently clear, comprehensive manner the nature of symptoms, it is not necessary nor is it advisable for the patient to listen to a detailed psychic analysis of himself. The air of cheerful superiority with which some of the past-master patients in psychotherapy throw
at one the words "unconscious," "subconscious," "subliminal self," "dual personality," etc., is amusing when one is not too tired. When it is necessary, as it frequently is, to make use of the term "unconscious," for instance, the aim should be to do it in an indirect or inconspicuous way, so that the patient may not unduly exaggerate its importance, thereby treating it as an entity in his mental composition, or employ it as an excuse for lack of effort.

My feeling and practice in nearly all such cases is to try to sweep away all these half-understood phrases; uproot the more or less confusing or imperfectly executed psychic performances, and come right down on a good, old rock-bottom of straight, plain talk, calling a spade a spade, telling the patient to get to work, and asking him what he is going to do about it. Of course, one does not proceed at once in this brusque manner, but after several sparring interviews; with confidence established, there comes an opening and then the blow is struck. The satisfaction is great, well worth the effort, if to the honest, hearty appeal a counter blow is returned in the form of a response that he will stand true to the task of fighting out to a finish the problem of self-emancipation.*

The Best of Life is Conversation

UNLESS the individual is hopeless, either congenitally or by acquired habit, or unless there is no sufficient basis of mind or character on which to build, it is surprising beyond belief to see what can be accomplished by this method of plain, simple talking. It demonstrates the truth of Emerson’s saying, “The best of life is conversation, and the greatest success is perfect understanding between sincere people.”

Among the objections to this method of treating nervous invalids may be mentioned, as chief of all, the time that it takes and the amount of hard work it requires on the part of both patient and physician. Among its merits are its soundness of principle and the results which it yields, which, like the hardwood trees, grow slowly, but they endure. In the class of cases referred to, my preference is for the slow and more natural psychotherapy—others may advocate
the rapid or surgical style, cutting out the symptoms by the knife-like process of hypnosis. We must make use at times of every method of good repute, and, after all, it is, in the main, not so much the method but the man behind it, that is the great factor in its success. So we swing around again to the educative-suggestive personal influence, one of the points or hinges of the psychotherapeutic door which we are trying to open.

The door that leads to lasting success in all psychotherapeutic treatment swings on two hinges, one the educative-suggestive influence of the physician, the other the adoption by the patient of a rational conduct of life actuated by the principle of optimism. This latter principle may be considered the motive force opening the door; certainly it oils the joints of both the hinges. At the risk of repeating what is trite, I am constrained to deal with this topic of optimism because it occupies such an important part of the technic in the educational method.

Optimistic Conduct a Necessary Element in the Fight for Health

It will be noticed that all the popular systems of psychotherapy have a definite spiritual theory or actuating principle. This is one of the chief reasons of their success. A working scheme is presented, and this appeals to the people. As yet the medical profession has not satisfied itself, much less the lay mind, with any method of procedure in the psychotherapeutic field that is sufficiently definite and tangible. As physicians, whatever psychology we have—and this is reputed, and rightly so, to be little—is grounded and built up on a physiological or material basis, and it is not easy for us to include the supernatural in any of our systems of cure. But we can have a philosophy. It may be objected that optimism, as a philosophy or working principle, is too commonplace. Defining it as the help and hope for better things, it permeates all other systems or methods, and it may not have enough point or individuality to catch the eye of the public or of the profession. However, let us try to systematize and perfect this philosophy, at least, until something better is presented.
The value of optimism as a psychic factor is well established. It is the natural attribute of the perfectly normal man in full health, living under conditions free from environmental stress. It has the backing of biologic law in that evolution makes up and not down. The right and the need to issue the command, “Thou shalt be optimistic,” rests upon the physiologic law first scientifically stated by Hughlings-Jackson to the effect that every thought and feeling tends to express itself in action. One might safely say that even if all the arguments proved pessimism logically correct, a man would be a fool to practice it. “The pleasantest thing in the world is a pleasant thought; the greatest art in the world is to have as many of them as possible.”

When a person’s health drops below par the shadow of pessimism tends to creep over him. This shadow will be light, hardly noticeable perhaps, if the decline is purely physical; larger and more dense if it is of a nervous or mental character. A tooth, not quite sound, of which the individual is practically unconscious in health, will grumble or cry out if a night’s sleep is lost, or from any cause the general physical tone is lowered. From a psychophysiological standpoint the law seems well defined that with the fall of the nervous tone of the body there is a rise of unpleasant sensations which hold sway in consciousness with a power corresponding to the descent. The operation of this law in strictly physical conditions is not so apparent. The optimism of the consumptive standing next to death’s door is the most striking case in point. It may be, however, in such instances, as well as in certain anæmic patients exhibiting marked activity, that the impoverished blood supply excites directly by starvation, or indirectly by toxins, the cortical neurons, thereby perpetuating the hope in the one and the motor restlessness in the other.

Pessimism Another Name for Fear

The nervous invalid, we may say, is possessed of pessimism, meaning by that that he is more or less full of unpleasantness. He experiences, according to his condition, all grades of sensations—the vague feeling of ill-being and weakness, positive fatigue, pain,
irritation, depression, anxiety, fear. Special sensations of great variety, of which he thinks he holds the sole patents, also inhabit him. Broadly speaking, pessimism is another name for fear, much the same as love is for optimism. Certain it is that in all the psychoneuroses, fear in one form or another is a fundamental element. Indeed, every sensation which disturbs the peace of mind tends to beget fear.

A large part of the task of psychotherapeutics, then, is to eliminate fear or pessimism and put in its place optimism, love, hope. "Love casteth out fear" is one of the basic principles on which we are to work. It often seems a difficult thing to do this in a person normal and well; how can it be accomplished, then, in the nervous invalid, who in a certain sense and to a certain degree is justified in feeling as miserable as he does? Fortunately, there is a way; but it has to be learned, and this takes time—it cannot be done at once.

How the Physician Teaches Optimism

In undertaking to show the way in which optimism can be substituted for pessimism, it is important for both patient and physician to stand with their feet on the solid ground—that is, the appeal must be made to the patient's reason, but in such a manner as will excite the will to action, for the latter is to the former what works are to faith. It is also desirable to have in mind a more or less definite formula of procedure, because in order to be progressively successful there must be a certain element of enjoyment in the work on the part of the physician, and this cannot be realized unless there is system in the effort.

Another important and well-appreciated point in attempting to solve the problem of restoration to health is that it should be approached in the spirit of the game. The physician should start at once in this spirit, and its effect on him will be that the more difficult the case the keener will be the zest with which he accepts the challenge to his skill and patience. Of course, the patient has to learn by degrees how to be a "true sport" in the fight, and when he really becomes one the victory is already won.
Two other points require mention. One is that in presenting an idea or laying down a principle it should be accompanied by sufficient explanation as to its truth and bearing upon the patient. It should not be told in the bare abstract. It needs an effective setting by story or other illustration to make it appeal to the patient. The other point is similar in import in that the thoughts suggested should be, as far as may be, linked with definite acts. Many times actions and not ideas are suggested, but, of course, generally the connection between the two is well established.

The first step in teaching the principle of optimism is to establish and reënforce hope in the patient that he will be relieved of his symptoms and recover his normal condition. This represents the development of faith in his own integrity—that is, in himself—in the work he is trying to do and in the future outcome.

The second step is to show him that he is logically entitled by the laws of physiology and psychology to have the symptoms and be in the condition that he is. This represents the explanation, the revelation, the holding up the mirror that he may see himself correctly in relation to his symptoms and condition. It is playing up to the old Greek maxim, "Know thyself," for it is only by such knowledge that he can act intelligently.

The third step is to get him to look at and believe that his present condition is not altogether evil; that out of it and by means of it good can come; that it is an opportunity, an experience, by virtue of which, if rightly handled, he can be a truly wiser, better, happier, stronger man.

The fourth step is the practical application of the principle of optimism—that is, teaching the ways and means, by thought and by action, whereby the patient can relieve himself, or be relieved of his present state of distress and frame his conduct for future satisfactory living.

It is evident at once that in presenting these four steps they will, of necessity, be very much interwoven. Also, while the effort is being made to instill this philosophy, it is to be remembered that all remedial measures for the alleviation of individual symptoms should be continuously employed. The application of the principle and the
work of mental reformation will be hard enough under any circumstances, and the patient is entitled to all the help of a physical nature he can get. Further, at the very outset of teaching this doctrine of optimism, it is apparent that we are dealing with a paradox. On one hand, the individual prays for and seeks deliverance from his trouble. On the other hand, in the same breath, as it were, he is obliged to say to his trouble, "You are not meant to be altogether evil, you are not my enemy, but I certainly cannot truthfully call you friend, at least, not until I see you departing. Perhaps after you are gone I can look back and see that you were a friend in disguise, in that you taught me, or were the means of my learning, some of the most valuable lessons of my life."

Comparison With Persuasive and Dubois's Method

THE educational is sometimes called the persuasive method. I do not care for the name. It suggests the idea of the physician pleading with the patient and puts the effort on too personal a basis. The attitude should be more that of a sympathetic teacher, anxious for the pupil to learn, not because the truths that are stated emanate from him, but because they are universal. The distinction may be unnecessarily fine, but it nevertheless exists.

The method will also be recognized as that taught by Dubois. This difference is to be noted, however: first, there is not the tendency to operate with the patient so exclusively through the medium of the psychic, and, secondly, the use of medicine and remedial agents are not made so subsidiary in importance. In other words, Dubois's system is not quite so broad and generous in its conception as that contemplated in the educational method. In the latter fullest credit is given to both psychical and physical—there is no idea of disparagement in any direction—all is part of a well-rounded, balanced whole, and anything from any source which will truly help is employed. In regard to the use of physical agencies, it is very certain that these are of great assistance and can be employed without impairing the force of psychic influence, provided they are inoculated with the spirit of optimism. That is, in addition to their own inher-
ent value, they can be made to serve as media to carry helpful suggestions.

This form of psychotherapy which I have described is especially adapted for use in the educational method of treating nervous invalidism. It rests on the surest foundation, because it is the most simple, direct, and natural. There is not the slightest semblance of artificiality about it. In my judgment, this is also the method best suited to the purpose of most of the popular psychotherapeutic movements. The trouble with it, however, is that it is too simple. No one has patented it. It lacks an apostle to proclaim it from the housetops and push it. The use of hypnotism or any very specialized methods of treatment, thereby creating a definite department of healing as one of the functions of the Church, is, at the present time, of doubtful expediency. The extent into which one should dive to the depths and bring to the surface the operations of the "subconscious," or soar aloft and draw down the supernatural to aid in the repair of body and reform of mind, is a debatable question. It is a trait of the human mind, especially in sickness, to be always looking for something outside of ourselves to give relief. The higher view requires us to look to ourselves. We should, therefore, be careful not to ask God nor to trust to any ingenious method to do the work which, by the law of human development, is plainly intended to be performed by us.

It is curious to note what marvels a new name to an old practice will accomplish. The act of tagging it with a new label and giving it a little metaphysical twist is all that is necessary to work wonders. "I 'suggest' to myself 'self-confidence,' 'courage,' 'faith,'" etc. Presumably methods employing this language are necessary for some persons, but from the old-fashioned standpoint it seems like a pleasing deceit, a kind of self-humbuggery. To my mind the stern, Puritanical method of plain talk with oneself is preferable. There are two reasons why autosuggestion is effective with many persons: first, the concentration of attention; second, the taking the time to charge the mind full of the given idea of thought. We are constantly saying to ourselves "Be brave," "Be patient," "Have faith," but it makes little impression, because force and time are not spent in send-
ing the message home to the soul. Let the man quoted above face himself squarely at arms’ length, as it were, and without the least circumlocution say with all his might, “Here, you, brace up, be brave!” Let the ringing words be repeated again and again, like blows from the shoulder, until the false fears are knocked down and consciousness is full to the brim with the sense of concentrated power and strength to be brave. This is also autosuggestion, but there is no autosuggested sleight of hand or trick about it. It is the straightest sort of appeal one can make to himself, and, as far as the patient is concerned, is all the better without a fancy label. The more natural and personally oblivious we can be—that is, the less self-conscious of managing ourselves—the better. This is one of the laws of happy and efficient living.

Editor's Summary

Dr. Frank K. Hallock, in this discussion of the “Plain-Talk Method” of psychotherapy, points out:

1. That even in organic disease the patient can be helped by the teaching and the encouraging influence of the physician.

2. That in the “Plain-Talk Method” of psychotherapy there is no fixed set purpose of attempting to influence the patient or to make suggestions, as such. Explanations are made, reasons expounded, and advice is given to the patient in a simple and natural manner.

3. That this method is slower in showing results than methods in which suggestion is employed, but its effects are more permanent, because in it the patient wins his own battle and the victory becomes a part of him.

4. That each method of psychotherapy has its value when intelligently and conscientiously practiced; but, Dr. Hallock adds, “it can be said with considerable confidence that the lesser-grade psychoneurotics and the long-term invalids . . . can best be handled by the natural or educational method.”

5. That although a clear and full explanation of the nature of the symptoms is one of the essentials of the educational method, it is often wise to “sweep away all half-understood phrases . . . and come right down on a good old rock-bottom of plain talk, calling a spade a spade.”

6. That “unless the patient is hopeless, either congenitally or by acquired habit, or unless there is no sufficient basis of mind or character on which to build,” much can be accomplished by its means.

7. That a large part, not only of this method but of all psychotherapy,
is to eliminate fear, in other words pessimism, and to put in its place optimism, love, hope.

8. That in inspiring the patient with optimism, the arguments should (a) appeal to his reason, but in such a way as will excite his will to action, and (b) be accompanied with sufficient explanation as to their truth and bearing upon the patient.

9. That the steps in teaching the principle of optimism are (a) to establish and reënforce in the patient hopes of recovery; (b) to show him that he is logically entitled, by the laws of psychology and physiology, to have the symptoms and to be in his present condition; (c) to get him to believe that his present condition is not at all evil, but rather an opportunity by which he may grow wiser, better, happier, and stronger; and (d) to teach the ways and means, by thought and by action, whereby the patient can find relief from his present state of distress and form his conduct for future satisfactory living.

Notes and Collateral Reading

[Numbers refer to pages in text]

5. Readjustment of the attitude of mind: Sometimes the troubles of which one learns the existence in the past are actually functional; the patient has had headaches; has been obliged to stop studying; he has had dyspeptic symptoms and symptoms of enteritis, or he has had a tendency to insomnia. In many of these subjects one detects an abnormal sensibility, a tendency to tears, or else a precocious development of sexual instincts from the earliest years of childhood. Often, after having first said that he has always enjoyed good health, the patient will admit that he has had a characteristic attack of nervousness or of neurasthenia, which, on account of being absorbed in his present trouble, he had forgotten to mention. But above all, while gaining a knowledge of the personality of the subject you will find the mental predisposition characterized by a certain illogicalness, by a tendency to hasty conclusions, and by a lack of judgment which is always a fertile source of unhealthy autosuggestions.

The patients often make this analysis of themselves with more rapidity than the physician. In all cases, the majority follow with the greatest ease this dissection of their mental make-up, and conclude, with uneasiness: "Then I am suffering most of all from weakness of mind."

Do not be afraid to say yes; but do not make this acknowledgment without further qualifications, for fear it should both hurt and discourage the patient. He should know that all of us are, on some point or other, mentally weak, that nobody can flatter himself that he possesses complete mental equilibrium. We all have a fragmentary intelligence, and, however brilliant may be the qualities of our mind, we shall always find on some
corner of our soul a weakness, a rebellious defect, against which our reason is often powerless.

—Paul Dubois, "Psychic Treatment of Nervous Diseases," p. 158.

6. Grouped into four classes: What status to accord Breuer and Freud’s method in relation to this classification I do not know. Of course, psychoanalysis is one of the most important features of all scientific psychotherapy, and the greater the skill of the physician in this art, the better the results. Although this method is supposed to produce its therapeutic effect without suggestion, I cannot escape the feeling that in some way, indirectly or unconsciously, this factor is mixed up in it. If there is no suggestive influence by the physician, then there must be spontaneous autosuggestion on the part of the patient. What would be the advantage of the catharsis, the negative process of going down to the bottom and uncovering, unless there was at some point a positive turn leading up? However, my technical knowledge and experience with the method does not warrant expression of opinion.

F. K. Hallock, M.D.

9. Hypnotism in medicine: It is difficult to estimate the exact value of hypnotism in comparison with other forms of treatment. There are, however, one or two broad facts which ought to be kept in mind:

1. Hypnotism, as already pointed out, is not a universal remedy. It is simply a branch of medicine, and those who practice it sometimes combine it with other forms of treatment. Thus, in some instances it is difficult to say what proportion of the curative results were due to hypnotism, and what to other remedies.

2. On the other hand, many cases of functional nervous disorder have recovered under hypnotic treatment after the continued failure of other methods.

3. Above all else, it should be clearly understood that the object of all hypnotic treatment ought to be the development of the patient’s control of his own organism. As already pointed out, many illnesses represent the culminating point in a life which has been characterized by lack of discipline and self-control. While attention is given to physical culture, the emotional side is too often neglected; but much disease would be prevented if we could develop and control moral states just as an athlete does physical ones.


