PRINCIPLES OF PSYCHOTHERAPY

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PRINCIPLES OF PSYCHOTHERAPY

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INTRODUCTION

All sciences, when they have reached a certain stage of development, have some practical application. Can psychology, which claims to have become more scientific, give us any help in the treatment of certain diseases? It was this problem that I considered some time ago in my lectures on psychotherapy given in 1904 at the Lowell Institute of Boston, which were published in my book *Les médications psychologiques* (Alcan, 1920). That three volume work owes its large size to the historical and bibliographical studies, and especially to the numerous case records which I had to offer in connection with each therapeutic method in order to show how such psychological methods of treatment have been applied and what results have been obtained. In the present volume I am taking up these studies from another point of view, giving special emphasis to the methods of psychotherapy and their basic principles, and referring to the preceding work for bibliographical detail and practical applications.

The first part of this book will summarize briefly the evolution of the various methods of mental treatment, pointing out their historical origin; the second part will be a study of the psychological phenomena and the laws on which the most interesting of these methods are based; and the third will indicate the conditions under which such methods of treatment can be applied with chances for success.

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PART ONE

THE EVOLUTION OF PSYCHOTHERAPIES

PRINCIPLES OF PSYCHOTHERAPY

CHAPTER I

MIRACLES, ANIMAL MAGNETISM

Medicine, like all the other sciences, had its source in ancient religious and magic practices. Men who were suffering uttered cries and called for help; their neighbors, driven by social tendencies already in existence among animals, tried to care for them. Primitive intelligence rapidly distinguished the cases in which help was easy and effective, where all that was needed was to give food or drink to those who were suffering from hunger or thirst, from those cases in which suffering and cries continued in spite of help, as happened with wounds and disease. Such failures brought about effort and excitement as their consequence and people began to practice all kinds of bizarre operations on the sick or in their neighborhood. At this period in the development of the mind which I have called the appetitive or pithiatic [1] stage, when the first volitions and the first unreflective beliefs began to take shape in the form of assertions, these practices became ritualized either in a religious or a magic form.

Religious treatment for the most diverse diseases,

[1] Tr. note: πείθω, persuade, and ἰατός, curable.

miraculous cures credited to the intervention of the gods, have existed in every civilization, in every religion; in fact, they exist to-day in the most advanced cultures. We might take as an illustration the treatments and miracles that made famous the temple of the Asclepieion at Epidaurus, which have been well described by Paul Girard in his book on the *Asclepieion,* written in 1887. Attention was called to this description through the use made of it by Charcot in his article on *"la foi qui guérit."* [2] The statue which had power to perform miraculous cures was in the interior of the temple. Near the statue and in various parts of the temple were posted servitors of all sorts and priests charged with various functions. Some were to carry or lead the sick, others were physicians who certified the disease at the entrance and registered the cure, if such had taken place, at the exit; some were intercessors acting as proxies for the sick at the feet of the god and imploring his aid in the place of their clients, others were interpreters charged with the explanation and application of the treatment demanded by the god; still others were there to keep accounts and to receive the numerous gifts of grateful patients.

These patients arrived in crowds from the most distant countries after long and wearisome journeys. On their arrival, in order to make the god favorable to their pleas, they would leave costly gifts at the temple's entrance and bathe themselves in the fountain of purification. After these preliminaries they were per-

[2] *Archives de neurologie,* 1893. *La revue hebdomadaire,* December, 1892.

mitted to spend one or more nights in the porticoes of the temple, not yet having the right to penetrate farther. It was only after this anxious waiting, occupied by public prayer and eloquent pleading, that the invalid entered finally into the temple and received advice in the form of oracles or prophetic visions.

Certain inscriptions give us the particulars of remarkable cures. The pilgrims who were healed in the Asclepieion adorned the walls with votive inscriptions which commemorated the miracle and at the same time made famous the name of the one benefited. The brave Valerius Aper is mentioned even to-day for his cure as though he had done something heroic. The ones who had been miraculously cured also hung on the walls little objects in more or less precious materials, representing the parts of the body that had been healed. Legs, arms, necks and breasts in wood, marble, silver or gold are also found in ancient sanctuaries in Egypt, Greece, and Rome.

In the middle ages, although the name of the god had been changed, miraculous cures remained exactly the same. Faith in miracles did not disappear with the lapse of time. Miracles performed near the tomb of Deacon Paris in the cemetery of St. Médard about 1736 are among the most remarkable. Miracles occur even in our day, simply because medical science has not made sufficient advance to render them useless. They still take place in every country: Mr. Percival Lowell's book on "The Occult Japan or the Way of the Gods," published in 1894, shows us the procedure for miraculous cures in Japan, exactly like the cases

we have seen in Egypt or in ancient Greece, or those that occur in France to-day. Remarkable cures, described in a more or less impressive manner, are really frequent in the Annals of Lourdes and we can note with satisfaction that in the twentieth century we are not very far removed from the miracles that were performed at the Asclepieion several centuries before Christ.

Religious treatments are not the only ones that deserve to be called miraculous. The essence of a miracle is that man should be anxious to secure a certain result, but that he should not know enough about its determining conditions to produce it with regularity and certainty. The forces that he summons to help him were first the gods, then by a natural evolution they became natural forces, but very mysterious forces, acting according to unknown laws analogous, in short, to divine caprice. Many magical treatments are still very close to religious practices; they make use of ancient formulæ more or less forgotten which were used to invoke a god or a devil.

One of the treatments which was, especially in earlier times, closely connected with such magic treatments deserves a special attention. Animal magnetism seems to me to have played a rôle intermediate between religious and magic treatments and psychological therapies. The studies which it provoked paved the way for the analyses of pathological psychology and gave a particular direction to a great part of the science of psychology. Some day justice will be done to these valiant early workers and long histories will

be written describing all their work. Here I can only try to give some notion of their place in the evolution of psychotherapy.

Mesmer, 1734-1815, born in Vienna or Mersebourg, gave his name to the doctrine which was at first known as mesmerism, and he is considered its founder, but he is perhaps the least interesting among the writers on animal magnetism. He was clever enough to talk of forces then very little understood, forces of magnetism, of electricity, of nervous forces: "Planetary influence," he said, "exerts itself on the human body by means of a universal fluid in which all bodies are immersed." Sickness is only an aberration in the harmonious distribution of these fluids; its treatment consists in reëstablishing this harmony by an application of the magnetism that emanates from a living being.

The second period of animal magnetism, which may be said to have begun in 1786 or 1787 with the publications of the Marquis of Puységur and of Dr. Pétetin of Lyon, but which really did not exhibit any brilliance until 1813, when the first book of Deleuze appeared, began with the study of a remarkable fact first noticed by Puységur at his estate in Buzancy, where he magnetized all the sick who applied to him, according to Mesmer's methods. One day he was applying his method to a young shepherd named Victor and was trying to bring about the beneficial crisis. Instead of beginning with contortions, the young man seemed to go peacefully to sleep and entered into a curious state in which he could move and speak and perform without effort whatever was suggested to him, but

without retaining any memory of all this after his awakening. This state was called somnambulism by analogy to those natural somnambulisms of which many examples were known, and these writers undertook the study of artificially provoked somnambulisms.

The magnetists considered that in this state the human mind was transformed; thought which differed from normal thought must be a supremely powerful thought, rid of all the limitations that are imposed on mind by the hard necessities of our senses, the laws of time and space. The somnambulist made one think of inspired profits, of pythonesses, of Sibyls. It would seem rather futile to control the thought process, to see with closed eyes, to perform acts while sleeping, if we were not to be able to see through obstacles, to see to any distance, to know the past and the future. This was a revelation; artificial somnambulism became enormously interesting and occupied the minds of every one. To transform a human mind, to render it capable of seeing everything and understanding everything, of knowing everything, what a magnificent and divine undertaking! What service such a mind could render to humanity! The means of bringing about such mental changes must be investigated at any cost, as well as the means for encouraging such tendencies, for learning to use these wonderful tools which are to be created. In a word, men must set about to produce clairvoyant somnambulists. Such was the aim feverishly pursued by a host of able men for half a century. In this labor a wealth of intelligence, patience and devotion was poured out, and it

is the labor of these men in search of this philosopher's stone, the "clairvoyant somnambulist," that really constitutes French animal magnetism.

This is a very singular problem and it is easy to see both its difficulty and its interest. It involves bringing about in a person a very profound and very distinct psychological change, by strict experimental methods and at any desired moment, and the subsequent restoration of the person in question to his normal state without great difficulty. This change must not be produced by poisons capable of causing various forms of intoxication. According to the principles of the magnetists it must be obtained by means of an invisible fluid; that is to say, by means of an immaterial agent without the use of any exterior violence or poison. The investigators, who with astonishing self-confidence set such a problem for themselves, will be forced to study the mental state of their subject in order to recognize the somnambulistic change when it takes place. They will be compelled to take scrupulous note of the words and actions of their subject, and to know his character, his memories, his sensations. The magnetists will have to form the habit of always writing down everything observed during the séances, the slightest word the subject may utter, the words that are said in his hearing.

There must be minute medical observations and above all psychological observations made on a person studied in complete isolation. The magnetists will be obliged also to search for all the possible ways for transforming mental states, they will be forced

to study the part played by emotion, attention, and fatigue. When somnambulism and its variations are a constant preoccupation, all the nervous and mental accidents that border on somnambulism will have to be considered. The magnetists were the first to really recognise all the neuropathic accidents and all the forms of nervous crises. For more than half a century, then, there developed a whole group of studies that led up to contemporary psychology. These two lines of investigation, the one psychological, the other therapeutic, aroused an unheard-of enthusiasm and toward 1840 animal magnetism had a period of development and of success that ought not to be forgotten if we are to appreciate, later on, other movements of like enthusiasm although of somewhat greater restraint.

CHAPTER II

CURES DERIVED FROM ANIMAL MAGNETISM

The magnetists had been far too ambitious from the standpoint of science and practice. On one hand they wished to create at once a complete physiology of the nervous system. On the other hand they dreamed of applying their notions immediately to the solution of the secrets of the world and of the future—notions as yet very vague, which concerned the changes of unknown nature that they brought about in the mental states of their subjects. Their self-confidence had caused their investigations to be ridiculed and apparently forgotten. But they raised too many problems, aroused too many enthusiasms to be entirely neglected. In spite of their failure, their influence remained powerful and gave rise to various philosophic and scientific movements which, however different they were in appearance, made progress in the same direction.

1. "CHRISTIAN SCIENCE"

The United States seems to offer a soil favorable to the development of these cures, more magic than scientific, that resemble animal magnetism. We could, among many others, discuss the practice of Osteopathy, which prescribes massage or the kneading of the muscles of the vertebral column for all diseases, be-

cause all possible disorders originate in slight displacements of a vertebra. The prestige of scientific anatomy plays in Osteopathy the same rôle that was played by the prestige of astronomy in the early practice of Messmer, or by the prestige of the physical science of electricity in magnetic treatments. But Osteopathy is a somewhat restricted doctrine; we are better justified in selecting as one of the most important results of the penetration of animal magnetism into America the extraordinary development of "Christian Science."

I have recounted elsewhere in some detail the strange life of Mrs. Eddy, the founder of that sect, because her history offers us some information of great interest to psychology and psychotherapy.[1] I can mention here only one important point, Mrs. Eddy's nervous illness which marked the beginning of her whole career. Born in 1821 on an impoverished farm in New Hampshire, this woman, who was one day to be the rich and powerful head of a great religion, presented from her infancy serious symptoms of hysterical neurosis. She frequently had violent convulsive attacks, followed by long periods of lethargy as well as fugues, or by somnambulistic delirium. Toward the age of thirty-five, during the winter, she slipped on the ice and fell to the ground in a faint. What was natural enough in such an hysteric, that accident left as its result a contracture of the leg and soon a complete paraplegia. The sufferer tried in vain all sorts of

[1] *Les médications psychologiques,* 1919, *Les traitements philosophiques,* I, p. 44.

treatment and remained for some years in bed, sick and in despair.

In 1861, when Mrs. Eddy was forty years old, there occurred an incident that completely altered her mental attitude; she was treated by the practitioner P. P. Quimby, who brought about a rapid cure of her neuropathic paraplegia by a simple mental treatment. It is this cure that was later considered the mystic revelation of "Christian Science." P. P. Quimby was a former watchmaker, able and observing, who, after having taken part in some public séances of animal magnetism organized in Portland by a French magnetist, had devoted himself to the practice of magnetism. He had observed, however, that the advice of the clairvoyant served only to implant in the mind of the sufferer the conviction of a cure, and that medicines were useless. He altered somewhat the practice of the magnetic treatment and sought primarily to give his patients confidence, to rid them of their fear of the disease. This was the origin of the notions of the "mind cure."

These ideas which had brought about her cure aroused great enthusiasm in Mrs. Eddy. She decided to remain the secretary of P. P. Quimby and plunged into the study of the incompleted manuscripts that he had written on religion and spiritual medicine. After the sudden death of that personage she carried off his manuscripts, continued rewriting them and making comments upon them, and everywhere represented herself as having a great mission to perform. Since she herself had no success in practicing the treatments

that she advocated, she resolved to limit herself to teaching Quimby's theories and to have them put into practice through others. After much unhappiness and mortification caused by her pride and her jealousy, she succeeded in organizing a sort of medical school, first at Lynn, Mass., then in Boston. She charged a high fee for this training, which was to give her pupils an extraordinary ability to make cures and in addition assured herself a royalty on all their earnings for life. This Boston school, the books and journals published through the efforts of the pupils, the treatment of patients, and even absent treatments consisting simply in thinking about patients, became a source of considerable revenue, and the establishment of the great director became luxurious indeed.

In spite of serious accidents, scandals, law-suits, and the division of her school that gave rise to the "New Thought" movement, the founder of "Christian Science" surmounted all her difficulties. She promulgated Draconian laws against heretics, and by means of energy, self-confidence and unshakable faith, she overcame all obstacles and attained her apotheosis.

The doctrine that had so astonishing a career is presented in a book, "Science and Health," first published in 1875, and which now must have gone through over 200 editions. Mrs. Eddy says that the book she is writing on "Christian Science" is the absolute truth; it is the soul of divine philosophy; there is no other philosophy. When God speaks, she hears. This book, which is hard to read because of its peculiar

style, contains only a few philosophical ideas and those very familiar and very simple, repeated again and again in the midst of a host of metaphors. The greater part of the book is devoted to the statement of a sort of philosophy which is a simple and aggressive spiritualistic idealism summarized in three fundamental rules: "God is All-in-all, God is good. Good is mind. God, Spirit, being all, nothing is matter."

The negative part of this philosophy is more important and more developed than the first positive part. Mrs. Eddy has a horror of the notion of matter, and incessantly repeats that matter does not exist; she does not undertake to explain it, or to transform it; she is a radical and merely suppresses it. Many other things have the same fate; sin, poverty, disease, death, are equally displeasing to our reformer, and with no more ado she suppresses them. This is the fourth fundamental principle.

Unfortunately such denials are not enough: how does it happen that men go on believing in the reality of suffering and of death? The answer is again very simple; this is because of an absurd error, a fundamental illusion that perverts the human mind. "You say that a boil is painful; but that is impossible, for matter without mind is not painful. The boil simply manifests through inflammation and swelling a belief in pain, and this belief is called a boil; if the belief is done away with, the boil will be cured . . . it is the sick mind and not the matter that holds the infection. . . ." The universal belief in death proves nothing; death will finally be discovered to be only a

mortal dream that comes in the shadows and that disappears in the light.

Under such conditions treatment is enormously simplified, it being understood that there is never a question of diagnosis because the same treatment is applied to all diseases without exception. This therapy consists first of all in doing away with all surgical or medical forms of treatment, which are both useless and absurd. It is necessary also to do away with all hygienic precautions. Dyspeptics will eat and drink what they wish, for God has given man dominion not only over the fish that is in the sea, but also over the fish that is in his stomach. To establish complete confidence in the sufferer and in the physician, it is necessary to eliminate belief in the disease. Medicine teaches the denial of hallucinations. One tells children that they must not believe in ghosts; why then believe in disease which exists still less. Replace therefore all these medical practices so ridiculously useless, all these fears and false beliefs, by positive and health-giving beliefs, by the conviction that mind governs the body, not partially but completely, and know that that conviction is the most effective instrument in medical practice.

Doubtless neither the "scientist" doctors nor the poor devils, their patients, understand a word of what they are saying. This is compounded mainly of vague maunderings about God, mind, matter, sin, disease, health, harmony, the denial of error, etc. But it should not be forgotten that these vague and absurd utterances have succeeded in founding cathedrals and

in comforting millions of men. It should not be forgotten that "Christian Science" is first of all a medical method, a therapeutic system, and that it is first and always a concern for the treatment of the sick that directs all the thoughts of its author. The basic conception of this cure is the notion of the essential influence that the sufferer's idea of his own trouble may have on the development of the disease. If the sufferer believes himself lost, the disease becomes so much the more serious; if he has confidence in his cure, the recovery is much more easy. It is this commonplace statement, expanded indefinitely, that is the essense of all Mrs. Eddy's inspiration. Mrs. Eddy's whole system appears to me designed simply to give this fundamental idea a sort of logical justification and to develop the feeling of self-confidence and the disregard of evil.

What is the source of this fundamental notion? The answer is easy to-day, thanks to the precise studies of several authors; this conception is the conception of P. P. Quimby, who treated and cured Mrs. Eddy's paralysis in 1861, who explained to her his doctrine, and who confided to her his manuscripts. "Now," he said, "I restrict myself to the denial of disease as a reality; I admit it only as error, like the other baseless stories that are handed down from generation to generation and become a part of the life of the people." To arrive thus at the denial of the existence of disease, Quimby insisted also on the superiority of mind, on the non-reality of what is inferior and material, and he also developed a vague idealistic system quite like that we have seen in his pupil.

The childish protestations of Mrs. Eddy are of little importance. The best one can say in her behalf is that as a delirious hysteric she had in a high degree the power of transforming her own desires into sincere belief. It is enough for the history of psychotherapy to notice that this curious doctrine belongs to P. P. Quimby, and this is of interest in understanding the background of these ideas, because Quimby is above all a student of the French magnetist, Ch. Poyen, who had introduced the doctrines of Deleuze to America. We find in Christian Science also traces of magnetism, in its theories of the unconscious, of the relation between practitioner and patient, of the power of the will, of the communication of thoughts, and in its theories concerning diagnosis at a distance in "absent treatment." The flagrant attacks against magnetism have no importance; they are only family quarrels, and it is interesting to note that "Christian Science" in America is the outgrowth of animal magnetism.

2. HYPNOTIC SUGGESTION

Although animal magnetism was thoroughly discredited in France after the judgments pronounced by the Academies, it did not disappear completely; by easy stages it took on another form and out of it came the practices of hypnotic suggestion.

For a considerable time, observers had remarked that in certain persons strange modifications of behavior were related to certain thoughts. The effects of charms and amulets were already known to well-informed minds in the middle ages. In the seven-

teenth century, Malebranche was working on "the contagious communication of powerful imaginations." At the end of the eighteen century, Maine de Biran, de Beauchène, and Demangeon applied the general laws of thought to facts of the same sort.

This investigation became much wider in scope when it was decided to examine from the same point of view the phenomena that appeared during the séances of artificially produced somnambulism. In 1823, Bertrand described the movements and acts that a word can evoke in somnambulists and the hallucination that it can arouse in their imagination. He was one of the first to notice what may be called negative suggestion, and the suggestion whose execution is delayed. Deleuze (1815-1825), the Abbé Faria (1825), Despine of Aix (1840), Teste (1845), Charpignon (1842-1848), Dupotet (1845), Perrier (of Caen, 1849-1854), offer remarkable descriptions of a mass of facts of the same order. It seems probable that the use of the word "suggestion" dates from Braid, but, theory aside, his works contain nothing in the way of new facts.

From the beginning of the theory of animal magnetism there began a famous dispute, that between the fluidists and the animists. The former wished to explain the changes in a subject's state by the physical action of a fluid given off by the magnetist; the latter contended that everything was dependent on changes wrought in the psychic phenomena of the subject. For them, the magnetist's activity was a mental activity that altered thoughts, and this mental change determined the rest. At that time there is

already apparent the whole difference between magnetism and hypnotism. These two lines of investigation apply, indeed, to the same phenomenon, namely, artificially provoked somnambulism, but what characterizes hypnotism is, first, that it takes up a more scientific attitude toward these phenomena and that it seeks to eliminate the marvellous, the occult, and the miraculous, with which magnetism is bound up, and further, that it explains the facts through the phenomena and laws of psychology instead of appealing to forces borrowed from the physical or the physiological world. This being the situation, hypnotism begins with Bertrand in 1820. He is the first to say in so many words that artificial somnambulism can be explained simply by the law of the imagination of the subject, who goes to sleep of his own accord because he thinks about going to sleep, and who wakes because he has had the idea of waking. The work of Abbé Faria, of General Noizet in France, of Braid in England, did no more than develop and make precise that conception and psychological interpretation.

At that time, moreover, the majority of these studies had another object and were primarily directed at therapeutic results. At their very first appearance suggestion and hypnotism were immediately applied to the treatment of diseases. In the beginning at least, the hypnotists seem to have been less ambitious and more prudent than the magnetists. They made no pretense of curing all possible disease and their comments show that they devoted themselves particularly to the treatment of nervous disorders. Not only the

hypnotists whom I have just mentioned, but also medical alienists such as Lasègue, Morel and Georget show that they obtained some good effects in hypnotizing neuropaths. The work of Liébault, 1860-66, is worthy of particular notice from the standpoint of therapy and demonstrates throughout the record of a long medical practice the good results that can be secured by the preserving use of hypnotic suggestion.

In order to assure the success of hypnotism, and to give it an immediately practical rôle, a special attempt was made to use it to bring about surgical anesthesia. Unfortunately the discovery of ether anesthesia, which was much more easy and certain, gave a fatal blow to experiments in this direction. A small number of works continued to be published, such as the little book of Demarquay and Giraud Teulon, and, toward 1865, suggestion and hypnotism seemed to be forgotten, as was animal magnetism itself.

During twenty years or thereabouts the despised hypnotism was abandoned to charlatans. Some healers still used it in secret and several demonstrators gave public exhibitions of subjects more or less genuinely hypnotized. Scientific men no longer dared to concern themselves with hypnotism. It was confused with the animal magnetism of ill repute. They vaguely felt that its investigation would be difficult and complicated and to avoid confessing a certain reluctance, they preferred to insist that such investigation was made impossible by the continual danger of shamming. They considered it as unquestionable that all the

errors committed were due to the mistakes of the subjects and their bad faith.

It was the work of M. Charles Richet, 1875-1883, that successfully attacked this prejudiced belief in "faking." The studies of M. Richet were the occasion for a group of works on hypnotism, to my notion of great interest, that took up in an unprejudiced fashion the subject of artificial somnambulism from the standpoint of a psychological analysis of all its manifestations. A psychological school of hypnotism centers about M. Ch. Richet, but at first it was not well known because it was overshadowed by the development of two other schools, less interesting from the scientific point of view, but much more conspicuous.

The first of these two schools was that directed by Professor J. M. Charcot at Salpétrière. Being professor of the clinic in diseases of the nervous system, Charcot understood very well the possible importance for medicine and philosophy of the study of these states of provoked somnambulism, which had been repeatedly brought to notice for more than a century and always rejected without examination by official science. But, in order to undertake this dangerous investigation with prudence, he proposed, on the one hand, to place himself entirely out of the reach of the danger of shamming, then believed so formidable, and on the other, to bring to bear on his study an irreproachable scientific method. Before studying the delicate psychological phenomena that occur in a woman's mind when she is in an abnormal condition, it is necessary first to know the precise characteristics

of that abnormal state and to be able to recognize it by clear signs that cannot be imitated. For a neurologist used to the examination of tabes and lateral sclerosis, the clear and unmistakable symptoms were changes in the state of muscles, reflex movements, and the degree of various sorts of sensitivity. With his very first co-workers, Bourneville, Brissaud, Paul Richer, Ruault, Londe, who share with him the creation of *major hypnotism,* Charcot aimed at a precise classification of these elementary changes of conduct. According to the combinations of these various reactions they distinguished in the hypnotic sleep three very distinct states that followed in order, *lethargy, catalepsy* and *somnambulism.* It was observed likewise that these various states could be halved, that is to say, confined to one side of the body. Finally, it was noted that all these effects could be clearly observed only in subjects already affected by a nervous disorder, that is, by hysteria.

Such are the notions that were presented by Charcot to the Academy of Sciences, Feb. 13, 1882, in a communication concerning the different nervous states brought about in hysterics by hypnotism. It must not be forgotten that the Academy had already three times condemned all the research on animal magnetism and that it was a real *tour de force* to get it to accept a long description of quite similar phenomena. It was believed, and Charcot himself believed, that this whole study was a far cry indeed from animal magnetism, and was, in fact, a definite condemnation of the latter. This is the reason why the Academy did not rebel,

and accepted with interest a study bringing to an end the everlasting quarrel over magnetism concerning which many of the members had some qualms of conscience.

Charcot's success was of great importance. It might be said that he had broken a dam that had for a long period held back a threatening torrent. On all sides "Hypnosis redivivus," as Hack Tuke said in 1881, inspired countless studies. A list of authorities would have to include the names of all the neurologists of that period, French and foreign, because the greater number of them were devoting themselves to the doctrines of Salpétrière.

In 1884 there appeared in the form of a small pamphlet of 100 pages, simple, alive, and easily read, the manifesto of another school. M. Bernheim, professor of the faculty of medicine at Nancy, made public the research that he had been pursuing for several years in entire independence of the Paris teaching, and let it be understood that he had a very different conception of these matters. M. Bernheim does in fact take a point of view quite different from that of Charcot. The question of deceit and the precautions to be taken against it, do not stop him for a moment. He makes scarcely a discreet allusion to it. And since he is not at all concerned with deceit, he makes no effort to describe the state into which he puts his subjects, but restricts himself to a description of the methods he uses for transforming them, and of the results that he obtains. In order to bring on the hypnotic state, he, like the Abbé Faria, does no more than order sleep,

and assert its symptoms, and when sleep appears to be brought about, he causes, also by verbal assertion, the execution of all the positive, negative, or post-hypnotic suggestions that had been described by the first hypnotists.

These phenomena, says M. Bernheim, are very easily understood. They are only the exaggeration of very common behavior that is observed in all men; they are sufficiently explained by the hypothesis of a faculty of *natural credulity*. The hypnotic state is simply characterized by a certain increase of suggestibility, an increase, moreover, that is itself the result of the suggtion of sleep, or drowsiness. It should not be thought that this state can be brought about only in the exceptional neuropathic individual. Doubtless there are degrees of impressionability, and there are individuals more disposed to passive obedience because of their education or their calling, but "experience shows that the very great majority of persons attain it (hypnosis) easily." These are the facts and the very simple ideas that M. Bernheim makes public in his pamphlet, giving us to understand at the end of the volume that a knowledge of them, and the applications that result, may have very important consequences.

During the following years these studies were continued by M. Bernheim and his immediate co-workers. And among these special mention must be made of Beaunis, Professor of Physiology in the Faculty of Medicine at Nancy, and of Liégeois, Professor in the Faculty of Law in the same city. These authors sought particularly to prove the power of suggestion, and

were interested in the problem of blistering by suggestion and in the problem of criminal suggestion. The school of Nancy pays much attention to this last problem. M. Bernheim and M. Liégeois bring their subjects by suggestion to commit horrible crimes with wooden knives and toy pistols, and consider the influence of suggestion extremely important and dangerous.

After the study of criminal suggestions, the chief characteristic of this group of authors is the desire to make immediate use of this suggestion which seemed so powerful in the treatment of a great number of diseases. It is mainly the record of cures that increased the second edition of M. Bernheim's little book.

All these studies, however interesting, did not mark this group of workers with any very decided unity or originality, but one further issue established the school of Nancy. What characterized the school and gave it its unity was, as often happens, a common enemy. The school of Nancy had been first of all opposed to the school of Salpétrière. In an article on the "Rôle of Fear" in 1886, and more particularly in the second edition of his book, M. Bernheim openly attacked the doctrine of Charcot. "The observers of Nancy," he said, "judge from their experiments that all these phenomena noted at Salpétrière, the three phases, the neuro-muscular hyper-excitability of the period of lethargy, the special contracture provoked during the so-called period of somnambulism, the transfer of magnetic force, do not occur when one makes the experiment under conditions such that suggestion plays no

rôle. The hypnotism of Salpétrière is a trained hypnotism!" Another point is made equally clear: while recognizing that this susceptibility to hypnotism is very marked in hysterics, M. Bernheim considers that hypnosis is not a morbid state peculiar to neuropaths; it is a physiological state in the same sense as normal sleep, and it can be produced in the majority of subjects.

The battle was on: the lieutenants of Charcot, in spite of their deplorable situation, fought with courage, at least as long as their chief was living. There was fine defense and vigorous counter-attack. In these engagements the defenders of Salpétrière carried off several partial successes. One of the most interesting was gained in the discussion of criminal suggestions, in which they certainly had the better part. But at all other points of the field of battle they were meeting defeat. Most of the other observers attached themselves openly to the belief of M. Bernheim and declared that these phenomena were simply the result of unskilled suggestion and involuntary training. Even the students of Charcot acknowledged this by implication because they ceased to defend themselves and abandoned the field of battle, but they have never openly recognized their defeat. I believe that it is time for that to be done. Charcot's three phase hypnotism, as M. Bernheim has well pointed out since 1884, was never anything else than a trained hypnotism. It is he who won the battle.

I have had occasion to investigate from the historical point of view how there came about this singu-

lar adventure in which the Clinic of Salpétrière was implicated.[2] The study of one of my old records of a woman patient of 45 years, a study made at Havre from 1883 to 1889, and one that presented phenomena quite analogous to Charcot's three states, led me to the belief that she had been trained in her youth by a magnetist, Dr. Perrier of Caen, and I came to discover in the writings of the old magnetists all that is essential in major hypnotism. It is certainly very strange to note that Charcot presented to the Academy of Sciences in 1878-82 some pretended discoveries destined to definitely discredit the claims of the magnetists and then to find that these discoveries had been the very doctrine of the magnetists for fifty years. The contest between the school of Salpétrière and the school of Nancy had only been an episode in the great war that had already begun in 1787 between fluidism and animism. The animists won that first engagement. When will be the next engagement and who will be the final victor? That defeat of the school of Charcot does not seem to have brought any benefit to hypnotism. There is no doubt that, beginning with 1888 to 1896, in foreign countries as well as France, there was a veritable blossoming of cures by suggestion. It had everywhere its special reviews, and, moreover in all the reviews of neurology, medicine, and philosophy, in a great number of medical theses, and in numerous volumes were set forth the stories of innumerable cures of all possible maladies by simple verbal suggestions, whether during the condition of

[2] *Les médications psychologiques*, 1920, I, p. 170.

hypnotic sleep or during the waking state. This success was of short duration. After the death of Charcot in 1892 we see hypnotism already in its decline. In medical circles hypnotism was not denied; no one doubted the acknowledged power of suggestion. It was simply no longer discussed. The number of publications on these subjects decreased enormously. Reviews that were proudly entitled "Reviews of Hypnology," feeling the change of wind, hastened to modify their title. Hypnotism maintained itself a while longer in other countries, then it disappeared everywhere, as in France. Physicians began to talk of the danger of these treatments recommended a few years earlier as so inoffensive and so beneficial. To go farther, they began to make curious charges of immorality against suggestion. It appealed to the patient's lower faculties. A cure obtained in this fashion did not make enough demand on the patient's own will. It was unearned. It had degrading possibilities. And finally this treatment would, it seemed, lower the moral dignity of the physician, who would take the attitude of a miracle worker, and Dubois (of Berne), declares that he blushes when he remembers that he has used suggestion with a child to prevent his wetting the bed.

In my extended study of this curious period in the history of medicine, I tried to find some explanation for the neglect and decay which followed so closely on such enthusiasm and such development. In the first place, it is certain that the contest between the school of Salpétrière and the school of Nancy was

disastrous for hypnotism itself. The victory of the animists was not well received, at least in the scientific world. They acknowledged it but deplored it. The doctrine of Charcot that it defeated was clear, definite, and easy to study; it seemed to bring animal magnetism within the limits of physiology, and that looked like scientific progress. What was it that the school of Nancy put in place of this fine dream? A few vague assertions on suggestibility and credulity that could not be discussed or understood without going into the new studies of psychology. But psychology, considered a confused mixture of literature and ethics, had no standing in the school of medicine, And, indeed, it is a question whether psychology, as it was at that period, deserved to be more studied by physicians. It may be added that the enthusiastic exaggerations of the hypnotists had brought about the random application of hypnotism in all sorts of disease, without any indication of its fitness, and that the usual results were meaningless or absurd.

Under these circumstances, the decline of hypnotism has no great significance. It is the result of accidental causes, of the feeling of regret and deception following unguarded enthusiasm. It is only a passing accident in the history of artificial somnambulism and in the history of psychotherapy.

3. THE ÆSTHESIOGENIES

The work of the magnetists, extending over such a great field, had brought to light a number of phenomena that, more or less well understood, have served

as the point of departure to research and interesting therapeutics.

When curiosity leads one to glance over these old books, here and there are found descriptions of queer instances of somnambulism, characterized by a kind of sudden and temporary cure of sufferers who had been up to that time decidedly neuropathic and depressed. The author who gave the most striking description of phenomena of this sort is, I believe, Despine (of Aix) in a curious work, "*Traitement des maladies nerveuses par le magnétisme aux eaux d'Aix,*[3] 1840. It is a study of the illness and the treatment of a young girl of sixteen who displayed a serious hysterical condition. Estelle, following upon a fall which was in itself of little importance but which happened under exciting circumstances, was taken with a complete paraplegia with anæsthesia of the whole lower part of the body and disturbances of sensation in the upper part. She suffered also from anorexia, and could tolerate without vomiting only a much restricted and very bizarre diet. She complained of a constant feeling of cold and remained wrapped in shawls, sleepy, listless and without voluntary activity, but in a highly suggestible state.

In the course of various attempts at hypnotism, there developed a curious state that Despine called the "crisis." This state was characterized by the complete return of movement and sensation, by the reestablishment of appetite and digestion, and by the

[3] Tr. note: *Treatment of Nervous Diseases by Magnetism at the Waters of Aix.*

disappearance of the sensation of cold. Her character was entirely altered. Estelle became firm and resolute in her decisions, and she was no longer open to suggestion. Unfortunately this crisis could not be long maintained and after the awakening the subject would relapse into paralysis, apathetic, without appetite, shivering because of constant chill, and completely suggestible. Furthermore, she retained little or no memory of the preceding happy period. Facts of this sort, that is to say, the artificial production of crises with a complete but temporary restoration of normal health, are described in various phrases. They may be called the "crises of exaltation of the magnetists."

For the sake of historical order, I feel justified in connecting with these first observations some studies and a school now forgotten, the studies of metallotherapy and the school of Burq. The latter took over the old ideas of the Middle Ages and of mesmerism on the influence of metals, and connected them with clinical observations like those just described. From 1851 to 1885, particularly in his book on "The Origins of Metallotherapy," Dr. Burq studied "the modifications produced by the application of metal plaques on the skin of patients, and by the internal use of these same metals." Pieces of some metal suitably chosen are applied to the skin of the insensible member and, after several tremors, a complete return to sensibility is observed. At the same time there appear other changes in peripheral temperature, changes in the circulation, and especially changes in muscular

strength. These changes gradually become more marked and bring to pass the disappearance of all the neuropathic disorders and a general transformation of the individual.

In 1876, Burq presented his experiments to the Biological Society, which appointed a commission to examine their validity. Charcot was the president of that commission and caused the experiments to be repeated in his clinic at Salpétrière. This was a small event that had an enormous influence on the teaching of the clinic. The studies made at the clinic on the phenomena of metallotherapy were vitiated by the same mistakes in method that had affected the studies on somnambulism. Their attention was directed only to the physical aspect of the experiment, without recognizing that the phenomena involved were mainly psychological and that moral precautions were of primary importance in such investigations. All this work which seemed so well launched stopped abruptly, and after 1885 there is no further trace of it.

The reason for this sudden eclipse is simple enough. It is to be found in the first publications of M. Bernheim, and in the opening of hostilities between the schools of Nancy and Salpétrière. The dispute had begun in the eighteenth century with the works of John Hunter and had been renewed by Hack Tukes' book, "Influence of the Mind on the Body," in 1872, and hence it had been for a considerable period that the critics had been insisting that most of these facts were caused by the influence of the imagination and of "expectant attention." But the physicians had not

understood the importance of the objection and the practical difficulties that it raised. We find here problems like those encountered at the beginning of Pasteur's work on pure cultures and spontaneous generation. His opponents always believed that it was quite easy for them to protect their cultures from all contamination and only offered cultures that had been polluted by all the germs of the air. Many preferred giving up their research to learning how to make proper cultures.

The doctrines of the magnetists on "crises of exaltation," and the doctrines of Burq's disciples on æsthesiogeny have for me a lively interest because at the beginning of my own work I had occasion to observe a series of facts quite similar to those that furnished the basis for these doctrines. In examining the hysterical patients who presented various paralyses, amnesias, disorders of sensation more or less apparent, and disorders of the will, I sought in various ways to get rid of or at least to modify these symptoms—through suggestion, training, stimulation of memory or sensibility. These methods brought about in some patients the appearance of states that seemed to me very strange because they contrasted so completely with the condition of these persons in illness. Sometimes these states made their appearance gradually after the subjects had made efforts to move, to perceive correctly or to recover their memories, and they were preceded by contortions, or by disorders of appetite or varied disorders of sensation, or, indeed, they appeared in the course of an artificial somnambulism,

following on a period of deep sleep. Their most prominent characteristic was the complete disappearance of all the pathological symptoms. The disorders of movement, the paralyses and contractures no longer existed. A woman who had suffered from a paraplegia for eighteen months could walk and run as in the case of Estelle described by Despine of Aix. Vomiting ceased and the sufferers were able to take food, while normal sensitivity appeared over the whole body. Memory was extended to include all the past, including even the periods that had seemed completely forgotten. Finally, the disorders of will could no longer be noticed and it became impossible to demonstrate suggestibility. "The final somnambulistic state," I said in that connection, "is a state in which the subject, no matter how depressed and sick he may be in the waking state, becomes quite identical with the individual in his best and most normal condition. . . ." It is a state in which the subject has regained the complete integration of his senses that is natural to a healthy man, and a complete integration of memory. In a word, it is a state in which there is no more anesthesia and no more amnesia. It is a state that is important from all points of view, and especially from the point of view of therapy.[4]

In my first studies of these problems I endeavored to bring out the fact that there was nothing in itself extraordinary in this state just described, that it was

[4] *Automatisme psychologique,* 1889, pp. 114, 178. *Accidents mentaux des hystériques,* 1892, pp. 209, 225, 2d edition, 1911, pp. 361, 369; Névroses et idées fixes, 1898, I. P. 239; *Les médications psychologiques,* 1920, III, p. 85.

merely the state that should have been normal and usual in these women, but a state in which they could not remain because of their unhealthy depression. In fact, it was with great regret that I noted that the sufferers did not long remain in this state of complete restoration, for I had based some hope of cure on the prolongation of this state. If they were left in this condition, they would, sooner or later, relapse and the paralyses, amnesias and other disorders would reappear. Furthermore, a new phenomenon, which at the moment seemed to me very important, was added to the others already described. This was that when these sufferers relapsed into their habitual state of illness they usually displayed a complete amnesia for this period of artificially produced health. These amnesias brought about gaps in the sequence of memory and they gave rise to various alterations of personality. In a word, these amnesias, occurring after a relapse, gave the periods of normal health the appearance of somnambulism. This is why I have used the term *complete somnambulism* to indicate these periods of temporary recovery, a term already used by Azam to describe some similar phenomena.

In these same studies I called attention to the feelings of the subject at the moment the alert condition began, to the bizarre expressions that he used to describe the pains in his head, such as snapping threads, or globes of glass that ring in his head, to the feelings of joy, of gaiety, of pleasure, that he experienced on seeing the light grow brighter and objects more colorful, to the satisfaction that he felt in his re-discovery

of himself, and to the changes of character that brought to pass true alternations of personality. This research was continued by other authors, but their number was small because the decline of hypnotism then in progress rendered unattractive any work that was directly concerned with the old magnetism. Some mention, however, should be made of the work of M. P. Sollier on treatment by the rehabilitation of sensation, which belongs to this same movement.

These "complete somnambulisms" are in their essential characteristics quite analogous to the "crises of exaltation" of the magnetists, to the transformations of metallotherapy and æsthesiogeny. They are therapeutic attempts of the sort that will later give rise to certain interesting treatments by stimulation.

4. THE LIQUIDATION OF TRAUMATIC MEMORIES AND PSYCHOANALYSIS

If the treatments by æsthesiogeny have not, up to the present, had any very striking career, this is not the case of the *search for subconscious traumatic memories* that I had derived from some studies of somnambulism, which have given rise to various branches of psychoanalysis. We have in this a considerable development of psychotherapeutic practice that recalls the enthusiasm aroused by mesmerism, christian science, or hypnotism.

The magnetists had all called especial attention to the memory during the periods of provoked somnambulism. They had frequently described a curious fact, namely, that the subject, during that state, can re-

count a mass of events from his life to which he never refers during ordinary waking moments, and which seem to be completely forgotten on waking. In examining these modifications of memory, I had occasion to remark in my first studies of 1886-1889 that this amnesia concerned not only events that had taken place during periods of somnambulism, but that it often concerned, in addition to these periods, certain events of normal life when these events had been accompanied by violent emotion. Thus, a young hysteric whom I described at the time under the name of Marie recounted during somnambulism that at the age of thirteen she had been frightened by the appearance of her first menstruation and that she had tried to stop it by getting into a tub of cold water, a measure that had indeed stopped the flow, but that had at the same time brought about great distress, tremors, and delirium. During the same somnambulistic state she also told that she had been frightened on seeing an old woman fall down a staircase and cover the steps with her blood; and that, on another occasion, she had been forced to go to bed with a child whose face was covered with a rash on the left side, and that she had experienced all that night great disgust and great fear. Outside these somnambulistic states she seemed to have no memory of these events. For the rest, this patient showed various neuropathic symptoms, crises of convulsions shortly after the beginning of menstruation with stoppage of the flow, and tremor and delirium, hallucinations in which she saw blood, spasms, and disorders of sensation on the left side of

her face,[5] accidents that seemed clearly related to the memories recounted during somnambulism. My writings of this period contain the description of many cases of that sort.[6]

It was not hard to connect these observations with the interpretations that Charcot had given some time before to certain hysterical paralyses. In his studies of 1884-85 he had shown that the physical accident was not the cause of the consequent illness, but that it was necessary to assign a rôle to the memories left by the accident, "to the ideas, and to the concern that the invalid maintained in this connection." Many observers, and Moebus (1888) in particular, took up this notion and acknowledged that "certain hysterical accidents were physical changes connected with ideas and memories." I enlarged this conception somewhat by showing that neuropathic troubles of the same sort could develop from a more simple series of events that did not cause any physical wound, but an emotion purely psychic. The memory of the event persisted in the same fashion with its train of various feelings, and it is this memory that determined, directly or indirectly, certain phases of the illness. These disorders may be called traumatic memories.

In the cases I have just mentioned, the traumatic memory presented itself in a special manner; it could not be expressed during waking consciousness, and it reappeared only under special circumstances in a dif-

[5] *Automatisme psychologique,* 1889, pp. 160, 208, 211, 439.

[6] *Cf. L'etat mental des hystériques,* 1893, 2nd edition, 1911, pp. 240, 275; *Traitment psychologique de l'hystérie,* ibid., p. 626; *Névroses et idées fixes,* I, pp. 213, 375.

ferent psychological state. In this we find again a well-known characteristic of hysterical fugues; the subject can recount his fugue and the reasons that have determined it only if he is put into a state of somnambulism, and he seems, during his waking moments, to have forgotten it completely. There is no question here of real failure of memory, of any pretending on the part of the subject; it is a question of a particular modification of consciousness that I tried to describe in 1889 under the name of *subconsciousness through disintegration.* This dissociation, this migration of certain psychological phenomena into a special group, seemed to me connected with the exhaustion brought on by various causes, and in particular by emotion. I have been led to suppose that in cases of this sort there was a certain relation between this dissociation of memories and the seriousness of the disorders that these memories brought about after they had become subconscious. A fixed idea seemed dangerous because it was apart from the personality, because it belonged to a group of phenomena over which the conscious will of the subject had no longer any control.

This supposition found its justification in some attempts at treatment: all the processes that altered that abnormal form of memory altered in the same degree the hysterical accidents. When one could bring the subject to express his memories, even during waking consciousness, he was freed from his delirium and the disorders connected with these memories.

These observations and these effective treatments

led me to formulate some plans of procedure relating to the "psychological treatment of hysteria." When a patient showed certain accidents that might well be related to traumatic memories, it was well to encourage him to describe clearly the memories of various periods of his life, and when gestures, attitudes, disorders or reticences made us suspect a gap, it was necessary to find out whether dreams, somnambulism, automatic writing would not bring to light other memories more deeply hidden. But I had in mind only certain special cases and, although I advised the search for subconscious memories in these cases, I believed it necessary to guard against discovering such memories where they did not exist, and I gave some rules for prudent diagnosis.

At this time a foreign physician, Dr. S. Freud of Vienna, came to Salpétrière and became interested in these studies. He granted the truth of the facts and published some new observations of the same kind. In these publications he changed first of all the terms that I was using; what I had called psychological analysis he called psychoanalysis; what I had called psychological system, in order to designate that totality of facts of consciousness and movement, whether of members or of viscera, whose association constitutes the traumatic memory, he called complex; he considered a repression what I considered a restriction of consciousness; what I referred to as a psychological dissociation, or as a moral fumigation, he baptized with the name of catharsis. But above all he transformed a clinical observation and a therapeutic treatment with

a definite and limited field of use into an enormous system of medical philosophy.

In this system, all neuropathic disorders result from some traumatic memory concealed in the subconscious, and every treatment demands the search for such memories. The method of free association that makes possible this search consists in asking the patient to take an easy position, to forget that the physician is behind him, to give himself up to all the vague thoughts that rise spontaneously in his mind, and to express them as if he were alone. "He should not let himself be stopped by any unexpected thought, nor by an idea that seems to him futile, nor by an image or a word that is drole, fantastic, or indecent; he must banish all reticence and give over his passive imagination to the flow of ideas and images. . . . The physician should observe his subject with the most careful attention, taking note not only of the ideas expressed, but even of the slightest details that he can catch, hesitation, embarrassment, lapses, sighs, gestures, facial expressions. . . ." [7] The physician must add to the results of the observation of these reveries all the memories of dreams that the patient can recover, all the memories that the patient has conserved from the earliest infancy.

All these details should next be interpreted in such a way as to find back of them the more or less disguised memory of an exciting event. The question is always one of an emotion, of a tendency, of a desire that has been momentarily roused by circumstances

[7] E. Régis and A. Hesnard, *La Psychoanalyse des névroses et des psychoses*, 1914, p. 132.

and then crowded back into the subconscious by an effort of the moral will. This repression, which is fundamental in this doctrine, has transformed the primitive tendency, has rendered it subconscious or unintelligible, and has forced it to present itself in the form of bizarre dreams or of mysterious neuropathic accidents.

The traumatic memories that are recovered in this fashion always have the same content; it is always a question of traumatic memories related to sexual adventures, or, if one likes, of traumatic memories with a sexual content. Instead of agreeing with all the preceding observers that one finds memories of this sort in *some* neuropaths, psychoanalysis asserts, and therein lies its originality, that one finds such memories in *all* neuropaths without exception. Without such adventures transformed into traumatic memories there are no neuroses. If they are not readily established in all patients, it is because one has not known how to make the patient acknowledge them, or has not known how to discover them hidden behind his reticence. The most extraordinary and sometimes the most extravagant interpretations of attitudes, words, and especially of dreams, have no other object than to discover, at all costs, striking memories of this sort in the subconscious.

The critics have often been astonished at the singular doctrines of "Pansexuality" that have resulted from some medical analyses. The importance attributed to sexual events is the logical result, if I am not mistaken, of the nature of Mr. Freud's first studies.

As we have seen, that author has attempted to transform in an original fashion the conceptions of psychological analysis concerning traumatic memories and the subconscious by generalizing them beyond all reason. When one has decided to uncover in every neuropath a memory of an emotional adventure, capable of disorganizing consciousness, when one admits *à priori* that this memory will be always more or less repressed, disguised in symbols and metaphors, and that it will never be exposed by the patient except with reticence and effort, one reaches rather inevitably a disclosure of intimate affairs. In our civilization the events that have most often caused emotion, however slight or intense, the facts about which men and women do not ordinarily care to speak freely, that they express by allusions, and with latin words that defy decency, such are always the adventures of the sexual life. The way in which M. Freud had understood the traumatic memory and fixed subconscious ideas has led him to attribute this great importance to sexual adventures described with half phrases. It is not surprising that he should have brought into this study his ingenious method of interpretation and of bold generalization.

However that may be, this sexual interpretation of nervous disorders is becoming the foundation of all pathology: the various neuroses, and even the mental diseases, such as dementia precox, all have a sexual origin. They take different forms according to the nature of the sexual processes in early infancy. This conception is soon inordinately extended: all the facts of normal psychology must be explained in the same

way because all psychology rests on an aggrandized notion of the sexual instinct. This same interpretation must be applied to legal diagnosis, to the psychology of religion, to literature, to pedagogy, to esthetics, and so on. Psychoanalysis becomes, as MM. Régis and Hesnard asserted, "a vast system of explanation for most of the forms of human psychic activity through the analysis of affective tendencies considered for the most part as derivatives of the sexual instinct." [8]

This strange and paradoxical doctrine, that is, however, not without its grandeur, has been built up little by little by Professor S. Freud in a series of works published since 1893; but, above all, it has been developed in many various ways by a great number of pupils, among whom I shall mention Ricklin, Ferencsi; Adler, Gross, Jones, Rank, Stekel, Bleuler, Jung and Maeder, who have founded numerous reviews of psychoanalysis. Doubtless not all these disciples accept the ideas of the master in their entirety, and already several different tendencies are preparing the way for inevitable schisms. But, nevertheless, psychoanalysis has spread not only in Austria, but also into Switzerland, into England, and into the United States. To-day, it is bringing about a great movement in psychology and medicine quite like that which invaded all countries when hypnotism was at its height.

It is interesting to note that we are again concerned with a psychotherapeutic method whose roots extend

[8] E. Régis and A. Hesnard, *La Psychoanalyse des névroses et des psychoses*, 1914, p. 3.

into the French animal magnetism. Psychoanalysis is to-day the last incarnation of those practices at once magical and psychological that characterized magnetism. It maintains the same characteristics, the use of imagination and the lack of criticism, the vaulting ambition, the contagious fascination, the struggle against orthodox science. It is probable that it will also meet with undeserved appreciation and decline; but, like magnetism and hypnotism, it will have played a great rôle and will have given a useful impulse to the study of psychology.

CHAPTER III

THERAPIES DERIVED FROM RELIGIOUS PRACTICES

Medicine has had its origin in religion as well as magic and psychological medicine offers us many practices that are to-day non-religious and are used by physicians in hospitals, but that were in other days religious methods used by the superiors of convents for the guidance of souls. The acknowledged excellence of these methods has brought about an extension of their use.

1. ISOLATION HOMES

Isolation from the society of men has the appearance of a great misfortune, and many literary descriptions have dealt with the suffering it causes. Isolation must, however, have some justification and even some attraction, since we see it practised in several forms by various religions. In Hindu or Egyptian religion, and more particularly in Christianity, we find men who retire from the society of their fellows to live in the desert, in the forest, or in caves, in a state of isolation more or less complete: they are given the name of monk, μονὸς, one who lives alone. Some of them, hermits, recluses, anchorites, used to live in grottoes or cells, quite isolated, but more often isolation was limited

in such a fashion as to keep its advantages without its inconveniences. Men who wished to isolate themselves joined together to keep the advantages of a division of labor and to exclude from the group only those things of which they wished to be rid. This was, in spite of the contradiction in terms, a society of persons living alone. Thus were formed the innumerable convents of ancient India; whole convents were chiseled out of the mountains, and decorated with countless sculptures made in the living rock. In the third century of the Christian era, love of solitude spread like an epidemic, and great monastic orders were founded everywhere.

The first reason for these practices was religious: men believed they were depriving themselves of numerous pleasures and imposing on themselves meritorious suffering in retiring from the world. At the same time, they hoped to be less distracted by worldly turmoil and to be able more effectively to consecrate themselves to meditation and to prayer. It is probable that many persons appreciated and made known other satisfactions and other benefits of a life of retreat and meditation, for we soon find the monastic life attracting many people, especially the weak, and those whom life had defeated, with an attraction not wholly attributable to asceticism.

Later on, even laymen sought to profit from the benefits of this religious isolation, and in the seventeenth century we see the solitaries of Port Royal quitting the world and practising a comparative isolation whose charms several of them have celebrated.

Medical practice had likewise organized hospitals in which certain sick persons were isolated: lazar houses, and mad houses had been in existence for a long time, but this isolation was imposed on the sufferers as a protection against them and there was no thought of the interests of the insane when they were placed under lock and key. It is this first organization of prisons for the insane that gave rise to the prejudice against medical establishments of isolation that persists even to-day.

It was only at a comparatively recent time that physicians, more or less consciously, taught by the example of the convents, came to appreciate the calm and satisfaction that a life of isolation secures and began to use this method of treatment for some of their patients. Jean Weyer, 1579, Paulin, Zimmerman, 1788, Cullen and Willis, 1772-1840, advised cures by isolation. Philippe Pinel, 1745-1826, organized this treatment in his famous reform of the hospitals in which the insane were confined. "It is necessary," he said, "to isolate the patient from his family, from his friends, to remove from him all those whose injudicious affection might bring on a condition of constant excitement or even aggravate the danger: in other words, it is necessary to change the moral atmosphere in which the insane must live." When Pinel was beginning his reform of the treatment of the insane, a like reform was under way in England, in the creation of a hospital called "the Retreat of York," which under the direction of William Tuke became the point of departure and the model for all English asylums.

Esquirol, 1772-1840, continued the work of Pinel in France. In his memoir of 1822, he advises isolation for all the insane, remarking that many kinds of suffering are thus spared them and a treatment made effective that would be impossible in their family. It was at this time that there were founded everywhere in France those fine hospitals in their great parks that have earned a merited renown.

At first this treatment by isolation was applied only to the insane proper, although Briquet was already foreseeing a change of surroundings in the treatment of hysteria. Weir Mitchell and Playfair in America, Charcot in France, Burkart in Germany taught that it was advantageous to give other patients the benefit of this treatment and applied it to various neuroses, to hysteria and to neurasthenia. Thus there were organized at this time in various countries hospitals of another sort, no longer adapted to the insane proper, but to those half-insane who were being treated under the name of neuropaths.

A somewhat curious variation of Charcot's treatment was organized at Salpétrière in 1895 by Déjerine, who thought to isolate his patients more thoroughly by completely separating them from each other and forcing them to a long period of rest in beds surrounded by lowered curtains. In general, however, the isolation of patients in sanatoriums is not so strict: the patient is only separated from his family, whom, however, he continues to see from time to time, and he is more or less with the other patients and the personnel of the hospital. It is mainly a question of a

change of surroundings and of location in an artificial environment. However different its forms, the treatment by isolation is applied more and more to neuropaths as well as to the insane.

2. Reëducation

Education always played a large part in religious and monastic institutions; it was applied not only to children, but also to adults who had to acquire good habits. Since education transformed an individual and made him capable of new actions, there was all the more reason for it to be able to reëstablish functions that the patient had formerly possessed but had lost through illness.

Attempts at treatment by the reëducation of the patient are really very ancient. M. Kouindjy cites from Father Amyot some methods formerly used in China to reëducate movements of members in paralyzed patients. In the seventeenth century there was made in France an attempt to cure paralyses by gymnastic exercises. Magnetists and physicians such as Laisné in 1854 and Blache in 1864 speak of the rôle of rhythmic motion in the treatment of chorea. Finally, among the forerunners of the educative treatment of neuropaths must be placed the numerous physicians and teachers who devoted themselves to the treatment of children presenting defects of pronunciation, and stammering in particular.

The notion of applying educational processes to pathological disorders seems to have gained importance as a result of the work of Seguin, 1837-1846, and of

those who interested themselves in the treatment of idiots and retarded children. Since such education of abnormal individuals had given very interesting results, it seemed feasible to apply like methods to other sufferers whose disorders, though less serious, seemed to be likewise of a psychological nature.

It seems to me that credit should be given to Charcot's teaching for an interesting systematization of these methods of treatment of neuropaths, the institution of a regular treatment for hysterical paralyses by the reëducation of movement. At the same period some processes of the same kind were applied to the treatment of mutism and hysterical aphonia. The patient was trained to give the closest attention to the sounds that he was trying to hear and that he was forcing himself to reproduce. Finally, one might consider, at least in certain cases, the treatment applied to what was called hysterical anorexia as an education of the function of nourishment.

A second epoch in the history of treatments by reeducation seems to me to be characterized by the application of such treatment to paralyses and to disorders of movement of an organic origin, especially to the disorders of movement brought about by tabes. In the beginning this was the work of Leyden and Fränkel, who tried to enable the tabetic to walk more normally by teaching him to direct his movements in a new fashion, through visual sensations instead of kinæsthetic. These methods, originally applied to tabes, have been little by little extended, and have been applied to paraplegias and to cases of organic hemiplegia.

Several authors have described interesting experiments in patients suffering from aphasia.

In a third period these educative treatments were applied to various disorders of movement presented by certain neuropaths who were not suffering from hysteria proper, more often to motor troubles and in particular to the tics of psychasthenics. I, myself, in 1889 pointed out the rôle played by automatisms in the tics so often presented by such patients and the educational methods that might alter the abnormal motor tendency. In his "association neuroses" Dr. Morton Prince insisted on these abnormal associations of movements which he called neurograms: later on he compared them to the artificial associations produced in dogs in the experiments of Mr. Pavolow. For Dr. M. Prince the treatment consisted in dissolving these artificial complexes by a training, the opposite of that which had formed them. Psychologists, moreover, like M. Payot, insisted on that law of memory according to which every reminiscence that is not refreshed from time to time has a tendency to become less distinct and to disappear. Now to a certain extent we are able to encourage or discourage the reproduction of movements and of thoughts and thus are able to condemn to death a memory or a motor tendency by refusing to exercise it. Those various elements were the constituents of an interesting attempt at the treatment of tics.

Formerly, physicians never tried to cure tics, which they carelessly thought to be either insignificant or incurable. Treatment of tics by reëducation began with

Jolly in 1830, and Blache in 1854. These methods were studied and clarified by Buissaud and his pupils, who established the principle of treatment by the discipline of immobility and of movement. An interesting application of these methods was made in the treatment of occupational cramps, in particular writers' cramp, which is so often a variety of psychasthenic tic. The close relationship between tics and the different kinds of stammering has led to the application to the former of the methods used in the treatment of the latter. M. Pitres has proposed a method of treatment of tics by the regulation of respiration.

Such breathing exercises rapidly became independent of all treatment of speech and have proved to be ends in themselves. The leaders of Swedish gymnastics, Ling in particular, had already shown the importance of methodical respiratory gymnastics and had formulated rules for them. These extensive and deep respiratory movements bring about a more active ventilation and a complete elimination of waste products: they have a great effect on general health and perhaps even on mental activity, and should be more often used in the general treatment of neuroses. Such breathing exercises become still more important when the neuropathic disorders involve more particularly the respiratory functions. I have already shown, on several occasions, that respiratory gymnastics have an effect not only on hysterical mutism, but also on the coughs, the yawning, the sniffing, the sighs, the hiccoughs, so common among neuropaths. This period saw also an extended application of the educative treatment of eating

habits, which had at first been used only in hysterical anorexia. M. Dubois of Berne, recalling the studies of Barras *(Traité sur les gastralgies, enteralgies, ou maladies nerveuses de l'estomac et de l'intestin,* Paris, 1820), maintained that a great many stomach disorders are connected with bad habits, with emotional disorders and various neuroses, and he insisted on the importance of a dietary training that should not consider the fears, or prejudices, or bad habits of the patient. In Parker's Psychotherapy, Dr. R. C. Cabot ingeniously classifies this cure among the treatments by work: "an individual who suffers or thinks he is suffering with stomach trouble reduces his diet, and I find him dying of hunger: I advised him to eat in spite of everything and his health is completely reëstablished. This is the stomach's "work cure": it is work that develops the stomach, intestines and sexual organs as well as the brain."

Reëducation has, however, been again extended in a much broader fashion, in attempting to go beyond the treatment of strictly motor disorders to reach disorders of a more definitely mental character. The latter were at first only approached through the intermediary of motor disorders themselves. The patients whose most apparent symptoms consist in phobias, obsessions and delirium and who do not attract attention by difficulties of movement, display, nevertheless, many disorders in their movements.

Is it not probable that a change brought about in these movements by education would react on the total activity and would prevent or suppress mental dis-

orders? This is what I had already suggested in my book on obsessions in 1903, in advising that a child predisposed to mental disorder be habituated to movement, which is one of the greatest foes of brooding. "He should," I said, "take much physical exercise of all kinds. Such exercise should be directed and should demand skill, for it is essential to develop in him a precision in physical movements. The over-scrupulous are fearfully awkward, and can handle nothing and manage nothing. These children should be accustomed from early infancy to use their hands, to perform manual tasks, to work in the earth, with wood, with paper, to cultivate plants, to construct objects, and to busy themselves with the real world." These ideas have been adopted by those interested in gymnastic treatments, but without much precision.

I believe that the growth of this idea has been one of the most curious characteristics of the therapeutic movement that has developed in America in opposition to Christian Science under the name of "New Thought." Most of the authors of this school seek to change the mental state of neuropaths by education of the movements of their members and by suppression of all the minor motor disorders that characterize these patients. One of them advises performing several times a day the following exercise: "Walk, holding a glass full of water straight out before you, without spilling a drop." This requires learning to watch tremors and involuntary movements. One should read without permitting any lip movement or tongue movement during the reading. One should

practise the slow opening of the fingers, one by one, close them slowly, and continue this exercise for ten minutes in such a way as to watch carefully the extension and contraction of the fingers. Another writer insists on exercises for the strength of visual attention: "One should practice gazing with intensity at a black point on white paper, maintain this gaze for one minute, arrive at an ability to maintain it for fifteen minutes, and change the direction of gaze and maintain this new direction . . . stare fixedly at one's self in a mirror in order to grow accustomed to enduring the gaze of another; stare resolutely at people, and if it is impossible at once to meet their eyes, stare at an imaginary point at the base of their nose . . . remember that the energetic man always gives the impression of being in repose; he is not nervous, he does not fidget, feeling that he has in himself reserve force!"

There is no point in enumerating all these exercises, which are all of the same sort and have the same general character. They indicate the same therapeutic direction: there is always involved a training of the external attitude in order to arrive by that means at a change of the mental attitude.

Beyond this first group must be placed a great number of bolder and decidedly more important therapists. Since mental disorders must be reduced by education, it is necessary to attack them directly and to undertake the education, not of bodily movements, but of movements of the mind. The mind itself must be given exercise and there must be developed by mental

gymnastics the faculties that seem to us lacking in the subject and that will allow him to struggle against his affliction. Dr. Morton Prince is one of the first who, in speaking of the treatment of neuropaths, has repeatedly used the word education. He criticizes justly the "rest cure" of Weir Mitchell when it is used in an exaggerated form and without mental influence. The method that he himself prefers to use is primarily a reëducation of character: "To accomplish this it is necessary to change the beliefs of patients, to rid them of apprehension, and to destroy the deplorable habit of thinking every disagreeable sensation the sign of a serious and irreparable lesion: it is necessary to accustom them to control and suppress their emotional states, and here there must be called in all the tact and individual character of the physician!" Finally, it is necessary to train the patient to perform as many actions as can be performed without accidents.

The majority of these studies on reëducation are rather vague and seem to bear on all the functions of the mind indiscriminately. Others seem somewhat more precise, and attempt an application to certain preferred faculties. Several authors, for instance, are preoccupied with the tendency of the mind to emotion exaggerated by what they call emotivity, which plays a great part in many troubles, and they consider the resistance to emotion as a sort of function that one can develop by gymnastics.

Oppenheim, in his medical letters written some time ago, and in his recent articles, advises the beginning in infancy of the cultivation of the ability to control both

emotions and passions. His ideas seem to me to constitute the essential part of many works in which neuroses are considered as the somehow fatal consequences of an omission or error in early education.

Just as the preceding authors concerned themselves with education of the emotions, others proposed the problem of the education of attention. They showed that in mental work as in all other forms of work there is a considerable part of habit that must be developed and on which it is necessary to rely, the conclusion being to suggest mental work to the patient as a method of cure. But this is already taking us into a study of psychological therapy that I consider somewhat different from education properly so-called. Gymnastic methods have little by little raised their pretensions and departing from the treatment of elementary disorders of movement have attacked the disorders of the highest functions.

3. USE OF MORALE IN MEDICINE

We may include under the heading "Morale Therapies" a group of schools that developed in Europe and in America at the beginning of this century and that had as a common characteristic the treatment of sufferers by reasoning and moral exhortation. The most complete expression of these doctrines, even in their exaggeration, seems to me to be found in the works of a Swiss physician, Dubois (of Berne), *les psychonévroses et leur traitement moral, 1904,* and *L'education de soi-même, 1909.*

This therapy includes first a negative part, for Du-

bois is severe toward most of the usual treatments. The various forms of surgical interference in abdominal affections or in diseases of the sense organs seem to him usually exaggerated and mistaken. The practice of hydrotherapy, so much abused, finds no mercy at his hands. Massage, subcutaneous injections, treatments by organ extract, all this he treats as charlatanism. "We must do away with all that and approach the disease without weapons and without medicines, giving the patient added conviction that there is no danger, something that is of extreme importance. The only weapon should be the influential word."

We are then reduced to moral treatments alone, but even among them it is necessary to make exceptions. Miraculous treatments like those of Lourdes, are, of course, held in derision. But, above all, the most severe criticism is directed against hypnotism and suggestion. The essential of the treatment consists "in an intimate and daily conversation, which is worth more to the patient than douches and chloral. . . . The real physician does more good by his talk than by his prescriptions . . . moreover he should restrict himself to sitting beside the patient to cure him by edifying conversation." It is curious to note the similarity of these opinions to those of P. P. Quimby and Mrs. Eddy.

What is to be the object of these conversations? "Their chief object is always reason and truth." But again, what truth are we going to tell the patient? "The truth about his disease that he must understand. This is very important, for he comes with wrong ideas

of the disorders from which he suffers. . . . It is necessary to show him his mistake by a long and untiring discussion. Neither his stomach, nor his intestines, nor his brain, have really any lesion. The troubles that he has noticed are simply functional disorders. They are not in themselves either grave or important. The essential thing is to disregard them and never to speak of pains or uncomfortable sensations." Are not the mental disorders at least, from which these patients suffer, more serious? Not at all, "these are not real sorrows that trouble their souls, they are nothing, small annoyances, the pin pricks of life. A little easily taught philosophy is enough to reëstablish the mental equilibrium."

Let us take as an example the feeling of fatigue of which the nervous regularly complain. It is evident that the problem of the exhaustion of neuropaths that appears to me so complicated is, to the eyes of M. Dubois, on the contrary, astonishingly simple. "The question is one only of false fatigue, convictions of fatigue and not of real fatigue." At bottom there is nothing real in all these diseases beyond the false ideas themselves. The poor man "is in error," like the patients of Mrs. Eddy.

These are the notions that must be put into the patient's head. This will be attained first by our attitude toward the symptoms, which are not going to be taken seriously, and are not to be treated, and secondly, by persuasive discussion. "Persuasion by logical means is a true magic wand." While this medical and psychological discussion is being pursued, it is

necessary to arouse in the patient's mind the idea of the cure. Doubtless it may seem bizarre to speak of cure to an individual when one began by proving to him he had no disease. But one may grant, like Mrs. Eddy, that he had an illusion of the disease and that he should be cured of that illusion. It is necessary to inculcate in him the fixed idea that he will recover. It is necessary to maintain the fixity of this idea up to the time of the complete cure.

To avoid harmful questions, the neuropath's absurd ideas must be replaced with high philosophical thoughts. The patient must be made to understand "the importance of thought, the power of his soul, the superiority of mind over body. Morale is indispensable for these patients. It alone can bring about a profound change in their mentality." The little book on self-education contains fine pages on tolerance, indulgence, moderation, pity and good will. These excellent sermons written for certain types of sick persons would be perhaps, to my notion, still more useful for persons in good health. Dubois insists on reasoning, but he always includes the action of all the sentiments. He would have us make known to the sufferer all that he has within him that is fine and good, obtain his confidence, "surround him with a sympathy so lively, so enveloping that he would really be ungracious not to recover."

In my more complete historical study, I showed that in Germany and in Switzerland numerous authors were at that time giving expression to notions of this kind. I recall only the excellent advice of A. Forel. "If you

wish to attain the happiest possible old age, it is necessary first never to lose your optimism; secondly, never to lose your time in brooding on the past or mourning your dead; thirdly, to work up to your last breath in order to preserve the elasticity of your cerebral activity." We recognize in these works the same inspiration; health and happiness are again obtained by a "hygiene of the soul," by the development of intelligence and by the exercise of moral virtues.

French writers, such as Déjerine, have been the immediate disciples of the Professor of Berne and have done no more than reproduce his doctrine word for word with insignificant changes. What is more curious, the majority of those authors who took up hypnotism with enthusiasm have foresworn it and turned with the same enthusiasm to this new moral medicine. M. Bernheim himself now repeats that suggestion is nothing and that he never intended to perform more than persuasion. At a recent period, every fashionable treatment had to be performed by rational education.

It is again to the United States that we must turn to find a more original development of the method of moral treatment. Mrs. Eddy had wished to monopolize for herself alone the ideas of P. P. Quimby on moral treatment. But several disciples of Quimby had preserved and developed this teaching without following in the wake of Mrs. Eddy. The works of W. T. Evans, of J. A. Dresser, and of M. Wood, became the origin of the "New Thought" movement and of its numerous variations. More recently, this form

of psychotherapy has taken on a considerably greater development in America as the result of a somewhat unexpected event, the alliance that was established between the representatives of religion and those of medicine. Mrs. Eddy has waked the pastors and the physicians from their inertia and from their dogmatic slumber. The incredible development of "Christian Science" encroached on the established churches which it was robbing of devotees and on the official physicians whose patients it was stealing. Fear of the common enemy makes the most unexpected alliances.

In October, 1906, Dr. Elwood Worcester and Dr. Samuel McComb, rector of Emmanuel Church, an Episcopalian church of Boston, organized what they call the "Emmanuel Church Health Class," intended for the treatment of nervous disorders. What is original in the attempt of the Boston Church is that the treatment of diseases practiced by the clergy in the temples, for the first time ceases to be opposed to the therapy of physicians decorated with official diplomas. The Emmanuel movement presents itself as an association of pastors and physicians. This characteristic is well shown in the official rules of procedure drawn up by a committee on which were found four physicians, and in the active collaboration of the physicians who even consented to speak in the churches.

This movement lost no time in its development. From Emmanuel Church of Boston it reached a large number of other cities; some important books were published in various places. In this movement we find

a constant attention paid to the removal of the exaggerations that brought about the ridicule of Christian Science: we find here also, more than in the work of Dubois, a greater interest in the studies of psychologists, educators and criminologists. A special feature of this school is the considerable part of its treatment that is devoted to religious exercises. "Weekly services, meetings, prayers, hymns sung in common, are very fruitful exercises. . . . The highest form of religious activity is prayer, which serves not only to obtain benefits from God, but which plays a great rôle in itself. . . . Religious prayer brings peace and cures anxiety."

In spite of their efforts to be different, these psychotherapeutic theories offer a curious likeness to those of Mrs. Eddy. They start with the same idea, more or less acknowledged, that the disease is an error or a fault and that one can escape it through instruction or moral training. There is the same denial of evil: Mrs. Eddy says that the body does not exist and Dubois repeats that the bodily lesion does not exist. The denial is no more logical in one case than in the other, for if my body does not exist, why must I suffer, and if I have no disease, why am I an invalid, and why must I be treated? There is the same directing of attention toward the mind and high conduct. The work of many of the moralizers seems to be Mrs. Eddy's book secularized.

There are, however, important differences: Christian Science pretends to cure everything and makes no distinction of malady: the moralizers, though they have

a very vague notion of the psycho-neuroses, attack only certain special diseases in which the ideas of the sufferer are of real importance. The errors of which Christian Science speaks are philosophical errors of doubtful importance; the errors that the moralizers discuss are errors of conduct and of belief that can be more easily changed and whose change can have more intelligible effects. Mrs. Eddy's idealism is only a means toward the suppression of matter: the generous and noble acts that Dubois (of Berne) requires, demand attention and effort and should really develop mental power. It is not alone a question of true thinking; it is a question of good thinking. Moral good is added to philosophical truth.

But above all there is here a great progress in the interpretation of the mysterious power that was acting in the miracles, unknown to the early operators and their patients. Mrs. Eddy knows that it is a question of a power that resides in the mind, but she does not reveal this power. The patients she treats can take her metaphysics seriously and imagine that a miraculous power is involved. The patients of Dubois can not make the same error, for he explains perfectly to them the forces that he is going to put to work.

Doubtless we find in both doctrines the influence of animal magnetism. The horror that Dubois feels toward hypnotism and Mrs. Eddy's rages against malicious magnetism have the same origin. The moralizers, however, have added to magnetism the true feeling of religion and of morality. As often happens, it is the work that is apparently most secular that con-

tains the most religious feeling. Whatever may be the omissions and the errors that it is only too easy to find in the theories of these physician-moralists, their work should be mentioned with respect and sympathy, for these men who are of great scientific and ethical worth have undertaken a difficult task with conviction and impartiality and they have been responsible for great progress in psychotherapy.

4. TREATMENTS BY FAITH AND WORKS

Records may be found in all religions from early times on certain odd psychological phenomena that went by the names inspiration, faith, grace, conversion, illumination. Many religious practices, numerous gatherings, stirring ceremonies in the presence of a great crowd, reproductions of happy or tragic scenes, rites that intimately join the faithful to powerful gods, benedictions, discourse on the union with the divinity, all seem to have as their purpose the production of such psychological phenomena. The defenders of religions pointed with reason to the excellent effect of these practices on the faithful, who departed consoled and comforted.

During many years the historians and philosophers who were engaged in the study of religion misunderstood phenomena of this sort. They limited themselves to criticizing rites and myths in themselves, and did not see that these beliefs, which were without objective truth, could have, in spite of their falsity, a remarkable psychological effect. It is only recently that the psychological side of these religious phenom-

ena has been brought to light. William James, in particular, in his book on the "Varieties of Religious Experience" and in his book on the "Energies of Men," has placed much emphasis on the psychological power of these practices: he has shown the two essential phenomena that appear under these circumstances, the change of feelings which pass from sadness to joy and the change of conduct which leads the subjects, if not from vice to virtue, at least from a dull and monotonous life to a life that is healthier, larger and more courageous.

Moralists and physicians have tried to take advantage of these psychological powers and we may group under the term cures by faith and works all those methods, sometimes vague and unreflecting and sometimes more systematic, that try to cure the sufferer by encouragement and by effort.

Many optimistic doctrines appeal to courage and to energy: the stoic ethics was founded on that confidence in human powers of which man often despairs too soon. "Thou art saved for the present," said Luther, "if only thou consentest to believe it." The essential vice of our carnal nature, according to William James, is fear, which is never worthy of respect. We have within us unknown energies, we are intimately joined to the divine principle. A mother who sees her child in danger finds in herself a strength of Hercules that she did not suspect. We find references to a treatment by work and effort in all the works of the French alienists of the last century. Moreover, it is not hard to find many allusions to the good effects

of excitement in all the works that deal with gymnastics and physical training.

I may be permitted to recall here my own research on the reëducation of the will and of the attention. In my first observations the subjects, in spite of the elimination of the main fixed ideas, relapsed too easily. In order to arouse mental activity I tried to subject them to a sort of gymnastics of attention; the mental labor could not be obtained without stirring up much resistance, but interesting results appeared promptly, and I was able to offer such training as an essential procedure in the treatment of hysteria.

Grasset distinguished an inferior psychotherapy and a superior psychotherapy. Without our knowing very well why, he also liked to call treatments by suggestion inferior treatments, which is childish; but he described very well under the term "superior psychotherapy" an education that had for its aim "the culture, the growth, the perfection of the will, self-mastery, the moral unity of the self and of the personality." At the same period there was developed an odd cure that has seldom been analyzed or discussed. This is the treatment of M. Vittoz of Lausanne which is at the same time connected with the preceding studies on the need for reëducating the attention and with the procedure of the disciples of American "New Thought."

All these French writings are well enough known. I should like to call particular attention to a group of small books, published, most of them, in America by the New Thought Company, that seem to me

worthy of attention. These works, whose appearance, it is true, is scarcely scientific, have a rather practical nature, and a lofty moral inspiration. Several have been translated into French. The titles of some of these books are a good indication of their character. "Happiness and Marriage," "The Hygiene of the Brain," "Treatise on Personal Cure," "The Philosophy of Joy," "The Will to be Well," "The Power of Silence," "What Are Your Powers? and How to Use Them," "How to Live One Hundred Years and Be Happy." The author of this last book advises us to keep before our eyes examples of happy longevity and to imagine that we feel ourselves younger every day: this advice is excellent but perhaps somewhat hard to follow. The author of a "Course of Vitæopathy" assures us that many persons will be cured by encouraging them to live: that is simple and somewhat naïve, but it is a good indication of the general nature of this medicine of encouragement. The author of a book on "The Thought Force, its Action and its Rôle in Life," begins thus: "This little book is planned to make known to everyone the secret forces that he contains. It will be a manual of energy. It will train the will. It will educate the character. . . ."