10. Self-emancipation: Let us regard the thinking mind as a thin plate covering the floor of the brain just above the eyes. Above this plate worry, fear, anger, insomnia, and the like, have their habitat; they are the "rowdies of the mind" in the attic of the brain, who, by their unruly actions, keep up such a disturbance that the better habits, peacefully disposed in the rooms about, cannot work to the best advantage to generate impulses or forces
that are constructive, elevating, or spiritual. Below this mind plate are the body habits. We will locate them “below the necktie,” for the sake of attaching them to the body itself. Gross eating, hurried eating, tobacco chewing, candy eating, liquor drinking to excess, physical negligence, and immorality, belong to this class of body habits.

People who are mentally and physically miserable, but suffering from no organic or infectious disease, often know why they are miserable, but they seldom make an unaided attempt at a cure, such is the hold habit has upon them; and they do not voluntarily confess the fault or the cause, either to themselves or another, unless invited to do so, as at a confessional. The first essential to the cure of any habit is a willing mind. Will any one admit he hasn’t character enough developed, in the course of a lifetime perhaps, to conquer a habit, if it detracts from his usefulness, his happiness, or the comfort of those with whom he lives? If the habit is mental, a “rowdy in the attic of the brain,” the mind of the sufferer is to be turned up; or if the habit is one of indigestion due to beans eaten at bedtime by a man over seventy, the mind of the victim must be turned down.


13. Eliminate fear or pessimism: A man suffering from insomnia will often establish this fact in his anatomy by sitting up regularly half the night; or, perhaps, about sunset he begins to say, “I can’t sleep,” and then keeps on vaccinating himself with this idea until saturated with it. Of course he knows he can’t, he has been telling himself this for ten years, and he lies awake to prove it. Let him begin by saying “I shall sleep”; let him say it forty times a day, say it until the memory of “I can’t sleep” fades and the affirmation “I shall sleep” takes its place. This comes about gradually, but finally the body of the person who can sleep because he says he will, begins to relax, and impulses of a soothing, constructive character begin to travel the strained and desiccated nerves. Let the person suffering from insomnia go to bed early. He is not to try to sleep. Sleep always runs away if chased; it is another prairie coyote if ever there be one. Mark Twain once said that “the coyotes he chased looked like gray streaks going, and they left a hole in the air where they whipped through.” The person afflicted should remain indifferent to the question of sleep after retiring. Those who have faith can help themselves by asking God to help them; He surely will. It is certainly a comfort to have some higher power to which to appeal.

The Next Article

Editor's Note.—Prof. Paul Dubois, in his article in the preceding issue, gives the philosophical development of his method of psychotherapy by persuasion. This article he devotes largely to comparing this method with the methods that use suggestion in effecting cures. He sees in the use of suggestion a grave inherent defect—its insincerity. He shows that the chief difference between his method of psychotherapy, which is to reeducate the patient so that he will be able to see and discard, of his own volition, the erroneous mental representations that have made him sick, and the method of the school of Nancy, which suggests to the patient that he is not to be sick, but to be well, is that the latter is an artificial means, deceiving the patient that it may work an immediate cure, while the former, admitting that the patient is sick, teaches him how he became so, and implants in him, by persuasion, a true idea which enables him to see more clearly, not only in his present trouble but through his whole life. He points out that if there be any analogy between these two methods, resulting from their being two methods of inculcating an idea, the radical difference between them is that one addresses itself to reason, the other to credulity. He emphasizes this: that the physician’s means of persuading his patient should invariably appeal to the patient’s reasonable ideas; it may be a kind of suggestion if one wants to call it that, he adds, but it doesn’t increase his suggestibility.
The Method of Persuasion—II

By PAUL DUBOIS, M.D.
Professor of Psychotherapy in the University of Berne

ITH a clearness which cannot be too greatly admired, Bernheim has put an end to the fairy tale that hypnotism is a peculiar state extra-physiological, creating out of whole cloth a pathological suggestibility, which makes the subject a slave to the command of the hypnotizer. He has dared to say: There is no such thing as hypnotism, there is only suggestion. This is a memorable saying, and it would be well for all physicians to allow it to soak in and then to draw their own conclusions. We are far from it, in spite of the brilliant work of the so-called "School of Nancy."

Bernheim is so just that he soon relinquished the preliminary sleep of hypnotism, result of pure suggestion as it is, and made use only of verbal suggestion in the waking state. It is marvelous to see him without hypnotism not only dissipate the most diverse functional disorders, like paralyses, anaesthesias, neuralgias, intestinal disorders, etc., but make his wide-waking subjects accept the strangest suggestions.

One must have seen him operate or have studied attentively his clear writings thoroughly to understand the power of suggestive authority. If he has not discovered human suggestibility—it was known and employed in ancient times—he has shown that it is without limits. It is in this demonstration that he has shown analytical powers and a logical gift lacking in the numerous previous observers

1 See note under "The Next Article," on preceding page.

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who, since Mesmer, have investigated what was called "Animal Magnetism."

Bernheim went still further, and, following the analogy between suggestion and persuasion, has often had recourse to the latter and used his logic to calm the patient and instill in him the idea of recovery.

This clinician-emeritus passed through three successive stages:

(1) He followed the method of hypnotism into which he was initiated by Liébeault, and from which he extracted the essence in referring it back to suggestion pure and simple.

(2) He took up verbal suggestion in the waking state.

(3) He uses methods of persuasion whenever the occasion presents itself. It is quite natural that in the course of this development Bernheim should have believed that I had followed the same path. This is why he raises the question of priority regarding my "Traitement moral des psychonéuroses!" It is absolutely unjustified, for we have not traversed the same path, and our methods differ fundamentally in spite of their superficial similarities. I began to utilize hypnotic-suggestion, according to Bernheim, in 1888, at a time when I was already practicing a rational psychotherapy, under the well-known conditions of the Weir Mitchell cure. Fascinated at first by the demonstrations at Nancy, I practiced hypnotism for several months, yet with a certain repugnance which prevented my obtaining the brilliant results of hypnotists who were convinced of its value.

I reflected on the nature of suggestion,* resolved to abandon it, not because I doubted its efficacy, but because I found it artificial. My respect for honesty in all lines of thought restrained me from using subterfuges, however prompt and complete their results might be.

So I passed through but two stages:

(1) The practical materialistic practice of medicine, in which I had already discovered the value of the moral element.

(2) Rational Psychotherapy, aided by honest logic.

The few months spent in practicing hypnotism were only a short

* See note at end of article.

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interlude for me. I do not regret the time devoted to it, for these studies enabled me to grasp the essence of the process of suggestion and to appreciate fully the service rendered to science by the school of Nancy.

Bernheim’s Definition of Suggestion

BERNHEIM, constantly carried along by his analysis, has given to the word “suggestion” a still greater significance, defining it thus: “Suggestion: every process by which an idea is made to enter a mind.”

He nearly said that in persuading one made a suggestion to reason. Perhaps it would not have been far wrong to give so general a significance to the words suggestion and suggest. It would, however, have been taking liberties with the dictionary. No doubt the verb “to suggest” is not taken to-day merely in the wrong sense. We can say of a book that it is very “suggestive,” meaning that it makes us think. We do not hesitate to say: “to suggest a good thought, or a charitable deed.” At the same time it does not do to abuse the license of language. We still differentiate between “suggestion” and “persuasion.”

This is not altogether a light matter, for there is a certain antithesis implied, a distinction which Bernheim and his pupils have not been able to see. Yet it is of vital importance.

I, too, must make clear my meaning on this point.

Artificiality of Suggestion as Treatment

IN actual speech, in spite of exceptions which I will point out, the verb “to suggest” implies an artificial manner of making a person grasp new ideas that become useful sentiments and deeds, or, in the case of psychotherapy, that bring health to him. The operator who makes use of suggestion (either in the hypnotic or waking state) views only the final favorable result and gives no thought to the more or less irrational character of the means used. He does not balk at the deception nor fear to confess that he has the patient in a trap. The patient is freed from his illness; that is all that is necessary; the end justifies the means.
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Thus Bernheim extends the area of feeling in a case of hysterical anaesthesia, by suggesting to the patient that she think outside of the limits of her previous experience. He forces from her the avowal that she now feels where she was formerly insensible. He will bring about the immediate "transference" of a hemianæsthesia by the pseudo-application of a different topic, or simply by pretending to mistake the side affected. Under the physician's influence the patient lets herself be fooled, and suddenly shows insensibility on the right side, although it had been on the left. In a case of headache and vertigo he applies his hand to the forehead, saying: "I do not wish to put you to sleep, I simply want to drive away your headache and vertigo." The patient sees in this a therapeutic procedure, believes this physiological act of the hand has a real effect and is cured. It is by analogous proceedings—by stroking the forehead, the trunk, the stomach, or the limbs, by verbal suggestion, affirming the immediate or future disappearance of the malady—that hypnotists and suggestionists obtain the cures of their patients.

Since we have begun to talk of "psychotherapy" they have monopolized the word. They coined it, they say, and exert themselves to prove that their procedures are persuasive and rational, and that it is presumption on the part of modern psychotherapists to wish to extend further this psychic influence or to purify it and make it ever more rational. They are content with the artificial.

Contrast Between Suggestion and Persuasion

It is true that by either persuasion or suggestion one can cause a curative idea to enter the mind of a patient, and from this standpoint and only in this sense there is an evident analogy between the two proceedings.

But there is a vital difference. By means of persuasion we communicate to our questioner an idea which we accept ourselves in its entirety, and which we think exact from a psychological point of view which we accept with its subsequent physiological reactions, as we from our knowledge of biology know them. We are sincere not only in our desire to cure our patient, but in the details of our statements.
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We respect our patient's judgment and his critical faculties. While seeking to free him from his present sufferings, we should consider it our task to free him from the baneful suggestibility which has led him into error. We want to teach him more clearly not only in his present trouble, but throughout his intellectual and moral life. Regardful of the future, we should strive to give the patient the power of intellectual resistance to the false suggestions which surround us, so that he will not only not succumb to the false ideas he now has, but will not allow new ones to spring up in him.

I shall demonstrate, in what follows, how to apply this persuasion to various kinds of psychoneuroses and psychoses without trickery, remaining loyal and amenable to the laws of logic.

Sincerity the Keynote in Persuasion, but not in Suggestion

The physician who adopts this grinding idea, works constantly with an absolute sincere intention, and when in some exceptional cases he neglects it to return to a purely suggestive influence, it is from insufficient acquaintance with pathogenic psychological facts, or from the temporary inability to keep to the rational path. Then, rather than hinder the patient's recovery, he will intervene with a bit of authority, or suggestion, happy at getting results by it, yet regretting very much that he does not know how to do better.

On the other hand, he who burdens himself with the use of suggestion, with or without hypnotism, uses rational psychotherapy only by accident, when he can act on his patient by a bit of good advice everyone can give without going into psychological analysis. It would truly be doing these practitioners an injustice to believe them incapable of aiding their patients by a well-chosen word, when even nonprofessional persons know how to do it.

But this is not their habitual method. Little do they care, in general, what path the patient's association of ideas follows, provided a curative idea does penetrate and become fixed in the understanding and achieve a cure.

They can say with Deslon, Mesmer's successor, "I well know that it is the imagination which cures when we employ the mag-
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netic bath, but since the imagination does cure why not make use of it?"

It is against this conception that I stand resolutely.

Suggestion Addresses Credulity, Persuasion, Reason

If there is an analogy between suggestion and persuasion resulting from their being two methods of inculcating an idea, there is a radical difference; one addresses itself to credulity, the other to reason. This is what makes me say: “There is the same difference between suggestion and persuasion that there is between an ‘April-fool trick’ and a bit of good advice.” Both induce a physiological reaction in the individual, inciting him to act; this is the resemblance; but the psychological processes are opposed to each other; that is the difference.

Even in giving a wider meaning to the word suggestion, as Bernheim does, we must distinguish two kinds:

1. That which appeals to the subject's credulity.
2. That which appeals to his reason.

Let us admit, then, to use the strange language of the clinician of Nancy, that one should act “by suggestion on the reason.” That is the good and true suggestion. Then to act by “suggestion on credulity” is an irrational proceeding.

The Personal Influence of the Physician is Based on Reason

I KNOW, also, with what quaint artifice of dialect they would put persuasion back again in the same class with suggestion. It is by distinguishing in the processes of persuasion, one part, their more or less rigorous logic from the other part, the sentiments of confidence and sympathy which are established between the doctor and his patient and which lighten the labor of his reasoning.

Far be it from me to misinterpret this personal influence of the physician. It is of great importance, but I deny that he fails to see in it a suggestive influence in the proper sense of the word. Yes, I have said regarding education in general, that outside of the mathematical sciences, where proofs are possible, persuasion cannot act,
except on subjects who give us their confidence, who are bound to us by a certain degree of sympathy. But these sentiments in which the patient meets his physician and abandons himself to his influence, are essentially rational. They result from facts more or less well established; such as the physician's fame, the knowledge of cases he has cured, the trust reposed in the physician's competence, due to his careful examination, his trustworthiness and goodness which are seen in him from his reception of the patient at his first visit, etc. These sentimental influences grow proportionately as the sick man notes how the physician's patience and his increasing kindliness help in the recovery of other patients. With that he commences to believe in his own recovery. Call this suggestion if you hold to so vague a term, it is all the same to me, but this suggestion has appealed to reasonable ideas.

These mental images have given birth to the sentiments, and these, in turn, introduce the patient not to passive obedience, but to an active and premeditated, to a "rationabile obsequium" which offers a solid foundation for subsequent logical arguments.

But the physician must be careful not to abuse this influence, however rational it may be. The patient should not calmly submit to a physician more than to anyone else, or render him obedience as to a charmer or fascinator. He ought to exercise his critical faculties to sharpen his judgment, and to aid the physician in the delicate analysis of the mental representations which have brought about the diseased condition. We should not fear to call our patient's attention to the dangers of a faith, if not blind, at least one-eyed, which even though it may deliver them from their ills, will break their spirit. It is with great care that one should, in the practice of medicine, use his personal influence, that impalpable something which in human intercourse opens the way to persuasive action.

Sentimental logic, which I foresee will be the chosen means of treatment in what are called nervous troubles, is as yet only in its infancy. These psychopathic states have been well described clinically, and have been classified in categories which are ever changing. They have not yet been studied enough with their origin in view.* Under the influence of medicine whose chief con-
cern is with the body, it is by means of neurology that we have studied psychoneuroses and psychoses. We have also sought to discover before all else the bodily causes of these affections. Be it far from me to advocate abandoning this path of exact research. Quite the contrary, the condition of our body has a decided influence on our whole life, physical, intellectual, and moral. It is therefore necessary to establish this physical action firmly upon the moral sense. But let us be careful and make a note of concomitant circumstances, without too quickly establishing as yet uncertain relations of cause and effect. Let us recognize the gaps in our biological knowledge.

They are so great that one may say that the study of medicine has as yet added but a small pile of sand to the immense structure it wishes to build up, and to do this it has taken the work of countless years.

Psychotherapy Has a Place in All Treatment

Above all, let us realize that if mankind often thinks evil and endures a variety of moods on account of bodily or organic causes, he also often makes himself physically ill, because he thinks evil. We may become impressionable, fearful, and impatient under the influence of a physical disorder, an illness or fatigue, but we may also allow ourselves to become fatigued, and disturb our functions by giving way to impressionability or pusillanimity, which may exist in our mental make-up. It is of prime importance in functional disorders to clearly distinguish those which are of bodily origin from those which arise from idiopathic sources.

The two causes are often combined, and it is the physician's business to know in each case how to untangle the causes, that he may apply to the patient either physical or psychic treatment as best suits him, or a combination of both.

As soon as we recognize the physical character of the trouble we should turn to physiotherapeutical measures, but that does not mean that these methods are sufficient and that there is no room for psychotherapy. In every organic disease there is a psychologic reaction on the part of the patient. It is necessary not only to know
how to build up the patient, but to do away with the false ideas which generate fear, aggravate the disease, and hinder his recovery. There is no physical disability in which the thoughtful physician does not find an opportunity to act on the mind of his patient, and this influence is often more desirable than all the remedies which he prescribes.

If analysis should show us, on the contrary, an idiopathic origin of the trouble, psychotherapy would take first place. Its part is to dissipate pathogenic autosuggestion, to demolish the entire framework of false ideas which, especially through the emotions, have brought on the functional disorders. These latter will disappear with the suppression of the false idea, according to a principle that we too often forget in this age of palliative medicine.

This is why it is so often useless and sometimes even dangerous to unite physiological measures of treatment with psychotherapy. Results may be obtained by it, but it also obscures in the sick man's mind the idea most important to inculcate in him—namely, that all his ills are but the direct consequence of his emotional state disturbing the working of his organs and tiring his nervous system.

Danger of Neglecting the Mental Side of Treatment

Many physicians have not sufficiently recognized this danger and persist in using remedies and physical measures, though they see clearly that palpitations of the heart, nausea, digestive and intestinal disorders, etc., are only effects, that they represent the tinkle of the bell after the button has been pressed.

They are not sure enough of their psychotherapy to let slip these little aids, and they even discount the suggestive influence of this therapeutic detail. The saying "Vulgaris vult decipi, ergo decipiatur" pursues us even when we believe ourselves to be above such mockeries, and when we quote it only to criticise a colleague.

The further we progress in the study of normal and pathological psychology the more we recognize the value of the idea as a pathogenic agent, and enter resolutely in the path of rational psychotherapy.
METHOD OF PERSUASION

For my part, as soon as I have recognized the origin of a disease, in a faulty mental conception, carrying in its train functional disorders, I no longer attack these latter; I go directly for the pathogenic autosuggestion. It does not enter my head to prescribe digitalis, bromide, or valerian for a lady, when I know that she excites herself and invites palpitation or insomnia or worry by unnecessary fears, or an exaggerated impressionability. That would be to waste one's time with palliative treatment, most often inefficient, and would make the patient forget her chief duty, the correction of her mentality. If I should come back in a very rare case to physical remedies, I should consider it necessary to tell the patient that there was something irrational in thus attacking the effects when one should be able to suppress the causes.

I enjoin upon myself the same scientific sincerity when a psychoneurotic case is complicated with an independent physical disease, as when I accidentally run across a case of anæmia in a neurasthenic, or an affection of the heart in a psychasthenic.

I have recourse to preparations of iron, or to digitalis, but far from exploiting the suggestive influence of such a prescription, I warn the patient that this treatment, which is of use in his organic ailment, will have no direct effect on the psychoneurotic state.

Honesty the Foundation for Psychotherapy

HONESTY is the basis of all true psychotherapeutic treatment, and if the matter be within the grasp of the patients' intelligence, we should submit to them the plan of treatment with its full significance.

When we use medicines, we cannot always explain their modes of action to our patient, even when we know them ourselves, because he lacks the prerequisite knowledge. In psychotherapy the situation is quite different. We cannot act on the patient without carrying him along by logic; we must then take him by the hand and introduce him into the labyrinth of psychological research. We carry him along with language appropriate to his degree of culture and intelligence. Latin will do him no good; he needs clear, simple language
that will give clear ideas. Here, particularly, the physician ought to discard his technical language, and the big-sounding words derived from Greek or Latin by which medical men, with or without a degree, have from time immemorial known how to lead their patients around by the nose. Even to-day Molière would find excellent subjects for his satires.

Editor’s Summary

1. Professor Dubois opens this article with an account of Bernheim’s work with verbal suggestion given in the waking state, and of the wonderful immediate cures accomplished by it.

2. After reflecting on the nature of suggestion, he has abandoned its use, not because he doubts its efficacy, but because he finds it artificial and somewhat of a subterfuge.

3. He now uses, in treating functional neuroses, rational psychotherapy, aided by honest logic. He calls this the “Method of Persuasion.”

4. He points out that there is a distinction, an implied antithesis, between inculcating, by suggestion, the idea that works to cure the patient and inculcating it by persuasion. Suggestion, he says, appeals to credulity and implies an artificial manner, while persuasion, on the other hand, implanting only ideas that the physician accepts in their entirety as exact, addresses itself to reason.

5. Professor Dubois, in applying this method, works not only toward freeing his patient from present suffering, but also toward freeing him from the baneful suggestibility that caused his ills.

6. In rational psychotherapeutic treatment, since the physician cannot proye, mathematically, the arguments available to convince his patient, he must gain his confidence and sympathy. This personal influence of the physician, Professor Dubois points out, is of great importance, but it should rest only on well-established facts, such as the physician’s success with other cases, etc.

7. The causes of functional disorders, Professor Dubois says, may be organic as well as psychopathic. Yet even where the trouble is purely organic, he adds, there is room for psychotherapy, for in every disease there is a psychological reaction on the part of the patient.

8. Where the trouble is wholly psychopathic, psychotherapy should take first place in the treatment. Its part is to clear away the whole framework of false ideas which cause the ailment, for when this is gone the disorder will disappear.

9. It may be dangerous, Professor Dubois notes, to combine psychotherapeutic with physical measures in these purely functional diseases, for
the latter may obscure, in the patient's mind, the most important idea, namely, that his ills are directly caused by his morbid emotional state.

10. Honesty is the basis of all psychotherapeutic treatment, and, Professor Dubois says, we should submit to the patient, if the matter be within the grasp of his intelligence, the plan of treatment with its full significance.

Notes and Collateral Reading

[Numbers refer to pages in text]

23. *I reflected on the nature of suggestion:* Going direct from Nancy and Professor Bernheim to Berne and Professor Dubois was a decided transition in the quality of convictions, but not in the intensity. It was the vacation season and Professor Dubois was exhausted from his long and severe season's work and he was about to take a prolonged vacation. His doors were closed to most patients and most visitors presenting themselves. Happily, letters of introduction from one of the translators of his book and from his lifelong friend, Professor Déjerine, gained for me a most interesting interview, but he was doing no public work and only a minimum of private work. Quiet and unassuming, he is stamped by forceful intelligence, and when he speaks one is impressed by his moral force, his ideality, and his sincerity, all expressed in his work in a most practical way. He does not approve of Professor Bernheim's methods at all. The suggestive method he considers weakening to the character. When he sees a patient with hysterical contracture he sees the hysterical mind more than the contracture, and he applies himself to instructing the patient, helping her perceive where the flaw lies in her own character, and awakens her desire to cure herself, teaching her what she must do. He makes careful examinations, and when convinced there is no physical cause for the condition, he will not use any aids—not even massage.


28. *Studied with their origin in view:* The great science of medical psychology must be placed on a wider and more scientific basis, and I submit that the time has now come for the definite study of the whole range of mind in relation to medicine.

Medical psychology, therefore, can no longer be limited to pathological psychology, but must embrace the whole study of the connection of the sound mind with disease both in cause and cure. It is, indeed, true that this connection is everywhere tacitly acknowledged, everywhere exploited by quacks, and yet that it is nowhere taught in our schools, or scientifically studied. For although psychotherapy in some forms is fitfully and more or less unconsciously practiced by nearly every medical man, we read in our Journal that "it is not learnt in hospitals"; in the *Lancet* that "it is not
in our text-books”; while Dr. Woods, in the Hunterian Oration, remarks: "The therapeutic methods taught in the schools are purely physical, and the young practitioner leaves the hospital a rank materialist.” High authority exists for the value of the single eye, and yet it is impossible to see a subject as it is save by stereoscopic vision. The two eyes that see at once, the psychical and physical, can alone give to the physician the grasp of any case of human disease. If this be true, it is surely important for our educational pundits to consider whether they are acting with honesty and wisdom when they turn out men by the score to practice medicine who have perhaps not devoted one single hour of their five years to a study of one of the greatest of therapeutic agencies—“the force of mind.”

What I desire is that this great subject shall be approached with an earnest and unflinching determination to ascertain the whole truth of these psycho-physical relations, steering clear, on the one hand, of the repulsive exaggerations and distortions that everywhere abound, and have sadly scared many honest seekers; and on the other of the deadly inertia resulting from professional prejudice that has hindered all progress; and further, to teach the truth on the subject to all our students, and thus equip them in a far different way from what is done at present for their daily fight with distressed and diseased bodies and spirits. To this end I would suggest as subjects for study and lectures in the ordinary medical or post-graduate course the following seven points:

1. General study of the interdependence of mind and body, first of all in health, thus taking up the great question how, as a whole, the body lives; and then in all manner of disease; with a general enumeration and consideration of the various psychic agencies that may act as causes of disease, predisposing or exciting; and another list of the various ways in which the mind may act therapeutically.

2. Study of temperament and mental states, and their relation to disease, compatible with sanity and yet of a pathological aspect; such would include various nervous states and phases, and mental backgrounds and habits of thought—fixed, mobile, and erratic.

3. The bearing of character, education, social status, and environments on the cause and cure of disease, and especially in the power to aid or retard the action of psychotherapeutics.

4. The psychology of drugs, natural remedies, and the whole range of therapeutics. This is a little-known subject, and will repay a study which shows to what an unsuspected extent many well-known natural remedies owe their efficacy to their psychic rather than their physical qualities.

5. The study of the vis medicatrix nature in all its powers and aspects, and in what ways the physician may aid or retard its operations.

6. Scientific study of all forms of psychotherapeutics—direct and indirect—and of all forms of suggestion and autosuggestion.

7. Lastly, I would suggest a careful study of the psychology of the physician, and the psychic effect of his personality, his character, his words,
and his environment. For this we may take as our text Sir James Paget's well-known words: "Nothing appears more certain than that the personal character, the very nature, the will of each student, has a far greater force in determining the career than any other help or hindrance whatever."


The Next Article

Editor's Note.—Dr. A. A. Brill gives in this article an account of Freud's method of psychoanalysis in the treatment of nervous disorders. This is also called the "cathartic" method. The object of the analysis is to unravel the patient's past experiences with the purpose of finding the cause of his nervous symptoms. These symptoms never come without a definite cause, though the patient may not connect his trouble with its right cause; may not even remember it.

The authors of this method, Breuer and Freud, stated that they found, to their greatest astonishment, that the individual symptoms of hysteria immediately and permanently disappeared whenever they were successful in fully arousing in the patient the memory of the event which was casual to the development of the symptom, if, added to this, the patient gave the fullest possible description of the event and gave verbal expression to the emotion.

Not only physicians but laymen equally know that there is an emotional relief in talking freely concerning one's nervous symptoms and what has caused them. There is an emotional relief akin to that which a child experiences in confessing to its mother some act of disobedience or other peccadillo, the recollection of which is burdening its mind. So it is with the adult. When the patient has unloaded his mind fully in regard to some real or fancied cause of worry, great relief is experienced.
Freud's Method of Psychoanalysis

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"We doctors, all of us, constantly practice psychotherapy even where we do not know it and do not intend it."—Freud.

The wave of psychotherapy which has swept the continent has finally made its appearance in this country. Its presence has of late been felt through the numerous discussions in both lay and professional journals, as well as in new movements and publications. Abroad, its adherents claim brilliant results; one need only scan the numerous publications of the Nancy, Vienna, and other schools to be convinced that psychotherapy is no empty term, but an actual branch of medicine, and that in the psychoneuroses it is the only effective remedial agent.

Yet, surprising as it may appear, both abroad and in this country the knowledge of psychotherapy among physicians is very meager indeed. The medical schools almost without exception do not have it in the curriculum, nor is it used to any extent in the clinics, so that the medical student often does not even know that such a subject exists. The general practitioner, being utterly ignorant of the subject, naturally diagnoses all ailments on a purely physical basis. He never for a moment considers that the converse of the familiar adage, "Mens sana in corpore sano," may also be true. In our clinics, "neurasthenia," that "big garbage can," as Forel fitly calls it, comprises almost every mental disturbance from anxiety neuroses, obsessions, etc., to psychoses proper. The treatment, too, is usually

1 See note "The Next Article" on preceding page.

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purely physical, no account whatever being taken of the mental factors. What is the result? The patients become disgusted, and seek refuge in "magic boots" and other charlatanistic movements and cures. For what can an intelligent patient think of a physician who, after diagnosing her chronic pain as hysterical, laughingly remarks, "There is nothing the matter with you—you are only hysterical"?

Forel, who recently discussed this sad state of affairs, proposes an international congress of physicians interested in psychotherapy for the purpose of coördinating and regulating this study. Leaving this question open for the time being, an attempt will be made to sketch briefly one of the forms of psychotherapy—psychoanalysis.

**Origin of Freud's Method**

Among the different systems of psychotherapy the psychanalytic method of Freud stands out most prominently. No recent theories either in medicine or psychology have evoked so many controversies and discussions as have those of Freud.

A pupil of both Meynert and Charcot, Freud, after years of careful and painstaking investigations, evolved not only a system of psychotherapy, but a new psychology. Unlike all other investigators, he discarded all generalities and confined himself to the individual. The individual factors which had escaped the notice of his predecessors he found to be of the utmost importance in the psychogenetic development of personality. As is generally the case, his ideas were opposed and suppressed, and it is only within recent years that the scientific world has begun to recognize their importance and practical utility.

After investigating for years the origin of hysterical phenomena, Breuer and Freud gave to the world in 1895 the *Studien über Hysterie*. They found that the indispensable psychic determination of hysterical symptoms is the intentional repression from consciousness of an idea,¹ thus excluding it from associative elaboration. The

¹To this process the term dissociation of consciousness is often given and it is one of far-reaching consequences. Thereafter, when a call to action comes, a double set of reflexes will tend to show themselves ... and the conscious mental life will be marked with confusion.—J. J. Putnam.
repression is intentional, because the ideas are of a painful or disagreeable nature, so that the patient wishes, even strives hard, to forget them. Thus, if a young lady, after having made all preparations for her marriage, is suddenly deserted by her fiancé, she will at first go through a severe psychic shock; she will suffer the pangs of disappointment and shame, but gradually she will apparently become her former self. She may still brood over it in silence, but in time she "forgets" everything. In other words, finding that her grievances are futile, that—let us say—her fiancé is a married man, she strives hard "to crowd it all out of her mind."

Such experiences are known as psychic traumas. But no matter how successful one may be in repressing painful experiences, some reminiscences and their affect always remain. A person who has had to endure an insult without giving expression to his own feelings will always retain the painful affect. It is true that he in time forgets it, but a mere association is liable to throw him into a fit of rage, even though the original episode be not recalled. Thus, a young lady, without any provocation, suddenly becomes depressed, restive, and irritable; she refuses nourishment, and shows a complete change in her personality. She, herself, can give no reason for her feelings and actions, but psychoanalysis reveals that this day marks the anniversary of a very sad and disagreeable incident in her life.

"Psychic Traumas" and Hysteria

VERY often it is quite impossible to react adequately, to find full expression for our emotion, on the occasion of some psychic traumas, as in the case of the death of some one dear, and hence repression takes place. In hysterically predisposed individuals such psychic traumas may in the course of time produce hysterical symptoms. This is the so-called hysterical form of defense. By this means it tries to weaken the painful idea, and rob it of its affect. There is a relation of incompatibility between the ego and the unbearable representation, and the individual strives hard to eliminate it from consciousness; but he cannot do this; he simply succeeds in causing it to be psychically isolated. The opposing idea then forms
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a point of crystallization around which all other corresponding ideas gather, thus forming separate psychic groups or complexes. These complexes remain submerged in the unconscious, and act like foreign bodies. They lead a parasitic existence in him, hostile to his well-being. Their affect, or the "sum of excitement," finds its way to somatic spheres by a process of conversion. The painful experiences are then, so to say, forgotten, and the patient retains physical reminiscences in symbolical form. Thus the young lady who was deserted by her fiancé developed periodical pain in her right arm and paraesthesia over right side of body and whole abdominal region. Neither she herself nor her family physician ever thought of connecting her malady with her former disappointment.

Such is, in brief, the mental origin of hysterical symptoms. In fact, to sum it up in Freud's words, "Hysterical persons suffer mostly from reminiscences." *

The connection between hysterical phenomena and psychic traumas which cause them is sometimes quite apparent, but very often shows only a symbolic relationship, just as in normal dreams. This physical, symbolic reminiscence acts like a hidden pus pocket until it is discovered and given free outlet. To quote Freud, "We found, at first to our very great surprise, that the individual, hysterical symptoms immediately disappeared without returning when we succeeded in thoroughly awakening the memories of the casual process with its accompanying affect,* and when the patient circumstantially discussed the process giving free play to the affect." This is the so-called "cathartic," or, better, the psychoanalytic, treatment. By psychoanalysis the meaning of the individual symptoms is discovered. The sum of excitement is reconducted from its false paths to the original conscious idea, and then worked off by means of intellectual labor and speech. In other words, the unconscious is made accessible to the conscious by overcoming the resistances.

In analyzing neurotic symptoms Freud found that dreams played a great part in the individual's life. The dream gives us the best means of examining the unconscious; that is, the repressed. In the

* See note at end of article.

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neurotic patient the subject of the dream generally refers to the origin of the neurosis—that is, the repressed material—but due to the many distortions and transformations only few and hidden associations show allusions to the repressed experience. It is possible by psychoanalysis to explain the different components of the dream, and thus reveal the repressed ideas which are at the basis of the neurosis. The dream is divided into the manifest and hidden dream thoughts. The former are recalled by the dreamer on awakening, while the latter were the fundamental thoughts of the dream before they were subjected to the distortion. To interpret a dream is simply to translate the manifest into the latent thoughts. This is done by filling in the gaps and straightening out the distortions caused by the psychic censor.

It was also found that the latent thought of the dream invariably contained the fulfillment of a repressed wish. In this respect dreams are divided into three classes: (1) Those which represent an unsuppressed wish as fulfilled, as seen in children's dreams; for example, a boy of six continues to dream of finding pennies and nickels, and on awakening he expresses his disappointment by crying for his money. Another boy, who is very fond of riding, dreams of having horses and an automobile. (2) Those which represent a repressed wish as concealed, and (3) those which represent the realization of a repressed, but not sufficiently hidden, wish. The last group of dreams is generally accompanied by fear, which takes the place of the distortion found in the second group. There are also dreams which are of a painful nature which are not, however, perceived as such by the dreamer. These merely serve to show the insignificance and lack of psychic validity of the dream. Analysis always shows that we deal with a hidden fulfillment of a repressed wish. Thus, one of Freud's patients dreams that her sister's only boy dies; she sees him in the same surroundings that she saw her sister's first child when it died a few years ago, and she perceives no pain in the dream. She protested against the theory that this represents one of her wishes. Analysis showed that this was not at all necessary. When the first child died years ago she saw and spoke to her lover for the last time in her sister's house as he then came to offer condolence—if the sec-
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Second child should die; he would certainly come again. She is longing to meet him, and only the day before she purchased a ticket for one of his lectures. This is a so-called impatience dream. One of my patient's dreams shows a similar mechanism. She dreams that she sees her oldest boy laid out in a casket, and yet she is totally unconcerned about it. Having been told before that a dream represents the fulfillment of a wish, she now insists that this theory must be wrong, as she never would entertain any such wish regarding her boy, but psychoanalysis reveals the following facts. Her first husband died and left her with two children; she then married a widower with two children. They are very happy, but as they have four children they cannot afford to rear any more. She frequently expressed the wish "to have an offspring as a result of her second marriage, as it would strengthen the union, but having four children in the family it is out of the question." The dream fulfills her wish by showing her that there are only three children in the family.