To attain this power one should practice certain preparatory exercises: some consist in breathing exercises, others in meditation in solitude. But it is above all necessary to write in large letters, to learn by heart and repeat without pause certain important phrases on which one puts his mind on going to bed and on rising. I was astonished to note recently that these

little books have been read in Paris by some sufferers on the alert for anything that promised them that energy they lacked. Some women of the people who frequented the hospital put their trust in carrying about with them slips of paper on which were written in large letters the formulas that they repeated: "I'm strong, very strong; my will will be very strong before men and will be as nothing only before God; no one can resist my influence; I have decided to succeed; I am sure of success." I should add, also, that these poor women were depressed and fearfully timid and succeeded in nothing.

All the writers of this group present, may one say, the same defects and the same qualities. It is evident that they have much exaggeration and naïveté; they are inexact both as psychologists and as clinicians and they offer no records that permit one to verify their statements. But it is none the less true that they have a quite genuine feeling for those latent forces of which William James spoke and that they make an interesting appeal to psychological stimulation as the essential treatment for depression.

In another direction we find, likewise in America, and quite independent, a whole group of physicians and psychologists of these different sects who have studied the same problems in a more scientific fashion. It will be possible to group these therapeutic directions under the heading "Work Cure," the work treatment proposed by Dr. R. C. Cabot, and to oppose them to the "rest cure" or treatment by repose, formerly much esteemed in Philadelphia.

Dr. P. Coombs Knap of Boston had, in 1897, already established that the best way to cure workers affected with traumatic neuroses was to return them as soon as possible to their work, rather than having them rest indefinitely, as was too often the tendency. Like remarks were made by several physicians who demand "a change in point of view, in mental attitude, an awakening of the ambitions that one may legitimately encourage, the search for the joyful emotion that develops after success and that offers a glimpse of a new life." Dr. R. C. Cabot deserves to be considered one of the chief representatives of the "work cure" or treatment by work. "The neuropath's unhealthy fears, his presumptions concerning his stomach, his gossip and his sexual lewdness come from not having enough to do. There is a period when boys need something dangerous to do; their life effervesces if we try to bottle them up. We see the degeneration of active men when they retire, and the rapid deterioration of health when they give up the work that is one of our natural supports."

We should not forget the great rôle played with so much authority by Prof. J. J. Putnam of Boston: he also demanded effort and work, for the best preventive of neuroses is a systematic education that teaches the distinction between true and false fatigue, that gives a correct estimate of our power; sacrifices, responsibility, efforts at self-discipline, efforts at moral progress, give a more comprehensive view of life and lead to physical and moral health. Dr. Putnam tries to communicate his own enthusiasm for philosophical studies;

he would fight against materialistic and pessimistic doctrines; he would show that the scientific and philosophical notions of evolution are able to give us great hope.

In spite of the obviously too vague character of many of their studies the authors have well demonstrated an idea that we have perhaps helped to establish, namely, that neuropathic troubles depend on a fundamental change of activity. To be precise, it is not a question of a disorder of sensation, of memory, of reasoning, but of disorders of the integrating functions, of the apprehension of reality, of psychic tension. Here we may try to restore the highest functions by exercise, by directed work, by the exciting emotions.

5. MORAL DIRECTION

Religion long ago found moral guidance one of the most effective means for the support and relief of wavering humanity. Such direction has two characteristics: first, it is not a question of a quick process that once performed need not be renewed; it is a question of a slow and prolonged action, performed in a series of interviews that follow closely one on the other. In the second place this action has the best influence if it is performed by a particular individual who remains for a certain time the same.

Religion has in the organization of monasteries always given an important place to the person of the superior and to his regular influence. The Catholic religion has not restricted itself to instituting the confessional, but it has recommended that the devotee

keep the same confessor, and it has perfected the notion of the direction of conscience, the rôle of which had been already understood by the ancient stoic ethics. Ignatius Loyola, St. Francis de Sales, Bossuet, Fénelon, whose interesting letters I have already had occasion to quote, knew very well the importance of continuity in the treatment of those in moral difficulties, who were much better directed when they were in the hands of a confessor who had known them for a long time.

In one of my old studies I analyzed the singular phenomenon that the magnetists named "magnetic rapport." These forerunners of psychotherapy recognized the importance of the personal factor in the direction of their somnambulistic subjects, but they expressed it in an odd fashion by connecting it with their theories of fluids. They knew the phenomena of discrimination, that sensibiilty, that special obedience that the subject displayed before the one who had often magnetized him, and they attributed it to a special fluid appertaining to the magnetist which had penetrated the subject. They formally prohibited the mixing of influences and fluids, and a good magnetist did not allow another person to make passes over his chosen subject. They knew by experience that in the treatment of these patients great difficulty was often encountered when it bcame necessary to change the usual magnetist of a subject impregnated by the predecessor's fluid. We need not laugh too heartily at this naïve language: we meet like facts to-day, though we express them differently.

The moralizers who, like M. Dubois of Berne, seemed to grant importance only to reason and a training in a stoic morality were also making use of this personal influence when they advised the physician to keep in touch with his patient in order to understand him better and to develop by extensive visits the sympathy that is indispensable for the treatment. M. Déjerine repeated M. Dubois' ideas in more precise fashion when he said: "For me, the foundation, the only basis on which psychotherapy rests is the beneficial influence of one being on another!"

In several of my preceding works, from 1896 to 1903, I insisted in various ways on the personal influence of the physician and on the rôle it should play in the cure of nervous diseases: "It is necessary," I said in that connection, "to convert into a recognized calling this direction, which was given formerly by the neighbors of the sufferer without recognizing it, or which was restricted to some religious persons. . . . It is one of the characteristics of our time that this moral guidance sometimes reverts to the physician when the sufferer does not find enough natural support about him."

Most of the contemporary writers concerned with these moral treatments have insisted on ideas of the same sort. Grasset would have the physician direct the whole life of the neuropath. He would even reach a true prophylaxis of neuroses by allowing the physician to superintend marriages and to direct unions and births in order to arrive at an organization of social defense against nervous diseases. Dr. Lewellys F. Barker, in his work, "On the Psychic Treatment

of the Functional Neuroses," admits that the treatment is begun by a medical absolutism that leaves the patient no liberty. He hopes that in most cases the patient will be brought gradually to a certain amount of self-direction, but he does not hesitate to assert that in certain cases, medical direction should continue for life. It would be easy to multiply similar references, for this idea of the medical direction of neuropaths has been very generally admitted in the recent works on psychotherapy.

CHAPTER IV

PSYCHO-PHYSIOLOGICAL TREATMENTS

A great number of therapies applied to disorders of conduct, make use of the physical or chemical properties of certain drugs. The psychiatrists who employ them believe that they are only applying the teachings of physiology and disclaim any psychological treatment. In examining the general character of psychotherapy we shall see that this interpretation is greatly exaggerated and that all treatment, even apparently physical, whose choice has been determined by psychological considerations belongs to a great extent to psychotherapy.

1. VISCERAL THEORIES OF NEUROSES AND INDIRECT PSYCHOLOGICAL TREATMENT

Psychological disorders are disorders of conduct and conduct is nothing more than the sum total of the external reactions of a living being. How can we admit that these external reactions that occur in the members, the mouth, the tongue, may be completely independent of the internal reactions that occur within the same body, the study of which constitutes physiology? Is not the successful adaptation of external reactions a part of life just as is the successful adapta-

tion of internal reactions? A man whose conduct is deranged is a man who is living neither correctly nor completely: in the end, although appearances are sometimes otherwise, an insane person should always be considered sick. I am always astonished when I see an insane person, deranged from the age of twenty, attaining, nevertheless, an advanced age and presenting even in old age the appearance of health. This is a complex problem obscured by our ignorance of the real length of human life, of the causes that lessen the normal duration of life, of vital activity, and we obviously deceive ourselves when we admire the apparent good health of these insane patients.

It seems probable that all diseases, whatver they may be, must have an influence on psychic tension since this must depend on the proper functioning of the whole organism, and the ancients had already summed up this belief in the famous aphorism: *Mens sana in corpore sano.* Physicians have frequently applied this axiom to the study of neuro-psychoses by a painstaking search into the patient's organism for some pathological disorder to which might be assigned the apparent disorder of conduct. "In order to cure neuroses," said Dr. Lewellys Barker, "much attention should be paid to local affections, ear troubles, eyes, errors of refraction, diseases of the sinuses, genito-urinary diseases, tuberculosis, arterio-sclerosis, syphilis, alcoholism, masked forms of Grave's disease, etc." The treatment of these various affections, when one is brought to undertake it by the examination of psychological disorders, is doubtless an indirect, but very im-

portant form of psychotherapy. There are some diseases, or if you prefer, some groups of physical symptoms that seem to have a particular importance in the evolution of the neuroses, the treatment of which may well concern the psycho-therapist; we should place in the first rank gastro-intestinal disorders.

It is incontestable that a great number of patients affected by various forms of mental depression have displayed or display at the same time disorders of nutrition. A certain number of neuropaths do not eat sufficient food: formerly they were almost always classed under the name of hysterical anorexia; to-day this greatly confused group has been subdivided and, besides the truly hysterical disorders, a distinction has been made between the various obsessions, impulsions and deliriums relative to diet. In general, one should at the outset mistrust a restriction of food made by a neuropath on the pretext of a diet or a theory. Such restriction soon becomes exaggerated and leads to more and more serious restriction and refusal of nourishment. Still more often an excessive diet is to be observed in neuropaths. We have more often to deal with neuropaths who eat too much than with neuropaths who eat too little. Disregarding those cases of pathological hunger whose obviously abnormal impulsions force them to eat all day long enormous quantities of food, we regularly see many patients who ordinarily consume at each meal an amount of food that is clearly greater than the normal and in particular greater than the amount taken before they became ill. This common behavior is connected with the per-

petual feeling of depression and with the instinct that causes us to connect weakness with hunger and to treat it by nourishment. The patients who eat too much are, in fact, the inert sort who suffer from feelings of incompleteness, while ordinarily the anorexic type of patient conceals depression under his excitement and even because of this excitement experiences very little feeling of incompleteness. We often see patients, who, according to the phase of their malady, successively present the two opposite syndromes.

Most of these patients, especially at the beginning of the disease, following upon an excess of nourishment, or even independently of disorders of diet, present difficulties of gastro-intestinal digestion. We find among them aches, "heart burn," acid regurgitation, vomiting, excessive salivation that sometimes attain unheard-of proportions, or else we observe anorexia, aversions, slow digestion accompanied by flatulence, distension, constipation, dilation of the stomach, rumbling, epigastric flutterings, etc. These symptoms are called, according to the case, hyperacidity, gastric hyperasthenia, gastric insufficiency, gastric hyposthenia, gastric fermentation, gastro-intestinal ptoses, and, moreover, these symptoms mix, succeed each other, alternate the one with the other. They often bring in their train serious disorders of the stomach.

Disorders of gastric digestion, loss of intestinal tonus, ptoses of the transverse colon, adhesions in connection with ptosis, often determine chronic constipation. In a hundred records we find those disorders of intestinal digestion that have been known since the

studies of Maurice de Langenhagen under the name of mucomembranous enteritis. These gastro-intestinal diseases that so frequently accompany disorders of mental depression are developed under the same conditions as mental disorders after fatigue and emotion.

The cure of these visceral symptoms often accompanies the complete cure of the neuroses. Many of our patients no longer have any enteritis when they have no more obsessions. During the periods of temporary cure that we have called periods of stimulation, the functions of the stomach and intestine reëstablish themselves as well as those of the mind.

All these records, which could be easily multiplied, have inspired a theory that may be called the *gastro-intestinal theory of neuroses.* Even without considering the extreme cases of delirium from starvation and from loss of appetite, we may grant that insufficient nourishment is not without its effect on the development of a disease of weakness and hypertension. Conversely, several authors have studied the ill effects of the over-eating so common nowadays. They have attributed neurasthenia to excessive eating and especially to a too heavy meat diet.

It is commonly admitted that intoxications of external origin cause mental disorders; it has for a long time been possible also to show that intoxications of an internal origin play an essential part in particular psychoses. Following the direction formerly indicated by Bouchard in his argument against Charcot, many authors have shown a disposition to extend this notion and to consider most neuroses to be the consequence

of auto-intoxication in connection with gastro-intestinal disorders.

Certain therapeutic results have their source in these notions. To regulate diet is often the first duty of psychotherapy and this should not be considered easy, for often it is necessary to make an appeal to all the forms of moral influence in order to bring it about that such patients consent to change their diet for a while and especially the quantity of their food. To impose a régime of dis-intoxication and sometimes to enforce fasting is a real psychotherapeutic treatment. In the neuroses there is no form of treatment for stomach and intestinal disorders that does not have occasion to be applied to patients whose chief symptoms were apparently psychological disorders.

The circulatory functions have been examined from this same point of view and interesting results have followed. Changes of pulse rates in neuropaths are well known, acceleration being more frequent than retardation. Certain changes of pressure and especially changes in the vaso-motor functions are very frequently observed along with psychological troubles. Many of these patients regularly exhibit the reddening or paling of different regions of the skin and these regions exhibit notable changes in the peripheral temperature. Among some patients the appearance of such areas and even an odd tendency toward ecchymoses announces a period of low morale. These congestions or local anemias which can affect different organs may cause disorders of various functions.

The phenomenon of menstruation in women is con-

nected both with the regulation of the peripheral circulation and with the functioning of the glands of internal secretion. It is important to note the disorders that menstruation regularly exhibits in the course of neuroses. We seldom find a woman seriously affected by a depressive neurosis who maintains normal menstruation.

All these disorders of circulation can be summed up by the description already used by M. Alquier: these patients exhibit a group of vaso-motor troubles along with cardio-vascular instability. Sometimes it is even possible to demonstrate these disorders by certain tests: examination of the vaso-motor reaction from a pressure on the skin or on a nail, study of the diffuse reddening that follows a strong pressure at a point on the skin, the indications of dermographism, confirm the importance of this vaso-motor disequilibrium.

It is natural also that these observations should have given rise to a second group of physiological theories of neuroses. Dr. Savill in particular, in his book, "Clinical Lectures on Neurasthenia," 1906, brought attention to the fact that serious modification of function may occur without a modification of the organ's structure when there is an insufficient blood flow, and that this quantity is regulated by the vaso-motors. In attacks of nerves, he said, it is probable that a cerebral anemia accompanies a congestion of the splanchnic area. Most neuroses result from circulatory disorders of this sort and may rightly be called vaso-motor neuroses or angio-neuroses.

Studies of the glands of internal secretion have shown that psychological disorders may be a part of the symptoms determined by the alteration of these glands. On the other hand, many neuropaths exhibit symptoms analogous to those that are observed in disorders of these secretions: symptoms of hypo- or hyperthyroidism often accompany depression or obsessions. The very interesting modifications of neuroses in the course of pregnancy may be interpreted in like manner by changes in the ovarian and thyroid secretions.

Since neuroses appear to be disorders in the evolution of the individual, it is natural to connect them with the organic changes that occur expressly to regulate the evolution of the organism. Leopold Levy and de Rothschild, who made a special study of the thyroid body, consider neuro-arthritis to be a lack of thyroid equilibrium. The inheritance of an arthritic temperament would be a thyroid inheritance: "The thyroid body may be compared to a source of energy capable of setting the nervous system into motion, but not able to alter the nature of the motor." Since the neurosis is not a defect in the motor itself but consists mainly in a decrease of tension in the motor activity, in a sort of hypo-functioning, these authors believe it should be considered primarily a deficiency in the thyroid body.

These last circulatory and glandular theories of neuroses appear to me to be very important and it is not impossible that the physiological interpretation of neuroses may gradually become oriented in this direction.

And finally, the recent studies of the functioning of the sympathetic indicate new directions for investigation: it is not hard to connect many neuropathic symptoms with those that are sometimes observed among patients considered vagotonic, sometimes among the sympathico-tonic.

It is true that these interpretations and the treatments derived from them are frequently the result of purely physiological studies. But when they are proposed with reference to psychological symptoms and with reference to the relationships that connect modifications of conduct with this or that visceral state, they have quite reached the borderline of psychotherapy.

2. REST TREATMENTS

If the preceding forms of medicinal treatment are only on the borderline of psychotherapy and constitute only indirect treatment of psychological disorders, the rest treatment, which is likewise the result of physiological studies, is, on the contrary, among the most important curative methods of psychotherapy.

A fundamental instinct leads animals and men to suppress certain disorders brought on by action, by performing another special act, namely, resting. Just as the tendency to eat, at the beginning of its activity, presents itself as hunger, so the tendency to rest, when it first appears, presents itself as fatigue, and this in turn vanishes as a result of complete rest. Some physiological and medical studies have shown that an exhausted organ is restored when its functioning is ar-

rested and there is a great benefit to be gained in treating certain diseases by resting the heart or stomach as completely as possible.

Now, many neuropathic disorders are like those resulting from fatigue; the observable symptoms in the two cases are quite analogous. The circumstances that cause neuroses to develop often consist of excessive work or effort either physical or intellectual. It is true that many neuropathic disorders seem to be determined by emotion rather than by excessive work. But psychological analysis has demonstrated that in emotion there is likewise an excessive expenditure of force and that by many indications the phenomenon of emotion is only a variety of fatigue. Besides, many neuropaths betray their actual feelings by declaring themselves worn out with fatigue, by saying that they were born tired and that their disease has never been anything but fatigue. Why not believe them and apply to them the natural treatment of fatigue, which is rest?

Several American physicians in the middle of the last century tried to formulate the therapy that is the natural consequence of these remarks. Samuel J. Jackson began the organization of the treatment that was taken over and made more definite by Weir Mitchell and Playfair in 1875. This treatment was really quite simple; it consisted in putting the patients in the position ordinarily assumed when one wishes to rest: they had to remain stretched out and keep to their beds in the most perfect immobility. Weir Mitchell even forbade as far as possible the elementary

movements demanded by the acts of daily life, meals, and the toilet. All their needs were cared for by nurses who looked after them with as few words as possible. They had to be fed like babies and given every attention necessary for cleanliness. In order to avoid muscular atrophy which might be brought on by too great immobility, the patient had to submit to daily massage. Along with physical repose Weir Mitchell prescribed for his patients a greatly increased diet. His system was not only a "rest cure" but a "mast cure." The diet prescribed for these patients, numerous and plentiful meals, the quantity of milk that they absorbed often astonishes us somewhat. In certain cases the patient's weight was increased from sixty to eighty pounds in six weeks. And in order to better direct these treatments the patient was taken from his home and placed in an especially organized institution under the direct supervision of the physician.

This treatment was rapidly made famous and popularized by various writers who were struck by its psychological character. In the midst of our active and restless life, they said, it is necessary to arrange for a period of complete mental and physical rest. They quickly concluded in America that the best means for curing neuroses was to retire into a sanatorium and call in Dr. Diet and Dr. Quiet. Sanatoriums were rapidly established everywhere to put Weir Mitchell's treatment into practice and it was the style to spend several months now and then in rest and overfeeding in order to regain strength for the battle of life.

These ideas penetrated more slowly into England

and France; Charcot adopted them in part and helped to spread them abroad; and gradually establishments were built on the continent like those that were succeeding so well in the United States. I do not think, however, that Weir Mitchell's treatment has often been applied here in all its severity.

A little later on analogous treatment was applied to mental disorders of the insane. In 1897 Magnan finished the reform of "No restraint" and the suppression of isolation in cells by applying bed treatment to acute or sub-acute mental diseases. "Confinement to bed," said M. Paul Sérieux in his study of Magnan's work, "gives results that are unquestionable from the point of view of amelioration of the most distressing symptoms; it dissipates physical and psychical complications. . . . It has one particular result of prime importance for Magnan, namely, the complete transformation that this method gives to the appearance of insane asylums; the insane prison disappears to make way for a real hospital devoted to the treatment of mental diseases."

I believe it justified to couple with Weir Mitchell's treatment a curious therapy that is little known, the one that makes use of prolonged hypnotic sleep. Long ago magnetists had observed that hypnotic sleep when somewhat prolonged has a calming and restoring effect. I myself formerly took some interest in these prolonged hypnoses: in 1889 I related how an hysterical paraplegia, already long established, which had resisted other treatments, disappeared after an hypnotic sleep continued over four days, and in 1896 with reference to

the treatment of hysteria, I published the result of some interesting experiments on this method.

But Dr. Wetterstrand of Stockholm is the one who in 1892 derived a systematic treatment from these old records: he plunged his patients into an hypnotic state that enabled him to suggest rest and sleep to them, then he left them a long time, frequently more than three weeks in this state of sleep. The results of these treatments would often be very striking: attacks, contracture, delirium and, as he asserted, even major epileptic seizures would have definitely disappeared. In spite of these publications very few writers have been interested in this question and this type of treatment does not seem to have developed.

It is enough to observe that the period was scarcely favorable to this study. The medical fashion had changed. Physicians were disgusted with hysteria, hypnotism and suggestion because they had been convinced that it was necessary to study a little psychology in order to understand them, and they would prefer to reject entirely all that concerned these problems: treatments by prolonged sleep passed unnoticed.

Among the more recent works, the most interesting that is directly related to Weir Mitchell's teaching, is that of M. A. Deschamps, *"Les maladies de l'énergie, thérapeutique générale."* This is a very curious work from a practical standpoint, which by its very exaggerations enables us to understand better the rest treatment of neuroses.

This author unhesitatingly applies to a whole group of invalids the interpretation that certain ones them-

selves offer us of their condition. These are the overtaxed, the chronically tired: the main clinical symptom is their proneness to fatigue, a disposition to succumb promptly to the harmful subjective and objective effects of fatigue. Every patient who does not recover from his fatigue after a normal time and by the normal means of food and nocturnal repose, is called "fatigable." Among these patients exhaustion appears very quickly after the beginning of work and disappears very slowly, not after hours, but after weeks of repose. This fundamental symptom is not a simple psychological fact, it is connected with a great many physiological troubles; all symptoms, whatever they may be, result from the primitive asthenia of the central nervous system manifested by extreme fatigability. This exhaustion depends on a disorder in the production of nervous force which is not produced in sufficient quantity and particularly not at a sufficient degree of tension.

The therapeutic conclusions from this theory may be summed up in a word, rest, always rest. "Nothing is worth so much as rest; it is the art of conserving one's strength; it is the art of living." The man who has risen and dressed cannot fix the limit of his movements, and circumstances force him to do more than he would wish; only the bed obliges him to keep quiet. He must take the same precautions for mental rest, for reading tires as much as walking. Later on, much later on, the patient may permit himself a few minutes' walk. "If one can do a two-minute walk, two minutes a day will be done and this will not be increased until the

capital force is improved. The asthenic possesses at a given moment a certain capital of forces. This capital is stable for the instant and always supplies the same sum of work income, beyond which lies bankruptcy. By degrees, as the asthenics improve, the time for possible expenditure increases and the time for repose diminishes. But it will never go very far because the nervous system is never made over."

It seems to me that it is impossible to push any farther the interpretation of nervous diseases in terms of fatigue and their treatment by repose. M. Deschamp's book seems to-day an excellent expression of the old conception of Weir Mitchell.

Rest therapy is certainly one of the most important methods of treatment; it completes the group of practices that one can up to the present, place under the heading of psychotherapy. These methods of treatment applied to various diseases have attempted to make use of the best known moral influences. Little by little they have passed beyond the religious and magic practices that sought to bring about miraculous cures. They have been transformed by the influence of the theories of animal magnetism, religious beliefs, and scientific knowledge. Now that we have seen their chief historical sources we must study the principles on which these various methods rest in order to be able to appreciate their true value.

CHAPTER I

MENTAL AGENCIES

All these various forms of treatment have had their hour of fame. The temples of Asclepius and the miraculous springs drew immense crowds. At the death of Mrs. Eddy "Christian Science" had churches in all the cities in America and innumerable devotees. Hypnotism, originating in France, extended during somewhat more than twenty years over the whole world and psychoanalysis is now trying to follow its example. It is highly probable that these astonishing successes are caused by some real value in the various therapies.

On the other hand, it is easy to demonstrate that these various psychotherapies all have a bizarre evolution: they start up all at once, offer themselves with pride as the only effective and useful methods of treatment, they overrun the world like an epidemic, and then gradually, or all at once, they wane, and fall into ridicule and neglect. Such was the fate of magnetism, of hypnotism, of metallotherapy, and of many other forms of medication, and such, probably, will soon be the fate of psychoanalysis. We never see these therapies become fixed, developed, perfected, or leave methods and results that may be definitely taken over by traditional science. Official science never gives them a frank welcome; it tolerates them when it is neces-

sary during their period of expansion, but as inferiors, without recognizing them, and at the least opportunity, when the epidemic is on the wane, official medicine hastens to crush and suppress them. But this does not keep them from reviving a few years afterwards in another form.

How can we explain these singular evolutions, this periodic grandeur and decadence? There must be intimately mingled in these doctrines some elements of strength and some elements of weakness that have not yet been disentangled. To recognize these various elements and to appreciate the value of these various therapies it is necessary to inquire into the principles of these methods of treatment, the psychological laws on which they pretend to depend, in order to see if there is in them a real power that can be used.

Taking up this standpoint, we shall divide these methods into two very different groups. Certain of these methods are not at all precise and rest on a very vague psychological notion, that of a mental action of some sort, the nature of which they do not attempt to determine; this is the characteristic that we find in the miraculous religious treatments in Mrs. Eddy's "Christian Science," in the practice of a therapy of morale like that of Dubois of Berne. The other psychotherapies, hypnotism for example, or Weir Mitchell's rest, are much more precise, and try to make use of an accepted psychological phenomenon. As a beginning let us consider the first, the general psychotherapies, in order to appreciate the effectiveness of mental agencies.

1. THE INADEQUACY OF THE RECORDS

We shall consider first the more primitive and simple of these treatments, the miraculous treatments that still exist in our day. For the physician popular enthusiasm is not a sufficient proof of the value of a treatment, and he desires to control the results obtained with more precision, but that is very difficult. The chief difficulty of the study of miracles does not lie in the interpretation; it lies in the verification of the facts. How can one know exactly what has taken place?

The knowledge we have of these facts comes to us solely through testimony, and we know how often the testimony of men is a source of defective information. "It is especially when the question is one of religious or political events," said M. Le Bon, "that the defects of testimony are dangerous. During the centuries thousands of individuals have seen the devil, and if the unanimous testimony of so many observers could be considered to prove anything one might say that the devil is the personage whose existence is the best demonstrated. . . . In the matter of testimony it is the good faith of individuals that is dangerous, and not their bad faith."

People have often said to me, "Why do you yourself not undertake this criticism; why not verify yourself the miraculous things observed at Lourdes, whose reading seems to have interested you?" They do not consider the time and work that it would be necessary to expend to avoid fraud, to calm wounded feelings,

to check up the witnesses one by one, or what hate and bitterness it would be necessary to stir up in order to get a true idea of the motives that have influenced the pretended testimonials. It would be an enormous task for a very small result. We can understand why many conscientious observers are disgusted at such a task and are contented with the conclusion of Dubois: "In these pilgrimages, there is a special mental state of the testimonial office. Lourdes is not far from Tarascon. . . . One returns with a painful feeling, weary of superstition."

In connection with "Christian Science" the materials for study are not lacking. We are really submerged by a deluge of records of marvellous cures. Here we have enough to satisfy the most obstinate. Why are we not convinced? It is because these records are edited in a disturbing way and do not contain anything that might reassure us as to their exactness. They always concern poor unfortunates who, for years suffer in every part of their bodies, who have lost all feeling, whose internal organs are all displaced, and who are remarkably cured, because everything returns to its place. "For discussing such cases," an English author aptly remarks, "It is enough to recall the story of Mary Jolly that one reads on the fourth page of the Journals: this poor girl, after having suffered martyrdom for thirty years as the result of the decomposition of her curdled blood, was suddenly cured when she ate a fine Arabian soup à la Révalescière." These records concern the popular diagnosis that the sufferer himself makes according to his own sensations and dictates

to his healer. The latter tends the more to admit this diagnosis, the more terrible is the disease in question, the more honor its cure will do him, and the more the reader fails to understand the meaning of the words used.

Add, as many authors have demonstrated, that such records are full of contradictions, that the physicians and the patients themselves have often protested against the publication of false cures, that there have been published cases in which the sufferers declare that they have been treated for nine years without any relief in spite of their ardent faith, and we shall understand that it is hard to form a reasoned opinion on "Christian Science" from the numberless records it has published.

Does the method of treating the sick by moral direction offer much good result? This is the only important question for the physician. This question seems at first easy enough to decide. The facts are open to the light of day. The medical diagnoses are no longer so rudimentary as in "Christian Science." Several authors even publish statistics that seem very instructive.

Unhappily this is not entirely correct, and at present it does not seem to me possible either to put in order the statistics, or to attribute the least importance to the statistics that have been published. Neither the total number of subjects that have been treated, nor the number of cures obtained, have any real significance. The total number of subjects would have an interest only if there were included in that number

all the sufferers who present themselves, provided that they really belong to a scientifically determined nosological group, and that they are not arbitrarily chosen. But we are here concerned with subjects, affected with psychoneuroses, that is to say, with diseases whose precise definition has not been given.

The authors in this field consider their patients neuropaths because psychological events play a considerable part in their disease. This answer is not at all definite: since man is a thinking being, psychological phenomena are involved in almost all disease, even if such phenomena are only in the form of pain, anxiety, or despair. I have already tried to show that the definition of the neuroses in terms of the intervention of psychological phenomena was quite worthless.[1]

In reality, the moralizers make very little use of the foregoing definition, and they usually classify their patients by two characteristics that are purely negative. For them, the neuropaths, (1) have no lesions, and, (2) are not insane. Besides the usual inconvenience of purely negative definitions, these rest on two notions that are vague and even unintelligible. As I have already several times explained, I fail to understand what is meant when diseases without lesions are talked of. And for the rest, that radical division of the neuropathic from the insane, which very often exists even in the thinking of physicians, is not scientifically admissible.

We might be at first astonished to see the benefits of psychotherapy refused those who need them most,

[1] *Les névroses*, 1909, p. 378.

those for whom a method of treatment determined by psychological considerations is most suited. But to my notion, there is a more important consideration that rules the whole debate, it is the right interpretation of the word "insane." This word "insane" is not a term from medical language, nor is it from scientific language; it is a term of popular language, or, better, of the language of the police. An insane person is an individual who is dangerous to others, or to himself, without being legally responsible for the danger that he creates. This definition does not apply to the intrinsic characters of the disease, but to an extrinsic and accidental characteristic that depends on the situation in which the sufferer finds himself. It is impossible to say that such or such a disorder defined by the physician will always leave the sufferer harmless, and that some other will always make him legally dangerous. The danger created by a subject depends much more on the social circumstances in which he is placed than on the nature of his psychological disorder. Such a distinction between the insane and the sane, though necessary for maintaining the peace of cities, does not really change either the diagnosis or the prognosis. The conception of psychoneuroses based uniquely on these two characteristics remains thus a vague one, and the sufferers to whom are applied the moralizing treatments are thus chosen somewhat arbitrarily.

Alas, at the risk of passing as a good deal of a sceptic, I must say that to my notion, it is necessary to be on guard against the cures themselves. Many of these patients declare themselves cured in order that they

may no longer have to pay the hospital fee, which is expensive, or in order to regain their liberty and be no longer bored behind their bed-curtains, in order to get rid of the physician or to please him, or quite simply because they wish so much to be cured that they end by believing they are. "That makes little difference," M. Dubois would say, "for a neuropath who believes himself cured is a neuropath cured, since the neurosis is only the idea of the disease." These are words that such authors like to repeat; in reality there are neuropaths who believe themselves cured and who are not cured. Let us add that the certification of the cure of such subjects can never be made quickly, and that it is necessary to wait for a rather long time, varying according to the case, to be protected from the frequent fluctuations in these subjects, and to avoid being exposed to a relapse that is really nothing but the evolution of the disease. Be also on guard against subjects who actually recover, but who recover quite independently of your moralizing treatment, simply because they would recover of their own accord, in a given time. The psychosis called manic-depressive insanity is to-day much over-emphasized and applied wrongly or capriciously; but it is none the less true that certain depressions caused by a fatigue or an emotion seem to need to continue for a definite time and that recovery is inevitable at the end of that time. Happy the physician who has been consulted shortly before the end of the attack! But one should not be too sure of these cases in the statistics favorable to a treatment. In a word, the cures are hard to certify,

because they are no better defined than the disease itself. Each author interprets them in his own way and counts them more or less numerous according as he is himself more or less modest. In these conditions, can we draw any very precise information from all these statistics?

We have taken "Christian Science" and medical moralization as examples, but in the other therapies of the same sort we should have met like difficulties. There is, unfortunately, a condition of enthusiasm in these too general and too vague psychotherapies, a tendency to proselyting, and, it must be said, to advertising, that alters the critical sense of the observers. It seems likely that this is one of the chief reasons that has provoked hostility toward medical treatments presented in this fashion.

2. THE REAL EFFICACY OF GENERAL PSYCHOTHERAPIES

This bad impression must not be exaggerated, and it would be a great mistake to deny completely the power of these general moral therapies.

The collections of records relating to miracles are not scientific works and should not be criticized in the same fashion. It is very hard to estimate the value of each fact in particular, and, nevertheless, there attaches to the whole a certain impression of truth. There are cases in which the calculus of probabilities can offer as a quasi-certitude for a group of facts, although each of the facts considered in isolation might tell us nothing. I believe in a general way that there are cures at Lourdes; I believe still more that there

were many cures at the time when animal magnetism was at its height. There are reasons enough for our having this total impression: the most important is the very success of these pilgrimages and these magic practices. There is no smoke without fire, and nations would not have preserved through centuries the religious and magic methods of treatment if these treatments had not exerted some influence. Scientific medicine, or nearly scientific medicine, has perfected and made somewhat more certain the methods of religious or magic medicine; but it has done nothing but continue them; and it would never have had its beginning if these had not been already imposed on humanity by their effective usefulness. Let us add to this general remark that each of us has, moreover, admitted some of these cures called miraculous. Even at Salpétrière there may have been seen patients cured by the placing of the holy sacrament on their heads. We have ourselves cured many sufferers by processes like those of magnetism. The cures reported by the miracle-makers follow the same laws as the cures effected in our presence, which renders them very plausible. Charcot had insisted on that point in studying the cures effected on the tomb of Deacon Paris. I have demonstrated the same facts in connection with records collected in the register of cures of the Precious Blood of Fécamp. Recently M. Mangin made the same kind of study of the cures of Lourdes.

If we consider the treatments effected by "Christian Science," a completely negative conclusion would be, I believe, as little reasonable as an enthusiastic admira-

tion. Many records are not so ridiculous as the foregoing and present a certain plausibility; we have no right to reject them entirely. Moreover, we have ourselves known persons who seemed to have found a real relief in various neuropathic disorders from the practices of "Christian Science"; drunkards have actually stopped drinking; morphine addicts have given up morphine without having need of an isolation cure; attacks of depression seem to have been arrested in their evolution. We are disposed to believe that these cures could have been obtained otherwise; this is possible. But that does not keep us from agreeing that they have been produced in this fashion. There is, above all, one remarkable effect that must be reckoned with in the action of these idealistic conversations, namely, their influence on the chimerical fears, on the exaggerated precautions that so many people take for preserving their health in minor ailments. "To be freed from the dread of fevers, from the dread of colds in the head," Mark Twain tells us, "to be freed from the dread of having eaten horrible things and of having incurred an indigestion, from the terror of having the feet wet and of getting into a sweat; to be always contented and happy—isn't that something? Who would not pay for that?" Finally, as we have already had occasion to remark concerning miracles, such a success, much more considerable than that at Lourdes, would not be intelligible if there were not some beneficient influence in the therapeutic methods of the old healer, P. P. Quimby, and in spite of all the very necessary criticism I am convinced that "Christian Science"

in exploiting these methods has furnished useful notions by which moral therapy should profit.

In the works that treat of the medical use of morale, we find very often excellent medical and psychological observations. The larger part of medicine and especially psychiatry is still in a period of individual observations: a good description of a well-known pathological type is worth more than many theories and arbitrary classifications, and the foregoing authors, in Europe as well as in America, have analyzed very well a great number of neuropathic disorders and have demonstrated with precision their transformation under the influence of these moral treatments. The criticisms, which are much exaggerated on this point, hold that in these cures there are involved only insignificant diseases, "minor hysterical anorexias, neurasthenias from overwork, mild phobias." I am not of this opinion. We never know the degree of severity that a neurosis may take, once begun, and these conscientious observations show us very plain symptoms that we can recognize because we have seen them in our most serious cases. If such a neurosis has not shown itself very severe in its development, it is quite likely that this is because of the treatment through morale. From this point of view we may reëxamine several observations in the work of M. Dubois that refer to depressed patients with astasia-abasia, contractures, or with pains and various phobias, obsessions, and hypochondrias, who seem really to have been gradually transformed. The record of M. Y. impresses me all the more since I am quite familiar

with that type of patient constantly obsessed with the idea of fatigue and suffering agony at the thought of the slightest movement. I do not interpret these patients at all in the same way as M. Dubois, but I have attempted like him to make them move and I know how difficult that is. Furthermore, I consider the results he obtained remarkable.

These reflections on the more typical of the methods of general psychotherapy show us that it would be quite unjust and even absurd to deny categorically the effectiveness of these methods of cure.

3. INACCURATE INTERPRETATIONS

These general conclusions, moreover, are not seriously questioned, and no one denies that psychological influences have brought excellent results with patients in special circumstances. But medical men restrict themselves to accepting the fact without according it any importance, without granting that it is necessary to try to reproduce it and make use of it. There is no doubt that most physicians practice psychotherapy, but they practice it without knowing it, or if they are half-aware of it, they prefer to lie to themselves and persuade themselves that they use methods that are wholly physiological.

The reason for this ostracism is perhaps the uncertain and random character of these therapies. I have proposed to admit that the miraculous springs sometimes effect cures. One will grant me, I think, without more argument, that they more often miscarry. The sufferers who have been on pilgrimages, who have im-

plored the gods with the prescribed ceremonies or who have been magnetized indefinitely without feeling any relief, are numbered by millions. The proportion of cures to failures is extremely small. Furthermore, we have no way of knowing in advance whether one individual has more chance than another to be cured by a miracle. The same is true for the treatments by "Christian Science." For the treatments by moralization, physicians seem to have the impression that psychological treatments succeed by chance and that they involve a sort of lottery.

This explanation does not seem to me to be sufficient. Many medical treatments or surgical operations present, especially in their beginning, the same random character. We know very well that this characteristic diminishes, without disappearing entirely, to the extent that the operation is performed with more precision, and the indications for treatment have been better determined. This is the essential characteristic; the psychotherapies seem never able to offer such precision, or to give such indications. Their authors do not succeed in showing exactly the laws on which they rely, what they wish to bring about, or what they fear. In a word, the interpretations they offer for their therapeutic successes are always very vague and often evidently false.

The first interpretations of miraculous or magic cures are no more able to satisfy us. Can we seriously think that these sufferers were cured because they slept beside the statue of Apollo or because the magnetist sent them a fluid leaving his fingers in the form of

blue flames? Is denying evil and repeating that the body does not exist, that "the mind is stronger than a fish, placed in water or in the stomach," enough to cure dyspeptics? Is there any scientific proof of the action of magnets and metals on a living body? On the contrary, has it not been shown that magnetizing by an electric current brings about no reaction if it is done without the subject's knowledge? Can one take seriously the symbolical constructions, often grotesque, that give all dreams an obscene interpretation and that explain all diseases by sexual metaphors?