The Reasonableness of Dreams

Generally the dream seems very absurd and complicated on account of the many fusions of words and events, indirect expressions, and transformations of pictures. These distortions, as will be seen, are not at all accidental, but have a reason. We have seen that the repression is responsible for the neurotic symptoms as well as for the normal dreams, and that one is a complement of the other; we shall now examine the processes by which this is brought about.

Freud assumes that our psychic apparatus includes two thought-forming influences: the operations of the first are productions in themselves unknown, and can only reach consciousness through the second, which alone find free access to consciousness. At the point of transition of the two we have the psychic censor, which allows only that to pass which is agreeable to it, and restrains everything else. Whatever is rejected by the censor is in a state of repression. The functions of the censor never entirely cease, though under certain conditions they may be reduced. As we know, the repressed
thoughts of the waking state are all of a disagreeable or painful nature, and, as the dreams of the neurotic contain these same thoughts, we can readily see why the manifest dream is so disjointed and concealed. The censor, being unable to exert its resistance as it does in the waking state, acts like a Russian literary censor who, unable to suppress all foreign journals, uses his black pencil on all passages which he considers obnoxious to the reader. In this way the individual is protected from painful affects. The conscious repression in the waking state serves the same purpose.

But as normal persons are also subject to dreams, it must be concluded that every person, be he normal or neurotic, possesses a certain amount of repressed material which acts as the cause of his dreams. Indeed, the analysis of dreams shows very clearly that the wish which incites the dream is of infantile origin, and that the psychic forces of the dream are due to infantile, unintentional repressions. This repressed infantile material, which is found in every individual, Freud calls the unconscious. But as every dream is a wish realization only because it is the work of the unconscious, of which the only aim is the fulfillment of wishes, we must assume that all the other psychic formations, such as psychoneurotic symptoms, are also wish fulfillments in the unconscious. In the words of Freud, "The hysterical symptom, like all other psychic formations, is the expression of a wish fulfillment."

How Nervous Symptoms Are Explained

BEARING in mind this scheme of psychic activities, the origin of a neurotic symptom is as follows: the individual is subjected to psychic traumas to which he is unable to react adequately, or to do what is popularly known as "freeing his mind" about them. So, on account of their disagreeable and painful character, he strives to crowd them out of consciousness. What he actually succeeds in doing is to repress them into the unconscious. Again, there may be an involuntary incursion of day dreams forming hysterical fancies, which are then merged into the unconscious by repression. The sum of excitation then remains hemmed in and excluded from psychic
association by resistances exerted by the censor. But in the course of time the censor partially yields, and hence a compromise formation takes place. In hysterically predisposed people the sum of excitation then finds its way into bodily innervation, and, by conversion, a neurotic symptom is formed.

However, in a predisposed person in whom there is no adaptation to conversion the affect must remain in the psychic realms. The weakened idea is kept away from all associations in consciousness, but the affect, having become freed, attaches itself to some indifferent idea, and this false connection forms an imperative idea. The conversion generally follows that sensory or motor innervation which is either intimately or loosely connected with the traumatic experience. Says Freud: "The hysterical symptom results as a compromise between two opposing affects or impulse incitements, one of which strives to realize a partial impulse or a component of the sexual constitution, while the other strives to suppress the same." The wish as expressed in the latent thought of the dream is also the result of a compromise formation.

In view of the fact that the sexual impulses play such an important rôle in our life, it is but natural to expect that they are also present in the repressed material.* Freud has been unjustly attacked for laying particular stress on this factor, but every fair-minded person must admit that such is the case.

We see, then, that the psychoneuroses and the dream supplement and explain one another. Just as does the latent thought of the dream, the psychoneurotic symptom represents a fulfilled wish, and both the dream and the neurosis seem incomprehensible until explained by the psychoanalysis.

While working up his psychology of the psychoneuroses and the dream, Freud found that the repression also continues to evince itself in normal every-day life; in other words, that the wish fulfillment normally manifests itself during the waking state just as it does in the dream and in the neurotic symptom. This can readily be seen if we analyze the abnormal or the so-called accidental actions of every-day life. This gave rise to his "Psychopathology of Everyday Life." In this very interesting and instructive book Freud shows
that mere lapses of memory, speech and writing, as well as the common mistakes, are not at all accidental, but, when analyzed, have a reason.

The Psychopathology of Every-day Life: Lapses of Memory, etc.

Thus, when a person in conversation says "no" instead of "yes," as he really intended to say, it generally signifies that the slip of the tongue is the real thought, though the speaker really wished to say "yes." The temporary forgetting of a name would mean that it is either in itself connected with something disagreeable, or recalls the same by some close or remote associations. The same holds true in reference to such mistakes as taking hold of the wrong thing or doing something which is seemingly purposeless. Thus Freud often found that while making his professional calls, instead of ringing the bell or knocking on the door, he would grasp his own house key. This unconscious action was the equivalent for the thought, "Here I am as at home," for it always occurred at the houses of those patients who esteemed him. In his own home he naturally never rang the bell or knocked on the door.

The Zurich school has reached similar conclusions by experimenting with associations. Bleuler, Jung, and Riklin have shown that the complex manifests itself in all our actions and speech both in the normal and neurotic.

Without dilating any longer on this most interesting topic, it can readily be seen of what valuable importance the recognition of such mechanisms is in the treatment of neurotic patients. Just such seemingly insignificant actions are of prime importance in unraveling the mysteries of their neurotic symptoms.

Explaining the Mechanism of Jokes

In a similar manner Freud developed his famous book, "The Wit and its Relation to the Unconscious." Here he very ingeniously shows that the same mechanisms which give form to the dream produce the joke. Dreams often seem very funny because, as was shown,
they are inhibited from giving direct expression to their thoughts, so that use is made of a number of detours, such as transformations of pictures, fusion of words and events, and indirect expression of things. The purposeful joke shows the same mechanisms. Both the dream and the joke depend on the repression; the more subject a person is to repression of purposeful impulses, the wittier he is. But, as these impulses are prevented from coming to the surface by the censor, they utilize the purposeful joke in order to remove the unconscious inhibitions. We often laugh over some joke, and then remark that it was really stupid, and we can’t understand why we laughed so much. This is analogous to the effect in the psychoneurosis. The person suffering from an obsession cannot understand why such an indifferent idea should be connected with such an overwhelming affect; e. g., one of my patients was constantly obsessed by the compulsive idea that “something black will get into me.” He avoided all places which have had any relation to “black.” In order to reach his house he had to pass the office of a colored physician, so that for years he went a few blocks out of his way to avoid it. One day he suddenly noticed an undertaker’s establishment with its somber coloring; this recalled black, and he again changed his route. Thus the idea of “black” spread to associations of the most remote kind. He had to give up his work as a mechanic because the iron filings—the instruments—all recalled black. It would be impossible here to give the full analysis of this compulsive idea which took hours to analyze, but suffice it to say that black was a symbolic reference to a crime of which he considered himself guilty.

In the joke, as in the psychoneurosis, the transposition of the effect remains unconscious. Laughing is an automatic process which is only possible in diminished attention. Everyone knows that the slightest explanation or critical examination directing attention to the obscure point of the joke will entirely spoil it. The neurotic, too, loses the obsession as soon as its mechanism becomes known to him. But the dream serves chiefly as a preventer of pain, while the joke is a producer of pleasure. In these two aims all our psychic activities meet.
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Last, but not least, I will merely mention the latest epoch-making work of this series, "The Three Contributions to the Sexual Theory."

How Freud Operates

The technic of Freud's treatment is as follows: The patient lies on his back on a lounge, the physician sitting behind the patient's head at the head of the lounge. In this way the patient remains free from all external influences and impressions. The main object is to avoid all muscular exertion and distraction, thus allowing thorough concentration of attention on his psychic activities. The patient is then asked to give a detailed account of his troubles, having been told before to tell everything that comes into his mind, even things that may cause embarrassment or mortification. On listening to such a history one invariably notices many memory gaps, both in reference to time and causal relations. The patient is then urged to fill in those gaps by concentration of attention, but the unintentional thoughts which originate in that connection are pushed back with the greatest resistance, and when the actual recollection comes back it is accompanied by distinct pain or discomfort. The greater the resistances, the more marked are the distortions.

The mechanism is the same as in the dream. During the treatment one must constantly make use of Freud's developed method of interpretation; that is, one must look for symbolic actions, mistakes in speech, etc., and, above all, resort must be had to the analysis of dreams, as they give the most direct access to the unconscious. In this way it is possible to overcome all resistances, and give the unconscious access to the conscious.

This is more difficult than one can describe; it not only presupposes a thorough knowledge of Freud's works, but considerable experience. The process is a long one, requiring from one half to three years, but cures have been effected in the most refractory cases. It is the best method of treatment in all chronic cases of psychoneuroses, such as obsessions and hysterias, in which phobias, abulias, and physical disturbances are present.

It is hardly possible to do justice to Freud's work in one limited
article, but it is hoped that it may serve to correct the numerous erroneous assertions promulgated by some who never even took the trouble to read his works. Says Jung: "Freud can only be refuted by one who has himself made much use of the psychoanalytic method, and who really investigates like Freud, that is, by studying patiently and for a long time the daily life, hysteria, and dreams from Freud's point of view. He who does not or cannot do this ought not to judge Freud else he acts like those famous men of science who disdained to look through the telescope of Galileo."

Editor's Summary

Dr. A. A. Brill, in discussing Freud's method of psychoanalysis or cathartic method, brings to our attention the following important points:

1. Breuer and Freud, in 1895, published their famous book "Studien über Hystérie," in which they set forth the fact that the indispensable psychic cause of hysterical symptoms is the intentional repressing out of consciousness of the memory of a painful experience.

2. Though, in time, this painful experience may be forgotten, some slight event is likely to recall the pain or the emotion, even while its cause remains subconscious.

3. In hysterically predisposed patients this awakening of emotion causes hysterical symptoms. The patient does not recall the painful experience; the whole result is the bodily effect brought about by the subconscious presence of this painful emotion.

4. Freud found that when he succeeded in thoroughly awakening the memories connected with the first appearance of the symptoms, and showed the patient the cause of them, and the patient gave full expression to his emotion, the symptoms disappeared without returning.

5. In analyzing neurotic symptoms, Freud found that dreams afforded the best means of examining the unconscious. By a careful analysis of the dream, it might be discovered what, in the patient's past experience, it was, that he was endeavoring to keep back, out of consciousness. It was also found that dreams invariably contained the fulfillment of a repressed wish. In this respect dreams are divided into three classes: (a) Those in which the wish is fulfilled. (b) Those which represent a repressed wish as concealed. (c) Those which represent a repressed, but not sufficiently hidden, wish.

6. The technic of Freud's treatment is as follows: The patient lies on a lounge, with the physician sitting behind his head. The patient is then asked to give a detailed account of his troubles, withholding nothing. In analyzing this account there will be discovered some special past
trouble which, unknown to the patient, causes the symptoms. The patient is led to express himself about this past trouble and he is cured.

Notes and Collateral Reading

[Numbers refer to pages in the text]

39. Suffer mostly from reminiscences: It is a noteworthy fact that a good share of the advance in modern psychology, involving the so-called psychology of the subconscious life, is based on data which are the contribution of medical science. These studies have been of immense value in the interpretation of those forms of mental incoördination to which allusion has been made. They have taught that while we regard ourselves as free agents, and our mental life as forming one harmonious mechanism, no one is really as free, no one's life is so complete a unity, as he would like to think.

It is with regard to these cases (hysterical) that the method first employed by Janet, and by Breuer and Freud is of such great importance, and although the first communications of these writers were made a good many years ago, it is to be observed that their painstaking labors and those of a few others who have worked upon the same lines, among whom are to be mentioned our own colleagues, Russell Sturgis, Hamilton Osgood, Morton Prince, and Boris Sidis, have strongly reënforced the value of the facts as first stated.

It has been found that painful experiences are often enabled to work mischief just because they are hidden from the patient's view. The aim then ought to be to bring back the hidden experience into the clear light of consciousness, so that its real significance can be estimated, after which the reorganization of the disordered forces of the mind is likely to take place of itself.

In a certain sense it may be said that the hands of the clock are thus turned back to the date of these events, and that the patient is made to live over again that period of his life. Under these circumstances one can deal with him as one would have been glad to deal with him at that time, but with the difference that he is now more in the mood of responding favorably to encouragement and to reassurance. It may thus be said that, in a new sense, it is possible to "minister to a mind diseased," to "pluck from the memory a hidden sorrow."

This method of analysis of the patient's memory is useful for the purpose of diagnosis as well as of treatment. Through it the discovery may be made that conditions which had been thought to indicate the existence of serious forms of epilepsy are really curable attacks of hysteroid character. Sometimes this analysis and treatment can be carried out more effectively when the patient is placed fully in the hypnotic trance. When this is decided on the object of the treatment is explained beforehand, and the patient is
assured that when he wakens from his trance he will remember clearly all the facts connected with the painful experience which it has been sought to discover and to remove.


39. Its accompanying effect: The relief which patients experience by a full account of their symptoms, and the inevitable concomitant emotional discharge, is seen, in a more marked degree of course, and yet typically, in the making of confessions; at times the demand for relief under these circumstances is so great and so insistent that the sufferer voluntarily makes statements which he knows may lead to disgrace, imprisonment, and at times even to death.


43. In the repressed material: It is not necessary, if one intends to utilize the methods of Freud, to accept the extreme views of this acute psychic analyst, or to admit that every phobia has a sexual foundation. Even if it be true that this potent factor in the emotional life does not always, for very obvious reasons, receive the consideration it deserves, it is surely not the only one. Other motives, indeed, other motives which many a person prefers to ignore, may have as powerful an influence in the emotional development. It is necessary to accumulate a wider experience under different social conditions, and with a greater variety of personalities, before we accept so nearly an absolute connection between a single class of emotions and so narrow a clinical group.

By whom should the treatment be carried out? Obviously by the physician who makes the diagnosis, who should know better than anyone else what is best adapted to the case, or else under his immediate direction, if we have the requisite characteristics, the good sense and the tact, which are of far more consequence than any details of method; if to an assured diagnosis he adds the firmness to carry out what he sees to be needed.

But it is true that he may be an excellent therapeutist and yet be lacking in some of the qualities desirable in the care of functional cases in general, as well as in the case before him.

Circumstances may be such that he cannot undertake it. The method of Freud, for instance, demands a vast amount not only of time but of patience, and, although there are others which may lead to the same result more promptly, there are few of any kind which can be carried out by the physician in the dispensary or the general hospital. It is not every man who can listen sympathetically to a daily rehearsal of imaginary, self-developed woes, or the maudlin details of a self-accuser.

The Next Article

Editor's Note.—Dr. J. Milne Bramwell in his former paper described the mental and physical conditions existing in cases of obsessions. In this paper he takes up their causes, prevention, and treatment.

He brings to our attention one fruitful cause of obsessions: the irrational education of children. He shows a few ways in which children's minds and nervous systems are disordered and burdened for life by the foolishness of parents who love them. Nearly every scientist who writes to-day on nervous hygiene makes an earnest plea for the world's children. Luther Burbank, in his book, "The Training of the Human Plant," says nothing else is doing so much to break down the nervous systems of Americans as the overcrowding and cramming of child-life before the age of ten. Helen Key, the Norwegian essayist, in her recent book translated under "The Century of the Child," makes a strong plea for the child's right not only to have a wholesome education, but also wholesome parentage.

There is no burden so terrible to carry as mental and nervous disorders such as Dr. Bramwell describes in this paper, and they are in great part easily preventable.
Obsessions and their Treatment by Suggestion—II

By J. MILNE BRAMWELL, M.B., C.M.

Author of "Hypnotism," etc.

The Serious Nature of Obsessions, Both as Regards the Patients' Sufferings and their Occupations

ÉRILLON thinks the professional character of these nervous troubles has not been sufficiently noticed, and he draws an analogy between them and the different functional spasms which show a tendency to professional localization. In illustration of this he cites the following cases: A young priest, not timid in the performance of his other religious duties, suffered agony on entering the pulpit; another was affected in the same way when he received a confession. A medical student suffered extreme agony at the sight of a few drops of blood. A chemist made up a prescription which caused the death of a customer; he was able to prove that it was dispensed exactly as ordered by the doctor, but, as his existence became a veritable torture from constant fear of making a mistake, he sold his business. A notary only had morbid fears when he had to give a professional opinion. A hairdresser noticed that his hand trembled one day, and then constantly dreaded that this would reappear when he shaved his best customers; the same anxiety did not exist when he had to shave a poor or unknown customer.

Dr. Frémineau reports the case of an actor who abandoned his profession on account of extreme stage fright; this condition only

1 See note under "The Next Article" on preceding page.
appeared after a successful career. Dr. Bérillon reports several similar cases.