To appreciate the insufficiency of the theories presented by the psychotherapists, we may take as an example one of the simplest of the therapies, the one that seems to have been most favorably received by physicians, the medical use of morale offered by Dubois of Berne and supported by Déjérine. Doubtless its high moral worth commands respect, but it cannot be said that its explanations satisfy the intelligence. They propose to cure the sick by instruction and moral lectures. They hold that it is enough to acquaint patients with the medical truth concerning their disease, and the philosophical truth concerning the world, that it is necessary to improve their character, and supply them with fine, energetic and generous conduct. They will be cured into the bargain.

From the moral point of view this is perfect, but from the medical point of view is it very intelligible? Is it very certain that it is necessary to know the truth about the mechanism of a disease in order to recover from it? How many men have recovered from measles

or from typhoid fever with no comprehension whatever? It is not the same, the moralists will reply, with mental disorders where the idea one has of the disease has an influence on the disease itself. There is no proof whatever for this; the most competent psychiatrist can succumb to a severe depression and be a victim of fixed ideas; he will rid himself of it no better than another, even if he knows its mechanism. Many sufferers from melancholia recover by themselves after three months, with no understanding of their mental disorder. But, indeed, is it certain that the sick are reassured when they know that their disorders are purely mental and that they have no organic lesion? Is it certain that they will be benefited by this knowledge? It is not at all certain that such reasoning alone is in itself enough to reassure them. Many invalids are terrified at the notion that they have mental disorders; they would prefer to have physical disorders, and then it is going to be very difficult to make such a demonstration.

You would cure the sick by teaching them the truth about their disease; but what is the truth? Do you know it yourself? Dubois tells them that they have no organic lesion; is this exact? There are, perhaps, lesions that you do not yet recognize: a functional disease accompanies lesions that are at least transitory. He maintains that all the exhaustion of psychasthenics depends simply on "the idea of fatigue" and that there is no real exhaustion in addition. I may be allowed to observe that I am not at all convinced. M. Dubois shows a paralyzed girl that her paralysis depends solely

on an idea she has in her head. I am well aware that it is the fashion to-day to say that the hysteric is ill because she has taken it into her head to be ill, or because the physician has put the notion into her head. That is obviously very simple, but is it quite the truth? There are still some who doubt it. We might go on indefinitely: There is not one of M. Dubois' psychological explanations that is not questionable and that a patient with a little knowledge might not contradict.

Moreover, he is not contented with this pretended medical truth, he hastens to explain more important truths to the patient. He expounds to him a veritable system of general philosophy, and chooses for this teaching a form of rational philosophy that is to-day summarized in the manuals for the candidate for the bachelor's degree. Why should this philosophy, already somewhat obsolete, be enough to give calm and happiness to all minds? In other days Lucretius in his superb poems presented the materialism of Epicurus as the supreme consolation for sick minds and restless souls. All philosophies have in their turn pretended to play that rôle. Why should this one be chosen as a panacea? Why disturb the religious convictions of one person or the tranquil materialism of another? Are you quite sure that your classic manual will bring them more faith and more hope?

Let us go farther. Convictions are nothing without acts. It is the patient's conduct that must be reformed in its entirety. He must be taught to live a life worth living; and to attain this he must be taught a sort of

stoicism tempered with Christian charity. Such an ethics is to alter his will as a whole. Such a profound change of morals will indirectly suppress all the symptoms, for it is obvious that a will that has reached such a high degree of superiority will no longer tolerate such defects.

From the theoretic point of view that seems to me superb; from the practical point of view, it leaves me uneasy. Doubtless it is always useful and right to change a lazy coward into a brave worker, or an egoist into a generous man, and such a transformation should have the happiest effects on the pathological symptoms. But this is a very extensive undertaking and one that seems to me not always possible and that is, fortunately, not always necessary. Is this what the patient demands of us when he comes to ask us to rid him of a tic, of insomnia, or of a stomach pain? Is this the rôle for simple physicians like us? Have we time and means for it? It would be easy to show that the alliance between physician and preacher such as appears to have been realized at Boston in the "Emmanuel Movement" is not very reasonable, and that it is, in spite of appearances, as irksome for the preacher as for the doctor.[2]

All these doctrines seem to go back to a very old belief that in other days made disease a sin and an error. In ancient civilizations sickness was a moral evil because it rendered the sick person useless to society and dangerous by contagion. He was killed or expelled from the tribe. Men have long preserved

[2] *Les médications psychologiques*, I, p. 120.

that old idea and we still have difficulty in keeping from a feeling of repulsion toward the disgraceful diseases. Later on, customs were relaxed. The sick man is no longer a brutal criminal, but he is still held something of a criminal, as one is when he errs by inattention or ignorance. Sickness has become an error. That idea rules in "Christian Science" and the Scientists' journals seriously wrote that Mrs. Eddy "was ten days in error" when she died of the pneumonia of advanced years. Dubois seems to have stopped at the same point, for he constantly speaks of error and he really treats his patients as if they were simply in sin and in error. Medical science of to-day obviously cannot take the same point of view, and the result is a constant feeling of misunderstanding when we read the admonitions of these moralistic physicians.

For us to credit various psychotherapies with remarkable cures and, in spite of this to find their interpretations so vague and unreasonable, may cause astonishment. This does not appear to me a contradiction; when they explain their therapeutic system the authors try to interpret facts of observation that consist in their own treatments and the obvious results. The facts observed are exact, but the theory that they offer for them is inexact or at least very incomplete. They have, in fact, succeeded in curing certain patients, but they do not take into account what they have done and they attribute their success to a detail that may have played an insignificant part. This bad interpretation casts an unfavorable shadow on the treatment itself.

It is easy to understand this importance of the scientific interpretation of cures, however real. The simple recording of a phenomenon does not make possible its use. Scientific applications, prediction, and reproduction do not depend on observation, but on the knowledge of the law, that is to say, on the interpretation. One may have some practical successes with methods that are poorly understood, but he cannot by any means predict such successes or reproduce them. One cannot make progress in passing from one case to another or in profiting from experience. One tends to be content with counting on some happy outcomes, and, if the outcomes are too bad, to console himself by saying, like Dubois, that it is the fault of the patients, who are decidedly too insane.

If we cannot make progress ourselves without correct interpretation, there is all the more reason why we cannot teach it to others. Since your own success depends on a host of things of which you are ignorant, and perhaps on a host of things that are your personal qualities, on your height, on your beard, or your tone of voice, you do not know what directions to give pupils in order that they may succeed in the same way. You explain to them your theories, that is to say, the most insignificant and the most false part of your work. If they then try to apply what you have taught them, exaggerating it, of course, and leaving out the essential that you have not told them, they will be simply ridiculous and they will discredit your methods. This is the essential difficulty of the psychotherapies. Superficial and inexact interpretations have stopped the

evolution of processes of treatment that in themselves possessed usefulness and power.

4. THE POWER OF THE MIND

This failure at explanation is due to something that was scarcely suspected at first, namely the complexity of the facts and laws that enter into these treatments and cures. It is easy to obtain some notion of this by glancing over the evolution of ideas that produced psychotherapy.

The point of departure was the observation of miraculous or magic cures. Gradually it began to be suspected that these facts, in spite of their accidental appearance, were not beyond the bounds of determinism. Charcot, in his remarkable study on *"la foi qui guérit"* [3] clearly showed that these miraculous cures always occurred under very similar conditions. It is easy to discover in different countries and in different historical periods the same external circumstances, the same personnel, the same practices imposed on the sick. I have had occasion to show that the same facts can be found connected with animal magnetism. This community of practice, said Charcot, persisting through so many centuries and among so many different peoples, is obviously very significant. It proves that the miracle is not so arbitrary nor so free as might be thought and that, miracle though it may be, it is subject to laws that have remained unchanged. In reality the miracle is no more arbitrary than the thun-

[3] Charcot, *La foi qui guérit, Archives de neurologie,* 1893, I, p. 74, *La revue hebdomadaire,* Dec. 3, 1893.

der or the lightning that the ancients also attributed to the gods. "We must penetrate the determinism of these new facts, of these natural phenomena that have occurred everywhere; we must make a science of the miracle in order to reproduce it at will."

That is all very well, but this science is hard to formulate and it takes shape slowly. At an early period there had been noticed the part that the thoughts and feelings of the sick play in this determinism and it had been suspected that there was involved a special force dependent on the human mind. Galen had already said "the Temples of Asclepius furnish us with the proof that many serious diseases can be cured by nothing more than a shock given to the mind." The practices that have been recognized as contributing to the realization of a miracle, the long pilgrimages, the prolonged waits, the marvellous stories, the religious exaltation, the public meetings, the emotion caused by the marvellous and the terrible, etc., are assured causes for great psychic disturbances. More recently, indeed, studies of a somewhat special psychological fact, the phenomenon of suggestion, have come to show that in certain cases, by means of definitely psychological procedure, there could be brought about certain events quite comparable to those seen in miraculous cures. From all these observations it was concluded that it was in the realm of psychology that there must be sought the determinism for miracles and the means for more regularly producing the same effects.

These observations led to the first progress: in the

beginning, the operator, priest, or magician did not, any more than his patients, suspect the nature of the forces he was trying to bring into play. Later on, the operator, at least, comprehended that he was making use of mental forces and behaved accordingly: one already notices this evolution in the interpretation of certain magnetists. A notion of the power of thought forms the basis of the inspiration of P. P. Quimby, Mrs. Eddy's teacher; it dominates the practices of Christian Science and many psychotherapies of the same type.

With medical use of morale we make another step in advance. Not only the operator but the patient himself is aware that it is solely a matter of thought; thought is being acted upon, an attempt is being made to alter it, and thought is counted on "to cure the body through the mind." Gradually the notion of the rôle of thought in disease and in health has become more definite and more precise. The famous book of Hack Tuke on "Body and Mind" states very well the opinion that was generally coming to be held. The author is satisfied when he has demonstrated the action of a mental phenomenon, whatever it may be, and he does not try to make it any more definite. He limits himself to admitting in a general way the action of the mind and recognizes it as powerful. Once this force is recognized, he wishes to put it to immediate use in the form in which he conceives it, as a simple force that can be maneuvered as an integral whole.

The various psychotherapies seem, indeed, to be somewhat more specific and appear to have recourse

to different psychological phenomena. Some speak of faith, of belief, of truth: they have imagined that powerful thought was true thought, philosophical and metaphysical thought, and they heal by means of idealism. Others talk of logical and rational thought, of good thought, and they cure by means of reasoning and morale. The former maintain that it is a question of the power of imagination, the latter, of the force of expectant attention. But these various terms do not correspond to different psychic phenomena: the authors choose them at random according to their training, according to the vague psychological notions they have heard talked about. In reality psychotherapists employ these different words in order to distinguish between themselves, much more than between the facts: they wish to show that they have found a new method of treatment in order to entice away the patients of a predecessor. But they all do about the same thing and try to exploit the force of the mind in its entirety simply because it is a psychic force.

There is a grave error here: the psychic phenomena that are involved are in reality extremely complex and different from each other. It is enough to consider the influences that are at work in miraculous cures to understand this. Studies on suggestion have shown that in certain cases, facts like the foregoing could be reproduced by this method, and for a short time everything was to be explained by this particular phenomenon. Partisans of religious interpretation have protested, and have tried to prove that not all miraculous cures could be explained by suggestion. The discus-

sion has often been harmed by their complete ignorance of the nature of suggestion. But this is of minor importance; I should willingly grant that they are partly right and that not all psychic phenomena that occur here are suggestions. Religious faith, faith in science, even when it is a question of pseudo-religion and pseudo-science with all that they contain of unbridled hopes and powerful tendencies, must evidently play a great part. Instinctive respect for wealth, for power, has made it possible for kings as well as priests to cure the sick. Travel, fatigue, strangeness of environment, a change of physical and mental hygiene, emotional shocks of all kinds, the influence of public opinion shown by the reputation of a remedy, and the powerful and so little known action of crowds, all this has acted on the minds of the sick. Zola puts this very well in his picture of Lourdes: "Auto suggestion, excitement set up long in advance, the undertaking of the journey, prayers, hymns, increasing exaltation, and above all the healing influence, the unknown force that emanates from crowds in an acute crisis of faith."

Among all these influences I should like to note in particular one that seems to me important, although little known, and one that we shall meet again, namely, the nervous and mental stimulation induced in an individual by the part he has to play. We are only beginning to comprehend that many physical diseases as well as mental are determined by the depression of nervous force and that this depression is fostered by every unhappiness, by every form of inaction. How

many people are ill because they have nothing interesting to do, because their lives are vulgar, dismal and monotonous, because they have no hope, no ambition, no aim in life, because no one is interested in them, because they can see no way ever to become interesting to anyone. Take a person of this type, make him understand that he is to be the object of a miracle by the Holy Virgin, that the all powerful Divinity has singled him out from thousands of other men in order to bestow on him particular and visible grace, that he is going to carry in himself the living proof of the reality of religion and serve in the eternal salvation of an impious century. Take a simple little woman who is bored, without interest or aim in life, and make her understand that she is to become a clairvoyant somnambulist, able by thought to traverse time and space, to astonish mankind and heap benefits upon it; make her understand that she is to collaborate with a superior man, to whom she will give her time, her life, a little of her love in order that he may write, thanks to her, a book that shall save humanity. Is it not evident that such individuals are going to be mentally and physically transformed, without its being necessary to appeal to the power of the Gods or to the action of a fluid. These are some of the psychic influences that are involved in miracles and it is most probable that there are many more of them that we do not know how to analyze.

The same comment can be made with reference to other psychotherapeutic methods; among the good effects of medical moralization, logical reasoning of

which Dubois of Berne speaks, should play, as we have seen, a very small part. A great number of other psychological factors have a decided effect. There is, first of all, the journey, the change of place, and in other cases the singular proceeding that consists in going to seek for a medical consultation in a temple. In many of these treatments there is isolation, rest in bed, discipline. Let us add other mental influences, threats, for instance, and even punishment, because patients are shut up; they are given to understand that their isolation will be long or short, according to their conduct; in certain cases they are left to be bored behind the curtains of a bed and they are refused even a book to read or any work to do if they do not improve or appear to be improved. I am not criticizing this procedure; I am only calling attention to the fact that it is not pure reason and that there is here another influence than that of logic. We notice still other purely educative methods, such as the monotonous repetition of the same thing at the same time of day, exercises of attention in listening every day to a little lesson in philosophy, various forms of stimulation because the patient is made to understand that he is considered intelligent, capable of being guided by reason alone. One should even, as Dubois wisely recommends, try to praise the patient's good qualities in order to raise him in his own esteem. There is also the example of the physician, who appears firm and decided. Those doubting patients who have never believed in anything ought certainly to be impressed by seeing a man so thoroughly convinced of Leibniz's

philosophy. There is even some suggestion in these treatments, in spite of the horror that Dubois feels for this method. It is very difficult to avoid entirely the development of some automatic phenomena that occur in the patient's mind in response to our appearance or speech. This therapy is not at all, then, as its theorists imagine it, purely rational; it appeals to the reason and the feelings and to the passions and to the automatism of habit and to anything you choose. It endeavors to make use of all psychological facts indiscriminately simply because they are psychological and because in a general way the power of thought has been recognized.

In connection with these general psychotherapies may be recalled the memory of an old medicament that played a great rôle in the Middle Ages, theriac. It was a general cure-all that could be used in every possible case because there had been put into it by the hundred all the active agents that were known. The patient was made to swallow it all in the hope that the disease, whatever it might be, could find in this mixture what it demanded. The therapeutic methods that I have just described seem to me identical with a sort of psychological theriac, that calls forth indiscriminately all the psychic phenomena, that appeals to all the mental operations in every patient whoever he may be, in the hope that each of them will be able to find what he needs in this mixture. This happens occasionally and psychological theriacs have certainly had some successes. But one should not be surprised if they do not always succeed, or, that

such treatments are considered as lotteries by official science.

This characteristic of a certain number of psychotherapies is not peculiar to them, it has occurred in exactly the same way at a certain stage in the evolution of every science. Physicists wanted to make use of electricity before they had made out its laws and phenomena. From time to time they obtained some results, but they could not predict anything, and they could not teach practical methods. Physics had to analyze electrical phenomena and not describe electricity in general under different names. Psychotherapy will not be able to develop unless psychologists discover in the foregoing methods or in others more recent, some notions of the forces of the mind that will be more precise and more fruitful.

CHAPTER II

THE UTILIZATION OF AUTOMATISM

The great shortcoming of the use of morale is that it is a theriac that tries to employ haphazard all the psychological influences in connection with any trouble whatsoever, provided that it be vaguely neuropathic: it is this that makes so difficult the establishment of actual cures, the verification of experiments and the teaching of the doctrine. We should try to find out whether other psychotherapies have all shown the same characteristic and particularly whether studies in suggestion have not made known to us a more exact psychological principle that would permit of somewhat better determined therapeutic application.

1. THE MECHANISM OF SUGGESTION

In my little book on *"les névroses"* 1909, I have already studied the suggestibility of hysterics, namely that disposition to present in an exaggerated fashion the phenomenon of suggestion (p. 297). In my book on "les médications psychologiques" (I, p. 137) I devoted a long study to the observations and interpretations of this phenomenon and here it will suffice to sum up the conclusions of those studies.

Let us consider some typical cases of suggestion, choosing the simplest phenomena that appear spon-

taneously and accidentally in the course of neuroses before studying the experimental or therapeutic suggestions which are the most complex and most susceptible of a false interpretation. A young man of nineteen, Nof, fell from time to time into certain bizarre states and when he was in this condition became unable to resist tendencies that certain impressions aroused in him. Thus, as he himself tells and as his parents observed, during one of these attacks, he passed by a hat shop one day and said to himself, "Hullo, that's a hat shop where they sell hats," and he bought a hat for which he had no need. Another day, being in the same state, he passed by the Lyons station and said to himself, "This is a railway station, you go in here to take a trip"; he entered the station and, reading on the bulletin board the name of Marseilles, he bought a ticket for Marseilles, boarded the train, and it was not until Macon that he came to realize the absurdity of this journey and left the train.

Mye, a young girl of eighteen, had had a great dispute with her father over the subject of her engagement. She talked very loudly and cried a long time until at last her voice became hoarse. She complains to her mother, weeping, that this quarrel has made her ill, for she must surely have broken a vocal chord. From this moment she is aphonic and at times completely mute. Speech only returns at night during dreams and occasionally for a short period during the day when she becomes angry again; but when she consciously observes herself she can no longer articulate a single word aloud.

The psychological problem of suggestion consists in deriving common and essential characteristics from these facts. A first group of attempted explanations has a great importance from the historical view point, for it involves opinions that are, to my notion, the most widespread and the most troublesome and that have done most to confuse this topic. This first group of explanations centers about some definitions of suggestion that display only one characteristic of the foregoing facts, the psychological or mental characteristic of the phenomenon and refuse to be any more exact. This conception can be attributed to M. Bernheim, who, at least in his earlier writings, tried to give to the word suggestion an unlimited application. To him this word seemed a synonym for the old general terms, "thought, psychic phenomenon, fact of consciousness." In the beginning this conception had its uses and it helped to establish the psychological character of the phenomenon, but if it had been continued, it would have done away with all interest in treatments by suggestion, which would then have been confused with the foregoing treatments by morale of any sort whatever, and would not have added to the precision of our ideas. In reality this conception is very incorrect: it is easy to show that the word suggestion has always been applied to a particular and very definite phenomenon. There should be also excluded the similar definitions that confuse suggestion with the arousal of feeling, the provoking of thought or the association of ideas. Suggestion must likewise not be confused with error or with emotion. Suggestion may be accom-

panied by emotion, it may develop as a consequence of emotion, but it should not be confused with emotion.

In my first work on suggestion I insisted on two points. I first tried to show that it was necessary to consider these phenomena from the single viewpoint of action, and next that it was necessary to consider the incomplete, unfinished character of these actions. The subjects are always active in any suggestion, even in the so-called negative suggestion in which they assume certain characteristic attitudes that are nevertheless actions. But it is easy to see, even in the records that I have just summarized, to what an extent these actions are defective. Nof... buys a hat or boards a train as he has done before, but he does not consider this important detail, that just at this time he has no need for buying a hat or taking the train for Marseilles; the action fails absolutely in precision and suitableness for the occasion. This blundering is all the more striking because it is not consistent with the subject's ordinary behavior or with his education or past experience. We are amazed at the follies of these persons and we say that they are carrying distraction very far indeed. The patients notice this as well as ourselves when they have come out of the bizarre state that accompanied these actions. "How could I have done such foolish things, I who am ordinarily so economical? How could I have imagined that I broke a vocal chord, talking to my father in a room. I didn't have any blood in my mouth and I did not suffer at all. . . ." It is because of this characteristic

inappropriateness that the suggested acts are so often errors. The actions are not even in accord with the personal sentiments of the subject. It is curious to see an individual quickly accept and affirm with conviction things that are opposed to the character, the tastes, the beliefs, that we knew him to have heretofore; he himself is astonished at what he has just done and he cannot believe that he is about to do what he would have refused to do a moment before. And finally, when the suggested action is completed, one often notices a fact which Beunis was one of the first to describe, namely, the forgetting of the suggestion and its execution. It is such considerations that have led me to this general conception: "Suggestion is a particular reaction to certain perceptions; this reaction consists in the more or less complete activation of the tendency that has been evoked, without this activation being completed by collaboration with the whole personality."

In my last book, I think that I made this more clear. It is always a question of actions in connection with language, of those links between language and the action of the members that characterize will and belief and that may be called assent.[1] But it is not a question of a deliberated assent in which will and belief are not complete until after a certain period of deliberation and reasoning. The examination of motives, the arousal and the comparison of other favorable or unfavorable tendencies are very incomplete or even

[1] *Annuaire du Collège de France, Cours sur les tendances réalistes,* 1913-14, *sur les tendances rationnelles,* 1914-15.

absolutely lacking. One knows individuals incapable of carrying on a discussion, who suddenly stop, either angrily repeating their own opinion or else appearing to accept completely without any modification their adversary's opinion. Something of the same sort occurs in inner reflection; the subject suddenly abandons his deliberation or his unfinished reasoning and gives his complete assent to one or the other of the ideas expressed according to the chance reinforcement of the moment. . . . It is an abrupt return to the immediate assent, but after a beginning at reflection that remains incompleted.

There is, indeed, underlying reflection, a primitive form of assent that exists only in the thought of primitive man, that constitutes even now the only voluntary activity of those who are called the mentally weak. With them the tendency called forth in verbal form struggles against other tendencies aroused at the same moment by circumstances, and, according to the degree of force or of tension, gains a victory over them or is inhibited, that is to say, drained by them. The act of affirmation or negation simply amounts to establishing or proving its victory or its defeat under a particular form: "One wishes or believes what one desires." All the influences that depend on actions exterior to the moment, on the authority of the persons present, of the subject's previous experience, may, according to the chance of circumstances, play a part in directing the assent in this or that way. I have described weak-minded patients of this type who could be made to believe any absurdity because they affirmed or de-

nied anything whatsoever according to the impulse of the moment, without taking account of difficulties or of contradictions. With them will and belief exist only in the form of an immediate assent without any reflection.

Suggestible individuals are not always the mentally weak: in the majority of the circumstances of life they make a more or less skilful use of reflection: we expect them to behave in the same fashion now and they expect it of themselves. What is characteristic of suggestion is that, at a given moment, the subjects behave quite differently. They have a beginning of reflection in regard to the suggested idea; one often observes an attempt at deliberation or reasoning. But these attempts are not very prolonged and do not result in a decision that would adopt or reject the idea with complete consciousness. The idea left to itself develops independently in a form of immediate assent, it takes the shape of an impulse. Suggestion presents itself as the provocation of an impulse rather than as a deliberate resolution.

How is such a transformation possible? I shall not again consider the conditions of suggestion which I have done elsewhere and I am disregarding interpretations in terms of the hypertrophy of a tendency, in terms of concentration of the attention, in terms of exaggerated obedience, whose insufficiencies I have tried to demonstrate. We are dealing with individuals who from the nature of their constitution or from the fact of an accidental illness have very feeble powers of reflection, in whom reflection is always slow, difficult

and brief. Under the influence of various circumstances that determine fatigue or emotions, they have a momentary depression that renders them incapable of reflection and that leaves them for some time incapable of anything more than an immediate assent. At the beginning of this chapter we have noticed two examples of such behavior.

What is curious in this and what constitutes the essential discovery made by the magnetists and hypnotists, is that we are able, by artificial means, thanks to certain methods that reproduce fatigue and emotion, to bring on this momentary depression experimentally and to use it for producing the impulses that we desire. The idea that we put into the mind at a favorable moment when the power of reflection is worn out, becomes the object of an immediate assent and is transformed into an impulsion. It is this experimental arousal of an impulsion that is the essential purpose of all the studies of hypnotists.

2. CHANGES IN PSYCHIC STATES

The psychological facts involved in the practice of hypnotism and even in the explanation of hypnotism are evidently less simple. We shall have to return to the consideration of hypnosis in connection with fluctuations of psychic tension; but a great number of facts observed in these states depend on modifications like those that we have observed in suggestion and are likewise connected with the artificial determination of automatic behavior.

Psychological interpretations of hypnotism have

been very numerous and often highly debatable. The hypnotic state is not characterized uniquely by suggestibility, for there are certain hypnoses in which suggestibility is, on the contrary, diminished and appears to be less than during the waking period. Nor is hypnosis a state of sleep, for it often presents a very different activity from that of simple sleep. It is difficult to avoid the identification already made by the old magnetists of hypnotic with somnambulistic states. I am forced to keep the opinion that I formerly expressed, that hypnotism, whatever may be the method of obtaining it, belongs in the group of somnambulisms, just as suggestion belongs in the group of impulsions.

We may go a little farther and construct a general idea of somnambulism. Somnambulism is a modification in the mental state of an unbalanced individual and this modification consists in extremely varied changes that are not the same in every individual. I once noted certain changes in the dominant sensibilities, in the nature and number of tendencies that can be aroused, in the extent of the field of consciousnss. I now think that to this should be added certain important changes of psychic tension: often it is diminished in hypnoses where the attention and the will are more feeble than during the waking state, where suggestibility is increased; sometimes, on the contrary, it is heightened and some artificial states are obtained in which the personal will is greater and suggestibility has disappeared. There are, moreover, in such states many other changes that we recognize imperfectly.

But this is not sufficient, for such changes occur constantly in the course of life and do not cause somnambulisms. This is because ordinarily these changes are slight or gradual or compensated for by other phenomena and they do not alter the continuity of the personal memory. Although I may be tired and depressed, I still remember what I was doing a little while ago when I was not tired and depressed. For different reasons, in which even suggestion may play a part, these modifications of mental states are accompanied by a modification in the continuity of personal memories and by the appearance of alternating memories. Thus somnambulism becomes for us a temporary and fleeting transformation of the mental state of an individual capable of causing in him the dissociation of personal memory.

The definition of hypnotism is the natural result of this. There is a curious fact, observed, indeed, for the first time by Puységur: by methods whose action we do not always completely understand, we are able to cause similar transformation in certain individuals, to put them into a state of somnambulism. Hypnotism, which is a gradual outcome of the old animal magnetism, is nothing more than the artificial production of somnambulism. It may be defined as a momentary and passing transformation in the mental state of an individual sufficient to lead to dissociation of the personal memory and artificially caused by another.

Fatigue of attention, exhaustion from emotion play a part in such artificial transformation. Certain intoxications can in certain cases bring this about. Ether,

chloroform, ethyl chloride have been used to bring about hypnotic sleep with some interesting results. These experiments are seldom made and would be worth repeating carefully. This might even be the beginning of a new form of hypnotism that could be independent of hysteria, whereas at present it is almost entirely dependent on this neurosis, or, if you will, on natural intoxication.

Somnambulism is not only the arrest of normal personality, it is also the development of other tendencies. In order to arrive at an hypnotic state, it is necessary that at the moment of depression induced by one of the preceding causes, there should be aroused and developed tendencies compatible with this state. That is to say, tendencies that permit the patient to remain quietly in his armchair, to listen to his hypnotizer, to talk with him, etc., in a word, to maintain the position of an hypnotized person. Preceding séances, somnambulisms that have occurred spontaneously in many patients before these experiences, previous nervous crises accompanied by delirium and rambling speech, the ideas spread about through the public on the position of somnambulists, and, in addition to this, the suggestion of the hypnotist are the actual causes for the awakening of these indispensable tendencies. There is in all this an education of the subject which has been much ridiculed but which is inevitable. Without any doubt it is ridiculous to train the subjects to address you familiarly during the hypnosis, for them to look wild-eyed or to hold your hand while constantly scratching your thumb nail. But these are the exag-

gerations of an excellent practice. Hypnotism is not only a subconscious state, but it is an artificial state brought about by the hypnotist and up to a certain point at the disposition of the hypnotist. It is necessary, therefore, that the latter should impart to the subject during this state the attitudes and tendencies for which he has need, and it would not be worth the trouble to bring about this state if the subject were to be as troublesome in it as during his conscious state.

From this it results that there is in hypnotism, along with a greater complexity, something analogous to what we have noticed. There is in it an arrest, a suspension of the normal personal consciousness, a modification of that particular tension which we think of as the waking consciousness and which was in unstable equilibrium, and at the same time an appeal to, and a calling forth of other elementary tendencies whose activation is going to replace that of certain repressed tendencies. Sometimes it is another life, another character, another memory that is evoked in place of the ordinary conduct. In order to bring about an hypnosis one still makes use of the disposition of certain tendencies to become automatically active on the occasion of the slightest stimulation.

3. THE AUTOMATIC FUNCTIONING OF TENDENCIES

This conception of suggestion and hypnotism presupposes several important psychological notions that the studies of the magnetists and hypnotists have helped to make more precise. In order that a suggestion may be able to bring about an action, in order

that a certain practice may reproduce a somnambulism, it is necessary, as we have just seen, that the subject should himself possess a disposition to perform this action which may be called a tendency. The notion of a tendency that gradually emerged from old studies of instincts, habits, characteristics, and faculties and was made precise by observations on reflex action, took on a great importance in the works of Ribot. To-day it plays a considerable part in the interpretation of psychic phenomena. A tendency is a disposition of the organism to produce a series of particular movements in a definite order in consequence of a certain stimulation at a point in the periphery of the body. A pinch on the skin of the arm causes the withdrawal of the arm, the contact of the bolus of food on the pharynx causes swallowing. These are elementary tendencies. In higher acts much more complex tendencies are involved, but they remain subordinate to the same general laws.

A certain number of tendencies are original and are written into the organism from birth. Many others are acquired in the course of life, for the execution of every action leaves after it a disposition to reproduce itself, that is to say, a new tendency. Our behavior is the result of the complicated functioning of a multitude of tendencies that are being constantly formed and modified.

Not only do tendencies present a disposition to cause a series of movements in a determined order, but they must also possess a force able to produce this series of movements. Each tendency seems to be the reservoir

of a certain quantity of force corresponding to the complexity and importance of the act that it determines. Some psychologists like Mr. MacDougall have maintained that only the fundamental and original tendencies contain a charge of force.

For many years I have been accumulating records to show that every tendency, even the slowest and the smallest, possesses a certain charge without which it would be impossible to understand either the suggestions that cause it to function or the excitement caused by the arrest of this tendency. Doubtless this charge could have been acquired at the moment of the formation of the secondary tendency by borrowing force from the more original tendencies, but the new tendency once established, this charge remains attached to it in a permanent way.

When the tendency has been aroused by an appropriate stimulation, its activation may take place in degrees that give rise to different psychic phenomena. Thus there is built up a structure of tendencies out of attention and interest, desire whose forms are so various, effort, consummation and triumph, the origin of joy. These different degrees appear definitely only in the activation of higher tendencies. The complication and the perfection of these degrees of activation depend on the elevation of the tendency. To take only one example, the operation of the tendencies placed at the base of this psychological hierarchy, and which constitute the reflexes, may be explosive; it may be delayed in the somewhat higher tendencies, which, after being aroused, may discharge themselves

several times and be interrupted one or more times, at different stages. The inhibition of one tendency by another and above all their association and their coöperation likewise present varying degrees of improvement according to the degrees of this hierarchy.

These diverse degrees of perfection first appear in different individuals according to their degree of evolution. But they appear also in the same individual according to the temporary state in which we find him. The various degrees of psychic tension correspond to the various forms of activation that tendencies may take. The activation of a tendency after reflective deliberation is one of the highest stages of function, while activation after an immediate assent, without reflection, constitutes a degree inferior to the preceding.

To evoke an impulse, which is the essential of suggestion, is not, indeed, any more than the activation of a tendency under a lower form, with a lesser degree of perfection in the place of a higher form of activation. The reproduction of an hysterical crisis, of a somnambulism, of the attitude that the popular imagination holds in regard to somnambulists, is likewise a phenomenon of the same type. If, in a general way, we call automatic the activation of an inferior tendency that escapes from the control of superior tendencies and especially the provocation of an immediate assent, instead of a reflective assent, we may say that the essential part of the treatments we are considering is the provocation of automatic actions instead of superior and reflective actions. This characteristic of suggestion is found in many therapeutic methods

where it is combined with other elements. It enters into education, into æsthesiogenies, into moral direction. Studies in suggestion have played their part in the discovery of important psychological laws and, in addition, they have initiated a precise application of psychological laws to the treatment of the sick.

4. THE POWER OF AUTOMATISM

It is none the less strange that benefit is derived from the use of these methods. How can the provocation of an action under an older and more primitive form be of use to the sick?

In the beginning suggestion was thought to have a considerable and in some ways superhuman power that greatly surpassed that of the normal will. It was thought to be capable of causing physiological and psychological metamorphoses that the normal will was not able to effect. This belief was the point of departure for extensive studies in the production of blisters through suggestion and in criminal suggestion. The old magnetists claimed to be able to stop or increase at will the flow of blood from wounds or incisions and since then it has been announced in many places that reddenings of the skin, swellings, local rises of temperature, blistering, disappearance of warts had been brought about solely by hypnotic suggestion. The exact verification of these facts, the discovery of their causation would be of the greatest interest in proving the power of suggestion. Unfortunately science has not arrived at a definite conclusion on any of these points. Certain curious and even striking observa-

tions are announced from time to time, but no one succeeds in verifying the experiment on another subject and under conditions whose control is open to no reproach, and there only remains the memory of a strange fact that has not entered into the domain of science. If such phenomena exist it is probable that they are dependent on a particular state of the circulation and of the skin analogous to that observed in dermographism and that suggestion proper only plays an accessory rôle.

The so-called criminal suggestions present us with a like problem in regard to moral conduct. It has been claimed that these suggestions rapidly caused terrible transformations in the mind and forced a person to commit acts that he would never have considered otherwise. These experiments should have proved in a very definite way the extraordinary power of suggestion. The critics did not hesitate to point out that these experiments with imaginary crime did not signify anything because the subjects were perfectly aware of their lack of seriousness and would not have carried them out if the situation had been more serious. They finished by declaring that criminal suggestion did not exist. One of these two conclusions seems to me to be as false as the other because of the lack of psychological analysis. It is true that the experiments of magnetists begun again at Nancy without any criticism were of no great significance. The execution of an idea in the form of acting, of a pretense, of a falsehood, is only a start at execution and in the tendencies that thus develop there is only a feeble degree of tension. This

is the reason, as we know, that neurotics of feeble psychic tension delight in falsehood, pretense and acting.

But it would be very wrong to conclude from this that in other conditions and in certain subjects, criminal and dangerous acts could not be brought about by the mechanism of suggestion. It is enough to examine the conduct, the real acts of patients, to be convinced that there are certain moments in their lives when accidental suggestion or even wilfully evil-intentioned suggestions, determine serious acts and even actual crimes. When I made a study of these facts I collected very definite cases in which real acts of misdemeanor were caused in this way. But one should not relate these observations without adding immediately that these were cases of very seriously ill patients, presenting all kinds of neuropathic accidents, having no personal will and incapable of directing themselves or resisting. The interesting problem from the medico-legal point of view consists in discovering whether with these patients suggestion was a more efficacious and dangerous procedure than the persuasions and threats usually employed. From the psychological viewpoint it is evident that suggestion is not operating alone, that carrying out the crime depends on a disordered will as well as on suggestion, and that these facts, interesting as they may be, do not demonstrate an extraordinary power in suggestion.

Many of the apparent marvels in the suggestion of paralysis, of contracture, or of character transformation are more often marvels of hysteria than they are

the effect of our suggestions. In a word, suggestion does not seem to determine bodily and mental acts or modifications superior to those that the normal will can ordinarily realize. Moreover, there is nothing surprising in this since suggestion simply determines will and belief in a more elementary form without the perfection that reflective deliberation brings to them. All that we discover in the suggested acts are the characteristics of this elementary will, acts possibly more violent, more obstinate, in certain cases stronger convictions, but in the end acts of will and belief that maintain the general character of such acts. Even marvellous transformations brought about by the hypnotic state have been believed, and artificial somnambulists were credited with extraordinary psychic powers. We have had to give up most of these illusions and admit that the hypnotic state does not add any new power superior to the normal activity of men.

We can no longer demand from suggestion or hypnosis acts that go beyond the powers of the normal human will. But is it really a question of this, and could we not content ourselves with acts that simply surpass the actual will of the patient? Precisely the individuals on whom hypnotic suggestion has an effect are the depressed neuropaths who present all sorts of disorders of the will and who often suffer from the inability to act. They do not know how to begin an action, or to continue it, and from this follow all their various paralyses, their inability to walk, to speak, to eat, to look, to sleep, etc. . . . If they attempt to perform these acts they experience all sorts of troubles,

emotion, anguish, tics, excitement of a thousand kinds, and these troubles are only by-products of their inability to realize the complete execution of the act that has been started. In other cases they cannot stop an action and they suffer from impulsions resulting from the involuntary development of tendencies formerly aroused which continue in the form of inopportune action; from this result convulsions, crises and various forms of delirium. It is not from such subjects as these that one must expect acts of a superhuman will; it would be quite enough to help them to perform acts that the average human will can succeed in accomplishing easily, and this would immediately do away with a great many of their sufferings.

Suggestion, of course, will not give them back a will that is lacking. "Just as one cannot suggest to an individual to be suggestible when he is not, one cannot suggest to a patient that he be not suggestible when he is; it is through automatic obedience that he will appear to obey you and he will not have regained the voluntary consent any more than the first will have lost it." [2] No doubt acts thus determined will be impulsive acts and not acts of reflective will. They will not be so morally elevated. The moralist will be able to say indignantly: "These are not true actions; the cure is not voluntary; the patient does not feed himself; he is fed . . . to eat by hypnotic suggestion, that is not to eat." This is somewhat puerile; do those patients eat any better who are fed by plunging a tube into the nose? They do take on weight, how-

[2] *Automatisme psychologique*, 1889, p. 169.

ever, and the patients fed by suggestion do the same. Doubtless this is not an ideal method of feeding, but it is feeding all the same. When the patient will have regained his strength and will be able to help himself, he will be able, perhaps, to perform more elevated acts—but in the meantime he is a patient and we must be content with those acts he can perform.

I even grant that acts thus performed have real faults; not having been reflected upon, they are less adapted to reality, to the present situation. They are much less assimilated to the personality, they leave few memories and do not serve to build up character. But some of these faults are minimized in medical suggestion because the act is not chosen by the subject but by the physician, who is capable of a reflective decision. The suppression of personal assimilation during a period of illness and of treatment has not any great harmfulness and can sometimes have its advantages.