Riegler has noticed a morbid dread among railway mechanics, to which he has given the name of "sidérodromophobie"; this is characterized by an extraordinary aversion to their habitual occupation, and the sight of a train or the whistle of an engine is sufficient to revive their anxiety.

Grasset mentions that a distinguished Parisian surgeon commences to be anxious the moment a patient leaves his consulting room with a prescription. He anxiously asks himself whether he could have written centigrammes instead of milligrammes, and only recovers his mental calm when his servant, sent to seek the patient, brings back the prescription and he can see that it is all right. Another doctor, Grasset says, is rendered perfectly miserable by the fear of microbes.

Brochin reports the case of a doctor who fears no contagious malady, except diphtheria, and who shows proof of veritable heroism every time he sees a diphtheric patient. A case has recently been reported from abroad where a medical man, dreading that his fees might be the means of contagion, invented elaborate methods of sterilizing them, and I know of similar cases in this country.

I could quote numerous cases from my own practice, in addition to those already cited, where the obsessions have interfered with occupation or entirely prevented it. In many instances the patient's livelihood has entirely depended on whether he could, or could not, be cured of his anxiety.

In some instances the patient's obsessions interfered with the usefulness of others. For example, a lawyer's wife had the obsession that something dreadful would happen to her if she allowed her husband to be an instant out of her sight. She followed him everywhere, and even insisted upon going into court with him, and also remained in his office whenever he was there. I also know of several cases where the wives of medical men were almost insanely jealous of pregnant women, and tried everything in their power to prevent their husbands attending confinements; none of them showed abnormal jealousy in any other direction.
OBSESSIONS AND THEIR TREATMENT

Savage says: "In my experience, the most common predisposing cause has been hereditary predisposition of some kind,¹ some neurosis, or a tendency to nervous degeneration present in the patient's parents, or other marked evidence of nervous instability in brothers, sisters, or cousins. . . . There is a close relationship between obsessions and the neurasthenic condition. Neurasthenia depends to a great extent, if not entirely, on faulty association of ideas."

Causes of Obsessions

OBSESSIONS are usually regarded as being typical of degeneracy, and especially of hereditary degeneracy.* Many of my cases seem to confirm this view; they are weak mentally and physically, and have unsatisfactory hereditary antecedents. In several instances their obsessions had become insane delusions: many of them had suicidal impulses; some had attempted suicide, and others had hallucinations. On the other hand, some of my patients were physically far above the average, many of them possessed mental endowments of high quality, and their morbid ideas did not prevent them from doing good work. Most of them, it is true, were of an emotional nervous type, but is the sensitive mobile brain necessarily degenerate? May not the accidents to which it is liable be the result of its higher and more complex development? The thoroughbred is more emotional and nervous than the cart-horse, but is this necessarily an evidence of its hereditary degeneracy? The term "degenerate" is applied so freely and widely by some modern authors that one cannot help concluding that they rank as such, all who do not conform to some primitive savage type,* possessing an imperfectly developed nervous system. Further, in some of my cases the family history was good and the patients, before the obsessions appeared, were free from all symptoms of nervous trouble or degeneracy. In one instance the disease followed an attack of typhoid fever, in others influenza appeared to be the starting point.

¹ Everything which injures either the germ in the body of the parents or the embryo in the womb can produce mentally or physically crippled descendants in spite of good, sound ancestors.—A. Forel.

* See note at end of article.
Savage says: "I believe that these imperative ideas are very common and that nearly everyone has some . . . . I have the feeling which is common, I believe, about walking along a pavement. I have an inclination to avoid the cracks and at the same time I have a tendency, I own, not irresistible, to touch the iron railings with my stick when I walk along a street."

Exciting Causes

WITH regard to these, Savage states that he has "met with many cases in which it, the obsession, appeared to be a steady morbid growth, which had been for long under the surface, through some accidental cause had been brought into sight. Shock may produce the effect. It may be one sudden shock, a repetition of shocks, or the result of a prolonged state of expectancy and anxiety; thus a person who has been in imminent danger for some time, may become so affected that the dread is never overcome; allied to this I have met with instances when a dream of unusually vivid character has been enough to start the whole train of morbid ideas and has fixed them forever. There is no doubt that the nervous system under certain conditions is more prone to take these impressions and to retain them. It seems as if through certain surrounding conditions an impression is made which reaches the more fixed and automatic part of the nervous system so that it is no longer merely stored for use when it is called for by consciousness, but it appears as a reflex act, one impression bringing it up without any will being exercised."

In nearly all my cases the condition appears to have had an emotional origin. The shock of the sudden death of a relative caused one patient to fear his wife would die; another dreaded traveling after being frightened by a drunken man in a railway carriage, etc. Although in some instances the emotional element changed its character, and in all became greatly intensified, it was certainly generally associated with the commencement of the original trouble.

Marcé says: "In a predisposed person, feeble of character, endowed with keen sensibility, a word, an emotion, a fear, a desire, leaves one day a profound impression, the thought born in this man-
ner presents itself to the mind in an importunate way, takes posses-
sion of it, does not leave it, dominates all its conceptions; during this
time the individual may be conscious of all the absurdity, unreason-
ableness, or criminality of this idea; the acts themselves soon con-
form to those unhealthy preoccupations, and become absurd or
extravagant."

For example, one of my patients of a somewhat high-strung and
emotional temperament, but otherwise healthy, had some trouble of
a sentimental nature and went to Paris for a short holiday. On the
evening after his arrival he went to the theater with some friends.
One of the actors played the part of an insane person. The idea
instantly came into my patient's head that he himself was mad, and,
when supping afterwards with his friends, he had the idea that they
were all mad. He recognized perfectly the absurdity of this, but at
the same time was quite unable to get rid of the obsession. He did
not sleep that night and returned to London the following day. He
at once came to see me, and told me that he had been repeating the
multiplication table for hours in his vain endeavors to get the obses-
sion regarding insanity out of his head. He recovered after three

Foolish Training in Childhood Often the Cause of Misery

A

FAULTY religious training often plays an important part
in the development of these morbid mental states. One of my
patients, when a small boy, was taught to examine his conscience,
when he ought to have been playing marbles, and thus acquired the
habit of self-analysis and introspection, which practically ruined his
life. In another case, a sensitive child was constantly frightened by
his parents' talk of hell, the Day of Judgment, and the approaching
end of the world. The latter, especially, being made forcible and
convincing by the quotation of various prophetic utterances, and the
production of weird diagrams, which apparently put the early
arrival of the dreaded event quite out of doubt. This same boy's
parents had dismissed a servant for telling him ghost stories, but
were quite incapable of seeing that the terrifying pictures they them-
selves drew would seriously influence for evil the child's future.*
Another way in which parents frequently injure their children is by undermining the child's confidence in himself. If they think the child is conceited, they will carefully point out to him how mistaken he is in reference to his supposed powers, and this, in more than one instance that has come under my notice, has led to morbid lack of confidence in after-life, and even to the obsessional idea that the patient was making a fool of himself in every business interview, and that this was noticed by everyone he came in contact with.

As a boy, I remember being amused at the story of the old Scotchman who is said to have prayed: "Lord, send me a good conceit of myself." Now, I recognize the true philosophy of it; for those who are sensitive and proud are self-conscious and suffer in consequence, while the only truly happy ones are the conceited. They are always self-satisfied, always confident, never self-conscious, and never troubled by doubts.

As a whole, children at the present time are much better treated than they were in Elliotson's day, but what he said about them might still be read with profit. According to him their faults resulted from bad management, and could be corrected by good example and advice. Dullness and crossness were often the result of overfatigue, and the poor child was punished when he ought really to have been sent to bed. Many little things make us cross, but no allowance was made for the young. Convulsions sometimes arose from overwork, and terror was no uncommon cause of nervous affections, and these maladies were often not recognized, and punished as obstinate faults. St. Vitus' Dance, local twitchings, and the like, were often supposed to be due to bad habits or obstinacy. Momentary fits of epileptic unconsciousness, little paroxysms of insanity, causing absurdity of anger for a few minutes, were frequently mistaken for bad conduct, and the child was punished accordingly.

In recent years the importance of medical examination of school children has become more and more recognized. This ought not, however, to be from the physical side alone; the mental one is equally important, and slight deviations from the normal, which might easily be corrected at an early age, may show themselves in after-life as obsessions, or mental disturbances of a like nature. Fear
and self-analysis are the things above all others most likely to be mentally hurtful to a child.

Prognosis

SAVAGE says: “As to the curability of these imperative ideas, I can only say that if they have existed for a year or more I do not think there is any prospect of cure. If they are acute, and associated with any special cause, or if they are associated with a period of life, such as adolescence or the menopause, there is some slight hope. Few of these cases need to be permanent inhabitants of asylums; in fact, many of them need never be there if their friends can afford to keep them out of asylums.”

This opinion was expressed in 1895, before Savage was acquainted with the results obtained by myself and others from suggestive treatment.

In no class of functional nervous disorder have I had better results than in these cases of obsessions. In every instance, where the malady has been of quite recent origin, the recovery has been rapid and complete. Undoubtedly my percentage of recoveries would have been higher had it not been that in most instances the patients had been suffering for many years before they consulted me. In one case, recently sent me by Dr. Risien Russell, the patient, aged eighty-four, had been unable to cross a road without assistance for sixty-four years. During this time he had had varied treatment, including “Dietary” under the late Sir Andrew Clarke. After talking the matter over with me, he not unnaturally concluded that it was rather late in the day to begin anything fresh.

Prevention

THIS is rapidly becoming the age of preventive medicine. The bacilli of different diseases are being discovered and knowledge gained in reference to their origin and development, which is daily becoming of more value in the prevention of disease. But how are we to prevent the entrance of a morbid idea into some sensitive nature at the psychological moment? This can only be done by
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gaining a clearer insight into the mental condition of nervous children, and by taking measures to develop their control of emotional states.

Most children have suffered at one time or another from obsessions. This, as a popular writer has justly remarked, appears to arise from an exaggerated sense of the importance of what they say and do, and also from an exaggerated fear regarding the notice taken of them by others. He says: “How miserable we make ourselves over some silly remark we have made! Some of us even keep a little store of foolish things we have said or done at various times and take them out occasionally and blush over them. As a child, I blushed for years at the thought of having piped out in response in church in the wrong place, before the clergyman’s turn was over. I felt as if the whole congregation turned and gazed at me with scornful ridicule. As I walked away, I was sure that everyone who glanced at me was thinking ‘There goes the child who made that extraordinary squeak in church.’”

Few people seem to recognize the vividness of imagination in childhood, and the sensitiveness to criticism. Many parents frankly discuss their children’s failings with others in their children’s presence, and a morbid self-consciousness is often developed in this way, which is never lost in after-life, and which entails endless misery.

Methods of Inducing Hypnosis

THESE have been classed as follows: Physical, Psychical, and those of the magnetizers.

The modern hypnotist, however, whatever his theories may be, borrows his technic from Mesmer and Liébeault with equal impartiality, and in this way renders classification well-nigh impossible. Thus, the members of the Nancy school, while asserting that everything is due to suggestion, do not hesitate to use physical means. The passes with contact employed by Mesmer were almost exactly reproduced by Wetterstrand. Fixed gazing generally precedes or accompanies suggestion, and, when these fail, Bernheim does not scruple to have recourse to narcotics.
As to physical methods, it is more doubtful whether these have ever succeeded when mental influences have been carefully excluded, and the subjects have been absolutely ignorant of the nature of the experiment. No one was ever hypnotized by looking at a revolving lark mirror, till Luys borrowed this lure from the bird catchers and invested it with hypnotic power. On the other hand, any physical method will succeed with a susceptible subject who knows what is expected of him.

Dr. Bramwell's Methods

My own methods have varied widely. At first I attempted to induce hypnosis mainly by physical means, such as fixed gazing. Later, these were all abandoned, and I relied solely on suggestion. The following is now my usual method: I rarely attempt to induce hypnosis the first time I see a patient, but confine myself to making his acquaintance, hearing his own account of his case, and ascertaining his mental attitude with regard to hypnotism. I usually find, from the failure of other treatment, that the patient is more or less skeptical as to the chance of his being benefited. In most cases, also, he has either read misleading sensational articles on hypnotism, or his friends have painted its dangers in glowing colors. I endeavor to remove erroneous ideas, and refuse to attempt to induce hypnosis until the patient is satisfied of the safety and desirability of the experiment. I never tell a patient that I am certain of being able to influence him, but always explain how much depends upon his own mental condition and power of carrying out my directions.

I further explain to the patient that presently I shall ask him to close his eyes, and shall then begin to make suggestions. I tell him that the important point is that he should concentrate his attention upon some drowsy mental picture, and try to turn it away from me and from my suggestions; the theory being that these are addressed to a secondary consciousness. I then ask him to sit down in a comfortable armchair, and to close his eyes; as soon as he has done so, I commence to make suggestions of two kinds. The first are in reference to the condition I wish to induce while he is actually in the armchair. Thus, I suggest: "Each time you come to see me, you will
find it easier to concentrate your attention upon something restful; you will become more and more drowsy and lethargic, etc.” The other suggestions are the curative ones, and these vary according to the nature of each individual case. I explain to the patient that I do not expect these suggestions to be responded to at once, though it does occur in rare instances, but that it is the repetition of the suggestion, made in this particular way, which brings about the result. Thus, from the very first treatment the patient is subjected to two distinct processes, the object of the one being to induce hypnosis, that of the other to cure or relieve disease; and, frequently, the latter is successful before the patient can be described as genuinely hypnotized.

Suggestions of Sleep not Always Necessary

The monotonous suggestions described above are not always necessary in order to induce hypnosis. In a recent case, where the patient was so deaf that I could only make her hear by shouting, I suggested to her in this way, i.e., by shouting to her beforehand, the condition of hypnosis which I wished to induce, and the curative results which were to follow from it. Shortly after closing her eyes, although I had ceased all suggestion, the patient passed into an undoubted hypnotic state, and this was speedily followed by marked improvement in the nervous symptoms from which she suffered.

In young children, I have frequently had good results by making suggestions during natural sleep. I place my hand on the child’s forehead and quietly tell him that he is to hear my voice, but still continue sleeping, at the same time making curative suggestions.*

In cases where none of the usual symptoms of hypnosis are present, curative suggestions apparently differ little from those sometimes made in ordinary life by medical men and others. The results, however, are often very different. For example, a patient suffering from dipsomania had received many and varied suggestions. The loss of health, fortune, and friends were powerful suggestions to stop drinking. Twelve months passed voluntarily in a retreat ought also to have had a strong suggestive influence. They all failed, however, while treatment by suggestion, associated with hypnotic methods,
was speedily followed by success, and the patient has now been an abstainer for many years. It is difficult to explain why suggestion given in this particular way should so frequently produce such striking results. Apparently the hypnotic methods, although often producing no true hypnosis, have increased the suggestibility of the patient. It is, however, a mistake to describe such a condition as hypnosis—i.e., sleep. I frequently find, however, that curative suggestions are responded to as readily in this state as in profound hypnosis.

Self-Hypnosis and Self-Suggestion

PUTTING aside the question of self-hypnosis among fakirs and other religious fanatics, I am not acquainted with many instances in which the primary hypnosis has been induced by the subject himself. Braid, however, stated that he hypnotized himself on more than one occasion, and successfully suggested the disappearance of rheumatic pain. Professor Forel, of Zurich, and Dr. Coste de Lagrave, have also succeeded in hypnotizing themselves, and the latter can influence himself in many ways by suggestions; thus, he states, he is able to get rid of pain, fatigue, mental depression, etc.

Shortly after commencing hypnotic work, I found that patients, who had been deeply hypnotized, could be instructed to reinduce the condition at will. Here suggestions during hypnosis were not necessary for the production of its phenomena; they were equally efficacious when made beforehand in the waking state. The subject was able to suggest to himself when hypnosis should appear and terminate, and also the phenomena which he wished to obtain during and after it. This training was at first a limited one; the patients, for example, were instructed how to get sleep at night or relief from pain. They did not, however, confine themselves to my suggestions, but originated others, and widely varying ones, regarding their health, comfort, and work. In several instances they made use of self-hypnosis for operative purposes, and astonished their dentists by remaining insensible to the pain of having their teeth extracted. In some cases this power has been retained for over twelve years.

I have also observed the phenomena of self-hypnosis in healthy
persons who have been hypnotized for experimental purposes. Here
the subjects, when awake, could suggest to themselves that muscular
rigidity, local and general analgesia, etc., should appear during hyp-
nosis; and then hypnotize themselves at will, when the phenomena
duly appeared. During self-hypnosis the subjects were either en
rapport with everyone or only with certain individuals, according to
the suggestions they had made to themselves beforehand.

Even in slight hypnosis, and in conditions where it would be
impossible to prove that the patient had been hypnotized at all, self-
suggestion frequently gives striking results, if the operator suggests
to the patient, during treatment, that he shall acquire this power.
For example, I published the following case, the notes of which were
written by the patient, a professor of natural history at one of our
universities, who had long suffered from insomnia. He had only
three treatments, and during the second alone was he at all sleepy,
and that very slightly. Not only did his insomnia disappear, but he
acquired the power of putting himself to sleep at any time, and used
it to escape the seasickness from which he always suffered when he
crossed the Irish Channel. He lay down in his bunk as soon as he
got into the boat; put himself to sleep by suggestion, and remained
asleep until he arrived in port.

Method of Terminating Hypnosis

The hypnotic state tends to terminate spontaneously. In slight
hypnosis, this usually happens as soon as the operator leaves
the patient; in more profound stages it may not occur until after the
lapse of several hours. The members of the Nancy school suggest
during hypnosis that the patient shall awake at a given signal, as, for
example, when the operator utters the word “Awake,” or counts
“One, two, three.” The nature of the signal itself is of little or no
importance, the essential point being that the subject shall under-
stand its import. The method just described is the one I usually
adopt, and I have never experienced any difficulty in awakening my
patients.
In April, 1892, Schrenck-Notzing published the results of his "First International Statistics of Susceptibility to Hypnosis." Fifteen observers in different countries furnished returns, which showed that they had tried to hypnotize 8,705 persons, with 519 failures—i.e., only six per cent were uninfluenced.

Sex and nationality appear to have little influence on susceptibility, but, as a general rule, the hysterical and ill-balanced are much more difficult to hypnotize than persons of intelligence and strong will. The insane are the most difficult of all to influence.

Remarks.—In reference to the methods of inducing hypnosis, susceptibility, etc., the principal points which ought to be kept in mind are:

1. That there is as yet no satisfactory explanation why hypnosis should be evoked by the methods employed.

2. That the varying susceptibility to hypnosis is equally difficult to understand. We do not yet know why identical methods should induce hypnosis in one instance, and have apparently no effect in another.

3. That it is equally difficult to explain why susceptibility to curative suggestions should obviously be developed in patients who have undergone hypnotic methods of treatment, but in whom hypnosis has not manifestly been evoked. If the patients have become drowsy during the treatment, one might perhaps say, though one could not prove it, that the condition was one of slight hypnosis, but how can one explain cases like the following?

Miss ——, aged nineteen, June, 1900, a well-educated and highly intelligent girl, had suffered, since June, 1895, from clonic muscular spasms, which first affected the left side only, then all the voluntary muscles. Later there were frequent attacks of violent generalized convulsions. She had continual medical treatment, and was finally admitted as a contributing patient to the National Hospital, Queen's Square, Bloomsbury. After two months she was dismissed unrelieved and sent to me. For the first fortnight, every time I treated her, she had violent convulsive attacks, but, despite this, I made suggestions in the usual way. In three weeks she was well, and remains so at the present date (December, 1908).
Most of the maladies, treated by suggestion, are associated with a lack of will power. The patients, for example, suffer from a craving for drugs or drink which they are unable to resist. They have involuntary muscular movements which they cannot control, or obsessions from which they are unable to escape.

Above all else, it should be clearly understood that the object of all hypnotic treatment ought to be the development of the patient's control of his own organism. Many illnesses represent the culminating point in a life which has been characterized by lack of discipline and self-control. While attention is given to physical culture, the emotional side is too often neglected; but much disease would be prevented if we could control moral states just as an athlete does physical ones.

Editor's Summary

Dr. J. Milne Bramwell begins this second paper on the treatment of obsessions with showing that a foolish training in childhood plays a large part in producing the nervous and mental states which make obsessions possible. We may summarize the salient points that he brings out, as follows:

1. As for the cure of obsessions, Dr. Bramwell's list of cases relieved, given in his first paper, is a bright testimonial of its possibility.
2. They may be prevented best by a wise education in childhood which keeps morbid ideas from gaining any foothold in the mind.

From his experience in the use of hypnotism in treating obsessions, we learn the following:

1. No one can be hypnotized unless he knows what is expected of him. The suggestion alone is effective.
2. Dr. Bramwell no longer attempts to induce hypnosis at the first meeting with his patient, but begins by getting acquainted, winning his confidence and explaining his method.

Notes and Collateral Reading

[Numbers refer to pages in text]

53. Hereditary degeneracy: Inheritance has been studied especially in lunatic asylums; and according to different statistics we find an inheritable taint among parents and near relatives in forty per cent to eighty per cent of the cases. Yet these statistics usually rest upon such inaccurate and inse-
cure statements that we cannot base much upon them. I got Miss J. Koller, in her doctor's dissertation, to make an exact comparison between the ancestors of four hundred persons who were mentally afflicted and the same number of normal persons; and she found that with the normal persons also there was a strong hereditary taint, especially in the form of nervous and mental disturbances in the collateral branches. Apoplexies, senile dementia, and organic lesions in the brain were as numerous among the ancestors of the normal as of the mentally diseased. On the other hand, the mentally affected showed a strong preponderance of idiocy, shocking characters, mental disturbance, and alcoholism in their direct progenitors—i. e., their immediate parents.

But it is certainly bad enough if the parent merely passes over to his children abnormal tendencies which were already present in his ancestors. Those abnormalities which appear very early, like idiocy or epilepsy, are, as a rule, the expression of a deep hereditary degeneration of the germinal outfit of the nervous system; the same is true of the psychopathies and of the abnormal characters. The figures show also that these are found most frequently among the parents of the mentally diseased. The simple lesson to be drawn from these facts is that persons who are strongly abnormal as to mind and nerves, and those who are especially inferior, should have no children. Acquired mental diseases do not leave such a strong hereditary taint, yet they rest for the most part on a general tendency to mental disturbances; they often relapse, and usually injure family life so seriously that it is a good rule for anyone who has had pronounced mental disease to have no children, except in special cases.


53. All who do not conform to the primitive, savage type: The queer one is invariably certain that no case can be so pathetic and so pitiable as hers. And there is in consequence great need at times of sympathy and reassurance given with intelligent discrimination. Not merely do I cite impersonally cases as bad or worse than hers that have come to me; I now and then turn literature's illuminating page to her great comfort. I give her the proof positive that queerness is often the distinctive mark of genius. I like to quote Saleeby, that it is the queer people who do "the pioneer work of the world." I remind her that Hamlet knew a "hawk from a handsaw," even though he was mad "north-north-west," and that Ibsen's obsessed, melancholic, and hysterical creations are, as a Smith College professor has made clear, symbols of a wealth of thought and feeling that give the author some claim to the title of the Norwegian Shakespeare.

More than one queer one in my clinic has taken heart again in her discouragement as she has been reminded that Socrates spoke with no less authority because in every casual sneeze he heard the Voice of God; that Pascal, haunted all those years by the visual image of a precipice which seemed ever to be opening up beside him, left for the lasting consolation of the spiritually minded his "Pensées"; that though Auguste Comte
was undoubtedly a semilunatic, yet John Stuart Mill and Frederick Harrison were proud to sit at his feet; that Cromwell had a psychasthenic vision of a woman of gigantic stature standing by his bedside and informing him that he would be one day the greatest man in England; and that Lincoln had strange visions and went to his assassination with a sense of some impending doom.

Sometimes I admit for the discussion’s sake that queerness may be no more than eccentricity unrelieved by genius, and that even if, like Schiller, the queer one cannot meditate except she keep decaying apples in her bureau drawer, it does not follow of necessity that her queerness will be relieved of its absurdity by the production of a Wallenstein; that even if, like Fechner, she suffers from insomnia, that gives her no clear title to a place beside St. Francis and Tauler; that even if, like Beethoven, she has a morbid preference to wash her face in ice water, that does not prove that her name will go stealing down the ages to the mellifluous measures of a Seventh Symphony. But I at the same time remind her that there is a law of compensation even in her case, and that she may take comfort if she will in Emerson’s “Fable of the Mountain and the Squirrel.” With scarcely an exception I have won the psychasthenic to this wholesome point of view.


55. Seriously influence for evil the child’s future: And what should parents do? First of all, observe their children and love them, and bring them up with reference to their later future. If they discover good and sturdy qualities they must develop them further and combat the bad ones. But this latter cannot be done successfully by scoldings, injudiciously repeated punishments, and accusations and complaints, such as are usual with parents. Everyone knows that irritated accusations always repeated in the same tone remain absolutely ineffective and only provoke contradiction; so that the time gradually comes when there is never an end of little angry words and the replies they provoke; irritated speeches and rejoinders are automatically repeated in the same tone at every opportunity; and finally a permanent habit of quarreling grows up between parents and children which kills good feeling, so that the result of it all is the exact opposite of what the parents intended. The parents should therefore watch themselves and never threaten unless they are able and willing to carry out their threats, and never punish and scold ineffectually, but rather let the child teach himself from the evil consequences that spring spontaneously from the very nature of his faults. To be gentle and loving in speech, to be strong, consistent, and mild in the treatment of the child, and, above all, always to set a good example, are the great things in education or training. Lies should be carefully combated as well as coarseness of sentiment and selfishness. We should work more through the stimulation of good feelings, of sympathy, self-sacrifice, magnanimity, than by blaming the bad. True love does
not flatter or foster a child's vanity. The child must be trained to work, but in his own interest, and not for exploitation, as so often happens. Superstition, mysticism, alarming legends, and stories of robbers must be carefully avoided. The child should neither be kept in constant fear nor be made to obey through fear; it should never be deceived, and should be able to count on the truthfulness of its parents with absolute security. It must not be always kept in ignorance of the dangers and wickednesses of the world, but only learn to abhor them. On the one side we must carefully seek to avoid emotional wounds, which are easily made through fright, wickedness, and the like; and, on the other, we must systematically train the feelings of the child against supersensitiveness and fearfulness by calmly accustoming him to things. A special danger lies in mental infection and bad suggestions. On that account a general supervision of the children's surroundings and intercourse is necessary, so that they shall not succumb to bad influences. For similar reasons it is necessary to give them a rational knowledge of sexual relations in good season, for anxiety and shame in connection with erotic feelings and an unhealthy curiosity tend to injure the child's emotional tone.

In the case of morbid tendencies and bad habits, as well as with functional nervous abnormalities in general, hypnotic suggestion can affect children very favorably; though, of course, it cannot alter the inherited tendencies, but only combat their consequences to some extent. Yet it is a sovereign remedy with acquired bad habits.


60. Natural Sleep: Many authorities claim to have changed natural into hypnotic sleep. According to Wetterstrand, it is often very easy to put oneself en rapport with sleeping persons, especially with children. The following is his method: One hand is laid carefully and lightly on the sleeper's forehead, the body is gently stroked with the other, and, in a subdued voice, the patient is told to go on sleeping. When questioned he replies, and rapport is established. If his arm is raised it is often found to be cataleptic, or may be made so by suggestion. Wetterstrand thinks this method of inducing hypnosis of much practical value and claims to have often used it successfully.

Moll was once able to change the afternoon nap of a gentleman, whom he had often hypnotized, into hypnosis without awakening him. He mentions that Baillif, Gscheidlen, Berger, Bernheim, and Forel have succeeded in changing natural sleep into hypnosis, even in persons who had not previously been hypnotized, or who had been refractory in the waking state.

Schrenck-Notzing says he has frequently succeeded in inducing hypnosis from natural sleep, and also from hysterical attacks of sleep. One or two instances are also recorded by Esdaile and Schrenck-Notzing in which post-epileptic and other forms of coma have been changed into hypnosis.

The Next Article

Editor’s Note.—Dr. Ayer, in his article in the preceding issue, discussed some of the aspects of psychotherapy in its relation to social life in the Roman Empire during the period in which Christianity began its propaganda to save the world. In this article he shows mental healing by prayer under somewhat changed conditions, for Christianity had become well established. There were sorcerers and quack healers of many kinds who cured for pay. Christians, however, gave their services free and even cared for such of their patients as were in need, and so had a great advantage over other healers.

Dr. Ayer concludes with a significant passage in which he points out that the sufferer whom a Christian desired to heal was taught that Christ was interested in him personally and that all the powers of heaven were on his side. Surely, when one had accepted such a belief, no disease whatever, though it were incurable, like St. Paul’s thorn in the flesh, could greatly trouble him.
Healing in the Early Church—II

BY THE REV. JOSEPH CULLEN AYER, JR., Ph.D.

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In the second century, as well as in the third, conditions were present likely to produce hysteria and severe nervous disorders of a delusional character, such as might well be described as possession. The belief in demons and their activity* had produced a terror similar to the witchcraft delusions of more modern times. There was no well-established religion in possession of men's minds to steady their emotions. There was a settled conviction among the heathen as well as Christians that the world was old and worn out, and that the end of all things was approaching.* This was derived from the Stoic philosophy; it fell in well with the teaching of the Church.

The panic that seized many minds produced, in conjunction with the religious beliefs and superstitions, profound psychical disturbances such as have appeared in other ages—e. g., in the penitential excitements of the later Middle Ages and the Great Awakening in the eighteenth century. Cases of possession akin to some profound types of hysteria seem almost to have been epidemic, and were confined to no one creed, race, or portion of the Empire. Professional exorcists, especially the Egyptian practitioners, found a lively trade among the heathen, and the Christians were also busily employed in their work of exorcism.

1 See note under "The Next Article," on preceding page.
* See note at end of article.
There is no need of regarding all the cases of possession as insanity. In many cases, no doubt, the sufferers were afflicted with some mild form of dementia; in the prevailing state of opinion as to the causes of disease, almost any malady, especially when accompanied by marked emotional or psychical disturbances, would be attributed to demons, and an hysterical terror would easily supply symptoms which would bring almost any complaint into accord with the general impression as to the effects of possession. It is to be noted that the cures reported are almost always of the possessed, though various diseases were cured without any description of the symptoms. Many diseases were well known and are spoken of by writers of this period. But cures of other than demons had little evidential value. There is, however, no reported cure of such diseases as cancer or plague, both of which were known and described.¹

Exorcism Was the Principal Form of Religious Therapy

Exorcism and, in a less degree, other forms of religious therapy were the characteristic methods of healing in use in the Church. This was not the only method of cure employed either by the heathen or the Christians, though there were some Christians who were opposed to the use of medicine, as Tatian,² who regarded those who trusted in the "systems of matter" as unwilling to trust in God and asserted that one should "trust only in the Logos and not in natural things such as roots and herbs." This position was, however, exceptional, and seems to have been connected with the dualistic philosophy which later manifested itself in Tatian's heretical Gnosticism. There is, nevertheless, some ground for sympathy with those who rejected medicine and turned to psychical treatment, when one reflects upon the fantastic materia medica of the times which had the approval of the most esteemed physicians. All kinds of animal excrement and secretions were used; peacock's dung was a remedy for the gout, and hyena's gall for diseases of the eyes. If cures were often effected when such remedies were used, the principles of

² "Orat. ad Graec.," cc. 18, 20 (II, p. 73).
psychotherapy alone explain them. Even in the temple therapy astounding courses of treatment were practiced.

However we may classify the various diseases grouped under the term possession, the treatment to which they were all subjected was well calculated to cure those who were suffering from hysteria in any of its protean forms as well as allied nervous disorders. By stimulating the recuperative powers of the system it must have been a valuable assistance in recovery from diseases of many kinds, not strictly functional nervous disorders. The sufferer was from the first treated as an object of the tenderest love and care. There was none of the cruelty and neglect which had formerly been the lot of those slightly deranged, whereby their diseases were rendered chronic and ended in mental collapse. The patient was regarded as a special class for whom the divine blessing was to be sought. In the ancient liturgy preserved in the eighth book of the Constitutions of the Holy Apostles there is to be found an affecting prayer for the energumens or possessed, concluding with a special blessing by the bishop. But not only in the public services, but at other times is the healing power of the Church brought to bear upon these unhappy persons. In Africa, and it was probably the custom elsewhere, it was the duty of the exorcists to visit the energumens every day, to pray with them, and lay their hands upon them. Although they were not baptized while still suffering, except at the point of death; if they had already been baptized they might receive the Holy Communion. In some parts of the Church they were allowed to perform light tasks about the church building, such as sweeping the church or trimming the lights, though the council of Elvira consistently forbade these employments. Some of the sufferers seem to have remained in the church most of the time, possibly after the example of those who remained in temples of Āesclapius, for the exorcists were to provide such as remained there with food at proper times.

As to the form of exorcism employed there is no definite statement, but it would appear, from a number of assertions as to the superior power of Christian exorcism, that in the customary formulæ the leading facts of the life of Christ were mentioned. In them is contained almost a reproduction of the second article of the Apostles'
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Creed in its primitive form: "For every demon, when exorcised in the name of this very Son of God, who is the first-born of every creature, who became man by the Virgin, who suffered and was crucified under Pontius Pilate by your nation, who died, who rose from the dead, and ascended into heaven, is overcome and subdued."

Then, again, there is the express statement of Origen: "It is not by incantations that Christians seem to prevail over evil spirits, but by the name of Jesus, accompanied by the announcement of the narratives which relate to Him; for the repetition of these has frequently been the means of driving demons out of men, especially when those who repeated them did so in a sound and genuinely believing spirit." The main point in all these exorcisms seems to have been the death of Christ, in which in an especial way he overcame the demons and the powers of evil.