One general remark closes the discussion. This is that some automatic acts brought about in this fashion offer great advantages for the patient. First, certain of these acts have physiological consequences that are for the most part independent of the way in which the act may have been performed. We have just noticed this in regard to eating, and it will be the same for other functions, for defecation, micturition, for the genital functions and even for sleep and awakening. One can see in one of my old records, that of Marceline, how in certain cases it is possible to maintain life artificially in patients by thus establishing functions in

an automatic fashion.[3] Conversely these suggested acts may have an inhibiting force and arrest other dangerous automatic actions that the will did not arrest. The suggestion of eating and retaining food will be able to stop vomiting; suggestions of movement and of breathing will be able to arrest choreas and disordered breathing. To reëstablish a normal activity is often to suppress a great number of accidents that have depended on forms of excitement and its consequences.

A tendency that is not in action grows enfeebled, diminishes and becomes more and more rebellious to the will. Members that remain paralyzed for a long time, even though they do not become actually atrophied by a nervous lesion, become thin and present a lowering of peripheral temperature, a fact to which I called attention long ago and which is beginning to be admitted to-day. Persistent contractures cause retractions and adhesions that become irreducible. Even the automatic realization of movement is excellent for preventing these alterations from taking place. The function thus set in motion will be preserved, will be easier to activate when the will later on attempts to intervene, which it will not delay in doing.

There is in this automatic exercise of the function that is finally perceived by the subject, an element which is, more than any other, capable of augmenting the psychic tension and increasing the power of the will, namely, the assurance of success. All the moralizing healers repeat unceasingly that it is necessary

[3] *Etat mental des hystériques,* 2nd edition, 1910, p. 545.

to remove from the patient's mind the idea that he is paralyzed, that he must be given the conviction of power, and they employ the most marvellous arguments to establish this. Is there a single one of these arguments that is worth as much to the patient as the direct assurance that his action is realized? Thirty years ago, in my book on automatism, I cited the curious record of Vg. This woman of thirty, after a prolonged sojourn in bed, presented a complete paraplegia. While she was talking with M. Piazecki, who had presented her to me, I succeeded in making various suggestions to her by distraction and in making her get up and walk. After a moment she herself perceived her action and uttered a cry of joy at seeing herself upright and walking. "I am cured." Confidence being restored to her she began to walk voluntarily. Is there any rational demonstration that can have such power?

This consideration may be applied to all the tendencies that suggestion can activate. Even the automatic arrest of a host of anxieties, of despairing feelings that are, more often than is recognized, in the nature of pathological conduct and of delirium, the development, even though automatic, of a feeling of confidence and of hope put the mind into a better condition to regain its calm and force, and many fine sermons would be necessary to obtain a minimum part of these results. Doubtless in all these cases, suggestion has not accomplished any marvels and has done nothing that outstrips the normal human activity. But it has made it possible to bring about acts which the patient's disintegrating will could no longer per-

form, and, thanks to these methods, it has prepared the way for the restoration of the whole mind.

We may approach the hypnotic state in the same way. If we must now give up expecting of it the development of marvellous and superhuman powers, can it not render more humble services? First of all hypnotism, or provoked somnambulism, is a change of mind, of the state of consciousness in the patient. It is, even by definition, a very considerable change since it is characterized by a rupture in the subject's memory. Now a great change of this kind, in the midst of this indefinitely prolonged neuropathic state when the mind is becoming fixed in dangerous habits, must be of great use. This was formerly so well known that attempts were made to provoke attacks of hysteria in order to modify a dangerous pathological equilibrium. It is evident that hypnotism arrives at the same results with less expense.

From another viewpoint, hypnotism being a different state from that of the waking consciousness, certain tendencies arrested during the normal state may again become active during hypnosis. This change has been made use of in many ways, as a means of repose, as a means of restoring lost memories, as a procedure permitting the increase of tension by greater stimulation and especially as a means of developing suggestion.

All such treatments derived from hypnotic suggestion not only do not deserve to be criticized from a moral viewpoint, as they have been, but they even seem to me to have an interesting and scientific value. They are psychological treatments, as is the medical

use of morale, but they are psychological treatments that have already become more precise and more scientific. It is no longer a question of an involuntary and unconscious appeal to the powers of thought as in miraculous treatments and as in "Christian Science." It is no longer a question of a vague utilization of all the psychological facts mixed into a theriac. It is a question of a conscious and willed utilization of a definite psychological fact. Whoever tries to make the suggestion is not content with obtaining some moral effect, whatever it may be. He tries to bring about a certain phenomenon which, perhaps, may be difficult to recognize in practice, but whose characteristics, at least in theory, are sufficiently precise and distinct from any other psychological phenomena. Hypnotic suggestion seems to me to have been the first precise psychological treatment and it will have prepared the way for all the others by leading us away from indefinite moralizing. To-day the study of hypnotism is suffering an eclipse. This is an historical event whose origin I have tried to explain elsewhere and one, moreover, that has already happened several times. But it is very likely that this study will reappear under the same or under a related form, for it contains the germ of important therapies.

CHAPTER III

FORMS OF MENTAL ECONOMY

Therapeutic efforts often constitute real psychological experiments and bring to light facts that observation alone has not discovered. If the research on suggestion and hypnotism has given a precise notion of certain tendencies, including that of psychological automatism, other therapies seem to have brought out important notions in connection with psychological forces and the expenditure of such forces.

1. THE PROBLEM OF EXHAUSTION

The curative methods of Weir Mitchell and his imitators were based on an identification of neuropathic disorders with the disorders brought on by fatigue. Many such patients have a very distinct feeling of fatigue and often carry this feeling to extremes in transforming it into a severe obsession. Is one not justified in believing them and accepting the rest treatment that they instinctively and insistently demand, providing we make it more intelligent and more complete?

Doubtless, the beginning of this discussion is the right place for a criticism of the use of the word fatigue. Fatigue is really a part of normal behavior and not a disturbance of health. Fatigue is nothing more than

the behavior of a man who is resting and the feeling of fatigue is nothing more than a certain stage in the activity of that tendency, the desire for the behavior of rest. At different stages of the psychological hierarchy there will be immediate beliefs in fatigue, reflective certitude, and systematic convictions of fatigue. The feeling of fatigue is far from being proportional to the real decrease in strength. It can exist to the extreme degree in individuals who still have much strength, but who suffer from indecision. It may disappear in individuals who are really sick, although they have exhausted their reserves. In a word, there will be obsessions and hallucinations of fatigue, like certain hallucinations of sadness and certain hallucinations of joy. When dealing with pathological disorders, it is much more correct to use the word "exhaustion" to indicate that whole group of disorders of conduct brought on by the execution, the continuation or the repetition of acts, disorders that normal fatigue would have been able to avoid by stopping the activity, but that, in these pathological cases, fatigue has been unable to suppress.

Everyone understands the notion of the exhaustion of a function where it concerns a physical function whose activity one sees diminish. It is easy to say that the function of lactation will be exhausted when the nurse's milk is seen to fail. But it is much more difficult to apply that notion to psychological functions because they are still too much thought of as spiritual, and not measurable, and because we are entirely ignorant of the forces that they set to work. The study

of electric currents could never have been made if scientists had always refused to consider their effects or to make note of their variations before knowing the nature of electric forces. We should have the courage to speak of psychic forces, to note their diminution, their exhaustion or their growth, before knowing their nature and on what organ they depend.

All my old studies on hysteria and on psychasthenia aimed to show that the most apparent symptoms, delirium, fixed ideas, obsessions, phobias, were in close dependence on disorders that were less apparent but more important in behavior. Excitement, hallucinatory perceptions, feelings of incompleteness, were attached to the inadequacy of this or that psychological function, of higher or lower order. Patients could not continue or repeat an action without experiencing difficulties. Some felt pain in various organs; others had odd feelings that gave their acts a painful or even distressing appearance. They could not reach any decision, any conviction, any belief. They could come to no conclusion and could understand nothing clearly. These disorders were distinct in the severe cases; in the less severe cases they were more attenuated and exhibited themselves only in connection with the highest tendencies and the most difficult acts, but they always existed beneath the delirium and the phobias. There could, moreover, be demonstrated in these patients inadequacies of movement, disorders in the energy, the duration, and the repetition of acts, and inadequacies in all the physiological functions. All these symptoms could be summarized in the concep-

tion of a lack in psychic forces, however one interpreted the nature of these forces and their origin. The notion of exhaustion seems to furnish an interesting expression of this insufficiency and for numerous authors neuroses have come to be diseases of exhaustion.

Opposed to this interpretation and this mode of treatment we meet, on the same subject, a quite different doctrine, of which Dubois might be considered the standard bearer because it is he who has given it the clearest expression and because the other authors have, in general, done nothing but repeat his teaching. In the presence of one of these patients who declares himself exhausted and who remains in bed for years, Dubois has an entirely different attitude. He is not at all willing to take such talk seriously. He merely points out in the conduct of such patients, a host of contradictions that prove the illusory nature of their feeling of fatigue. This man declares himself exhausted if he takes a hundred steps on the highway, and he walks about in his own grounds for hours; that woman says she is unable to give an hour's lesson to children and she reads novels all day long. "In fact, the question is here one of a conviction of impotence following minor, actual sensation magnified by a pessimistic state of mind. There is no more need to recognize such fatigue than there is to be concerned at the slight ailments of hypochondriacs."

These remarks seem justified, but their bearing should not be exaggerated. I agree that an obsession of fatigue does not prove the reality of the exhaustion, but neither does it prove the latter's absence. There

are subjects obsessed by the idea of syphilis who do not have that disease at all; but there are also subjects obsessed with the idea of syphilis who really have syphilis; a real disorder may become the point of departure of an obsession. Moreover, this argument does not decide the question at all; it merely imposes on us certain precautions. For the study of exhaustion among neuropaths we should avoid choosing patients who have obsessions on that subject. We should take patients who have other obsessions, other phobias, or other symptoms, whatever they may be, and we should try to discover whether they really have, unwillingly or at least without being particularly preoccupied with them, real disorders of behavior independent of the ideas they have of it, and then whether these disorders can be identified with those that accompany exhaustion.

As a matter of fact, in order to apply such observation of the contradictions of conduct to diagnosis it would be necessary to take one essential precaution that the authors do not mention. It would be necessary to be able to establish that the two acts compared were of the same level, that they present the same psychological difficulty, and that they do not differ from each other except that the idea of fatigue is added by the subject to one of them and not to the other. But this is very hard to establish and seems to me impossible in precisely those conditions that have been mentioned. M. Dubois speaks of a woman who declared herself incapable of giving an hour's lesson to some children and who when alone read countless

novels, and he sees a contradiction in this. I can see none, because for me the act of giving a lesson to some children is a complex act requiring a high tension, while the act of reading a small novel in solitude is an act that is very simple and requires little energy; for a subject with an agoraphobia, the act of walking on the street is not at all the same as walking in an enclosed yard, and if one analyses more carefully the nature of such observed acts, he will usually see these apparent contradictions vanish.

From time to time, compelled by the evidence of facts, these authors are quite willing to recognize a truth on which I have long insisted, namely, that real psychic insufficiency manifests itself in conduct underneath the visible accidents, and that such insufficiency does not depend on the ideas of the sufferers or on their auto-suggestions. They, however, fail to recognize the importance of such disorders and present them as results of the emotional state rather than as signs of exhaustion. This raises the interesting psychological problem of the comparison of emotion and exhaustion.

From the point of view of symptoms there is no perceptible difference between emotion and fatigue. These two phenomena are psychic states of mild depression in which there is inadequacy and excitement. It might be said, moreover, that in current speech one speaks rather of fatigue when he notices more the first characteristic, the inadequacy, and he speaks more particularly of emotion, when the second characteristic, the consequent excitement, is more in evidence. The

difference between the two states from the point of view of symptoms is thus very slight, if it exists at all.

Happily there is a second point of view, usually taken by common sense in order to distinguish between emotion and exhaustion. These are states quite similar in their symptoms which seem to arise under different conditions. Emotion is a disorder that seems to arise at the moment a situation is perceived, that seems to develop before action, that seems even to inhibit action; fatigue is a disorder that seems to us to develop later on, after action, and especially after intense and repeated action. This is imagined to be a marked difference; in reality it is insignificant enough, but it suffices in practical speech. If we now take this point of view, can we say that the depression in neuroses is more closely related to emotion than to fatigue?

It is true that pathological disorders in the form of depression often have an origin like that of the emotions; they begin in connection with a perception that has been followed by very inadequate and poorly adapted action. Nevertheless, the comparison with fatigue is, to my notion, still more indicated. In a first group of facts it can be asserted that nervous diseases with depression are produced under conditions that are identical with those that bring about fatigue, that is to say, after the execution of the action when work has been too prolonged, too intensive, or too hurried, whether it is a matter of physical work or of mental work. It has been easy for me to collect examples of this in great number. In other cases, still more illuminating, neuropaths whose balance has been re-

established by a rest cure relapse into serious illness under circumstances that bring about only fatigue in other men. All actions that are a little difficult or a little prolonged, although they seem to be correctly performed, that is, without having been arrested or disturbed by the consequences of emotion, bring about relapses, a reappearance or a considerable aggravation of pathological symptoms.

In all the foregoing records the patients had no obsession, no fatigue phobia; before my observations they were even completely ignorant of the rôle that fatigue played in their relapses. Hence their disorders could not be explained by a fixed idea of fatigue. We are the ones who have happened to notice, by observing their depression and the circumstances in which it occurred, that these disorders consisted in an inability to exercise certain tendencies following a too prolonged exercise of those same tendencies, in other words, that, with due regard to proportion, they were like the phenomena that we call exhaustion.

Hence, if we consider its apparent beginnings, the depression of neuropaths is as closely related to fatigue as to emotion. Furthermore, there is a question whether we are right in opposing these two mechanisms one to the other. The disorder seems to develop after the performance of the act in fatigue; in emotion it seems to appear before the performance and even to prevent the performance of the act. This is not quite correct. At the moment of appearance of the exciting circumstance, the individual makes efforts to act, that is, he mobilizes great forces; he directs them

poorly; doubtless he carries out no useful act and even seems to make no useful movements; but he really begins a crowd of actions that are indicated at the time. If I am not mistaken, the beginning of the emotional disorder is analogous to that of the disorder of fatigue. In the two cases depression occurs following an expenditure of strength required by correct or incorrect action, and we are forced to agree with those men who have held that it was justifiable to classify the depression of patients with phenomena like those of fatigue and exhaustion, whatever its origin may be.

2. MENTAL EXPENDITURES

This interpretation of nervous disorders in terms of the exhaustion of strength that is involved in psychic acts is often complicated by misunderstandings. The most serious come from the two different languages that are used successively or simultaneously when disorders of conduct are mentioned. Sometimes one uses the old psychological language and says: the patient is sad and restless; he takes fright at every act he must perform; the least effort seems to him a mountain to be lifted; he has no longer any resolution or choice; he has no more will; he suffers from an aboulia. This language, otherwise very vague, seems to have a moral significance and to imply a certain shade of reproach; it lets it be understood that the patient could be different if he wished. When one uses physiological or pseudo-physiological language, he says: the functions that preside over the formation of

nervous force are altered; there is a decrease in the production of nervous impulses; this patient has a nervous weakness; he is an asthenic. Such language seems to grant that there is present a physical lesion independent of the mind, and that the patient can do nothing about it. The patients, moreover, prefer the second expression to the first.

As a matter of fact there is here nothing but a play on words: the diminution of will, that is, the diminution of a higher function that demands force under great tension, cannot exist without a change of nervous tension and probably also of the quantity of force. Conversely, there cannot be weakness of nervous functions without disorder in the psychic acts that express them, and without alteration of the higher will. Such nervous disorders, moreover, cannot to-day be directly verified: they are known only through the interpretation of disorders of action. All these pseudo-physiological expressions are only poorly made translations of psychological observations. Here we find again the same poor pleasantry that once played a certain part in connection with the theories of hysteria. At that time a physiological theory of hysteria was readily formulated by saying: "the memory center is congested": in place of saying "this patient displays some failure of memory." As a matter of fact such terms borrowed from the language of consciousness and the terms borrowed from the language of physiology are almost equivalent and it would be well to do away with the misunderstanding by suppressing both. We shall some day describe mental disorders solely in terms

of action and conduct. The psychology of behavior so useful in the study of animals should be applied to men also by describing even the higher psychic phenomena in terms of conduct.

Another difficulty comes from the complexity of human conduct: the disorders that involve the vigor, the number and the duration of actions are readily enough connected with the notion of quantity and can be described as diminutions of psychic force, like the asthenias proper. The disorders that have to do with the psychological perfection of acts, that suppress the higher operations while they deliver their force to the lower, suggest the idea of a disturbance in psychic tension. But it is to-day very hard, first, to make a clear diagnosis of these two classes of disorders and, second, to point out the laws that rule the quantitative relations and the relations of psychic tension. It is this difficulty and this misunderstanding that have delayed the study of an important problem, the problem of the budget of the mind, the study of psychic disbursements and receipts and their balance.

One point that would be very important in the study of psychoses would be to know exactly what are the acts that cause fatigue. When the question is one of domestic economy we know very well what goods are dear and what cheap, what operations are expensive and what are inexpensive, and we can easily establish our household budget. We are, on the contrary, quite incapable of establishing the budget of our mental activity because we have only very vague notions on the cost of this or that action. Ordinarily this is no

great inconvenience because men in good health have almost always more than enough mental force for their expenditures. But among the unfortunate invalids who need to economize their activity this question becomes important. Déjérine was right when he said that the acts accompanied by emotion are the most depressing. This is not because the emotion is a cause of depression—it is itself the depression—it is because these are difficult and costly activities that bring about in some persons rapid depression even during the act that is the emotion, and bring about in others that postponed depression after the act that is called fatigue. The question always comes back to the same point: what are the actions that cause the most depression in neuropaths?

In general it is hard to know this, for we have not sufficient knowledge of the mental state of each patient, the previous acquisitions that render this or that performance more or less habitual, the attitudes he takes for performing an act. We can only distinguish certain signs. The first point, the most readily established, is that there are circumstances of life, always the same, which for successive generations set the same problems, which demand difficult acts, and which are for numberless persons the occasion for a breakdown and mental disease. There is good reason sometimes for being able to imagine a disease of the first communion, the disease of betrothals, the disease of the wedding journey, the disease of mothers-in-law. The physician should not consider beneath his dignity the study of these circumstances and their enumeration

which I can make here only in a rough way will be later, I am sure, the object of exact studies and reasoned classification.

I have tried to enumerate the events of life that were the occasion for neuropathic disorders in a large number of patients.[1] I studied in that connection the first communions, the exercises that brought about religious emotion, the entrance into social life, drawing-rooms, schools, examinations. "My fatigue began in connection with difficult acts, religious and moral beliefs that I hesitated to keep or suppress. . . . It is so fatiguing to think about life, one's career, the world that one must see and that one detests. . . . I am so afraid of thinking!" Another patient told me: "It was at seventeen that I noticed that I thought, and that has been so painful to me that I should have liked not to go on." The passage from infancy to youth demands not only an expenditure of physical force for the new organization of the body and the preparation of the functions of reproduction, it demands also extensive and difficult moral adaptation. It is the period when all the problems of life obtrude themselves at once and sometimes brutally, problems of love, of fortune, of occupation, of society, of religion, and it is as the result of efforts to solve these problems that there appears that "fear of life" so common at the onset of mental diseases in young people.

Life's changes, voyages, even the organization of vacations are often the causes of exhaustion. Work, the occupation necessary for earning a living, demands

[1] *Les médications psychologiques*, II, p. 42.

of nearly everyone a great expenditure of force. Family life, the reciprocal adaptation of persons who live together in the same house is analogous to the professional adaptations, and I believe that that adaptation and its deficiencies are of the greatest importance in mental medicine.

Difficulties and expenditures are much more serious when there is any change in ordinary life. There is even more reason why risks and contests of all sorts in the family and the professional environment should cause more serious upsets. The death of relatives is the occasion for many mental diseases. Such a death, indeed, transforms the environment in which the subject lives; it imperiously demands new adaptations and there are disorders brought about by such effort that we refer to as "the emotion of the death of relatives."

Love affairs, engagements, marriages, demand special acts that add their expenditures to those that have preceded. It is not merely a question of the act of generation, we must also reckon with the act of adaptation to household life which is usually overlooked, and which is as important as the first. The effort of adaptation to the character of the mate, the organization of a certain degree of intimacy and the resulting fatigue seem to me to be the origin of those disorders, as frequent as they are peculiar, that are so often observed in the beginnings of household life in young married people.

If their unions make them ill, it must not be thought that their separation would take place without accidents. Infidelities, divisions of affection, secret love

affairs bring on many complications, difficulties, doubts, and in their train many nervous troubles.

The education of children is a great source of effort, emotion and fatigue. The children once married, calm does not necessarily return, for the parents find themselves isolated, and this brings a change and again demands a painful adaptation. Giving up work and retirement set problems of the same kind and we find ourselves finally confronted by all the depressions of old age. These depressions come from many causes; but, more often than is believed, they are still attached to the difficulties of life and action: "I do not know how to be old any more than I knew how to be young." said a fine old man who suffered all his life from timidity and mental depression. Thus all the stages of the road of life offer hills to climb and at each hard ascent the carriage encounters obstacles and the incompetence and weakness of the poor traveler is made evident.

In all these cases, exhaustion is not simply the result of great expenditure of movements. Simple movements, even when they are repeated, rarely brings about exhaustion, and depressed persons have not always lost the physical strength of movements. We shall rather find the origin of such exhaustion in considering the work of adaptation and the nature of the acts that are required of the subject by the new situation in which he is placed.

The complexity of situations is involved more often than one thinks. It is to be noted even in small details. Many exhausted neuropaths can follow a conversation if they are not alone with the speaker; they are dis-

turbed and become ill if there are several persons present who are speaking at the same time. Others cannot speak except while they are eating or while they are walking: they are disturbed by a vehicle that passes while they are walking, by the least event that complicates their action.

Another fact that plays an important rôle is the rapidity of the action; removals, money losses, changes of situation are more dangerous when they are more rapid. But why should a rapid act cause more exhaustion than a slow one? Is it not the same act? Probably not, since the results are so different. When a circumstance to which we are accustomed to respond with an appropriate but sluggish action so presents itself that it requires a rapid action, we cannot use the habitual tendency; we are forced to have recourse to exceptional measures, that is, to less organized measures, and this increases suddenly the expenditure of force. It is quite probable that this unaccustomed and more rapid reaction will demand a greater tension, which is always very costly, at least at the start. But it may also happen that we find ourselves without an already organized reaction that is appropriate to the circumstance in question and more rapid. We are going to be forced to improvise, to have recourse to the primitive tendency, to the agitation that tries random movement in order to reach by chance a useful movement. There will be the emotion, the trouble, the disorder that is produced when one is too hurried: this elementary and clumsy process is quite ruinous.

That which seems to me to play the most important

rôle is the duration, the prolongation of the activity. It is this that creates the danger in a particularly important activity, namely waiting. Waiting is, in fact, a prolonged action. To wait, it is necessary to keep a certain tendency in a state of preparation, and it is necessary at the same time to inhibit the activation of that tendency for the act cannot yet be completely performed. Such work is always complex and difficult. I am inclined to say that a prolonged activity, reaching far into the future, is necessarily a superior activity of high tension. The psychic tension is related to the time and to the extension into the future; to demand an activity of long duration is to require a costly act of a high order. Whether it is a question of complexity, of rapidity, of duration, we always see that the chief difficulty of activity lies in the activation of higher tendencies. It is easy to see in our records that there are in fact acts of this sort which have presented difficulties and dangers. Religious practices, study, occupations, betrothals set problems of will and belief. Making decisions is as much involved in business as in the command of men or in marriage. The circumstances in which one is compelled to choose between two opposed lines of conduct, practice or forbearance, the "yes" or the "no" of the betrothal, the husband or the lover, are especially typical. The feeling of responsibility is nothing else than the lively representation of motives when these imply serious consequences of action. All these circumstances demand and arouse the functioning of reflective assent which is properly one of these higher operations.

It is no less strange to find that some acts which are excellent in themselves, such as making decisions and performing work, bring on exhaustion. Acts of high tension are not ordinarily exhausting acts; on the contrary, they have as their object the reduction of our expenditure and the production of benefits. A definite decision simplifies behavior in the future and allows us to act later on with less outlay of strength. Acquiring a fortune or a science by means of work makes much easier certain later advantageous behavior. All this is true, but the good results of such acts are chiefly later benefits that do not eliminate the present large outlay. Such acts are like the purchase of a machine or a good bond: there will be later on some saving and some profit, but there is great expense at the time. There are purses that cannot stand even a fine investment without being quite emptied. There are minds that are not able to stand an activity which is excellent in itself and very advantageous for the future, but which demands too heavy an outlay.

There is space for another remark as well: such subjects are far from succeeding in the complete accomplishment of these acts of high tension. They only begin them and stop before having finished them; then they begin them over again in the same way, "hung up" on the same problem indefinitely. We have often observed this rumination that seeks a reflective assent without ever reaching it, these Herculean labors that push against a wall without accomplishing anything.

The problem of psychic outlay, of the cost of activity, will in the future be one of the main problems

for psychology and for psychiatry: to-day it is hardly suspected. Usually is is thought to be easily answered by speaking of the psychic quantity of acts, of the strength of movements, of the complexity, speed and duration of movements, and by saying that the acts that involve energetic, numerous, quick, prolonged movements are the acts that bring fatigue. That is perhaps true, at least partially so, for normal fatigue, but it is quite insufficient for pathological fatigue, depression. Besides those characteristics having to do with psychic quantity there must be added those that depend on the hierarchical degree of elevation of the acts, of their psychic tension, and it must be understood that the accomplishment of acts of a high order, belonging to the order of reflection, or of work, whether they be carried out completely or incompletely, is still more capable of bringing on exhaustion and depression than the accomplishment of acts of lower order.

3. ECONOMY INVOLVED IN THE FEAR OF ACTION AND IN COMPLETE REST

Such a conception of the rôle of exhaustion in the neuroses necessarily brings in its train some precautions and special methods.

Oftener than one would believe the remedy is pointed out to us by the patient himself. Not all the symptoms of a disease are signs of trouble; they are sometimes the result of the resistance of the organism and constitute the defence symptoms. We recognize many symptoms of that kind in visceral pathology where fever and congestion are often protective reac-

tions. It is the same in mental pathology and it should be realized that certain modes of conduct of patients do not always have an absurd origin.

Mental diseases are not always fatal affairs whose germ one carries in him and cannot avoid. They depend to a great extent on the life the subject lives and on the situation in which he is placed. Many persons have received through heredity a very weak mental constitution and would have succumbed if fate had not brought them a tranquil and easy life. Better still, there are subjects of that kind who are more or less aware of their weakness and who themselves habitually create an environment for their own use. They know how to find humble employment that demands neither great effort nor dangerous initiative. The ministries and the large government offices are often retreats for people who need a life ruled by superiors, without hard knocks and without responsibilities. They do not marry, they have no mistress, no children, they visit few persons, and they pay enormous attention to the choice of the rare individuals whom they permit to approach them: they live alone as much as possible in order to have no concessions to make. They spend little even when they are rich; they do not engage in any business, or enter into rivalry with anyone. Their precautions, their silence, for they know how to be silent about their own affairs, result in their being seldom exposed to attack. Moreover, they assume the appearance of not seeing or feeling evil and hide their heads like ostriches. If it is necessary, they stand attack; "they turn their

backs and let nails be driven in their shoulders" rather than fight. They know how to evade orders and requests. "When you jostle them they give way, they retreat into their shells or slip between your fingers, and no one can affect them." The public calls them egoists and cowards. They are perhaps wise men.

When these precautions which are directed at the economizing of action become still greater they determine symptoms that have a pathological aspect. A large number of phobias seem to attach to certain objects or to certain situations; the sufferers seem to be afraid of a knife, of a feather, of a telegraph instrument or of blushing. This is only so in appearance, for the phobia always has reference to an act and the sufferer is afraid of taking up the tools of his profession or of showing himself in public. The fatigue phobias show us a more general repulsion toward all activity. It is quite probable that many of these phobias have their occasion in finding some danger that threatens the depressed subject in work or reflective decision, that is, in the activation of higher tendencies.

The renunciation of this or that activity, religious practices, the fine arts, study, or amorous sentiment which may be observed so clearly in certain psychasthenics is an act of economy that is the result of a real feeling of poverty. The manias of adjustment, which are often very curious, bring about sharp ruptures, the abandonment of a situation, or unconsidered sacrifices. The sufferers are often overcome by the foolish terror of a situation in which they find themselves, and into which they have sometimes just placed

themselves. They think of one thing only and that is to rid themselves of the situation at any price. In the moral order this phenomenon is equivalent to the fugue, so common in neuropaths of all sorts, to that impulsion that drives them "to leave here at once, to go anywhere just so one will be here no longer."

Certain feelings that the sufferers experience in connection with their actions are of the same sort, some have the sense of sacrilege to an intense degree: "I would insult my mother if I ate as you ask. . . . I would torment my father in his grave, I would step on his corpse if I took this path. . . ." At a less serious stage the acts in question appear merely ugly, coarse, vulgar: "As soon as I put out my hand toward an object, it seems ugly: my movements are awkward and ridiculous . . . flowers wither if I look at them. . . . I cannot desire an object without having it become repugnant at the same moment. . . ." Finally a more diffuse form of this feeling is the thought of a catastrophe: "If I think of renting an apartment in this house it seems to me that the beautiful and impressive entrance will be a very convenient place for my wife's coffin. . . . If you lead me to expect a call from my mother, I am going to think of her as coming in deep mourning because of the death of my father, of my brother, of the whole family. . . . If I put on a new shirt, occult powers are going to send floods throughout Paris." [2]

These singular ways of representing action are

[2] The Fear of Action. Journal of Abnormal Psychology, June, 1921, p. 150.

closely related to the manias of perfection and of repeated beginning so common in neuropaths. If they are not led to suppress the act entirely, as in the preceding form, they are at least led to make efforts to transform that action, to make it less ugly and more moral. This is one of the most important origins of some manias of doubt. In extreme cases the effort to transform the repulsive action determines a tendency to avoid it and a less apparent impulse toward the act that is opposed to it. Some subjects make vain efforts to attain a modest behavior that might satisfy them, feeling in themselves terrific impulses toward the worst obscenities. One thinks of the old mystic, Bunyan, who, when he said his prayers, was forced to hold his jaw with both hands in order that his mouth might not open and utter blasphemies.

All these phenomena are connected with the fear of action that depends on a disorder of the strength and tension of our activity at the moment. In a normal activity the energy mobilized for activating the tendency is sufficient and even overabundant. After the consummation of the action the unused forces drain into other tendencies and play an important rôle in gaiety, the joy that crowns the act. It is this division of the forces collected in overabundant quantity that constitutes the triumph after the act, the interest and the desire before the consummation. If the forces put at the disposition of a tendency are diminished to the point of being just sufficient for the expense of the action, the disappearance of this gratuitous excess suppresses triumph, interest, and desire, and makes the

performance of the act a matter of indifference. If the forces at the disposition of an act are frankly inadequate, the act is performed with parsimony, with a sort of avarice; the higher degrees of action are not attained and the act loses the characteristics that would be given it by reflection or energetic tendencies. For a man used to the higher forms of activity, an act of this sort is as disagreeable as lying on the bare ground when he is used to a good bed. An act that has lost the characteristics of the reflective act seems robbed of all that went to make up its security: it is as if we were asked to walk on a dangerous path with our eyes closed. Even more, such an act seems to exhaust our last resources; it reveals to us our wretchedness, and wakes the thought of moral bankruptcy. It is this that provokes all those reactions of avoidance and terror.

It is true that these feelings and these phobias are not always very accurate, and the part of the physician is precisely to understand these defence reactions, to restrain them when there is any occasion, and to direct and use them. It is clear that he must fight against phobias when they are exaggerated and dangerous. When one finds himself confronted with a patient who refuses to leave his room, who suffers anguish when he hears the act of generation mentioned, or who cannot begin an act of his profession without terror, it is necessary to make a psychological analysis. Is it a question of fear of the act determined by association of ideas, by interpretation, by the extension of an obsession or an hallucination, or is it a question of a

legitimate precaution against a difficult act that causes dangerous exhaustion? There is here a delicate diagnosis that should be made in each particular case, and for which it is at present hard to give general rules. If the diagnosis shows that these fears of action are connected with a real exhaustion, it is clear that it is necessary to follow, doubtless changing it somewhat, the lead given by the patient, and with him seek to organize the economy of his inadequate psychic forces.

The physicians who, following Weir Mitchell, have wished to organize rest treatments have sought to systematize this economy of forces. Rest in bed seems a radical solution of the problem. The patient seems exhausted by an excessive activity; very well, we rest him by suppressing all activity whatever. The subject is not rich enough to pay the expense of the mode of life that he is leading. We do not look for what is excessive and ruinous in his expenses; we merely do away with all his expenses whatever they may be; we are certain that in this way he will have to save.

This manner of procedure is not absurd, and there is a greater chance that it will be useful to the patient than the opposite method of absolute disregard of fatigue and imprudent expenditures. Most neuropaths, whether or not they have obsessions of fatigue and phobias of action, are exhausted almost to bankruptcy. One will nearly always render them a service in imposing on them rest and the saving of strength in this fashion. I even believe that in practice, when it is a question of a patient very seriously affected, whose psychological analysis is still incomplete, and in

whom one cannot clearly discern the mechanism of the exhaustion, it is almost always good to keep him quiet in bed for a certain time. Rest in bed will certainly be useful in any case, and will permit a better understanding of the psychological situation. We find the beneficial effect of this initial rest in a great number of records.

Such complete repose in bed, however, such theoretic suppression of all psychic waste by complete immobility, presents many difficulties, and, if it is much prolonged, even presents certain dangers. Many authors have criticised the "rest cure" and the "mast cure" by saying that "the increase of blood and of fat is not enough to bring about a normal condition of the nervous system, and is not enough to do away with all the disorders of thought." I have shown elsewhere [3] the difficulties in applying this therapy, the bad habits and the disorders that it can give rise to in certain cases; very often new obsessions and hypochrondriac delirium develop in individuals left too long to rest without enough moral direction. To rest, to really assume the attitudes of rest, is a difficult act that the exhausted patients do not know how to perform, even when they have need of it. Also, they conserve even in their bed very dangerous physical and mental excitement.

These rest treatments in bed become especially hard to apply when the patient has emerged from the period of the complete exhaustion of his strength. One then sees the appearance of various forms of excitement

[3] *Les médications psychologiques,* II, p. 89.

and the feeling of boredom. This feeling is hard to analyze and some interesting studies are now being made on the subject. If I am not mistaken this feeling does not appear in profound exhaustion, when the patient is "quite sufficiently occupied for a whole day in looking at a moving leaf." Boredom is the sign of a certain restoration of a strength that is as yet inadequate and poorly directed. It reduces to the group of the phenomena of excitement.

One of the characteristics of the depressed individual is that he does not know how to save his strength without immediately expending it. He does not know how to form reserves, which is so important in mental economy. The reserving of strength is connected with the organization of habits and of tendencies that cannot be established without giving them a charge for later use. The organization of these new tendencies, the preparation of their charge, are special psychological operations that are carried out with difficulty in the depressed. Their forces are spent from the time that they appear in incomplete acts, in vague desires immediately arrested, accompanied by disgust and fear of the act. In order to fight against excitement and disorder it is not always enough to augment strength by simple physical rest.[4]

Economy through complete rest in bed is often the necessary beginning of treatment. It is almost always useful, but it is rarely enough. It is fantastic to pretend to suppress all the expenditures of a living being and to bring him to a complete cessation of all outlay.

[4] Op. cit., II, p. 58.

The savings that one hopes to realize in this manner are often illusory, and if they exist they leave in the patient's hands only poorly arranged resources with which he often does not know what to do.

If it is understood that the good effects of the rest treatment are due mainly to the economy of psychic force, that treatment can be organized in a more rational fashion. It will be no longer necessary, except in special cases, to suppress physical movement completely and to reduce the patient to immobility. Some prudence in the expenditure of physical strength will be enough. The essential lies in discovering which acts give the patient difficulty and excessive expense, and in restricting or in suppressing precisely these costly acts. The rest treatment then takes on a new significance and is transformed into a treatment that is indispensable for neuropaths, treatment by the simplification of life.

The first point of this treatment consists in suppressing the perpetual efforts brought about by getting "hung up" or "caught" as the patients often say. It is necessary to free them, that is, to solve as far as possible the complex situations in which they find themselves and in which they are entangled, and one does not realize how many mental diseases that seem serious, disappear as soon as one puts an end to a delicate and difficult situation.

It is not enough to "get out of a hole"; it is necessary to take precautions that the car does not get stuck again two steps farther on, and it is because of this that it must be put on a road without ruts and

rocks. In my first studies on the treatment of hysteria in 1896 I had already spoken of the simplicity of life necessary for the neuropath. "The true remedy for hysteria," I said with Briquet, "is happiness." That is perfectly true, but it is necessary to understand what happiness is suited to these weak individuals; I shall summarize it in a word; it is the easy life where all problems of business, of family, of love, of religion, are reduced to the minimum, in which the constantly renewed daily struggles, preoccupation with the future, and intricate combinations are carefully excluded. No doubt fortune is a large element in such ease of existence. I have seen hysterics cured by an inheritance, and that remedy is not within reach of all sufferers, but the choice of a career, of a favorable environment, the renunciation of too great ambitions, can also contribute to this entirely individual happiness.[5]

One great principle in the treatment of neuropaths is that their lives should be extremely regular and monotonous. It is necessary to be constantly on guard against excited relatives who, on pretext of finding something better, continually demand changes for the sufferers. For any neuropath the best change is always a disaster and much delays the cure: it should be avoided as much as possible. It is often necessary to do away with or reduce religious exercises, studies, or professional work. At every stage it is always simplification, the reduction of the act and of the outlay. Even when the patient seems restored, when the crisis

[5] *Traitment psychologique de l'hystérie,* in Robin's *Traité de thérapeutique,* 1896, XV, p. 10. *Etat mental des hystériques,* 2nd edition, 1911, p. 677.

of depression seems cured, it is still through keeping him from ambition and adventures, through teaching him to restrict and safeguard his life that one best preserves him from relapses.

Unhappily these restrictions are often painful: I have had occasion to show that, in many sufferers, exalted joy and enthusiasms are very dangerous and are followed by more or less severe depressive accidents. Such individuals have sometimes themselves recognized this danger: "I know very well," said one of them, "that every exciting spectacle or circumstance is dangerous for me. . . . I guard myself against everything that might cause a lively joy or a profound grief. . . . I must give up the shows and the concerts that I like too well. . . . I need a gray state without emotion and I lead the life that I must. . . ." It will be said that it is impossible to avoid the occasions for grief, surprise and regret: this is not entirely correct. It is possible to avoid the circumstances that expose us to ruptures and deception; it is possible to avoid taking things too much to heart, and to make more rare the occasions that demand a triumph, a settlement, and also, less often, the occasions of traumatic memories.