In addition to the pronunciation of impressive formulæ there were various significant acts and prayers used in effecting cures. How far they were used apart from exorcism cannot be determined. Among such accessory acts were the laying on of hands. In other cases breathing upon the sick was employed. Another rite was the application of oil to the person of the patient. This has probably as its underlying thought the statement in the epistle of St. James. Of the application of oil or unction as a strictly ecclesiastical ceremony there is very little to be said in the earlier centuries; indeed, only one passage is to be found in the Ante-Nicene period, with which we are chiefly concerned, that evidently refers to this rite, and this has nothing to say about cure of disease but speaks of the forgiveness of sins. Still anointing with oil as a remedial agency might well have been more common than the evidence would warrant our believing. The private use of oil in sickness was natural to the times, and it was probably often used. The great case was that of the Emperor Septimius Severus, who, as a youth, had been cured by a certain Christian, Proclus by name, by the use of oil. The grateful prince retained him with him in the palace. There is nothing inherently improbable in the story. In the fourth century the private use of oil in curing sickness, as by a species of suggestion, was common.¹ Finally, as was


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to be expected, the sign of the cross was not infrequently used as the symbol of the power of Christ displayed in the crucifixion.

Healers in the Early Church Were Not Necessarily Officials

These cures were wrought by no one class of officials in the Church, at least during the first three centuries. Quite unlearned and even ignorant persons might exercise the gift of exorcism. Origen says: "This (casting out of devils), we may observe, they do without curious arts of magic, or incantations, but merely by prayer and simple adjurations which the plainest person can utter. Because for the most part it is unlettered persons who perform this work." It was a power not dependent upon human ability but directly given by the Holy Spirit. According to some it would seem that the ability to perform cures was very general; that every Christian in virtue of his baptism had received the gift of healing. This, however, is a deduction from dogmatic premises rather than an induction from the facts. Still the number of cures must have been great according to the accounts of Irenæus and Tertullian, and the number capable of healing correspondingly large.

Under Cornelius, Bishop of Rome, circa A.D. 251, a distinct class of exorcists appeared among the minor orders of the Church. The feeling lingered, however, that the power of the exorcist was not due to ordination, but was an immediate charism of the Holy Spirit. ¹ "An exorcist is not ordained. For it is a trial of voluntary goodness and of the grace of God through Christ by the inspiration of the Holy Spirit. For he who has received the gift of healing is declared by revelation from God, the grace which is in him being manifest to all." Ordination, however, soon became general. Cyprian connects the power of healing with moral purity. "Let our hearts only be athirst," he says, "and be ready to receive: in the degree in which we bring to it a capacious faith, in that degree we draw from it an overflowing grace. Thence is given power with modest chastity, with a sound mind, with a simple voice, with unblemished virtue, that is able to quench the virus of poisons for the

healing of the sick, to purge out the stains of foolish souls by restored health, to bid peace to those that are at enmity, repose to the violent, gentleness to the unruly. How great is this empire of the mind and what a power it has, that it can rule over the imperious hosts of the attacking adversary with its sway!"

Origen, on the other hand, probably basing his assertion on Matt. vii, 22, says that the mere pronunciation of the name of Jesus even by persons of evil life was sometimes effective, though he evidently regarded it as exceptional, and points out the wickedness of the jugglers who wrought cures as contrasted with the purity of the Christian healers and connects the power of healing with purity and emphasizes the moral effect of the cure as shown in a changed life.

In nearly all the accounts of the cures of persons possessed there is, as has been said, the purpose of exalting the power of Christ who through believers works such wonders. There is, therefore, no point in giving details of the progress of the cures. The most striking and spectacular cases are appealed to as being most to the point of the argument. While the regulations concerning exorcists, as described above, presuppose long courses of treatment, the descriptions of the healing powers generally picture the cures as wrought very suddenly.

In many cases the evil spirit is described as leaving the body, as in the miracle at the foot of the Mount of Transfiguration. Howls, screams, paroxysms of body and mind mark the exit of the evil spirit.

Cyprian says: "Oh, would you but hear and see them when they, adjured by us and tortured with spiritual scourges and ejected from possessed bodies with torture of words, when howling and groaning at the voice of man and the power of God, feeling the stripes and blows they confess the judgment to come! You will see that under our hands, they stand bound, and tremble as captives." Tertullian, Origen, and the other writers who mention exorcism, present little more than variations upon the same theme. But it may be doubted how far these were the normal accompaniments of cures.

Cures were wrought gratuitously by Christians. This resulted naturally from the position they held in the Church’s system. Among
the heathen there were many exorcists who by means of spells and magical formulae were making a good living by curing those who applied to them. "In the Church," says Irenæus, "sympathy and compassion and steadfastness and truth for the aid and encouragement of mankind are not only displayed without fee or reward, but we ourselves lay out for the benefit of others our own means. And inasmuch as those who are cured very frequently do not possess the things which they require, they receive them from us; since such is the case, these men, the heathen exorcists, are in this way undoubtedly proved to be utter aliens from the divine nature, the beneficence of God, and all spiritual excellence." The Church has received freely from God, freely does she minister to others.

The Cures Often Took Time

As to the permanence of these cures wrought by Christian exorcism, there is no available data from which to draw any inferences. The cure certainly was not always instantaneous, and its rapidity seems to have depended in part upon the faith of the sufferer and the power and grace of the healer. Minucius Felix says: "When adjured by the only and true God, unwilling, the wretched beings shudder in their bodies, and either leap forth at once or vanish by degrees, as the faith of the sufferer assists or the grace of the healer inspires. The long course of treatment which was carefully regulated by canon in the fourth century, could hardly have been introduced if all cures were instantaneous and there were no fear of relapse when once the first paroxysm was over.

The persistence of these cures in the Church has, as has been said, been treated as an element of modern sectarian controversy. Though no date can be assigned when they ceased, in fact they have never wholly ceased, yet even in the third century they were confessedly less frequent than they had been, though cases are again and again cited as having occurred in that century. The similarity of language used in the descriptions of cures betrays in some cases reliance upon traditional arguments and written accounts rather than first-hand information based upon observation. Toward the end of the fourth century some writers of the times affirmed that they had
altogether ceased. About the middle of the fourth century miracles are frequently reported which have no analogues among the cures wrought in the first centuries. They are no longer exorcisms and healings by imposition of hands, but are often of a most bizarre character. The cures, however, remain; for the practice of exorcism continues apart from exorcism in connection with baptism, but they are lost to sight in the greater brilliancy of the new wonders. Into the sifting of the evidence for these marvels we are not called upon to enter. It is sufficient to have established the point that for some centuries wonderful cures were wrought in the Christian Church by the power of the Christian faith.

In looking over all the evidence, unsatisfactory in form as not a little of it is, it is difficult to see in the method much else than what to-day would be called, for want of a better name, "suggestion." Similar effects were being produced outside the Church, which can hardly be attributed to divine power, and no one would care to bring in for them the primitive Christian explanation of demoniacal assistance. The Christian in his cures had the immense advantage over the heathen rival of being disinterested, being actuated by love for the sufferer, and of being animated by a firm and supporting faith. Says Justin Martyr: "For no one trusted in Socrates so as to die for his doctrine, but in Christ, who was partially known even to Socrates—not only philosophers and scholars believed, but also artisans and people entirely uneducated, despising both glory and fear and death." He had, moreover, a faith that met the wants of the human heart. Says Origen in his treatise against Celsus: "The whole habitable world contains evidence of the works of Jesus, in the existence of those Churches of God which have been founded through Him by those who have been converted from the practice of innumerable sins. And the name of Jesus can still remove distractions from the minds of men, and expel demons, and also take away diseases; and produce a marvelous meekness of character and a humanity and goodness and gentleness in those individuals who do not feign themselves to be Christians for the sake of subsistence or the supply of any mortal wants, but who have honestly accepted the doctrine concerning God and Christ and the judgment to come."
HEALING IN THE EARLY CHURCH

A firm faith might have effected a cure irrespective of the character of that faith. But faith in jugglers and sorcerers would have produced no lasting results. The Christian healer approached the sick with a message of confidence and hope. He brought to him a cheer and comfort he could find nowhere else. The message of Christ was the assurance that a power greater than all the powers of evil which had tormented him was directed to the sufferer individually. He knew that Christ was interested in him personally and all the strength of heaven was on his side. The regeneration that he experienced was both moral and physical. In the fresh, young enthusiasm of the Early Church, when men went joyfully to the stake to win a crown of martyrdom, there were many who could inspire such confidence. They felt themselves called to cure the sick and cast out demons, and they worked under the inspiration of the Holy Spirit. Their theories of the cures they wrought do not appeal to us to-day with our different conceptions of the world. But a power that turns men from darkness to light, from despair to happiness and joy, and from sin to righteousness, is eternally a power of God. Faith in the Lord Jesus Christ was the efficient cause of the cures wrought in the Early Church.

Editor's Summary

Dr. Ayer discusses the status of psychotherapy in the second and third centuries of the Christian Era. We may summarize his account by noting the following points:

1. In the second and third centuries of this era, social conditions made hysteria and nervous disorders of a delusional character, such as might well be described as possession, not uncommon.

2. Professional exorcists, especially the Egyptian practitioners, found a lively trade among the heathen. Christians were also busily employed at this work.

3. Exorcism and other forms of religious therapy were the characteristic methods of healing in the Church. It was not, however, the only method of cure used.

4. Sufferers from possession were treated with the tenderest love and care; they were regarded as a special class for whom divine blessings were to be sought.
5. It was the duty of the exorcists to visit those possessed every day, to pray with them and to lay their hands upon them. The main point in Christian exorcism seemed to be the death of Christ, in which, in a special way, He overcame the demons and the powers of evil.

6. The Christian exorcists were not of one class of officials of the Church, at least during the first three centuries. Quite unlearned and ignorant persons exercised the gift, and their number was correspondingly large. It was held by many that the gift or power of healing was due to especial purity.

7. The cures were not always instantaneous. The rapidity of the effect seemed to depend, in part, on the faith of the sufferers and the power and grace of the healer.

Notes and Collateral Reading

[Numbers refer to pages in text]

69. Demons and their activity: In some form demoniacal possession is accepted by many Christian people to-day. Some think that it is experienced at the present time by certain persons everywhere; others opine that the manifestations are confined to heathen countries.

One might reasonably ask why witchcraft is now considered a relic of barbarism and ignorance, while demoniacal possession is still retained, when they both are forms of demonology closely related. If any difference is to be noted from a scientific standpoint, witchcraft has rather the more convincing evidence. Both are taught in the Bible, and the Mosaic command, "Thou shalt not suffer a witch to live," was the foundation for the great persecution in the Middle Ages. There is no similar command concerning demoniacs. The difference in the status of the two doctrines, however, is due to the importance which Jesus seemed to attach to the one and His silence concerning the other.

Some Christians believe that to eliminate demoniacal possessions from their tenets would entail a lack of faith in Jesus as the Savior, just as Wesley and Mather thought that to give up witchcraft was to give up the Bible.

The belief in demoniacal possession (this term is not found in the New Testament, but originated with Josephus) existed in ancient civilizations of Egypt, Babylonia, Persia, Judea, Greece, and Rome. It held an important place in the beliefs of Christian nations until the end of the eighteenth century; is held by a portion of Christian people to-day, and by the mass of the inhabitants of India and China, and almost without exception among uncivilized tribes. Demons at first included both good and evil spirits, but later angels were differentiated, and the term is now used only for the emissaries of the devil. The theory would be a natural explanation of certain forms of disease among people who believed in the possibility of spirits entering men. In cases of hysteria, epilepsy, and insanity,
with raving and convulsions, the person does not seem to be himself, but it appears that some other being is in possession of the body, and even the patient may believe this when he returns to his normal condition. Again, when severe internal pain is experienced, or when the patient is wasting away without apparent cause, this may be ascribed to some unseen being gnawing or devouring one within.


69. The end of all things was approaching: “All things that are, undergo perpetual flux or change, and are ever passing into something which they are not now,” as Heraclitus puts it, “all things are in flow.” Or, “Change is the path upward and downward, and the world exists according to it.” (Diog. Laert.) “Watch how all things continually change, and accustom yourself to realize that Nature's prime delight is in changing things that are, and making new things in their likeness. All that is, is, as it were, the seed of that which shall issue from it.” (Aurelius, Med.) Hence the world itself has only a temporary existence. It comes from God, the primal ether, completes its course and then is absorbed into God again. This takes place in an infinite and unvarying series of cycles. At the end of each cycle comes a great conflagration, and then, as the Pythagoreans, too, had taught, things begin to run their course; there is a regeneration in the exact same way as before; the exact same incidents and events come round in one cycle, as had happened in the previous cycles; the same people, the same experience, the same history and achievements, the same failures are reproduced, inexorable fate and dire necessity rule all.

Still another point may be mentioned—namely, the impossibility of progress beyond a certain limit, either to the individual or to the world, if the doctrine of recurrent cycles be insisted on. If each age simply reproduces in all its details its predecessor, then the power of destiny is too strong to allow the number of good men ever being increased, or the number of bad men diminished; and as for the world itself, it must on this doctrine forever retain its included imperfections, its flaws and its defects. “Do not hope for Utopia,” said Marcus Aurelius (Med. ix, 29) such is the counsel. This reflection is, to say the least of it, not stimulating and encouraging.

Normal Sleep—What is it?

By THE RT. REV. SAMUEL FALLOWS, LL.D.
Presiding Bishop of the Reformed Episcopal Church

It is the resting time of consciousness, the peaceful repose of weary nerves. Wordsworth defines it as being "The twinkling of oblivion," while Menander claimed that it was the natural cure for all curable diseases. Keats hails it thus:

"O magic sleep; O comfortable bird
That broodest o'er the troubled sea of mind
Till it is hushed and smooth."

Sir Philip Sydney calls it "The balm of woe, the poor man's wealth, the prisoner's release."

Perfect sleep is often the possession of childhood; when there is complete innocence, freedom from care, and healthful weariness, he nestles down with a sense of luxury and peace which is too often denied in later life. A Scotch plowboy complained that he could never have a good night's rest—that he had no sooner fallen asleep than it was broad daylight and some one was calling him to get up.

When we fall asleep the eyelids are closed and the voluntary muscles are relaxed so that the body, and especially the face, presents a picture of repose. The respiration is more or less modified, the heart also works more slowly than during waking hours, the pulse varying in connection therewith. While the senses are shut up they
are so lightly sealed that they may be easily influenced by sounds or painful impressions. But during this period of normal sleep the important changes and offices of nutrition are in progress; the body is renovating and, if young, is growing. The digestive organs are working more easily than during our waking hours, the stomach, glands, and kidneys sharing in the general activity which reaches even to the hair and the nails.

The sweat glands of the body act more energetically at night and during sleep, and this explains why the atmosphere of our sleeping rooms becomes impure more quickly than our living rooms, and hence requires more care in order to insure good ventilation which should be wisely managed because the skin eliminates twice as much vapor as the lungs, hence during sleep we are more liable to chills than when awake.

In sleep the cerebro-spinal system is at rest while the organic system retains a greater or lesser degree of activity. In normal sleep the voluntary muscles are in repose, but the involuntary receive their stimulus still and move with steady rhythm, while the semivoluntary also receive enough to keep them in motion.

In Sleep, the Brain is Still Active

If we dream, only a portion of the brain is at rest. Jouffroy, however, claims that the mind is always awake; that there is no proof that it does not always dream during the sleep of the body; that the fact that we have no recollection of our visions does not by any means prove that we have not dreamed. He says:

"The fact that the mind sometimes sleeps with the senses is not established. All the analogies go to prove that the mind is always awake. Conflicting facts are required to destroy this inference; but all facts, on the contrary, seem to confirm it. To me they imply this conclusion—that the mind during sleep is not in a special mood or state, but that it goes on and develops itself absolutely as in waking hours." (Jouffroy, "Mélanges Philosophiques du Sommeil").

Other writers argue that these unremembered dreams represent spiritual development; that during the suspension of so much of our
consciousness as pertains to the outside world, many of us are "growing in grace and in the knowledge of the truth." It is claimed that many of the most important events in history were initiated during sleep, and extraordinary spiritual uses of sleep are cited from the Scriptures. It is claimed that some change goes on during sleep which is a preventive of mania; some change is wrought which could not be effected until the patient was liberated from the bondage of his worldly environment, "and made accessible to influences which are soothing, civilizing, harmonizing, fraternizing, and elevating." Or, as Alcott says: "Heaven trims our lamps while we sleep."

It is surely true that wonderful changes are often wrought in man's moral as well as his physical being during a good night's rest. As the Germans say: "The morning hour hath gold in its mouth," and this may refer to spiritual strength as well as to renewed physical activity. It is the hour which from primitive times has been consecrated to worship. Leo H. Grindon, Lecturer at the Royal School of Medicine at Manchester, England, says:

"Everyone knows how sweet is the restoration derived from one's pillow in health; more wonderful even yet is that which we derive when sleep occurs at the crisis of severe disease."

The Mystery in Sleep

The nocturnal refreshment of the physical frame induces a similar restoration of the spiritual. Relaxed from the tension in which it is held toward the outer world while awake, during sleep the mind sinks into a condition comparable to that in which it lay before consciousness commenced; all images and shapes it is cognizant of by day, either vanish or appear only as reflected pictures; unexcited from without, it gathers itself up into new force, new comprehension of its purpose; much that crossed the waking thoughts, scattered and entangled, becoming thereby sifted and arranged. Hence it is that our waking thoughts are often out truest and finest, and that dreams are sometimes eminent and wise. . . . Man is captured in sleep, not by death but by his better nature; to-day runs in through a deeper day to become the parent of to-morrow, and to
NORMAL SLEEP—WHAT IS IT?

issue morning, bright as the morning of life, and of life-size from the peaceful womb of the cerebellum.” ("Life; Its Nature, Varieties, and Phenomena.” Sixth Am. Ed. Lippincott.)