Many physicians, Grancher in particular, have instructed tuberculous patients that they must resign themselves for years to a life different from that of others. We should make neuropaths understand that the same thing is true for them and that they avoid formidable bankruptcies by economizing each day, cent by cent, their psychic resources.

4. ECONOMY THROUGH ISOLATION

Numerous ethical and therapeutic procedures have made use of more or less complete isolation and have sought to withdraw from his social environment the individual whom they wished to change or cure. Some real successes have been obtained in this way, but without the operators' being conscious of their method of action and without their understanding the mechanism of the therapeutic treatment that was used.

The subjects, it was said, became sick because they found in their environment annoying cases of neuropathic troubles. The environment in which they lived was morally unwholesome, for many moral disorders are contagious as has been seen in the epidemics of chorea and manias of "possession" that were formerly so severe. The defenders of isolation treatments said further that the sufferers, by a change of environment, escaped exaggerated admiration or too indulgent pity, that a change of environment rendered much easier changes of conduct, that isolation became a kind of punishment and aroused healthful effort, that it facilitated hygiene and the physical treatment of patients, etc. . . . All this is correct, and we might enumerate in addition many other advantages of the same sort, but, to my notion, this is not the essential point.

All my studies on nervous diseases, and on the conditions of their development, have brought to light one fact that seems to me important. The acts that man must perform in society, in his relations with the persons who are in his immediate neighborhood, make

up the greater part of his life. It is in this social life that he is obliged to expend the greatest part of his strength, and, oftener than is believed, it is these every-day social relations with the members of his family, his neighbors, his friends, that are too costly for him and that bring about his psychological ruin.

To make this fact clear I tried to study a particular case where one sees very well how much a social act costs. I examined not only the social conduct of the neuropath, but also the influence that this conduct has on the persons in his immediate neighborhood. Let us recall the essential traits of this behavior, which are the same in the majority of the neuroses and which are often quite manifest before the neuropathic condition has been diagnosed and recognized as pathological. The neuropath's deliberative will is always diminished, if you do not let yourself be deceived by the visible effects of excitement and obstinacy. The subjects cannot accomplish any task that requires patience and effort; they do not know any more how to begin than how to finish: they are excited, obstinate and disturbed when it is a question of actually accomplishing the acts that are so repellent to them. They are especially unable to accomplish correctly those two classes of acts that play such a large rôle in social life, the acts of command and the acts of affection. They do not know how to face new situations, to make a decision, to take responsibilities, things that would be necessary in commands which were really useful; they are at bottom afraid of the struggle that they would have to consent to face to command a real obedience.

These subjects talk continually of their affections; they even have in many cases a craze for loving, but one must not be taken in by appearances: they are in reality quite incapable of truly being in love.

In the place of these normal and difficult acts that they do not know how to perform, neuropaths perform other acts that are quite peculiar to them. They take many precautions in order to avoid acting, in order not to be drawn into the action that is costly for them; they restrain their desires; they avoid having particular tastes; they cultivate, almost all of them, a kind of asceticism that is only one form of laziness; they love to hide and dissimulate their feelings. When they understand that, in spite of their efforts, other people's action is going to affect them, they resist by refusing to take part in the other person's action and they bend all their efforts to stopping and hindering the others from doing anything about them. In other cases, when they do not oppose another's act, they wish to join in it, to take part in some way in order to curb it, to watch over it, and also in order to assure to themselves its good results at small cost. Hence the passion for helping, for collaboration, and, above all, the passion for authority.

It is odd to see persons who are at bottom incapable of exercising a true and useful authority, present so often the passion for authority. This concerns individuals who are perpetually giving orders to the people about them for a lot of acts for which the order is entirely useless. These acts have no importance; they could have been carried out differently without incon-

venience; most often, indeed, they would have been carried out in the same way if the people had been left free to act in their own fashion. But the dictators cannot tolerate having any acts whatever performed in their neighborhood unless they have ordered them. On one hand the verification of such perpetual obedience reassures them, because they can thus alter the behavior of others and avoid the changes of environment that they dread; on the other hand, it gives them a feeling of comfort when they can at every moment verify the fact that all these persons are at their disposal, and consequently are their inferiors. Some make their demands with violence and threat, others with a plaintive sweetness and in the name of the consideration owed them, but all seek to do completely away with the independence and initiative of the persons about them.

This need for obedience, for care, for flattery can often be expressed in another way: its satisfaction is not demanded by orders, it is demanded as a mark of affection. It is then a question of the famous need for loving and being loved that plays such a considerable rôle in the behavior of neuropaths. What they call "being loved" is, first, never to be attacked or injured in any way: "Isn't it horrible to feel that you are in a rivalry, in a dispute with anyone?" With others, more numerous, the individual who loves them is an individual who renders them a host of services, who acts in their place in a host of painful situations and saves them much effort and weariness. In another group the services required of the lover are of a more delicate

order and the person who demands them does not count them as services; she is rather disposed to disguise them under the vague name of love. The one who loves becomes the one who comforts, who restores, who stimulates, and who does this sometimes by genital excitation but most often by means of those social actions that have the property of being stimulating, not for the one who performs them but for the one to whom they are addressed. The type of such actions is commendation, praise, flattery in all its forms. There is, however, something more in their idea of love; it is, first, the certainty that this person will fulfil his part always, that he will not change, that he will always be at their disposal to defend them, console them, and stimulate them, and, second, it is the certitude that these countless services will be rendered them indefinitely without their ever having to pay for them in any way. It is this last feature that explains a curious and common expression, that of the desire "to be loved for your own sake."

Unfortunately all these attempts at domination and at love do not succeed at all, and in particular they fail to cure the sufferer, or to take him out of his depression and too often he is forced to complicate them by adding to them new behavior that in its turn degenerates into folly. At the bottom of the teasing and sulking that are so common there is a need for verifying constantly the power that one has over people. The act of "making a scene" is a simulated combat just as teasing is a simulated attack and sulking is a simulated rupture. Jealousy plays a considerable

rôle in these modes of behavior. It is made up of the monopolizing of an object or a person and of hostility toward other persons who might themselves be capable of seeking and possessing that loved object. In the inevitable rivalry a normal man forces himself to triumph by placing himself above his rival. But when an individual feels himself weak and has a terrible fear of effort he does not take the rivalry in that way; he wishes to triumph not by raising himself, but by lowering his rival. Hence the manias of slander, of recrimination, of spite, all the manias, impulsions, and deliriums of hate.

All these types of neuropathic behavior cause a reaction in the participants, and this reaction is necessarily a complicated and difficult attitude. The neuropaths' aboulia and indecision oblige us to take their places, to do their share of work to a greater extent than hitherto. Their incapacity for real love, the difficulty they find in definitely accepting a grouping or an association ends by being painful and discouraging. The trouble and annoyance that they always have in their social relationships are contagious; they are embarrassing on account of their timidity, for nothing is so difficult and tiresome as to talk with a timid person. No intimacy is possible with them; they pretend to desire it, but they behave, indeed, as if they dreaded it. They are constantly sad and discontented and "that gives the whole house a gray tone that is very distressing."

Not only do they do nothing, but they make endless efforts to hinder our activity. In other cases they

consent to let us perform the act, but on the condition of their taking part and giving orders, advice, of their adding to the act useless details that allow them to believe that they are there for some purpose, and all this makes our activity more complicated. Their mania for superintending, for ordering, for criticizing, causes changes in the acts of the assistants; it changes all these acts into obedience; and this makes them more costly and robs them of their good effects.

Their manias for love lead to new demands: in doing them any new service it is necessary to assure them skillfully concerning the future and to guarantee them that you will perform such service indefinitely throughout their life. It is necessary to guard against any careless manifestation of personal interest and make them understand that you expect nothing of them in return, that you "love them for themselves," that they have in themselves the right to be loved indefinitely by the simple fact that they exist. Such a mania of rights subjects us, moreover, to a perpetual humiliation, for, if the sick person has the power to demand from us innumerable acts without having himself to do anything for us, we are decidedly his inferiors. Moreover, this is precisely the way in which he takes it, for he counts a great deal on noticing our inferiority at every moment, on verifying it and having it accepted. This behavior instinctively arouses in us a defence reaction; the perpetual demands of the patient in the name of his rights, inevitably produce the thought that we also have rights that he never respects. This thought must be resisted to maintain

a high moral level of conduct, but psychologically this is very difficult.

In spite of all precautions and all devotion we cannot avoid having the subject form sentiments of doubt and jealousy. The mental labor then becomes still greater when it is necessary to stand attacks and spitefulness of every sort. These attacks are doubtless usually assumed and harmless; the behavior of the neuropath gives the impression of a continual lie and the behavior that it is necessary to adopt towards him is as complicated as the behavior toward an individual that one knows to be insincere. It requires great attention and great address.

This difficult and complex behavior that the presence of a neuropath calls forth in all the persons in his environment always has the same result: it is very fatiguing and, to take up our metaphor, it is enormously expensive. This is the continual cry of all those who approach such persons: "My grandmother is terribly fatiguing. . . . My wife is fatiguing; my household is sad and tiresome. My husband is awkward, dull, uncouth, anything you will, but above all he tires me out. . . ." To be fatiguing is to force us to make excessive expenditures of mental force that we should not make if these persons were not about us.

The depression caused by the presence of these wearisome and expensive individuals shows itself even in physiological disorders. We can observe muscular weakness, respiratory and circulatory disorders in some subjects when they are in the presence of individuals who exhaust them. Digestion especially is often al-

tered in these morally unwholesome environments. But it is chiefly mental disorders that appear under such conditions. The simplest of these is the feeling of antipathy whose formation I have already tried to explain by the feeling of psychic exhaustion in the presence of certain persons. But it must not be forgotten that the neuropath can be surrounded by persons whose weak psychic tension is easily lowered. These persons quickly suffer from the complicated and expensive conduct that is imposed on them and they soon exhibit disorders of psychic depression.

Neuroses and psychoses are not, of course, properly speaking, contagious like infectious diseases; doubtless, imitation and suggestion proper do not play more than a feeble part in the transmission of neuroses. But, nevertheless, there is a fact which we should not disregard, namely, that we very often meet a large number of neuropaths united in the same family or in the same environment. One cannot always explain their reunion by the influence of heredity; I have analyzed in detail, thirty-two very typical records [6] of neuroses in husband and wife or in a lover and mistress who have lived several years together. In all these cases, one of the couple, normal before the union, became ill after a few years of living together with an individual who had been for a long time affected with psychasthenic disorder. It is a question, to my notion, of an indirect influence of the sick person who makes social life more difficult and costly by his presence, and it is this increase of expenditure that causes a psychic de-

[6] *Les médications psychologiques*, 1920, II, p. 180.

pression in the other. Whether or not we use the word "contagion" for these cases, I wish to insist on only one thing. This is that living with certain persons is a condition that frequently determines and encourages neuroses.

I have taken this example of the grievous influence that a neuropath has on the psychic health of his acquaintance first, because individuals of this kind are very numerous, but also because this case is very enlightening. It gives us a clear comprehension of what constitutes a complicated, tiring, morally unwholesome social environment. I have been led to describe many other groups made up in too complicated a fashion or presenting some irregularity that makes the organization of the group too difficult. The pathology of groups and its relation to the pathology of individuals must be some day investigated. Here we are content with one point only, that social conduct often becomes complicated in a group and becomes ruinous for those of the members who have not sufficient resources.

It is this notion that explains the good effects of isolation. Many individuals have understood it instinctively and the change of social environment has been their preservation, or has cured them of a serious disorder. "My stomach and my head are restored," they say, "if I leave the house for some time." The phobias of neuropaths may be signs of necessary precautions: timidity and social phobias sometimes indicate the exhaustion that is caused certain persons by society, and particularly a certain society, and it is not

a bad thing to recognize them. The isolation treatment attempts to answer these indications; it offers itself as a form of the rest cure, as a means of obtaining psychic repose that is more effective than a stay in bed. It is useful to have a good understanding of this principle of isolation treatments in order to apply them in a practical and efficient way.

5. ECONOMIES EFFECTED THROUGH LIQUIDATION

We again find this same principle of psychic economy in other psychotherapeutic methods that are quite different in appearance. The decrease in psychic expenditures further explains the good results of treatments which I have already described as "The search for traumatic memories" and which gave birth to all the methods of psychoanalysis. These treatments may be summed up under the name of treatments by psychic liquidation and their principle is easily understood.

The harmful action of these traumatic memories must first be appreciated in order to account for the service rendered to patients by suppressing or modifying them. An exciting event is an event to which the poorly prepared individual does not know how to adapt himself completely or in such a way as to suppress the trouble and disequilibrium that this event brings into his life. For lack of precise reaction, well organized in advance, he is obliged to fall back on old elementary tendencies that previously functioned alone before the organization of superior tendencies. Connected with this unexpected event there is a rapid

awakening of the lower tendencies, fear, anger, the vital instinct. These elementary tendencies are characterized not only by their low psychic level, but also by the great quantity of forces that they mobilize. From the beginning of a reaction that miscarries, there is, as in the reflex from a false step, a great expenditure of forces in order to be prepared for every contingency and this setting at liberty of forces which were up to this time in the form of capital plays a considerable rôle in emotion.

These important forces, poorly applied, come from all sides and cause varied excitement even in the elementary visceral functions. It is like a flood of force that disturbs even respiration and circulation. Vascular changes are not, as Lange and W. James said, the essential of, and point of departure for, the emotion. They simply play a part in man's consciousness of the emotion, but they are consequences of the emotion itself. In the simplest cases these emotional troubles end very soon when the unexpected circumstance which caused the disorder of the reactions has disappeared. They often leave in their train an exhaustion connected with the excessive expenditure of forces, an exhaustion which may sometimes be sufficiently serious to cause some symptoms of depression but which tends to repair itself after the provoking cause of all these excessive expenditures no longer exists.

Unfortunately in many cases the situation is more complicated. The provoking circumstance does not disappear completely or rather the disorganized and insufficient reaction did not cause it to disappear, and

it has left the problem unsolved. To rid himself of the discomfort caused by this unsuccessful adaptation, man is obliged to perform new actions. A defeat puts us in a particular situation that demands a new adaptation. We have then to choose between three different modes of conduct: either purely and simply to begin the act over again, or to repair it by altering its force, its duration, or even its combination of movements, or, lastly, to give up the act, renouncing the satisfaction that it could have supplied. This last resolution is extremely important. It is resignation accompanied with the feeling of necessity, of impossibility. This is a new act very high in the hierarchy, which I have in my lectures on the related tendencies connected with work and accomplishment. When an individual is somewhat weak constitutionally or when he is somewhat depressed by previous exhaustion, he becomes incapable of this difficult act. One of the most curious observations that I have made on the characteristics of depressed patients concerns their inability to appreciate the impossible and their inability to be resigned. These same persons have likewise great difficulty in falling back on the second mode of conduct which would consist in a modification of their action, because this would demand invention and initiative, which is equally difficult. Many of these individuals are almost always led to adopt the first and simplest behavior, which is the oldest and requires the least tension, and they begin the act over again just as they have already performed it.

This is one of the commonest modes of behavior in

any mental weakness, even slight. It gives rise to the phenomenon that I have named after the phrase of one of my patients, the symptom of "getting stuck." It plays a considerable rôle in a number of manias, obsessions and impulsions. This behavior is particularly frequent among persons who have a low psychic tension. Such patients do not easily reach the end of an act, the conclusion that is characterized by a special behavior, the behavior of victory. This arrest of the act by triumph, in contrast to the arrest of the act by fatigue, is most noticeable in the joy that crowns a successful act, but it occurs likewise at the end of acts that have failed, and it constitutes the satisfaction that comes from a settlement that makes resignation easy. The persons of whom I speak do not know how to finish or to triumph, but they make unceasing efforts to obtain the joy of this finish. They are also disposed to repeat endlessly the same insufficient and incomplete act, and one may say that many of them spend their lives in indefinitely pushing against a wall.

This endless repetition of the exciting action, already costly in itself, increases the expenditure in enormous proportions and causes a greater and greater exhaustion. Under the influence of this exhaustion the act that was already insufficient and maladroit from the start becomes unsuitable and even abnormal. It becomes degraded and takes on a lower form in the hierarchy of acts. It loses the characteristics that belong to the level of reflective activity; it is no longer coördinated with other acts; it no longer has a part in that story of our life that we are constantly formu-

lating in memory; it is no longer correctly assimilated to our personality. In short, it gradually takes the strange aspect of an automatic act inspired by some occult power, of an unreal act performed in a dream, or of a sub-conscious act. One observes all the intermediary stages between the simply excited act that is consciously repeated in "getting stuck" and the really sub-conscious act that continues indefinitely, unknown to consciousness and memory.

The individual, then, who maintains a fixed idea of an event does not exactly have a memory in connection with that event and it is for clearness of speech that we have spoken of this as traumatic memory. The subject is often incapable of uttering the words in respect to the event that we call a memory, but he is confronted by a difficult situation from which he has not known how to withdraw honorably, to which he has not known how to adapt himself entirely, and he continues to make efforts so to do. The repetition of this situation, these continual efforts, cause a fatigue, an exhaustion that plays a considerable rôle in neuroses. An example borrowed from normal or almost normal life will explain the mechanism of this exhaustion. I have just received a disagreeable letter which demands an answer that is quite difficult and painful to write. I think about writing this answer and I compose it almost completely in my imagination, but I have not the courage to write it down immediately and I leave the letter that I have received on my desk. Henceforth it is impossible for me to seat myself at this table, to pass before it, even to enter

the room without seeing the letter, without being conscious of its presence and without recommencing a hundred times the effort to formulate the answer. At the beginning this answer would have been written in ten minutes. If I add up all the minutes for composing it in imagination, all the unfruitful attempts, and all the resulting emotions, I have spent hours of painful work in not writing this answer, and it will not be surprising if after several days I declare myself to be tired out by this wretched letter that I have not written. In reality the illness caused by the traumatic reminiscence is not a new thing for us; it is a phenomenon quite analogous to the exhaustion we have observed in these individuals who are placed in a situation too complex or too difficult for them, in which they struggle indefinitely.

The evolution of these patients' lives seems arrested, they are "stuck" by an obstacle they cannot surmount. The event that we call traumatic has created a situation to which it is necessary to re-act, that is to say, to which one must adapt oneself by changes in the exterior world and in oneself. Now the thing that characterizes all these "stuck" patients is that they have not liquidated the difficult situation. This one does not behave like a young girl who has lost her mother, that one does not behave like a young girl who remains alone at home with her parents after her sister's marriage, another one does not behave like one who has escaped a danger in the street and has fortunately reëntered the house, still another does not behave like a woman who has refused one match and

has married another man. Without exception this lack of adaptation is the characteristic of all these patients and it is this, as well as psychic exhaustion, that causes most disorders.

Under such conditions it is not difficult to understand the action of these treatments derived from animal magnetism whose principal characteristic is the finding, the bringing to light and the modification of these traumatic memories. These treatments consisted, as has been seen, in systematic interrogation of the subject under special conditions in order to cause the reappearance, in as clear a form as possible, of the memories related to these exciting events, by means of exercises imposed on the subject in order to make him regain consciousness of these memories and a belief in their reality.

In other cases, I have tried to put into practice a very simple idea that occurs to the mind immediately when this type of disease is considered. They would be immediately cured, could they forget the event. "Knowing when to forget," said Taine, "is a great science, for peoples and for individuals." It is a science that neuropaths scarcely possess at all, or that they at least do not know how to apply properly, and the discovery of something that would permit us to cause forgetfulness at will would be a precious discovery for psychiatry. The interest of this study is the excuse for the various experiments that I have made in suppressing memories by suggestion, in destroying them by the dissociation of the images or words that constituted them. These methods have proved interest-

ing in the treatment of a curious fixed idea that lasted for twenty years, a fixed idea of cholera, in the dissociation of certain dreams that brought on incontinence of urine, in the cure of several erotic obsessions. A detailed account of these treatments is to be found in various studies. The best methods are those that cause the assimilation of the exciting emotion, that bring the subject to comprehend it by reflection, to react against it correctly and to resign himself to it. We shall have to return to this question in the following chapter in connection with certain stimulating activities.

It is these methods that have been taken over, sometimes developed in an interesting manner, just as often exaggerated, by the school of Psychoanalysis. This school has made a mistake, in my opinion, in considering these traumatic memories as being always of a sexual nature. This is correct in certain cases, but one should not, because one has taken a stand, assert it of all other cases, thus committing oneself to indelicate investigations and sometimes to dangerous suggestions. But it is nevertheless only just to recognize the part that this school has taken in the development of these still little known therapeutic methods.

Why has this liquidation of a long past event so great an importance? Because it puts the mind at rest. After this liquidation, sometimes, to be sure, painful and costly, the mind stops making the efforts at adaptation that were being indefinitely repeated. It demobilizes considerable forces. It is not always advisable to have at one's disposition a considerable

amount of unused forces. Similarly, those who have great sums of money that they do not know how to use run the risk of random spending and they are not always able to put them back into reserve. In certain cases the reduction of the expendable forces, or weakness itself, may be highly useful. The mind will make economies when it has less work to do in directing, draining, and putting into reserve a reduced amount of forces. These observations indicate the connection between treatments by liquidation and treatments by discharge which are of the same nature.[7]

In a word, certain patients are brought to ruin because they constantly have a certain supplementary expense in addition to their ordinary mode of life. Psychological treatment has no other aim than to do away with this useless expense. Since the patient is not able to do it alone, it is necessary to help him to liquidate this old affair which is ruining him, and the remaining revenues will be enough for the expenses of his current life. Most of the methods of psychological treatment are thus methods of economy which in one way or another attempt to conserve and increase the psychic forces of the patient.

6. ECONOMIES EFFECTED BY GUIDANCE AND BY VARIOUS THERAPIES

More often than might be thought, the same mechanism enters into many psychological treatments. If the exhortations of Christian Science rid us, as Mark Twain said, of the fear of colds in the head and of

[7] *Les médications psychologiques*, II, p. 292.

indigestion, they bring a great relief to the mind and cause many forces to be available for more important acts.

Treatments by suggestion avoid for the patient the choice of the act to be performed and the labor of reflective resolution, operations that are very costly. The subjects themselves are aware of this. They know very well that they are incapable of performing certain acts voluntarily or else that they will retard their execution by a mass of scruples, of useless efforts, of fixed ideas and they themselves desire to be made to execute certain acts in a forced or automatic way. "Have you absolutely decided to feed me with the tube if I do not eat?" "Exactly." "In that case I am forced and it is you who take the responsibility; I prefer that." And she eats as she should. "As soon as I try to eat by myself," said another patient to me, "I feel as if a voice said to me, 'Do not eat.' As soon as this voice begins I choke, and I would have to make enormous efforts to stop it. What I prefer is to eat without thinking about it or reflecting."

It is especially under the influence of moral guidance that one observes the good effects of economy of forces. It is not necessary to study only medical guidance proper to find evidence of this influence. Many of these subjects have accidentally experienced certain periods in their lives in which they have submitted to more or less rigorous guidance, and it is easy to verify the fact that these periods have been those in which they have felt best physically and morally. One detail struck me when I looked into the pathological

history of men afflicted with psychasthenic troubles. This was that many among them after having exhibited considerable disorders in their first youth before twenty, displayed a very distinct recovery, an apparent cure about the age of twenty-one during the years of military service. A man of thirty-five who has actually suffered for several years from a bizarre phobia "the phobia of his wife's eyes" who had previously at the age of sixteen had an agoraphobia, then a phobia of isolation, the mania of prediction, etc., says himself that he has never been really tranquil except in the regiment at the age of twenty-one. "Discipline doubtless agreed with me, for I lived serenely in the barracks without being anxious about anything and I earned nothing but compliments. The improvement even lasted for some time after my release and I thought that I was freed from my folly, but soon in my free life everything began again." One might repeat word for word the same remarks in connection with fourteen records that show us in like manner the favorable effects of discipline.

One of these psychasthenic young men on leaving the barracks found refuge in a seminary and seems to continue to feel very well. It is likely that if we could have some information on the psychic life of convents we should see that many formerly serious neuropaths have found in them a refuge and a relative cure.

From time to time, unfortunately too infrequently, there occur in society certain kinds of association between a sick person and a sane, energetic individual

who takes the lead and keeps his associate in order. This is what ordinarily happens to young children in many families. Very often the appearance of the neurosis is delayed by the healthy influence of one of the parents. It is for this reason that we so often observe disorders appearing after their death.

The same event very often occurs in marriage. It is true that union with one of these neuropaths is often disastrous. The healthy individual becomes disgusted and leaves, or else becomes exhausted and contaminated in his turn, as we have already observed in a preceding chapter, without the invalid profiting greatly from his partner's suffering. But we must note, however, that in certain cases, by reason of particular circumstances, this does not occur. During several years at least the healthy individual seems to have sufficient energy to impose a discipline, and usually, without being aware of it, he cures the other's disorder. In our observations, of course, affairs end badly, since the patient is brought to us, either because the director has disappeared, because he has tired of his work, or because he has lost his influence. But it should not be forgotten that these very patients have previously found peace and happiness for many years, and that there must be many cases unknown to the physician because equilibrium has been sufficiently maintained during a whole lifetime.

In some records I have noted that a priest to whom these patients frequently went to confess was for several years able to direct successfully certain patients who were difficult to handle. This must be of common

occurrence; for there must be many psychasthenics in the confessionals. The work of M. l'Abbé Eymieu shows that he acquired in his ministry a certain amount of experience with these patients. Nuns, school teachers, nurses, masseurs, frequently have occasion to play this rôle and in a dozen records we see that such persons can carry out this supervision very well for years. Parents, as has happened in most of these cases, are often disquieted by this situation, which seems to them abnormal and they fear lest a young girl completely dominated may leave all her fortune in her teacher's hands. This fear is certainly well founded; it is one of the dangers of this accidental direction and we shall have to return to it in a short time. But it is no less true, taking an exclusively medical point of view, that these forms of direction are beneficial and that their interruption may bring about serious difficulty.

The strangest case is that in which an association exists between two patients who seem to play to the life, the fable of the blind man and the paralytic. I have collected three records of this type, the most interesting one, that of Ai., a woman of forty-three, has already been published. This woman, afflicted with aboulia, with doubt, and with a contact phobia, could no longer touch any toilet article and was living in a filthy manner. Towards the age of thirty she encountered a former schoolmate, also depressed and suffering from aboulia but tormented by an obsession of death and suicide. Each confided her miseries to the other and each derided the other. After these con-

fidences they were both astonishingly improved and tranquil for several days. The result was that for ten years they lived together in a much more proper way because they mutually sustained each other.

Under the influence of medical care we observe the same changes, and, as will be seen in the next chapter, the same feeling of need for direction. Often in medical direction there is only a more reasoned and frequently more prudent application of those same influences that have often had a good effect in the course of the patient's life.

It is evident that there is a question here of sufficiently complex psychic phenomena into which enter numerous factors. Attention has often been drawn to the fact that it is right to attribute a certain part to suggestion or to analogous phenomena. It is not to be denied that this or that phenomenon of affinity presented by certain somnambulists may be related to the more or less involuntary and unfortunate suggestions of the physician, or to the ideas conceived by the subject and transformed into suggestions by reason of the special state during which they are developed. There is thus a close relationship between the two phenomena of direction and of suggestion, but it must not be concluded from this that they are identical. The phenomena of influence that are observable in the course of direction are much more extensive than those of suggestion or even of suggestibility. They exist in patients, in particular in psychasthenics, who are not at all suggestible. In the influence of direction there are many characteristics that go beyond suggestion

proper. In short, in this case as in all the others, suggestion is not self-explanatory. If it is possible, at least in certain cases, to make one of these phenomena depend on the other, I should say that it is much rather suggestion that varies with influence and depends on it.

I am no more disposed to accept in its entirety the theory presented by M. Freud, who relates the phenomenon of influence to the normal manifestations of human affections and especially to those of sexual love. I should rather be disposed to say here as before that the phenomena of influence are more general than sentiments of love properly so-called, and that far from depending on them, influence contains them as one of its varieties.

In this need of direction, we see rather a natural desire and a foreshadowing of those treatments through repose and by the simplification of life whose importance we have already noted. The sick person is a fatigued, exhausted individual who has the most urgent need for rest and for saving his strength. But he does not know how to rest and permits himself to be forced into doing continually what tires him the most. His obsessive ideas that are "like gimlets in his head," his repetitions, the resolutions he imposes on himself, his doubts, his questionings, his desperate as well as futile efforts, nourish and continually increase his exhaustion. He has "stuck" on some little problem that life has raised, he remains indefinitely confronting the same act, which he not only does not succeed in performing, but which he exhausts himself in trying to

perform; he pushes endlessly against a wall. The real life into which he has plunged presents complex situations or situations he believes complex; he wishes to collect all the information, to discuss different motives for action; he becomes mixed, he hesitates, he arrives neither at a conclusion, nor at a desire, and begins the same deliberation over and over again without being able to do the act or to give up doing it. "I cannot step over the sill of this house nor can I go away from it." When life is simple such persons themselves complicate it by their impulses to dominate, to tease, to disparage, to a crazy quest after love, to dangerous adventures that disturb their social environment. These constant attempts and efforts of all sorts cause a perpetual expenditure of forces when so little is left to them.

Courses of treatment, whatever their nature, whether they involve hypnotism, suggestion, dissociation of ideas, simplification of living, or education, tremendously reduce all these efforts and expenditures. Obsessions, manias, tics are arrested, actions are simplified, resolutions are made, situations are liquidated, endless deliberations are terminated by a simple solution. The work has been done by another, no doubt, but it has been done and the efforts have been stopped. The patient has learned to perform practical acts which save him from getting "stuck," from phobias and from anxieties; he attains an economy of action, he discovers the art of resting. Moreover, the chief expenditures for the near future are economized by rules that minutely regulate the employment of his time and avoid

the labor of decisions that must be made every minute: the economy in all this is obvious.

The officer in the regiment, the superior in the convent, the head of the family play the same rôle: they regulate life and cut short problems that demand reflection and effort. The patient is rid of all the higher operations that demand great expenditure. In spite of his small psychic income, he can live at his ease. We shall see in connection with stimulation, another activity that also plays a rôle in direction, but one of the essential principles of this direction and one of the causes of its beneficial influence is the economy of forces that it causes.

It is likewise probable that many treatments that seem purely physical have an influence of the same nature on morale. The forces that play a rôle in the external behavior of man and that are considered in this connection as psychic forces are at bottom the same that serve for the maintenance of life and the functioning of the organs. Exhaustion caused by organic diseases, by the struggle against intoxication or infection, by the repair of the organs, has its effect on psychological conduct. Conversely, at least in certain cases, the economies that are made in certain physiological expenditures permit the renewal of psychic activity. Doubtless the difference between the two activities is such that this relationship is not always easy to observe. Too often the reëstablishment of visceral health is not enough to improve mental activity. But too numerous exceptions ought not to prevent one from conceding the beneficial influences.

The treatment of every kind of local disease, of every kind of superimposed intoxication, has often contributed to the restoration of mental force. From this point of view the most interesting treatments are those that relieve spasms, that calm griefs, that take away fears. This is noticeable in many cases and in particular in the treatment of diseases of the sexual organs, in the treatment of various gastric diseases and in various intestinal disorders which occur so often in neuropathic exhaustion from pains in all parts of the body, from the anxieties that these cause in connection with all the organs.

We see this fundamental psychological principle of economy entering into everything. Psychic behavior is not the work of pure mind, it is an activity of the whole organism that demands doubtless a considerable expenditure of force. This expenditure is all the greater when the acts are on the highest level. Most disorders of behavior result from a lack of these forces. If I may be permitted such a comparison, all these diseases are nothing more at bottom than various ways of going bankrupt and falling into misery. In spite of apparent differences a great number of psychological therapies have a general likeness. Nothing is more urgent when one is confronted by an individual on his way to bankruptcy than to reduce his expenses and to establish a strict economy.

CHAPTER IV

PSYCHIC INCOME

The establishment of a budget includes not only the recording of outlay; it assumes in addition the study of resources and profit. We know very little of the forces that man expends and of their origin. At the most we know that a certain amount of force is each day put at our command like a regular income, and that we cannot exceed this. We know also that this revenue is not the same for all individuals and that here also we have the hereditary rich and the hereditary poor. But psychological medicine need not be too much preoccupied with these general problems; it is primarily interested in those whose revenue is inadequate and it seeks to balance their budget. It attains this first by advising economy; it can also seek whether it would not be possible to increase the revenue by added profits. This is the problem of psychic income that is at the bottom of many psychotherapeutic methods, and that is, unfortunately, just beginning to be squarely faced. This problem seems to me to present three different aspects according as it is a question of the acquiring of tendencies, of increasing the quantity of psychic forces, or of the raising of their tension.

1. THE ACQUISITION OF NEW TENDENCIES

Life does not consist only in the exercise of tendencies that exist in the latent state in a living being; it consists also in *the acquisition and the fixation of new tendencies.* Every living being placed in a new environment adapts itself, first, by creating new combinations of movements that respond appropriately to the new ways in which the environment affects it, and then, by fixing these combinations of movements and building up corresponding tendencies, that is, dispositions to produce such a reaction correctly, rapidly, and easily in an automatic fashion. When the individual is alone in the presence of these new circumstances, it acquires such new tendencies by the process of trial and error, and fixes them by long repetition. At the beginning it is driven by a protective excitement to make a host of movements this way and that; little by little it discards those movements that do not succeed and saves only those that succeed. The experiments of psychologists on the behavior of animals that are given a problem to solve clearly demonstrate the existence of this mechanism. This simple and primitive manner of acquisition is inconvenient in that it is very slow and demands a great expenditure of strength and the maintenance of a high tension during a long period of effort.

If another individual has already acquired a new tendency, he can by his mere presence and example make much easier the acquisition of the appropriate movements in the one that does not yet possess them.

If the competent individual is a man capable of observing and of understanding he will teach the animal much more quickly, for he will know how to find training methods that will shorten the task.

If, indeed, the pupil himself is a man able by means of his previous tendencies to react to language and to obey speech, the recall of old movements, the cessation of useless movements, and the encouragement of fortunate movements will be enormously facilitated and education may be still more rapid. Numerous studies summarized in particular in the book of Mr. Woodworth, 1903, have shown that by means of educational processes of that sort, a normal man could make enormous changes even in his most elementary acts, that he could gain control over his reflexes, change the functions of micturition, of defecation, of respiration, and even that of circulation. In the lectures that I gave in Boston in 1906 on psychotherapy I recalled in that connection the curious experiments of M. Blair on the voluntary movement of the ears. Normally a man does not move his ears; with a proper training, however, by associating the movement sought with voluntary movements of his forehead he can master it. It is still more true that an intelligent education can transform the movements of members that are already entirely at our disposal. We know that men are capable of learning innumerable acts and that they raise themselves by education and instruction to the highest mental operations. These operations are very difficult at the start and demand great conscious effort, but through repetition they become, thanks to the mech-

anism of habit, more and more easy and rapid, so much so that they finish by being executed correctly without attention and almost without consciousness. Thus education consists in the production and repetition of a new action when it takes place before a competent witness who looks on, corrects it and causes it to be repeated until the act shall have become not only correct but even automatic.

It is no less true that this acquisition of new tendencies offers considerable difficulty, especially when one wishes to make use of this method of education to transform the behavior of neuropaths. It can be easily shown that, left alone, in his own keeping, the patient does not end by training himself. He remains just as maladroit in the same circumstances. He does not acquire tendencies that would respond correctly and automatically. Moreover, he does not even succeed in relearning when he has lost a tendency that he formerly possessed in a more or less complete fashion. Why does this remain the case? The patient does not take exact account of the nature of his troubles and of the nature of the act that is wanting. Even if he succeeds in noting this defect in himself, he does not know how to go about remedying it. He does not know the mechanism of the act that he seeks to acquire. He does not know how to decompose it into its elements, or to repeat the useful movements singly, or to perform the act with the tension that fixes the tendency. He is reduced to the method of learning by incoördinated agitation which can reach a result only after an enormous time, a considerable expenditure of

force, and great efforts of attention in order to recognize and hold the slightest useful gains as they appear, and to conserve them.

Such education is possible only with the aid of a teacher who points out exactly the act that should be acquired and lessens the necessary expense by directing the apprenticeship. But can the teacher, who is here the physician, recognize exactly the act that is lacking to the neuropath, and is he able to teach the subject to perform the corresponding act? We are only beginning to suspect that neuropathic disorders are the indirect result of inadequacies in action, and that the emotion is only a derived excitement in the place of an inadequate act of adaptation. In most cases it is very hard to point out with any precision the act that is wanting, and, as for the analysis of that act, we know that it is rudimentary. Education is successful when it concerns artificial acts that men themselves have invented and with whose mechanism they are quite familiar. A ballet-master, who has invented a new dance by joining elements borrowed from old dances, will teach it easily. What we teach normal children is almost solely things of this sort, sciences and arts constructed by men, and which men well understand. It is dangerous to connect, as is often done, the education of neuropathic patients with such education of children in the schools, for the instruction has not at all the same object. It concerns teaching the patient not the arts consciously invented by men, but natural actions, built up unconsciously by living beings ages ago out of elements of which we are ignorant and com-

binations that we do not understand. We cannot pretend to teach them as we teach dancing or mathematics. We teach well only what we know very well, and since we have very little knowledge of the psychology of behavior, we shall teach it very badly. The subjects will naturally have to make up for this defective teaching by a greater psychic tension and a greater expenditure of force.

Such education has, up to the present, been practical only in reëstablishing certain elementary functions in subjects whose general activity was not much disturbed. It has been possible to train movements, to relearn walking, eating, breathing, to suppress certain tics by training in immobility, even to reëducate certain sensory functions. But when we now wish to go beyond these tics and cramps, when we find ourselves confronted with agoraphobias, with phobias of all sorts, with genital perversions, with obsessions, with delirium, are we going to pretend that we know exactly the tendency that is disordered and that we have to reëducate? Can it be seriously maintained that it is the function of speech that is disordered in the timid person, or that of walking that is altered in the agoraphobic? And when it is a matter of delirium, is it enough to say that there is alteration of attention? But present-day psychologists are not very sure whether attention is a special function, whether there exists one operation that corresponds to the totality of facts roughly classified under the name of attention. There are even some who would drop this word "attention" from the psychological vocabulary. Are the

physicians going to be able to reëducate this attention about which we know so little? Therapeutic failures ought not to surprise us.

It is true, nevertheless, that these reflections are not entirely discouraging; they show us that the failures of education do not come from the weakness of the method but from the ignorance of the operator. A well-founded knowledge of the physiology of walking permits an improved reëducation of tabetics; advances in psychological science that make us better acquainted with the tendencies implied in various forms of conduct, and their mechanism will in time render the education of neuropaths more easy and more effective.

The research that has been done on the nature of education leads us, unfortunately, to forsee another difficulty much more serious. Admitting that we are well aware of what we wish to make the patient learn, let us ask ourselves if he is going to be able to obey us and to understand. Learning a new thing implies an excess of forces able to create new combinations of movements, to spend themselves in trials, capable of choosing and establishing the act chosen. A treatment of this kind demands serious effort and can impose on the patient an excessive fatigue. The exercises that are enjoined on him are not as simple and as natural as they seem. It is not true that a normal man always possesses a tendency to keep up for a long time a voluntary immobility, or a tendency to execute movements slowly while watching them constantly: we do not move in that fashion at all. Thus it is not astonishing that in these treatments we observe sub-

stitutions of one tic for another, a delirious symptom for a digestive disorder, for excitement and exhaustion.