If this be true Byron was surely right:

"Sleep hath its own world,
A boundary between the things misnamed
Death and Existence; sleep hath its own world."

In the book of Job, Elihu says: "God speaketh once, yea twice, yet man perceiveth it not.

"In a dream, in a vision of the night, when deep sleep falleth upon men, in slumberings upon the bed; then he openeth the ears of men, and sealeth their instruction, that he may withdraw man from his purpose, and hide pride from man. He keepeth back his soul from the pit, and his life from perishing by the sword” (xxxiii, 14-18).

"A man must be next to the devil," says Horace Bushnell, "who wakes angry. After his unconscious Sabbath he begins another day, and every day is Monday. How beautifully thus we are drawn by this kind economy of sleep to the exercise of all good dispositions! The acrid and sour ingredients of evil, the grudges, the wounds of feeling, the hypochondriacal suspicions, the black torments of misanthropy, the morose fault-findings, are so far tempered and sweetened by God's gentle discipline of sleep that we probably do not conceive how demoniacally bitter they would be if no such kind interruptions broke their spell. . . . Sleep is the perfectly passive side of our existence, and best prepares us for the sense of whatever is to be got by mere receptivity.”

Rahel says: "In a sound sleep the soul goes home to recruit her strength, which could not else endure the wear and tear of life.”

While there are multitudes of theories concerning the physiology, the pathology, and the psychology of sleep, among modern authorities there is no question concerning its value. In 1886 a fanciful French author (Girondeau) not only promulgated doubts as to the necessity of sleep but actually declared it to be a useless, fool-
ish, and even hurtful habit. We do not learn, however, that he dispensed with it for any great length of time, and he probably needed sleep when he expounded so senseless a theory.

Not only does health and sanity depend upon normal repose, but even the moral character is affected greatly by good sleep or the want of it, and life itself often hangs in the balance.

The amount of rest required for each individual varies so much with age, occupation, habits, and personal idiosyncrasies that no hard and fast rules can be given, but each one should take pains to ascertain for himself how much he needs, for there is as much danger perhaps in too much sleep as in too little.

"Yet a little sleep, a little slumber, a little folding of the hands to sleep," is not always conducive to either health or prosperity. Henry IV, of France, declared that "Great eaters and great sleepers are incapable of anything else that is great."

Since sleep is accompanied by greatly reduced activity of some of the principal organs of the body, it is evident that this condition too greatly prolonged must necessarily weaken such organs. Excess renders the body feeble and languid, either incapable of exercise or too indolent to take it. It dulls the mind, prevents mental effort to any great extent, or concentration upon any theme. It retards circulation, diminishes secretions, and often induces serious troubles.

A sluggish, sleepy man may have periods of spasmodic activity, but he never shows continuous executive ability.

It has been stated that while a person may live for three weeks, or in some cases for forty days or more, without taking food, much less time will bring about death as a result of sleeplessness, even five days and nights in some cases proving fatal. In the presence of this inevitable necessity of sleep, we are forced to conclude that conscious life requires such an expenditure of energy that the processes of nutrition and the reconstitution of tissue cannot be carried on long at a time without it—that the repose of consciousness is needed for the nutrition of the organism and the mechanism of life—that this repose should be normal and regular in order to obtain the best results either physically or morally.
Baths and Health

By GEORGE L. MEYLAN, M.D.
Medical Director of the Gymnasium of Columbia University

BATHS are used for various purposes, such as cleanliness, hygienic effect, or therapeutic effect in the treatment of certain diseases. Cleanliness is unquestionably the most important of these objects.

The skin has various functions, such as protecting delicate underlying structures; regulating bodily temperature; receiving impressions of heat, cold, pressure, etc.; and eliminating waste products. Through the activity of the sweat glands and the sebaceous glands, secretions of perspiration and oil are poured upon the skin where they serve the double purpose of regulating the temperature of the body and keeping the skin soft and pliable. As the water of these secretions evaporates, the solid materials which they contain are left upon the surface and in the mouths of the glands. Dust, particles of clothing, and discarded epithelial cells from the skin, together with the dried solids from perspiration, constitute foreign material which, if not removed frequently, interferes with the proper functions of the skin, and thus militates against health. The fact that perspiration has a disagreeable odor which increases through decomposition of the solids left on the skin, constitutes another good reason why the skin should be kept thoroughly clean to insure comfort to the individual and his neighbors. Moreover, as filth affords a resting place and serves as a vehicle for disease germs, the chances of infection are diminished by keeping the body clean.

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A daily bath in water of approximately the temperature of the body, followed by a quick sponging in cool or cold water, is sufficient to keep the skin clean and in healthy condition. A long immersion in warm water with the generous use of soap is not necessary to cleanse the skin when one bathes every day. Such a bath may have been required years ago, before homes were equipped with adequate bathing facilities and most people bathed only once a week. The frequent use of soap on the unexposed parts of the body removes too much of the natural oil of the skin and tends to make it dry and irritable. Any good toilet soap on the market may be used for the bath; all that is required of a soap is that it shall be pure and non-irritating. The various medicated soaps for which extravagant claims are made are really no better than any pure toilet soap; the addition of some drug only serves to give the soap a more or less agreeable odor. Besides daily bathing, it is essential to wear clean underclothing to insure cleanliness and comfort.

Hygienic Value of Baths

No matter what the primary object of a bath may be, the physiological effect should be taken into consideration. The effect produced is essentially one of stimulation in various degrees. That stimulation is desirable and beneficial to health when applied in moderation is admitted by physiologists and physicians, but excessive or too frequent stimulation is always injurious, no matter what agent is used to produce the stimulation.

Much harm results from the popular belief that if a little stimulation is good for the body, more stimulation is better. Moreover, many persons who hold strong opinions on the evils of stimulation from alcoholic beverages, tea, and coffee, believe that stimulation from cold water is nevertheless beneficial because water is a "natural agent." All degrees of stimulation from a very mild effect to one strong enough to produce shock may be caused by baths, the particular effect produced in any case depending upon five main factors.
BATHS AND HEALTH

1. Temperature of Water

Other things being equal, a bath in water between 80° and 90° F. produces very mild stimulation. The stimulation increases in proportion as the temperature is lowered. Bathing in water below 65° F. results in overstimulation in all but the most vigorous individuals, and very few persons are strong enough to immerse in water below 50° F. without danger of shock. Warm water, between 90° and 100° F., dilates the blood vessels on the surface of the body, reduces blood pressure, and produces a soothing effect. When the temperature of the water is above 100° F., the heat is sufficient to cause some stimulation.

2. Force and Volume of Water

The stimulating effect of a bath increases in proportion as the force with which the water strikes the body is increased. Other things being equal, a sponge bath or tub bath would stimulate less than a shower or douche bath.

By volume is meant the area of body surface which comes in contact with the water at once. A sponge bath, hand bath (splashing of water over the body with the hands), or a towel bath would be less stimulating than a tub bath or plunge.

3. Time of Day and Season of Year

The diurnal variations in the activity of the various organs constitutes an important factor in the reaction produced by baths. Immediately after getting up in the morning, the heart beats about ten times less per minute than in the afternoon or evening, the breathing is about twenty per cent slower, the temperature of the body is 1° F. lower, and all the organs are correspondingly less active than later in the day. This condition of the organs makes the body more susceptible to shock from cold or any other stimulant. If the daily bath is taken in the early morning, the greater susceptibility of the body should be taken into consideration in regulating the temperature, force, and volume of the water.

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The season of the year is another important factor to consider in selecting a suitable kind of bath. The extreme range of temperature between winter and summer in our climate influences the effect produced by baths. A bath of the same temperature, force, and volume of water is more stimulating in winter than in summer. Persons who derive benefit from cold shower baths and long daily baths in the ocean during the summer, often experience bad after-effects from cold shower baths or bathing in a swimming pool in winter. Baths in winter should be of less duration and in water of higher temperature than in summer.

4. Duration and Frequency of Baths

The effect produced by a bath depends to some extent upon its duration. For most persons, three to five minutes is long enough to remain in the water. A daily bath of ten to fifteen minutes usually causes nervousness, debility, and loss of weight. Bathe more than once a day has the same deleterious effect as remaining in the water too long a time. I have known persons who suffered from persistent headache, general debility, nervousness, and loss of weight, resulting from taking a cold tub bath in the morning, a shower bath in the afternoon, and a hot bath before retiring. Advice to omit the morning and evening baths resulted in complete recovery of health.

5. Condition of the Individual

The old saying, "what is good for one person is good for all," is pernicious when applied to bathing. There is a wider range in vigor, susceptibility to shock and power of resistance, between the strongest and the weakest persons than is usually believed. The factors which make for resistance are youth, health, vigor, a fair amount of flesh, a strong heart, and habituation to cold water. The factors which make for susceptibility to injury from cold, frequent and prolonged baths, are age, weakness, nervousness, poor circulation, leanness, and lack of habituation to cold and frequent bathing.

Besides the normal variations between individuals, there are wide variations in the same individuals at different times. Health
and resistance are relative conditions subject to frequent changes. Mental and physical fatigue, a sense of chilliness, the presence of food in the stomach, etc., are all conditions which decrease temporarily the bodily resistance to baths, particularly cold baths.

The Morning Cold Bath

The morning cold bath is a powerful stimulant to the nervous system and the circulation. The conditions of low temperature of the water, complete immersion, and small amount of bodily resistance in the early morning are combined to produce a high degree of stimulation. The objects sought in the morning cold bath should be cleanliness, hardening of the body against colds, and a general tonic effect. The first two objects are easily attained, but the securing of the third object depends upon the degree of stimulation produced by the bath. We have seen that excessive stimulation is always injurious, and the usual conditions under which the morning cold bath is taken tend to produce excessive stimulation. Such a result should be avoided by so modifying the conditions of temperature, force, and volume of water, that only mild stimulation will ensue. Most persons are overstimulated by immersion in cold water immediately after rising. A quick sponge bath in cool water affords sufficient stimulation for all but the most robust. Many persons are led to believe that a cold tub bath is beneficial because they feel so well and buoyant for some time after the bath. But the physiological effect of overstimulation is an excessive output of nervous energy during the first two or three hours after the bath, followed by more or less depression and lassitude during the remaining hours of the day.

Although it is not possible to lay down definite rules for bathing to meet the needs of all, the following rules are always applicable in the use of the morning cold bath:

First, the water should not be too cold. In our climate the temperature of the water is often below 60° F., but water between 60° F. and 75° F. is cold enough for the average person. The proper temperature may be secured by adding hot water, or simply by drawing
water in the tub at night in order that it may have the temperature of the air in the room when the bath is taken.

Second, applying the water to the body with a sponge or by splashing it with the hands is preferable to immersion for all except the most vigorous persons. In winter, ten to thirty seconds is long enough for the bath, but three to five minutes may be spent profitably in rubbing the body with a coarse towel.

Third, a cold bath should be taken only when the skin is warm; this may be accomplished by going quickly from the warm bed to the bath, or by taking exercise for five or ten minutes. The bath should not be taken in a cold room.

The Hot Bath and the Graded Bath

The hot bath acts as a sedative to the nervous system. It is often resorted to by persons suffering from insomnia. There is danger, however, that hot baths should be used to induce sleep instead of removing the cause of insomnia. The best rule to follow is not to take hot baths regularly except under medical advice. A hot bath is very restful after a long journey, or when the body is greatly fatigued from hard mental or physical work. A hot bath may also be taken to re-establish a normal circulation after one has been chilled, thus preventing the development of a cold. Great care should be exercised to avoid taking cold after a hot bath. We see, therefore, that the conditions for which hot baths are desirable are all in the nature of emergencies which should be avoided as far as possible.

With the general introduction of shower and needle baths in the regular equipment of bath rooms in the home, the graded bath is accessible to a great many people. The essential characteristic of a graded bath is the automatic control of the cold and hot water. The typical graded bath is taken by standing three to five minutes under warm water, followed by ten to thirty seconds under cool or cold water. Such a bath taken immediately after exercise in the late afternoon is the most agreeable and at the same time the most beneficial kind of bath for the healthy adult.
SWIMMING combines all the advantages of a bath, muscular exercise, and recreation. With proper attention to the factors of temperature, duration of bath, time of day, and relation to meals, swimming is a most valuable hygienic agent. Sea bathing is on the whole more agreeable and beneficial than river or lake bathing; this is due to the lower temperature and the movement of the water, the cooling breezes, and the generally agreeable environment, rather than to the presence of salt in the water. There are dangers also in injudicious outdoor bathing. Depression or shock may result from too long stay in the water; from bathing when the water is too cold and the wind is blowing; from bathing too soon after eating; or from bathing in cold water when the body is cold or very tired. The rather frequent drowning of good swimmers is undoubtedly the result of cramps caused by immersion in cold water soon after eating.

The great hygienic value of exposing the body to the air and sun is not generally appreciated. A remarkable change takes place in the condition of the skin through exposure to sun and air. Pallor, pimples, and excessive moisture or dryness quickly disappear; the skin takes on a healthy color and becomes smooth, soft, and active. The tonic effect of sun and air is not limited to the skin, but the whole organism is benefited. The danger of sunburn and heat prostration should be avoided by gradual exposure. Persons who have never exposed the bare skin to the direct rays of the sun are very susceptible to sunburn and heat prostration, but practical immunity is acquired by most people in two or three weeks of daily sun baths beginning with fifteen or twenty minutes a day, and increasing the time by five minutes each day.

We have seen that the effects of different kinds of baths may be either beneficial or injurious according as they are suited to individual needs. Three general principles should be considered in determining whether or not a certain kind of bath will produce a beneficial effect.

FIRST, the immediate action should be one of mild stimulation. Excessive stimulation is characterized by dilation of the surface blood vessels and great exhilaration. Shivering and depression
felt immediately after the bath indicate that the water was much too cold, the bath too prolonged, or the person too weak for the bath. Such a result is more injurious to health than overstimulation.

Second, the effect three or four hours after the bath should be noted. If there is any feeling of lassitude, drowsiness, and general disinclination to do anything, it proves that the bath was too stimulating. This condition occurs most frequently about ten or eleven o'clock in persons who take a cold morning bath.

Third, the long effect of baths is also of considerable importance. Nervousness, lack of energy, insomnia, and loss of weight are conditions produced by excessive or injudicious bathing. In many cases the real cause of these symptoms is not discovered because the individual is deceived by the feeling of exhilaration immediately following the daily bath.

We would conclude, therefore, that a daily bath adapted to the strength of the individual is a most valuable factor for health, but great care must be exercised to avoid injury to health from excessive or injudicious bathing.
Bibliography

Suggestions for Supplementary Reading

To those readers who may wish to carry their study of the topics treated in this and the preceding issues of the Course outside these pages the following suggestions for supplementary reading may prove helpful. The books mentioned below are of especial value in throwing light upon some of the more fundamental facts underlying psychotherapy that have been under discussion.

"Hygiene of Nerves and Mind in Health and Disease," by August Forel, M.D., translated from the German by Herbert Austin Aiken, Ph.D., 1907.
"Letters on Psychotherapeutics," by Herman Oppenheim, M.D.
"Hypnotism," by John Milne Bramwell, M.B., C.M.
"Outlines of Psychology," by Harold Höfding, translated by Mary E. Lowndes, 1902.
"The Force of Mind; or the Mental Factor in Medicine," by Alfred T. Schofield, M.D., 1902.
"Psychotherapeutics," by C. Lloyd Tuckey, M.D., 1901.
"Psychotherapy," by Hugo Münsterberg.

In connection with the relationship of mind and body which is the basis for psychotherapy these passages are significant:


For the anatomy and physiology of the nervous system involved in psychotherapy may be mentioned:

Religious psychotherapy as exhibited in the Emmanuel movement is described in these three recent books:


Various popular phases of the movement to utilize psychotherapeutic influences are dealt with in the following articles:


A series of articles are appearing in Woman's Home Companion.

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**Glossary**

- **Analgesia**, want of sensibility to pain with appreciation of tactile impressions.

- **Carminative**, tending to expel gas from stomach and intestines by increasing peristaltic action. A medicine having such power.

- **Chorea**, a disease characterized by irregular, involuntary clonic contractions of certain muscles or groups of muscles.

- **Clonic**, irregular, not persistent.

- **Hypertrophy**, the increase in size of an element, a tissue or an organ, resulting from increased nutrition and assimilation with no corresponding increase in waste.

- **Hysterical mutism**, dumbness.

- **Myxédema**, a disease characterized by infiltration of skin and other organs with a gelatinous mucus-yielding oedema, and by dullness of the senses, etc.

- **Sacroiliac**, pertaining to both sacrum (or wedge-shaped bone formed by the union of five vertebrae, situated at the posterior part of the pelvis) and ilium (one of the three constituents of the hip bone).

- **Sebaceous**, a furnishing sebum or fat.
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“This is the great error of our day in the treatment of the human body, that physicians separate the soul from the body.”—Plato.
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The Science and Practice of Prayer; Faith a Dynamic Force; The Presence and Power of God; The Power of Love; Self-Control; Doubt; Physician and Clergyman; The Clergyman's Opportunity; Consciousness and Subconsciousness; Suggestion; Auto Suggestion; Unused Powers; The Mission of Pain; Therapeutic Training of the Emotions; Overcoming Worry; Fear and Its Antidote; The Conquest of Anger; Cheerfulness a Tonic; Watchwords of Right Living; A Litany of Health.

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