In short, it is not only a question of the quantity of forces to expend, it is a question of the adaptation of forces to the proposed problem, and of the tension that it is necessary to give these forces. One of the important properties of the lowering of psychic tension characteristic of our patients is the diminution and the suppression of that power of acquisition, the stopping of adaptations and the acquisition of new knowledge. This fact is much in evidence in the continuous amnesia of such patients, and in their inability to adapt themselves to new situations. "I can no more learn a new bit of verse than I can get used to my apartments or my wife." When they try to become acclimated, to become adapted to such changes of situation, they show inadequacy, fatigue, anxiety, or obsessions of sacrilege. And you would ask of them precisely an adaptation of that especially difficult sort, in spite of all your precautions for simplifying it. You are simply going to exhaust them by useless efforts and increase their depression and their excitement.

In a word, it is certain that man can, by an appropriate education, acquire new tendencies, and that this acquisition will be made easier by all the discoveries concerning the true mechanism of various forms of behavior. This principle should play an essential rôle in psychotherapy, but it is not enough. Almost always, save in particularly simple cases, the problem of the acquisition of tendencies is made complex by the problem of the acquisition of force.

2. INCREASE OF FORCE

We are not concerned in philosophical speculation on vital forces, but simply in practical observation. The word "force" is here only the expression of a possibility of action. Forces are diminished when an individual can no longer do as much as he could formerly and when he presents the disorders of the various forms of depression. Forces are increased when this individual again becomes capable of more activity, of walking farther, of talking more, of reading and studying more than he was doing, when he no longer manifests the impotence that characterizes neuropathic disorders.

Such increases of force, indeed, are frequently offered for our observation when we see the numerous cases of patients suffering from exhaustion and depression who recover either for the time being or for a long period. The depressive neuroses are not necessarily incurable, but although they are subject to relapses, which is unfortunately common, they usually present arrests or natural cures that must be taken into account. Even aside from the cure proper there are often observed during the course of the disease moments that the patients sometimes call "clear moments when the light stops growing faint," during which disorders disappear and action again becomes possible. When these recoveries are rapid they are like certain kinds of transient intoxication, and give rise to strong feelings of exaltation, of unspeakable happiness, analogous to the feelings of incompleteness and depression, but in the oppo-

site direction. "It is odd; all at once I am myself; I recognize the sound of my voice; I have confidence and peace of mind."

We may remark in passing that it is facts of this sort on which were based the singular theories of religious conversion to which William James attached so much importance. It is probable that the pretended converts of whom he speaks and whose ecstatic feelings he describes were just unrecognized cases of depression who, during religious ceremonies, under some influence or other, displayed more or less lasting phenomena of excitement and feelings of unspeakable joy. If such facts are not important for theology, they remain, to my notion, very important for psychiatry. These clear moments with a temporary return of force offer us a problem as interesting as that of the cure itself. We should not only study the mechanism of the disease and the depression, but we should also seek to define the influences that cause restorations of strength.

In many cases such augmentations of force are related to some phenomena that we have already analyzed, cures of diseases and especially rest and economy that occur without the knowledge of patient or physician. It is not impossible that many neuroses of periodic nature depend on certain alternations of excessive work leading to depressive disorders, and then on rest caused by the depression itself and leading to the cure. This cycle, once begun, is reproduced indefinitely.

This explanation is not enough for all cases. There are some in which the increase in force is brought about

temporarily and by accident before there was adequate rest. In these cases the change seems to be related to certain exterior physical phenomena or to certain forms of behavior of the patient. The most remarkable of such changes seem to be related to the ingestion of certain substances that have been called stimulating or intoxicating. They follow on taking alcohol, opium, or cocaine, for instance.

These various substances, of which there is a considerable list, are really poisons. They cannot be used as food and in large doses they always cause severe disorders and even death. But taken in small doses, differing, of course, for each substance, they have results that are quite different and somewhat peculiar. These phenomena usually deserve the name of intoxications; they are made up of various forms of motor or mental excitement. Movements, words and thoughts are considerably increased, but there is at the same time a characteristic disturbance. There is an excess in amount, and, at the same time, a certain lowering of tension. In many cases, when we have neuropaths originally in a state of depression, such disorder does not appear. These patients find it difficult or impossible to reach a point of real intoxication. One of the great objections that alcoholics always make to their would-be reformers is "that they never get drunk; that they stand alcohol very well." Not only does alcohol not cause in them the disorders of intoxication, it often succeeds in making the preceding disorders disappear and in restoring normal activity. "It is odd," said a patient of that sort, "it is when I should be drunk that

I enter a normal life; I then feel the ability to do what I wish; I become tireless; I can sketch myself a program and follow it; everything goes as if on rollers." Another, on the same topic: "I am really a reasonable and proper man only when I am full." It is such psychological changes caused by intoxication that are the real origin of alcoholism. It is necessary to understand them thoroughly if we wish to fight against that plague.[1]

Changes of the same kind can appear after eating or breathing, but the problem must be enlarged when we consider that such changes can appear after a great number of different activities. In our former study we have established that activity in an organism involves an outlay and can bring ruin. It is curious to notice now that activities, and often the same activities, may have a quite contrary effect on patients. Certain circumstances that have forced the subject to an activity and an outlay seem to bring noticeable benefit and to increase strength. This fact is observed after activities of every kind, after religious ceremonies and social activities, as well as after violent movement or adaptation to change.

I have always remembered a bizarre incident that once surprised me very much. A woman of forty, Bn., relapsing for the third time into a severe depression, was very ill for several months and seemed still far from the end of the attack. She was dining alone with her niece, a young woman in the last period of pregnancy, when the latter was unexpectedly seized with

[1] *Les médications psychologiques,* III, p. 344.

pains of labor. Bn. was obliged to care for her, and, while waiting for help that came too late, to superintend the delivery. She felt over-excited and remained completely recovered from her melancholic depression. Observations of the same kind show us that the dangers to which patients are exposed do not always have bad effects. The war, which did much harm to many neuropaths, relieved some in an astonishing way and depressed subjects, sufferers from doubt and phobias became heroic soldiers. One picturesque writer, Töppfer, describing his travels in Switzerland, made the following observation: "It is a great pity that danger should be a thing at bottom so dangerous; without that one would throw himself into it if only to experience that powerful joy, that grateful bound of the heart that goes with deliverance." Marro, also, in his book on puberty, said: "He who has overcome a danger is like one who has gone through an infectious disease; he is vaccinated."

If one considers amorous adventures only from the single point of view of mental hygiene, one cannot always disapprove of them. Complicated and dangerous as they are, they have often been the beginning of favorable stimulation. "There was fighting; there were terrible scenes; I risked being killed every day; that is living. All my life I have loved adventures, mystery, the unknown; I need them; I cannot live that monotonous and snug life; I lose my head." Disease, the death of parents, the loss of a loved one, is not always the beginning of a great depression; it may restore strength and courage; "After the death of

my father real sorrow drove away imaginary fears and made me recover health and will." We see by this that even difficult and painful action can have this same health-giving effect.

A curious verification of the effect of taking intoxicants or of exciting activities is furnished us by the study of impulsions. Patients who show depression often have obsessions or impulsions of a special kind. They give constant expression to the thought of and the desire for certain acts whose execution would do them the greatest good and would reëstablish the integrity of their moral strength. "I am incomplete, I need something that would give me a start, the divine fire, and I know very well what I need to do." The more they suffer from their depression, the more they feel driven to perform this liberating act. While the impulsions connected with ordinary obsessions, as, for instance, the pretended impulsions toward crime in cases of obsessions of scruple, are not followed by real performance, or reach only the beginnings of insignificant acts, these impulsions toward acts that are exciting and are considered beneficial, are much more often carried out and often give rise to dangerous activity.[2] Impulsions of this kind vary considerably, and it is impossible to enumerate all of them. We may place in a first class the impulsions that are characterized by the pursuit of a simple act. In this class we shall include the dipsomanias, morphinomanias, the various toxicomanias, the impulsions to over-eat, the impulsions to seek pain, the impulsions to walking and exces-

[2] *Obsessions et psychasténie,* 2d edition, 1908, pp. 56, 59.

sive movement, the pursuit of sexual stimulation that gives rise to the various forms of erotomania.

In a second and larger group we shall place all the forms of pursuit of stimulation by social acts, the impulsions toward domination that are so common, the manias of teasing, of sulking, the manias of scenes, manias of mischief, of cruelty, etc. . . . The impulsions toward love are not always merely erotomanias; there often enters the need for all kinds of social stimulation. Neuropaths are ordinarily scrupulous and very timid, hence one is astonished to see in some of them an odd taste for scarcely moral adventures and for dangerous expeditions. This need is found in the amorous impulsions. Emma is quite conscious of this detail in the stimulation that she receives from lovers' meetings: "Yes, the flesh is weak, but that is not the main thing. The anxiety and the shame that the least 'affair' causes me are so delightful that I cannot grow tired of this temptation to sin. It is agreeable because you feel that it is not right; that makes you afraid and sorry and your heart beats fast, which gives you peace of mind and faith in life for a long time." This is a sentence that the moralist will not understand at all, but the psychologist is well aware that the painful depression with its doubts, its restlessness, and its anxieties is not the same thing as remorse and that it exists before the sin. Sin itself and its remorse can, on the contrary, stimulate the mind, cause depression to vanish, and bring back peace of mind. In another aspect we also find stimulation from social danger in a group of very interesting facts, the kleptomanias,

and particularly thefts in the large stores. We shall have to return to this point to show the mental state that plays a chief part in this impulsion.

Among these patients there should be recognized a group of impulsions of a higher order. These are the impulsions toward the excessive and sometimes quite inordinate exercise of the mind's highest tendencies, the religious, moral, or even scientific tendencies. We find the same characteristics in these impulsions. In certain scenes of religious enthusiasm, as in the revivals described by William James, there can be noticed an uplift, a cure, following on exercises or feelings of a purely religious order. It is plain that many of these subjects consider religion a tonic and a remedy. They throw themselves into the delirium of the Cross and pursue God in order that He give them relief. The search for moral perfection can play the same part as religious exercises, and it is not hard to show that it can take on the nature of an impulsion in depressed subjects. Moral speeches are common: "I am at a place where I need to have something great to accomplish; that would cure me." We find the search for intellectual stimulation also in romantic day dreams, in the passion for reading among neuropaths, "who have impulses to swallow libraries," in the passion for writing stories and novels; it plays a large part in the writing manias described by M. Ossip Lourié. We find them again, alas, in psychological and philosophical studies, and metaphysics owes to them the construction of many systems.

Most of these impulsions are, doubtless, very dan-

gerous. They cause intoxication or they lead the subject into deplorable situations. From the point of view of nervous health, they lead to endless acts that can accomplish nothing and that in turn increase exhaustion. The great inconvenience of these impulsions is their restricted character, their exclusiveness. One man imagines he will find happiness in drink or theft, another, in the love of a certain person, and each is unable to conceive anything beyond this, to such an extent is his mind restricted. We find here again the depressed subjects' habitual defects of action, their lack of reflection, their tendency to get "stuck," their incapacity for resignation and for change, their passion for effort and their obstinacy. "They think I am energetic because I never give up. I work indefinitely for my ends even when it is clear that I can get nowhere." These dangers in the activity of impulsive subjects are thus in a way accidental. They come from the awkward way in which the acts have been executed.

Moreover, when such inconvenience and danger has been recognized, it should not be concluded that such impulsions in subjects are entirely absurd or that they are never useful to the subject. They would not be so common and would not last so long if they really had no value. If we look upon them as always ridiculous or dangerous, this is because we are perhaps in a poor position for observation. The physician observes these impulsions only in the patient who consults him about them, that is, who resents their bad effects. In a word, we see impulsions only when their effect has miscarried. If it should happen that any such impul-

sion had a favorable action and rescued the subject from his depression, he would not visit the physician to complain of it, and we would not see him at that moment. To appreciate the effects of certain impulsions we must examine them in subjects who are not complaining of them, in whom they exist without the physician's knowing it, or, indeed, we must examine their previous effects before they became useless or harmless as they are now. If we submit to these conditions, we are compelled to admit that a large number of former impulsions have had good effects for a certain time at least, and that they comforted the patient and put an end to or diminished his depression.

In an earlier work I have already quoted many examples of such improvement, temporary at least, which was caused by the acts that subjects feel driven to perform. The record of an impulsion to steal in the large stores on which I dwelt at some length [3] seems to me quite conclusive on that point. To be brief, I said in conclusion that two attacks of mental depression, one the exact reproduction of the other, lasted eight to ten months. A third attack beginning in the same way was interrupted during a period of eight months in which there prevailed an impulsion to steal, and it began again as soon as this impulsion was blocked. In this case we can easily verify the close relationship that joins the impulsion to the depression, and we can note how the impulsion draws its force from the need for stimulation that develops in the course of the depression as the result of feelings of

[3] *Journal de psychologie*, 1911, p. 97.

incompleteness, and how it causes the depression to vanish.

Observations of this sort could be multiplied indefinitely. They are not without interest. They show us that many persons can be really weak and nevertheless keep their moral health, thanks to more or less reasonable and proper activities which play the rôle of stimulants, and that they fall ill as soon as this stimulation disappears. Excesses, gambling, the exercise of power, the search for love, intrigues of all kinds, the search for success, as well as literary or scientific work, sustain many people, and save them from decline and depression. The pursuit of such stimulation seems to us quite natural when it occurs in individuals who maintain their normal tension, that is to say, when it succeeds; we describe it as a pathological impulsion when it becomes inadequate or when it does not succeed. The psychologist has no right to disregard utterly these impulsions of psychasthenics because they have now become bad or absurd. He should obviously not encourage them when they have taken this dangerous form, and it is not a question of urging Mme. V. to resume her thefts in the large stores. But it is necessary to see what was good, though only for a moment, in these impulsions, what made them useful, in order to save and use this favorable part, if that is possible.

In a word, any act may become the beginning of a favorable stimulation. A banal observation may sum up the foregoing remarks; we know that most of these subjects have a bad period in the morning when they are waking, and that they are ordinarily improved dur-

ing the course of the day and in the evening. It is probable that this change is caused by complex influences; nourishment and light should play a part. But it is also necessary to recognize the accumulation of acts, even minor ones, that the subject has to perform, and that bring about a gradually increasing stimulation toward the end of the day. While we have previously seen that acts, and especially that difficult acts, exhaust and depress, we see that in other records the same acts can have an entirely opposite influence. This is a contradiction that raises an important problem in psychology.

3. THE THREE LAWS OF STIMULATION

We have previously considered the expense caused by an act; it is now necessary for us to understand the good effect that it may bring. In my more complete study of this subject I showed that certain acts are useful by virtue of the adjustment and discharge that they cause, that others allow the organization of tendencies of future advantage and economy. But the immediate benefit that appears in stimulation depends on another mechanism.

We could indicate the first principle of stimulation by the name *principle of the mobilization of forces*[4] and place this notion under the patronage of William James because it is inspired by his book, "The Energies of Men," which is full of interesting notions. Not only the normal man, but even the most depressed invalid, is able, under the pressure of serious events,

[4] Cf. *Les médications psychologiques,* III, p. 213.

to display an activity that is quite unexpected and altogether out of proportion with the minimum amount of force that he seemed to have at his disposition an instant before. This shows that the man did not have constantly at his disposition all the forces that he possesses, and that he keeps somewhere in reserve a great quantity of force. The amount of these reserves must be very variable. It is probable that certain persons do not have enough force in reserve and that others keep too much; but all maintain an amount that is much greater than one would think from their ordinary conduct. Where are these reserves placed? We cannot answer from the anatomical point of view, for we know very little of the origin of the forces spent in action. From the psychological point of view we may say that the reserves are placed in latent tendencies that are ready to act with a determinate force at the moment of stimulation.

A tendency is not only a disposition to produce a series of definite movements in connection with a definite stimulation. It is also a reserve of a definite amount of force capable of producing this series of movements under good conditions. At the moment a tendency is formed it is not only necessary to organize the series of movements; it is also necessary to place in reserve the amount of force that makes up the endowment of the tendency. This is one of the reasons for the difficulty and for the expense that is manifested by the organization of a new tendency. The size of this endowment is variable according to the tendency in question: it clearly seems much more con-

siderable for primitive and fundamental tendencies and much more reduced for higher and recently formed tendencies. Pain, the tendency to avoidance, fear, the tendency to flight, anger, the tendency to attack, the tendency to eat, and the sexual tendency obviously have a strong charge. The rational and moral tendencies, on the contrary, have unfortunately received a very small endowment.

The present activity of an individual, the amount of force that he can dispose of in his activity, do not depend on the total energy deposited in his reserves, but on the energy now available, on what is now mobilized according to the tendency that is aroused. The reserves of our vital instinct, or of our sexual instinct, do not stir when we force ourselves to pay attention to a mathematical argument, and we can show ourselves very poor at that moment, while we are rich at other times. In this connection we might resume our comparison: the work of an industrial enterprise does not depend solely on its total capital, but on its circulating capital, on its operating fund. Such an enterprise may have great wealth in reserves sunk in buildings, in machines, in financial investments, in credits that are hard to collect, and it may at a given moment be able to dispose of only a small amount of cash. It may even find itself for long periods embarrassed, obliged to retrench, and unable to spend the large amounts that would be useful. It may be, and this is the idea that William James expresses, that the mind of a neuropath is often in a like situation, that he has considerable wealth in re-

serve but hard to reach, and that he finds himself now reduced to an inadequate amount of available energy, though he has considerable energy invested in a reserve.

In cases of this sort it is very important to be able to mobilize the reserves and a serious event that forces them to come out of their hiding place may perform the greatest service. In the factory an accident such as a fire or a necessary removal can compel recourse to insurance, the release of special funds, or the calling in of credits. It is quite probable that the monetary reserves so mobilized will exceed the immediate need during the accident itself. The money thus brought to light will not merely serve to repair the effects of the accident. It will circulate in all departments and restore prosperity everywhere. The feeling of a great danger, what we call a great emotion, can have the same effect on the mind; it forces us to perform energetic acts that cannot take place without calling on reserve capital that mobilizes large forces. As a consequence of the change in the distribution of forces all activity finds itself immediately transformed.

This appeal to reserves will have all the more success in that it will be directed toward the richer tendencies, those that are more heavily charged, and, as we have seen, are more elementary. Subjects themselves remark that a little opposition disturbs and exhausts them a great deal, while a great misfortune gives them all their energy. The minor opposition arouses only higher tendencies to resignation or to reflection, while the great misfortune arouses deep ten-

dencies to the defence of social esteem, to the preservation of family, of fortune, or of life. The mobilization was small and inadequate in the first case; it is enormous and superabundant in the second.

The action of intoxicants can be explained in the same way. The introduction of a poison into the organism arouses the vital instinct, puts all functions on guard, and, like the beginning of a war, causes a mobilization of all the organism's forces. This restores every activity, and, if the dose of poison is really not very large, this causes an excess of forces more or less well used according to the case. But if taking poison continues in increasing doses, if war lasts too long, the organism's reserves become exhausted, intoxication and the enemy establish themselves and depression becomes so great that nothing further can banish it.

Often, indeed, the increase of forces following on a mobilization of this sort is only temporary, and it is followed by a greater exhaustion. This is commonly observed among asthenics who excel themselves in danger and who then fall back to a very low level for a long time. I do not think, however, that this is always the case. I have reported many observations in which this return of forces was not followed by an exhaustion, and caused a permanent change. The fact is certain even if it cannot be explained. The organism seems to be made in such a way that certain reservoirs of forces must be always full. We have tendencies that must be normally charged for our defence. The maternal instinct, the vital instinct, even when they have just operated, are immediately re-

charged so as to be quickly ready to confront a new danger. The organism is then obliged to furnish new forces rapidly in order to fill the gap in its reserves. The expenditure of reserves probably leads to a stimulation of all functions, and, if it is not repeated too often, it can cause a more intense vital functioning which causes the state of asthenia to vanish. This is why such mobilization of reserves, which clearly has dangers, has sometimes beneficial and lasting effects.

This conception, however, of the mobilization of forces placed in reserve in lower tendencies is not enough for the solution of the problem of stimulation. There must be added to it the second *principle of psychological equilibrium.*

In a depressed patient the augmentation of forces does not always suffice to bring back normal activity. When this wealth of forces occurs by itself we observe another phenomenon, that of excitement; we note the disorders that we have just seen in intoxication, an excess of lower conduct, exaggerated and useless, unorganized and faulty. It is not always true that neuropaths and the insane immediately make a step forward from the moral point of view when they have been rested and strengthened. Moreau of Tours had already remarked some time ago that certain patients have furious delirium after a good night's sleep and that they remain calm if they have not slept well. I had occasion to describe many cases of this sort in my last book on *"Les médications psychologiques."* [5] In the course of certain restorative treatments by vari-

[5] *Les médications psychologiques,* 1919, II, p. 94.

ous tonics one sees an increase of weight, an improvement of the visible strength that makes possible more powerful, longer continued, and more rapid action, and at the same time an increase of suffering, of obsessions, and of delirium.

The opposite phenomenon is still more interesting. It has to do with the apparent improvement of the neurosis through a profound weakening of the organism that diminishes force. The following record, which I have just collected, may be considered as typical of a great number of others. A young man of thirty-five had been for several months in a full attack, incapable of any action, tormented by doubts, feelings of deprivation and shame, and especially by the obsession of death and the obsession of madness. In a word he was in a state of great anxious excitement. He was attacked by a non-diphtheritic angina, that was, however, very serious, with an abscess of the pharynx, temperatures of 102° and 104° for several days, the almost complete interruption of nourishment, and he had to stand frequent minor operations that were very painful. During these and during the following weeks he was extremely weakened and could scarcely hold himself erect, but at the same time he presented a radical and marvelous change. He had no more anxiety, and, although he had really been in danger, he thought neither of death nor of insanity. He received treatment with the greatest confidence, without expressing any misgiving; he bravely stood the very painful minor operations. "This physical suffering," he said, "is nothing beside my former mental

suffering." He made important resolutions easily. In a word all the symptoms of the neurosis seemed to have vanished. The psychic disorders did not reappear until three weeks after the cure of the throat, at a moment when the patient seemed to be regaining his strength. One sees like occurrences in many patients; an influenza, typhoid fever, erysipelas, have an astonishing sedative effect on nervous disorders. There are many records of cases of melancholia cured by typhoid fever, of obsession and anxiety calmed by febrile diseases, even of numerous epileptics who no longer have any attacks during pneumonia or during convalescence. After having established some facts of this sort in one of my old records, I assumed that in these cases the improvement was due to the fever, connected with the intoxication.[6] That explanation does not fit all the cases, for the improvement is shown in the period of convalescence when the patients no longer have fever and are no longer intoxicated, but while they are still weakened. In all these cases the weakening seems to be a condition of the mental improvement.[7]

This is what explains the phenomenon of discharge which is so curious. Many nervous disorders, convulsive attacks, attacks of weeping, cases of great excitement seem to be great expenditures of forces. How does it happen that there is often observed a certain improvement following these crisis, at least an apparent improvement? How often one sees agitated,

[6] *État mental des hysteriques,* 2nd edition, 1911, pp. 558-609.
[7] *Les médications psychologiques,* 1919, II, p. 298.

anxious, and more or less delirious patients who fall into convulsive attacks, throw themselves about and struggle for hours, who then recover, doubtless with a certain fatigue, but with a feeling of delightful calm, happier and really more normal than before the attack. After emotion or turmoil of any sort many women feel that they need to stir, to cry out, to take violent exercise, and declare that they would be much better if they could smash something. They are not entirely mistaken, for violent exercise, whether they seek it voluntarily or not, can have results that are identical with those of the attack and in several records patients know how to calm their doubt and their anxiety by some great expenditure of force.

Some authors, a few only, like Ch. Féré, have already occupied themselves with these facts and have tried to give them a physiological explanation by saying that the nervous system cannot stand a great tension and that it discharges as soon as that tension rises. It seems to me useless and dangerous to translate these psychological facts immediately into a physiological language which is at present entirely arbitrary, and I have myself tried for many years to give these facts a correct psychological expression by taking as a beginning the clear definitions of tension and of psychic force. This is what led me to my extended studies on the hierarchy of tendencies and on the degrees of activation.

Psychic force, that is, the power, the number, and the duration of movements, ought not to be confused with psychic tension, characterized by the degree of

activation and the hierarchical degree of acts. It is probable that in normal behavior in well-balanced individuals a certain relationship must be maintained between available force and tension, and that it is not good to maintain a great force when tension has lowered; the result is excitement and disorder. A comparison allows the illustration of this little known law; individuals who are not accustomed to order and economy do not know how to behave and run risks if they have all at once in their hands a large sum of money. "If I am disgracefully drunk," one poor woman told me, "it is the fault of my employer who gave me seventy francs all at once. I cannot stand more than twenty-five francs at a time. What do you expect? I did not know what to do with seventy francs so I drank them." Through the execution of acts of high level which are costly and beneficial, and through the reserve force that results from the last stages of such activity, psychic tension makes possible the utilization of much available force. But when such tension is weak it is better to dispose of only small forces and hence it is in certain cases beneficial to get rid of them in any fashion so as to reëstablish the proportion between force and tension that will make possible an activity, doubtless lower, but more suitable and less dangerous. Such is the general idea of discharge which plays an important part in the interpretation of many pathological phenomena.

In actual treatment interest is directed only at the acquisition of force, understood as power, rapidity, and duration of movements, without any attention to ten-

sion, that is to the degree of activation of higher tendencies. But this is a mistake, for the nervous or mental diseases, even though they are often accompanied by weakness, are something different from a simple organic or muscular enfeeblement. Simple weakness, complete ænemia, or the cachetic state of tuberculous or cancerous subjects are not psychasthenia or melancholia. It is doubtless hoped or taken for granted that the tension will rise of itself as the result of the augmentation of forces. That sometimes happens, but it is neither general nor necessary, and, when the restoration of forces occurs alone, there follows only excitement and disorder. It is necessary to pay more and more attention to raising tension in order to reëstablish psychic equilibrium.

The reëstablishment of the normal state does not admit an unequal and partial restoration of functions. It supposes that all functions are restored at the same time. This is what one may indicate by the third principle, the principle of *irradiation* or of *psychic syntonization.*

The mind possesses mechanisms that harmonize the various activities with each other, that give behavior a certain unity of tone. Not only does an energetic act put at our disposition a greater quantity of forces, but further, in various ways, it should bring the whole mind to function with a higher tension. There are in us mechanisms and tendencies whose part it is to raise or lower tension according to circumstances. Changes in the sympathetic nervous system, changes in the secretions of the endocrine glands must here play an

important part, but we must first have a good understanding of the psychic phenomenon and the alteration of behavior before we are able to discover their physiological conditions. From the beginning of life the living being knows how to perform the act of sleeping and the act of waking, and these acts, among other modifications, cause great changes in psychic tension. Later on he knows likewise how to relax in repose, in play, in confidence, and how to grow tense, to put all his tendencies in a state of readiness, when there is a difficulty, danger, or a wait. When we rest, when we relax in the midst of friends, when we sleep, we lower the tension; on the other hand, when we begin an act, when we are in public, when we prepare for a contest, or when we simply wake, we become more tense. An important act, and especially a successful act, arouses just these tendencies to take a general attitude of high tension. Popular language recognizes the existence of these phenomena better than psychology when it speaks of "taking it easy; keeping an eye open; being ready for anything; being all set." At the extreme of these phenomena of stimulation are found the heat of composition and creative enthusiasm. An artist recently told me that he needs to put himself into a special condition to compose, that he can do nothing at the start, then he warms up little by little, that "then he has three times his usual life" and that he is then exhausted for several days.

In all the foregoing records we see many facts that can be included under this conception. People who have accomplished a theft, the man who has offered a

toast in a cabaret, those who have succeeded in being obeyed, or simply in causing suffering, those who have received a compliment, take a conqueror's attitude and maintain it for some time even while performing other acts. This remark is so obvious that I have often found it made by patients themselves. "A compliment from the general," says Bf., a man of twenty-seven, "and I recover like a horse at a touch of the whip; I remain more energetic for several days, because I remain a man whom the general congratulates." "My daughter," says Zob., a woman of fifty, "must say to me continually: you are the most adorable of women and everyone adores you. That makes me hold myself erect as a woman whom people adore, instead of being downcast as a woman overwhelmed with scorn." Theft is a success for Lov., a woman of thirty-eight, who has read many detective stories and who congratulates herself on being so clever: "Oh, the fear of being seen, the struggle against danger, against my conscience that says: What are you doing? and the triumph! All that makes me raise my head, makes my eyes brilliant, and I remain under that influence." In all these records the tension required by the act has caused a general attitude of tension that has lasted for more or less time. We have here a phenomenon that we may call a *psychic irradiation,* and it would be correctly opposed to the phenomenon of distraction that we have studied in depression.

Putting forces into circulation can hence bring about a new distribution of forces, under certain favorable conditions which we shall have to seek. When

there are heavy expenditures there can be good investments at the same time. An act of a higher level can be secured and this causes a change of level in the whole mind. It is the totality of these changes of behavior that constitutes *stimulation,* which, moreover, must not be confused with excitement. Stimulation consists essentially in a quick rise of psychic tension above the point where it has remained for some time. This rise should evidently appear in two different forms. In the first we have to do with an actual rise above the average level that characterizes what we consider our normal spirits. Such stimulation should then correspond to the phenomena called enthusiasm and inspiration. It should play a part in works of genius, in inventions, and in the progress of thought, but it is little known and plays no part at all in these therapeutic studies. Another form of stimulation has been more studied. This is the one that appears in some patients and that merely raises the tension, previously lowered, to the mean level considered normal. The increase of forces, the great laws of mobilization, of equilibrium, of psychic irradiation make this change possible.

4. STIMULATION IN THE PSYCHOTHERAPIES

There are forms of stimulation more or less consciously sought for and used in various psychological treatments. In several, they are used without taking account of their real nature, by disguising them under other names. In studying mental agencies in general we have just observed that miraculous cures

at sacred springs or in the magnetist's cabinet very often depend on a nervous and mental stimulation caused in an individual by the part he was made to play.

The observation we have just made can be repeated in connection with many other treatments apparently more scientific. Many physiological treatments that restore general health, activate digestion, circulation, and the glandular secretions, cause a more intense vital activity. The patient regains confidence in himself, becomes capable of more activity, and raises his tension, and this alters all his behavior and suppresses a large number of neuropathic symptoms. Many substances, as we have seen, act through their intoxicating power. They are doubtless dangerous and it is necessary to combat the intoxication caused by their abuse. It is also necessary to combat the exclusive nature of the impulsion and to seek other and varied sources of stimulation, to make the patient feel that there are forms of mental stimulation like the forms of physiological stimulation, and it is above all necessary to lessen the need for stimulation by diminishing the depression itself. But this done, these stimulating substances which have their part in establishing psychic tonus must not be suppressed completely without asking ourselves with what are we going to replace them. Opium, which plays the rôle of popular stimulant in certain countries, is considered a medicament by physicians, and in melancholic disorders it is generously used. It can render some service in the majority of depressions. The medicament that to-day seems to

be most in fashion for causing stimulation is strychnine. Recent studies have shown that habitual doses of this drug can be increased with advantage. But alcohol is a medicament like opium and strychnine, and there is no need to be ashamed to allow a little wine when strychnine is openly prescribed.

The methods of treatment by education present a difficulty, namely, that they demand effort and expense at the start. There is no education without commands, without encouragement, without example, without even threats. The part of the educator is not limited to pointing out acts, it consists also in getting them done and imparting the force to do them. The best educator is the one who knows how to stimulate.

It is especially in the treatment by liquidation which is the basis of psychoanalytic treatments that indirect stimulation plays an important part. We have understood that such liquidation brought in its train great economies which permitted the restoration of force. But how is the liquidation itself brought about that does away with the fixed idea of the traumatic event and all the endless work of the obsession? How can the reappearance of the memory in consciousness and the expression of this memory stop the evolution? Doubtless such hard and painful expression brings a discharge of the forces mobilized about the memory. But why does the traumatic reminiscence, once discharged by confession, not recharge itself immediately? To my notion, there has not been merely a discharge; there has been a discharge through an oper-

ation of high tension, the assimilation, which has adjusted the situation, which has reëstablished forces which has restored the reserve, and which has stopped mobilization. The reminiscence became traumatic only because the reaction to the event was faulty. Whether by reason of a depression already in existence through other causes, whether by reason of a depression brought about at the time itself through emotional disturbance, the subject has not been able to make, or has made only a part of that assimilation which is the internal adaptation of the person to the event. It is this task that he is continuing to perform, and that is exhausting him; it is this task that he sometimes brings to an end by himself after months and years, when he recovers spontaneously. He must be caused to do this quickly by helping him in this task in the same way in which we have arrested crises caused by present problems by helping the subject to perform the necessary external acts. He must now be helped to perform the internal acts connected with the past events.

"When one has committed an error or a folly," A. Forel aptly said, "he should hasten, first, to repair all that can be repaired; second, to take preventive measures for avoiding its repetition in the future, and, third, to put it all out of mind." We should do the same when the faults of others are concerned. The familiar expressions that are endlessly repeated, "get used to it, forget, forgive, give up, renounce, be resigned," always seem to mean simple phenomena of consciousness. There is nothing in consciousness but action and the

derivatives of action. These expressions really indicate a complicated body of real activities, acts that must be performed, other actions that must be repressed, new attitudes to adopt, and there are all those activities that adjust the situation and that cause one to be resigned to it. A woman is very seriously ill following a break with her lover. You say it is because she cannot resign herself. Doubtless, but this want of resignation consists of a series of actions that she continues to perform and that she must stop performing. The physician must help this woman to stop all these absurd acts, teach her to perform others, give her another attitude. To forget the past is really to change behavior in the present. When she has reached this new behavior it matters little that she still keeps the verbal memory of her adventure, she is cured of her neuropathic disorder.

The record of Irene seems to me especially interesting, because we have seen the absurd behavior that she presented, in entire contradiction with her situation, and because we have roughly established in her amnesia the missing elements of inner assimilation. After long work, which I described in my first study on this patient, I succeeded in making her recover, or rather construct the discourse-memory of her mother's death. It is from the moment when she had command of this memory, when she was able to express it without accompanying it with crises and hallucinations, that the assimilated event ceased to be traumatic. The assimilation was the result of a complete change in considerable behavior, and the subject could

perform this task only by working herself up and emerging from her depression. The phenomenon of stimulation is at the bottom of all treatments of fixed ideas through liquidation.

In some other forms of treatment this rôle of stimulation is somewhat more apparent, although it may as yet be often misunderstood. I have in mind the odd practices of metallotherapy, of æsthesiogeny, of the provocation of complete somnambulism. First let us recall the essential facts: neuropaths presenting accidents of all sorts can be changed in a speedy fashion in such a way as to lose all their disorders at once and regain their normal health. These transformations are obtained by methods that are apparently different, passes, application of various substances to the skin, electric currents, gymnastic exercises, orders and conversation relating to sensation and memory. These transformations are accompanied by very characteristic feelings of confidence and joy; they are, however, temporary and end by a more or less sudden and more or less complete relapse that returns the subject to his previous sick condition. This relapse is often accompanied by an amnesia for the preceding happy period. These transformations can be brought about again, generally with greater ease, and they contribute to the complete restoration of the subject. What must we think of this group of phenomena—or rather, by what tie should we try to join all these facts with each other? This is the problem of the interpretation of æsthesiogeny.

It is easy to eliminate the surmises of the first

authors who were too ready to grant an outer physical agent acting on the organism, fluids, magnetic action, weak electric currents. None of these forms of action could be positively demonstrated, and moreover it has been proved from the evidence itself that all these phenomena can be reproduced without the intervention of any material agent. It is unfortunately not open to question that there can now be only psychological theories of these complex phenomena.

I have discussed at some length the interpretation by suggestion which accounts for only a part of the facts. Many details of æsthesiogeny are opposed to the mechanism of suggestion. One fact in particular seems to me essential; there is in complete somnambulism a considerable alteration of total behavior that I think characteristic. What astonishes me in this alteration of behavior is not the complexity of the automatism; it is the diminution of the automatism and the development of the activity of new adaptation. The patients, as I have said, become less suggestible, and it is singular enough that suggestion should reduce suggestibility, but besides this, the subjects' practical activity is transformed. It is no longer a question of developing as complex an automatism as is believed. It is a question of new acts, unforeseen, of adaptations and of a new synthesis of which the subject becomes more and more capable to the extent that he becomes, on the other hand, less suggestible. Can it still be said that suggestion does all this? This is not possible, to my notion, unless we give the word "suggestion" a very wide meaning, including all possible psychological

phenomena. This is not allowable if we understand the word as I have proposed, in the exact sense of the development of a preëxisting automatism. Hence I believe that we may reach a conclusion on these relations of suggestion and æsthesiogeny. It is evident that suggestion here plays an enormous rôle. It determines the form that the transformation takes at the start; I believe even that it determines the beginning of the transformation, that it in some way sets it off. It is because the subjects are suggestible hysterics that they can be made to begin such a task in connection with certain signs or certain particular commands. But suggestion here applies to a special act having some characteristics peculiar to itself. It is a suggestion of a quite special sort and it seems to me necessary to distinguish it from others.

The state that is brought about by æsthesiogeny, a state that has often been called the alert state, and that, in certain cases, constitutes complete somnambulism, offers us a change of behavior that is much better described by the notion of stimulation. The fluctuations that are brought about by these practices are like those observed in periodic and alternating neuroses.

Stimulation seems to appear in connection with changes in conscious sensation, but it is very likely that this is only one occasion; the same stimulation can be brought about in connection with memory and probably in connection with other events. Sometimes weak changes in sensation are enough to cause great stimulation and, conversely, great changes in sensa-

tion may take place automatically without causing apparent stimulation.

Hence it is likely that the important thing is the effort the subject makes to obey an order to carry out the suggestion aroused by a signal of some kind. This, indeed, requires attention and work. We notice this in the signs of effort, in the contortions that certain subjects present. We see this also in noting the time necessary for bringing about such metamorphoses. The rapid changes brought about by suggestion pure and simple do not have at all the same results as the changes brought about slowly through real work. "You wish to go too far and too fast; that is what makes my head ache and makes me distracted." Finally, we also note such labor in that odd fatigue that follows the séance, a fatigue that is very noticeable and very regular when there has been a real stimulation, while it is lacking when there has been no stimulation worth mention.

We have seen that a man can make himself tense and put himself in a state of creative enthusiasm. I cannot help believing that our subjects do something of the same sort, and that in their case, in certain conditions, the order, or, if you will, the suggestion to feel and to remember, releases special tendencies to effort and even to enthusiasm. Those operations that would raise the tension of a normal man to the extent of putting him in a state of creative activity, succeed in the depressed in restoring them to normal tension.

If the forms of psychic stimulation are disguised in most of the foregoing methods, they are, on the con-

trary, quite evident in the moral therapies that make use of work, faith or guidance. In all impulsions, there is found the need for being stimulated by an action; in all the manias for being loved or for being guided there is found the need for being revived and excited by another person. We see this when we study those patients who appear to be normal so long as they are subject to the influence of certain persons, and who relapse into depression and disorder as soon as they have lost the one who, making them act, kept the tension of their mind at a higher level. The physician only satisfies this same need for direction and stimulation in a more methodical fashion. We see in medical guidance the same facts as in the accidental forms of guidance and the same ups and downs. After a visit that has been a success there is a period of influence during which the patient is revived and preserves the feeling of his director's presence near him, as the mystic feels the presence of his God. Then there follows a new period of depression with an urge that I have called somnambulistic passion, during which the subject falls back into depression and feels abandoned and alone like the mystics in their periods of dryness.[8] In all these treatments there is always involved a more or less lasting stimulation.

How has the director caused this transient stimulation? Certain activities are exciting, as we have shown. They have accidentally revived the subject and he anxiously seeks to reproduce them. But he does not know how to choose his acts and he does not

[1] *Op. Cit.*, III, p. 393.

know how to unite the favorable conditions that allow their execution.

This is the cause of all the disorders and the evil results of impulsions. The director should know better what are those favorable acts that can be executed without too great expense and that cause favorable stimulation. He knows the conditions in which it is necessary to place the subject to have him succeed in the performance of these acts, and how he must be aided. He uses all the methods of suggestion, of persuasion, all the methods of rhetoric for encouraging action and stimulating the patient.

A singular procedure this, that appeals to the finest powers of human genius in order to allow an hysteric to eat her soup. With these patients we are often forced to have recourse to procedures of this kind, and I have already often remarked that it is necessary to use the most eloquent pleas and to use all the devices of rhetoric to get a patient to change his shirt or drink a glass of water. It is to this that I called particular attention in my first studies. "The treatment to which I subject the patient is not merely a suggestion, but also a stimulation. In psychological treatment the part of suggestion has not always been distinguished from the part of stimulation, which tries to raise the mental level. From Irene I demand attention and efforts; I demand an increasingly clear consciousness of feelings, all things which are a means for raising nervous and mental tension, for bringing about, if you will, the functioning of higher centers. I have often verified, in her case, as with so many other patients,

that the really useful interviews were those in which I succeeded in stirring her. It is often necessary to reproach her, to find directions in which she has remained impressionable, to give her all sorts of moral jolts to restore her and make her recover memories and acts." All the forms of re-education of neuropaths so much discussed to-day are subject to the same law. Whether they are concerned with gymnastics, the education of movements, the stimulation of sensibility, the investigation of memories, it is always necessary that the leadership of the director arouse attention and effort, stimulate emotion, and cause a higher tension. When such improved functioning is obtained, the subject feels a change of his whole consciousness which is translated into an increase of perception and of activity.

Such a therapy is a surprise at the start, because it seems quite opposed to the forms of treatment that have formerly seemed to us rational and useful, the forms that we have studied under the name of treatments by rest and by economy of forces. It seems odd to try to cure exhausted individuals by making them work, and to avoid bankruptcy by advising new outlays. This is, however, not entirely unintelligible, for we have just seen that action does not confine itself to wasting forces, but often it renews them as well. A good investment, a clever speculation can make an outlay very profitable. Actually these forms of treatment are contradictory only in appearance, and both forms may remain justifiable and useful according to the case.

CHAPTER I

APPLICATIONS

The treatments that have been presented as applications of psychological science are based on exact observations and interpretations. It is true, nevertheless, that at every period they have been much disputed, that they are rarely employed with confidence and that they scarcely ever give all the practical results for which one had the right to hope. We must endeavor to find under what conditions their effectiveness may be increased and to verify whether or not there are certain cases in which they are of considerable value.

1. PSYCHOTHERAPEUTIC DIAGNOSIS

Too often what I have said in connection with miracles and medical moralization applies to psychotherapeutic treatment. In a general way such treatments seem to be efficacious; if a great number of cases are considered, there are a certain number of cures that may be legitimately ascribed to them. But regarding a particular case, nothing can be affirmed in advance, and nothing can be taught definitely. One finds himself confronted by an application of the law of averages and the efficacy of these treatments seems to depend on chance. On the one hand this is due to the fact that most of these methods are defined in a very

vague way and on the other hand to the fact that they are applied in too arbitrary a fashion.

The efficacy of a therapy depends on the diagnosis: quinine or salvarsan would have the same random effects if they were applied as psychotherapies are applied. Each psychotherapist praises his own method, which he claims is original, and inclines to apply it to everything because it cures everything. One moralizes, the other hypnotizes everybody; one man rests and fattens, another psychoanalyzes at random. What would be thought of a physician who would boast of giving digitalis to all his patients while his fellow physician's specialty was the giving of arsenic?

During the triumphant period of hypnotism, several years ago, they boasted of hypnotizing 97 per cent of the patients and of practicing suggestion on everyone who presented himself. When one considers to-day these amusing statistics it is plain to be seen that their authors had no desire to get a precise notion of the phenomenon that they were inquiring into and that they included everything and anything in their calculations. Some confused suggestion with emotion or with error, others with docility or voluntary compliance, most of them confused it with the arousal of tendencies, or the association of ideas and their statistics have no significance. It is exactly because they tried to hypnotize everybody and to cure no matter what by suggestion that they met with the many failures that discouraged the sick and the physicians and brought on the decadence of hypnotism. If treatments by stimulation were better known there would like-

wise be a rush to apply them at random and veritable disaster would result. Every practical action demands a certain precision, and a psychological therapy is only possible when there is a psychological diagnosis.

There is never anything absolute in a classification: diseases like living beings form a continuous series in which we establish divisions according to our needs. Every classification answers to certain practical needs: it unites groups of objects toward which we must behave in the same way and separates objects toward which we should behave differently: classifications vary according to the type of behavior that we are considering.

Classifications of the sick have generally been made from a scientific standpoint, that is to say from the point of view of student exposition, for pedagogic methods have played a considerable rôle in the organization of scientific systems which are originally methods of instruction. Then classifications were made from the point of view of anatomy: a certain group of symptoms indicated that one would find a certain lesion at the autopsy. Next, classifications have been made from the point of view of microbiology: among patients of the same group one will find and make cultures of the same microbe. These various classifications have rendered service to surgical and microbioligical therapy. But they do not give any practical results when one tries to apply them to nervous and mental diseases and when one endeavors to apply psychological treatments.

There is, however, a bit of psychological therapy

which plays a certain rôle without one's really being aware of it, namely, the singular division of nervous diseases into organic and functional diseases. From the scientific viewpoint this distinction has no meaning, and several times I have already had occasion to show that it is not admissible. There is no disease without some organic modification, large or small, known or unknown, lasting or temporary. But this distinction does exist, and it has an important bearing, which is that it has a significance from the viewpoint of psychological therapy.

Psychology is the science of behavior and a psychological therapy is a therapy that makes use of behavior, that is to say, of actions, of the functioning of organs. In psychotherapy we are always concerned with changing actions, of diminishing them or of increasing them: a psychological therapy is always a functional therapy. To say that a disease is functional is to say that changes in the mode of its functioning may cure it and that the organic lesion that always exists is such that it can be cured by the transformation of the mode of functioning. To say that a disease is organic is to affirm, on the contrary, that the lesion of the organ will not be influenced by changes in the mode of functioning, and that consequently all psychotherapy is useless. This is the first psychotherapeutic diagnosis.

But after this first effort, medical analysis ordinarily halts, for to go farther would demand a study of psychology, and the physician is satisfied to apply a psychotherapy of one sort or another, as if all functional

troubles were the same and as if all psychic influences were identical. Is it not reasonable to think that a more precise diagnosis would permit of much more certain applications?

2. TREATMENTS OF FUNCTIONAL DEVIATIONS

A group of functional disorders, once considered as very important, constitutes the disease of hysteria. This word is scarcely in fashion any longer; it has been discredited by the momentary recoil from hypnotic studies, but it will return, for it has a good history from the medical and psychological viewpoint and it has the advantage of not implying a venturesome hypothesis. It is true that the conception of hysteria still presents many difficulties, but we may at least agree to admit that it deals with a certain category of neuropaths and that this name is not applied indiscriminately to all psycho-neuroses. The diagnosis of hysteria, if not its psychological conception, is to-day a subject for instruction, and most physicians apply this name to the same patients.

What I wrote in 1892 is now admitted, namely that most of the more apparent accidents result from "fixed ideas," that is to say, from erroneous but fixed beliefs, developed by a psychic mechanism analogous to that of suggestion. This conception implies several serious assertions. It implicitly affirms that these patients do not lack the force to perform actions in a more correct fashion, that they are not profoundly exhausted and that acute psychic asthenia is not involved. It also admits that the higher psychic tendencies are not

suppressed. The patients incapable of walking, of recovering a memory do not present in the same degree as so many other neuropaths, the aboulias, the doubts, the feelings of incompleteness so characteristic of more acute depressions.

These two assertions are not quite correct and one should not allow oneself to go so far, which occurs too often, as to admit in hysteria only deviations by suggestion and to forget that we are dealing with a real disease. In hysteria there is both asthenia and psychic hypotonus, but this real depression is disguised by the phenomenon that I had described under the name of "psychic retraction" and that has since been presented again under the name of "repression." Thanks to the reduction of the extent of activity, which is a kind of defensive reaction, the mind whose force and tension are diminished can create an illusion and simulate the real depression. It is precisely this lowering of tension, this diminution of reflection, joined to retraction that gives to suggestion its development and leads to fixed ideas.

If this conception of deviation without asthenia or psychic hypotonus is exaggerated, it is, however, not without importance. The patient, thanks to these defense processes, suffers little from his depression and occupies himself more with troubles caused by this or that fixed idea. One can, when concerned with a real hysteric, leave aside, at least in part, the treatment of depression proper. In general one has to do with young subjects whose disease is only of some months standing and in whom there has not been the time

to cause a profound and lasting depression. One's main concern should be the correction of faulty functioning and it is in this situation that treatments by suggestion, by hypnotism, and by education, find their most interesting application.

Suggestion consists in artificially causing, in the form of impulsion, the functioning of a tendency that the subject cannot obtain in the form of a personal will. In order that our appeal to lower tendencies may be understood, it is necessary that the subject should have in reserve, in spite of apparent paralysis, certain well-organized and heavily charged tendencies: he must possess a powerful system of automatic habits. It is not a question of fortifying the nervous and mental activity, of creating new resources, it is simply a question of making use of the resources that the subject already possesses. The person who falls ill may be compared to an individual who comes to the point where he can no longer balance his budget and is about to go bankrupt. All at once he seems unable to meet the expenses of a certain number of operations, no matter how indispensable they may be. The physician is summoned to liquidate the situation and to reorganize the budget. Treatment by suggestion does not change the life of the firm, it does not furnish the manager with new resources. The physician simply shows the subject that he has at hand some important resources that he had forgotten to make use of, and puts them at the disposition of the poor administrator who thought himself ruined when he was not.

It is only too evident that the above is a partic-

ularly simple method for reorganizing involved finances and that unfortunately it is not applicable in every case. To be able to proceed thus one must be confronted with a ruin more apparent than real, one must have to do with financiers sufficiently naïve to clamor about ruin when there is only disorder, and it is not likely that this will often happen. But it does occur sometimes because hysteria does exist. It is fortunate that the physician may on occasion know how to play this helpful and easy rôle, the most simple method of psychotherapy. One must grant its interest, but one should not be surprised that it is too often inadequate and that one is almost always obliged to discover other less simple methods for restoring more seriously compromised fortunes.

The dangers that these treatments may involve have been greatly exaggerated, and I should be disposed to say that hypnotism and suggestion are unfortunately not dangerous enough. I say "unfortunately," for a medication is not really powerful unless it can be dangerous and it is difficult to conceive of a therapy that may be at once efficacious and harmless in all cases. The dangerous character of a poison requires care in its application and doses, but it is also the first indication of the powerfulness of the medication. This is not at all the case in experimental suggestion and hypnotism which even badly applied do not so far appear able to cause serious trouble. The only conclusion to draw from these observations is that suggestion should not be lightly undertaken, that it should not be dropped suddenly after the apparent cure of a

single accident, that the patient and his family should be warned that beneath this accident there is a defective mental state that cannot be instantly changed. There is an entire education to be undertaken here in which all kinds of therapeutic methods may be necessary.

Although it may seem bizarre and even a little ridiculous, it is worth saying a few words here in regard to certain reproaches that have been directed at hypnotic suggestion from an exclusively moral point of view. Several physicians, all at once seeing the light, have followed the example set by M. Dubois of Berne and have declared that this treatment, even if it were useful, should not be employed because it was humiliating and dishonoring both for the patient and the physician. It does not seem to me very difficult to allay such delicate scruples.

A certain number of these criticisms are connected with those previously described and have to do with the possible dangers of hypnotic suggestion and to these we have already replied. Déjerine adds that hypnotic suggestion is too powerful and that it could be employed for evil by an unscrupulous physician, since it is possible to cause crimes to be committed by suggestion. Supposing this were true, what medical or surgical treatment could withstand this criticism? Must arsenic be given up because of Lacenaire's crime or the surgeons' bistoury be dulled for fear lest they make use of it to cut their patients' throats?

The other criticisms are more directly moral; they are based on this singular idea that it is degrading to

make use of the lower mental functions which lack dignity. It is not worth while here to answer such puerilities. Can we choose, can we appeal to the mental faculty that most pleases us? You always argue as though the patient were not sick and as though he could exercise any function whatsoever at will. If he had at his disposition this perfect reasoning power and this ideal will of which you speak, he would not come to consult you. In reality he turns to you because he is not capable of behaving as a complete man, master of himself. "You can only cause him to carry on pseudo reasonings of which you have no right to be so proud." It is much more proper not to attempt to deceive yourself and to occupy yourself directly with the lower functions that the patient still possesses, as is done elsewhere in all medical treatments which do not by any means always appeal to pure reason. As an American author said, "We no more suspend our judgment in permitting a physician to affirm for us a beneficial suggestion than we do in permitting him to introduce a dirty capsule into our bodies."

In all this discussion, which need not be prolonged, there is one misunderstanding: such problems are never raised in connection with other diseases and with other treatments. When a man goes to the physician with a syphilitic chancre, the latter does not enquire whether a sermon would be more noble and more moral than a mercury injection. The practitioner does not cover his face when he inserts his finger into the anus and he is not shocked when he puts a mirror into its

opening: the patient is a sick man and the highest duty is to care for him as soon as possible, that is all. Such scruples only appear in psychotherapy because it is not yet possible to avoid considering the neuropath and the insane as ignorant disciples or as penitents who must be taught the fashionable truth or the morality of the hour. When it has been decided to consider them as really sick and when psychotherapists know how to be real physicians, these imaginary problems will no longer be remembered.

In my work on "les médications psychologiques" I undertook an investigation that is much more important, to my notion, on the value of the treatment from a viewpoint that certainly has some interest, at least for the patients, namely that of the cure. I collected a great many records of neuropaths, 3500 in all, a great number of which cases had been followed up for years, and I tried to weigh with precision and severity the rôle that various psychological treatments had played in the evolution of the malady. In particular I investigated the number of cases in which hypnotic suggestion, understood in a very exact fashion, had had a definitely beneficial effect and had been able to bring about distinct cures lasting for a year at least. It is true that such cases are not very frequent and I do not compare these statistics with those of the enthusiastic healers of the heyday of hypnotism. But the exactitude that was used in the choice of these records gives them perhaps some value at a time when such treatments are contested and rarely used.

I shall place in a first group some curious records in

which the cure occurs so rapidly as to have an appearance of the so-called miraculous healings. In these records it is a question of serious, well-established affections of at least a month's duration, various paralyses, contractions, choreas, mutisms, disorders of sight, etc., having, it is to be understood, the characteristics of the hysterical affections that we have just indicated. The treatment is begun immediately from the first visit without profound psychological analysis, simply by suggestion, understood in the sense that I have defined, either during the waking state or after rapid hypnotizing. The cure is obtained immediately or by several séances, four at the most, and it is lasting, for I count only those cases with no relapse during a year. I find in my notes only a small number of cases that can satisfy these severe conditions, but nevertheless I count fifty-four of them that appear to me to be decisive. It seems to me that such records, for which, I repeat, analogies can be found in all the writings on hypnotic suggestion, justify the assertions so often made by the hypnotists and show that there is here a true healing power often manifesting itself in an absolutely remarkable way.

In a second group I shall place the more numerous records in which the patients also arrive at a cure, apparently complete and lasting for at least a year, but in which the hypnotic treatments did not have an immediate miraculous result and had to be continued much longer. In most of these cases we are dealing with patients treated two or three times a week during a period that varied from one to three months. I do

not include in this group the patients who have been treated a longer time, because in this case the treatment appears to me to be modified by the addition of other influences. I am not going into a description of these various neuropathic disorders which are, moreover, analogous to the preceding ones. The accidents in the treatment, of which suggestion and hypnotism seem to me to have had an important rôle, are especially hysterical attacks and particularly delirious attacks in a somnambulistic form. To-day it seems the fashion to question the existence and importance of such accidents. They are, however, quite frequent and often very serious: I have observed a great number of them. Among these records I put aside sixty-four cases in which the cure clearly seems to me to have been obtained by suggestion and hypnotic sleep. The latter is easily substituted for an hysterical attack and is much more easily handled by the operator, who, after having made use of hypnosis, can quite easily suppress it. The old magnetists had already noted facts of this nature: hypnotists have made like observations. "Far from manufacturing somnambulists by the hundred, as Calmeil thought," Gilles de la Tourette tells us, "Magnetism, on the contrary, cures those who are affected by this neurosis. A curious thing is that artificial somnambulism makes natural somnambulism disappear: with the result that one can be almost certain to cure a somnambulist of his nocturnal walks by hypnotizing him." [1] This observation seems to be one of the most easily verifiable. The subjects who pre-

[1] Gilles de la Tourette, *L'hypnotisme*, p. 173.

sent delirious crises and natural somnambulisms, fugues followed by amnesia, are those who, in general, are the most easily hypnotized and are those who will derive the most benefit from this intervention.

In a third and final group I shall place the records in which hypnotic suggestion has had only a temporary effect and never succeeded in obtaining a cure in less than a year. Nervous accidents like those in the first group always reappear after a longer or shorter interval. These records are very numerous, several hundred in all; it is useless to count them, since here they are of much less interest than the preceding ones.

One should not, however, admit too quickly that in all the records of this group, treatments by hypnotic suggestion have not been of benefit to the patient. There are some records in which, without effecting a prolonged cure, these treatments have, however, rendered considerable service.

In this connection [2] I have for a long time made use of a remarkable record, that of Nov., a woman whom I first treated when she was twenty-six years old for hysterical contracture of the muscles of the trunk, causing that bent-over position that was described during the war among the *plicaturés*. For twenty years she continued to come for treatments, but only two or three times a year for the same contracture which reappeared in connection with fatigue or emotion. Each time a few minutes' treatment was enough to send her away cured. Here was a very

[2] *Médications psychologiques*, I, p. 332.

curious hysterical disease that for twenty years never changed and that always reproduced the same abdominal contracture of its first occurrence. It is an interesting example of psychic automatism. But the treatment is likewise worthy of notice: it is strictly a mental treatment. I use only a few words and a few signs and massage is only simulated. This treatment seems to me to be entirely by suggestion; it only involves a series of movements and actions that are easily and automatically performed, accompanied by my words and gestures, without the patient comprehending how the cure is being carried on and without her being able to reproduce it voluntarily. This treatment did not have a curative effect: there was never a complete cure lasting a whole year. One cannot say, however, that this treatment was useless to the patient nor that it was hard to apply. For twenty years it permitted Nov. to live at home and to work very hard without ever feeling her infirmity more than a few days at a time. When one considers that hysterical contractures can cause infirmities that last for years and sometimes a lifetime, one cannot deny that such treatments have rendered real service.

To sum up, these statistics show us two hundred and fifty very clear cases in which such applications of treatment by an appeal to a system of automatic habits have had an incontestable value. It is to be understood, of course, that there is nothing surprising in these records, they only confirm those that have been published by a great number of authors, but they prove again the truth of those old studies. It is true that we

are here concerned, as we remarked at the beginning, with very special neuropathic diseases, among subjects who are generally young and not yet profoundly depressed. It is obvious from this that such treatments, useful only in particular cases, have a narrow application. Is this a reason for condemning them? Is one to grow indignant against the sulphur rub because it only cures the itch and would be disastrous for an eczema? Must injections of emetine which cure amœbic dysentery and are not efficacious in bacterial dysentery be derided? It is only fair to recognize the importance that hypnotism and suggestion have had in the history of medicine. Perhaps later on they will be transformed and forgotten, but the fact will, nevertheless, remain that they have been the first precise psychological treatments, that they will have prepared the way for the discovery of all the others by forcing us to get away from indeterminate moralizations. This is a great merit which deserves recognition and the effort of so many investigators for more than a century will have been of some use to medical science.

It is interesting to note that the conditions to which treatment by education can be applied are almost the same as the conditions for treatment by suggestion. Educational methods are successful with patients whose disorders are localized in this or that function over which the subject has lost control without there being a great general depression. One of the proofs of the beneficial results of education for neuroses is the ease with which we establish the effects of bad education. It is very ill-advised, under a pretext of avoid-

ing fears and anxieties for the patient, to give in to all his manias and to permit him to carry out all his silly notions: very often one sees neuroses greatly aggravated by these concessions. Good education can be as powerful as bad.

We have noted this good influence in many nervous troubles. It is clear that education must enter into the treatment of paralysis and neuropathic contractures. The principal effect of the mobilization of forces and of massage seems to me to be an education of the subject who is brought to the conscious perception of muscular changes which he is too disposed to forget. Certain patients have to learn how to eat, drink, chew, swallow, take food into the stomach, breathe, talk, etc. I myself have had occasion to describe a curious patient who had lost one eye and who had had to learn to make use of the other single remaining eye by practicing monocular vision instead of perpetually striving for the binocular vision that had become an impossibility.[3]

Even in the cases where other therapies are used at first, education is not without its usefulness: it enters in much later when the cure is already advanced, but it establishes the cure. Its essential rôle consists in transforming an action into an automatic tendency, in establishing it in some way. It is not enough to have once obtained a movement of the paralyzed member by some method or other and then to abandon the patient, for the paralysis or the contracture would soon be as complete as before. At this first moment the

[3] Op. cit., III, p. 52.

movement must be repeated, simplified, caused to be produced more unconsciously, with less supervision and less effort. After having obtained the isolated action, the tendency must be reunited to the action and education always plays a considerable rôle in this reconstruction.

In a word we again come upon the problem of diagnosis and the precise application of forms of medication. We shall have to give up speaking about education in every connection when we are dealing with a neuropathic disorder. At some future time it will be necessary to distinguish with precision the symptoms to which, and the patients to whom, education is applicable and the place that this special medication should occupy in the treatment. Then we shall see that education cannot be sufficient for everything, but that it will always retain one of the most important rôles.

3. TREATMENT OF PSYCHIC EXHAUSTION

A much more considerable group is made up of asthenics who present an exhaustion of psychic forces. At the same time these patients almost always present a certain lowering of the psychic tension; but this lowering is not extensive and above all it is not permanent, nor is it felt as painful and it does not demand direct treatment. It is the diminution of available forces that presents the chief problem. Under these conditions one can scarcely make use of the preceding methods. First of all the subjects who preserve their powers of reflection and have no very definite restric-

tion of consciousness are not suggestible, at least in an experimental fashion, and next, which is the important point, the feebleness of the available forces reduces even the automatic functioning of tendencies and makes almost impossible an appeal to the group of automatic habits or to education. Under these conditions the various psycho-physiological treatments that endeavor to bring about disintoxication, the re-establishment of the digestive or circulatory functions, modifications in the secretions of the internal glands, the treatments that seek to regulate the functions of the sympathetic are evidently indispensable. I have considered such methods elsewhere while indicating that psychological medicine ought to be the most complete of all the therapies and that far from suppressing other methods it needs them all.[4] Recently M. J. Laumonier, in his interesting book on *"la thérapeutique des péchés capitaux"* 1922, shows very well the important rôle that psycho-physiological therapy plays in the treatment of the passions themselves. But here we are dealing only with psychotherapy proper, and in asthenia the methods of psychic economy are the only ones that are useable and advantageous. But these methods of economy differ one from the other and answer to different situations. In order to apply them directly it is necessary to make the diagnosis definite and to discover the principal cause that determines and maintains the exhaustion.

A first case which is most interesting and permits of a relatively simple treatment is the one that we

[4] Op. cit., III, p. 298.

studied under the name of *neurosis by traumatic memory*. These individuals are brought to ruin because they maintain a certain expenditure outside the channels of their ordinary life and this hidden expense is too considerable for their resources. This supplementary expense results from an unadjusted business that the subject drags along with him indefinitely. He has kept some interest in a business which is not going well, which will never bring him in anything and which is daily costing him enormous sums. It is thus that we have understood traumatic memories and a great number of fixed ideas. The therapy is derived from this interpretation; the leak must be stopped: all the methods of moral disinfection have no other aim than to suppress the useless expense. Since the patient is not capable of doing it alone, he must be brought to adjust this old affair which is ruining him and the remaining revenues will be quite sufficient for the expenses of current life.

The real difficulty that the use of this method presents is the diagnosis of the traumatic memory and the demonstration that exhaustion is certainly due to an internal labor of this nature. There is first an evident exaggeration in connecting all these neuroses to memories of exciting and badly adjusted sexual emotions. This may be true in a certain number of cases, no one disputes it, but it is impossible to turn this remark into a general rule. The sexual troubles that one notes are more often the consequences of a nervous disorder rather than the point of departure for it. It should not be forgotten that disorders of sexual conduct are

one of the most frequent manifestations of neuroses and one should avoid supposing too readily that such disorders have preceded the neuroses.

It is equally dangerous always to locate in the subconscious of the patient exciting reminiscences, no trace of which appears in his consciousness. To my notion, one should distrust the subconscious. I was one of the first to describe this aspect that certain psychological facts can assume and to present this notion of the subconscious: I have not always been flattered in seeing the development that it has undergone and its too splendid destiny. In the works of spiritualists and occultists the subconscious has become a marvelous principle of knowledge and action far beyond our poor thought; for the psychoanalysts it has become the principle of all the neuroses, the *deus ex machina* to which one appeals to explain everything. It does not seem to me that the subconscious merits such honor and I think that some precaution is needed to keep it in its place. A psychic phenomenon, which is always in reality a certain mode of conduct in the patient, should always be verifiable by the observer. Phenomena separated from the subject's normal consciousness manifest themselves besides in somnambulisms, writings, movements, automatic words, and it is fair to acknowledge them and to utilize them when one sees them. What one should avoid is the subconscious that one never sees and that one is limited to constructing according to fancy. The exaggerations that have disfigured excellent studies ought to teach us to distrust rapid interpretations that endeavor to

find too quickly a support from psychological notions that are still very fragile.

If men have been led on to place too many things in the subconscious, it is because it was necessary at all costs to recover in every neuropathic symptom a traumatic memory, a more or less deformed recollection of a stirring event. Psychoanalysis is not an ordinary psychological analysis that attempts to discover any phenomena whatsoever and the laws of these phenomena. It is a criminal investigation that must find a guilty party, a past event responsible for present troubles, which recognizes it and pursues it under all its disguises. One often finds, moreover, in the articles of this school, such comparisons of psychological study to a criminal investigation and of the psychiatrist to the detective.

It is not at all certain that in every neurosis a psychic phenomenon of this sort necessarily plays an essential rôle. Depression, like ruin, is not caused solely by excessive expense beyond the normal budget. One should not, however, when confronted by a poor wretch who has not a penny and who has never possessed anything, gravely tell him that he is poor because he is still maintaining an old mistress, or that he is secretly continuing to pay the expenses of a racing stable and that he has only to sell off his stable to get out of his misery. Misery, alas, often results from very other causes than wastefulness. Even in cases where the disease has started from a particular event and at the beginning has been connected with it, it may very well happen that the disease gradually

becomes independent of the event. Little by little the mind becomes exhausted in this fruitless struggle and even if now it has ceased to struggle, it remains none the less exhausted. To take up again our financial comparison, an individual has little by little ruined himself because, unknown to every one, he was supporting a mistress outside his own household and the time comes when, even were one to put an end to this drain, the ruin is no less complete.

One can very well admit, moreover, that exhaustion often does not depend on a past reminiscence, but that it results from actual events that recur every day. More often still the subject's depression which has existed since infancy depends on his inherited constitution, on the period of life through which he is passing, on physical diseases, on diverse intoxications that he has had to bear, on a gradual exhaustion brought on by a host of slight repeated fatigues or even little emotions, each one insignificant in itself, which have left no distinct or dangerous memories. The symptoms and the fixed ideas that the subject presents in these cases are determined by the depth of the depression, by its localization in this or that function originally weak or enfeebled by a succession of slight forgotten shocks. They are also determined by reactions peculiar to the subject, by his temperament, his intelligence, his education, etc. In cases of this sort, this or that event in his life has no great importance and all the investigations of the detective into the patient's past will have little of interest, at least from the therapeutic point of view.

Such reflections determined at the beginning of my studies very special precautions in the study and discovery of traumatic memories. The discovery of such memories being important for the interpretation and for the treatment of certain neuroses, it was necessary to make every effort to discover them when they existed; but since it was understood that such memories might very well be absent, it was likewise necessary to make every effort not to discover them when they did not exist. If this is the way we understand it, then traumatic memory plays an important rôle in a certain number of neuroses and psychoses. Between those who never concern themselves with traumatic memory and even ignore its existence and those who imagine it everywhere, it would be fair to place those who admit it in determined cases. For these, certain rules of diagnosis should be established; unfortunately these psychological facts are still poorly established and it is difficult to give precise information.

First information can be given by a kind of elimination: a depression that seems to be accidental, that is not connected with the subject's state since his youth, that does not depend on a visible alteration in his health, may be connected with facts of this nature. I believe it important to eliminate also the causes for exhaustion that the subject's situation may furnish, his habitual surroundings and among these, social influences, as we have seen, are the most important. It is when one finds no explanations in the actual life of the patient that it is justifiable to seek into his past life.

I cannot side unreservedly with certain critics who fear thus to draw the subject's attention to the details of his life and to fixed ideas. Evidently there have been absurd exaggerations on this point that have altogether compromised these studies. But exaggeration is as bad in one sense as in another. It is as much as to say that the surgeon should never touch a wound for fear of soiling and infecting it; everyone knows that he must touch it but touch it properly. If the physician is not convinced in advance that he is going to find one event responsible for all the disease and if he does not stubbornly demand that this event be of a sexual order, he will be able to make this examination with tact and without unduly troubling the patient.

A study of the patient's early life is indispensable, and it ought to be made with the subject himself, for we need to note the memories that he possesses of such and such a period, the fashion in which he describes them, the degree to which he has assimilated them. Often the patient himself draws our attention to the concern that he maintains in regard to this or that epoch in his life. On the other hand, the moment the symptoms appear, their rapid or gradual appearance after some event or other, certain symptoms that are always connected with a special fact can put us on the track. More or less complete amnesias in regard to certain epochs or certain facts, deliriums, hallucinations, phobias, reveries, emotions that occur as soon as one draws attention to such points, confirm these suspicions. If one uncovers a memory of this nature

one must next take account of the rôle that it may still be playing to-day. Many events have been painful during the course of a lifetime, have left a more or less moving memory that in reality plays no part in it now. One should consider as traumatic only such memories as are now frequently recurring, such memories as cause constant and easily observed effort and are capable of determining exhaustion.

When this diagnosis has been well done, the methods for bringing to light subconscious memories, their reintegration into consciousness, the dissociation of certain groups of memories, whether during hypnosis, or in other psychic states, and especially the various methods of liquidation, often have remarkable results. It would be easy to count a considerable number of patients of various sorts who have been relieved, whose crises have been shortened by this moral disinfection. In many cases when we are dealing with youthful patients, if an adjustment takes place in time, before the depression becomes too profound and definite, the cure and the reconstruction of forces may be complete and more than one patient has not had any other crisis for years.

If one does not stubbornly reduce all patients to the same type and explain all weaknesses by traumatic memories, he will find himself confronted by psychic exhaustions whose causes are different. Many patients are exhausted, not by the memory of some former adventure, but by the difficulties of a daily life that is too complicated for their psychic power

and that presents at every turn too many obstacles on which they are "stuck."

The first step in their treatment consists in suppressing the continual efforts caused by this "getting stuck." It is necessary to "disentangle" the patients, that is to say, to solve as far as possible the complex situations in which they find themselves and in which they are involved. In certain cases, the simplest ones, we must ourselves perform the acts that change the external circumstances and that bring about the solution that the patient needs. We must assume responsibilities, formulate decisions, make the necessary efforts and confront the patient with the solved problem. False situations should be disposed of in this fashion and it is surprising how many mental diseases of an apparently serious nature disappear as soon as it has been possible to put an end to a delicate and difficult situation.

In other cases the "disentanglement" is more difficult because we cannot ourselves perform all the acts that solve the problem: it is necessary to make the patient perform some of them himself. For example, when it is a question of one of those young persons made ill by a proposal of marriage and who for months exhausts herself by superhuman efforts to arrive at a "yes" or a "no," the physician must, after an examination of the situation, not only make the decision, but he must make the patient accept it and herself pronounce the decisive word. When the marriage has been accomplished, the physician should maintain it or dissolve it, but he should make the subject act accordingly.

There is involved here a capital problem for the alienist, that of securing the performance of an action both important and advantageous for his patient.

Finally, psychological analysis clearly shows us that the most complicated acts are social, that the expenditures demanded by adaptation to the individuals that surround us are much the greatest. It results from this that such expenditures are the ones to be restricted and avoided.

We have already remarked in a preceding chapter that the phobias of neuropaths are sometimes signs of necessary precautions. Now it is evident that among a great number of these neuropaths there are developed thoroughly characteristic timidities and social phobias. According as the depression increases, they display an increasing fear of living with those who surround them and express the desire to get away and they almost all end by building up a dream of a "desert island." There is evidently something morbid in this, an exaggeration of social aboulia, but there is also an indication of the exhaustion that society, and especially a certain society, is causing them.

The essential feature of a sanatorium is that it should furnish the patient with an artificial social environment in which the psychic expenditures for social adaptation may be reduced to a minimum. The small number of persons, always the same, with whom the patient has to deal, the absolute uniformity of the life, the suppression of rivalries, of useless orders, of the claims of affection, of the demands for consideration and the social amenities, realize as far as possible

this simplification of social life. These characteristics of treatment by isolation must be well understood in order to make such hospitals as efficacious as possible.

There have been many attempts to effect a half isolation for the mentally weak by placing them in surroundings that are just as simple but less artificial than those of real hospitals. The attempts that have been made at Gheel in Belgium, at Dun-sur-Auron, at Aunay-le-Château in France, at placing patients with families in the country are among the most interesting. Unfortunately these endeavors are more concerned with demented patients whom one is content to keep within bounds. Such treatments ought rather to be organized for curable neuropaths whom it would be necessary, as someone has said, "to transport far from the noise of the city, the turmoil of business, far from telephones and tramways" and I should add, far from their families, their enemies and their friends. Convents formerly furnished such patients with the retreats that they needed. If it is possible that convents may have engendered cases of insanity, they prevented and cured many others that would have developed in a life in the outside world. Perhaps, as someone says, the next century will see the development of lay convents which will serve our successors as temporary asylums for restoring their forces, calming their nerves, retempering their wills for the struggles of the coming year.

Very often, happily, it is not necessary to demand such radical changes of environment. Exact knowledge of the expenditures demanded by social life under

one condition or another, with one individual or another, makes it possible in quite a number of cases to preserve the essential advantages of isolation without taking the patient completely out of his environment. The simple restriction of social relations, the very important distinction between costly neighbors and cheap neighbors, makes possible the avoidance of complete isolation and the reduction of social expenditures to the dimensions of the scanty budget. I have thought it wise to recommend solitude from time to time to many of these persons. It should not be thought that man, and especially the exhausted man, has constant need of being watched, cared for, distracted, by the friends who surround him. Nothing is so restful, or affords so much relaxation and true distraction, as a few hours of solitude. Many patients feel that they have need of these few hours of solitude every day in order to behave normally with other persons during the remainder of the day and in order to cause the disappearance of the feeling of emptiness in the head. This remedy, which is more often useful than one might think, should not be forgotten.

But it is even more important to endeavor to simplify the family life of the weak, their everyday social life in their habitual environment. I have attempted to show that neuropaths or the candidates for a neurosis use themselves up in their daily contacts with their relatives, whether because the latter, being more active, drag them into too worldly a life, too complicated for their feeble forces, or whether they present more or less costly and difficult characteristics. Dr.

Morton Prince formerly showed that treatment by isolation consists precisely in taking patients away from their homes, in separating them from the members of their family. It seems to me worth while to be more explicit by saying that separation from all the members of their family is not indispensable, but that one must discriminate and more or less definitely separate them from this or that person who may be particularly dangerous to them.

It is often very important to simplify the group by counseling certain persons to withdraw from it. Even when children are not married, but have grown up, they cannot always remain with their parents when there is some individual in the family afflicted with a neurosis and capable of developing an aboulia and growing to be teasing, domineering, irritable, and tormented. A certain separation revives affections instead of destroying them.

When such separations cannot be brought about or when they are not indispensable, the psychiatric physician should not give up all action, he should try to reorganize the life of the group. Some interesting studies have been written on the "maladjustments of the family." Occasionally a reduction of the number of hours spent in the house reduces friction, "often the trouble is that one spends too much time at home crowded with others." Often it is beneficial to introduce a new member into the family to serve as a buffer between the various elements. All sorts of details ought to be observed because they have a great importance when one wishes to attempt the reduction to a

minimum of fruitless efforts and the causes of exhaustion.

It is not always difficult to reorganize communal life when one has gained some authority over the group. But one must take account of one thing that is ordinarily little known, which is that in order to treat a neuropath in his family it is almost always necessary to treat several other persons at the same time. This is not easy, for such persons do not consider themselves at all ill and represent their greatest absurdities as legitimate acts connected with sacred rights or as acts of magnificent devotion. To struggle against the domineering manias of some and against the manias of devotion of the others is evidently more complicated than to give a prescription for a bromide, but it is an essential and very fruitful part of psychotherapy.

Then there is a final group, the most important, perhaps, from the medical viewpoint, that of the acute asthenias whose actual psychological causes are not perceptible. Profound exhaustion results from a defective constitution, from varied or little known physiological disorders, from excessive work, from a false situation that has been borne for a long time and from many other causes about which we know little. Exhaustion manifests itself by enormous fluctuations in force and psychic tension on the occasion of the slightest expenditure, by the temporary impotence of this or that psychic function, by failures of walking, speech, memory or feeling. "I cannot love God any more than I can love my own kin." One might say that these

patients pass in review all the symptomatology of mental disease: sometimes they assume the aspect of melancholia, sometimes of hypomania, sometimes of psychasthenia with obsessions and doubts, sometimes of hysteria. In certain cases they have some consciousness of their exhaustion and of "the emptiness of their vertebral column, of their brain." In other cases they present that curious inversion of the feeling of fatigue that has recently been well described. They have then a singular need for movement, occupation, work, and at first they profess to suffer from rest more than from excitement. Disorders attack the physiological functions, the digestion, the respiration, especially the circulation, and seem sometimes to be connected with changes in the secretions of the internal glands, sometimes with alterations in the functions of the sympathetic and the vagus. A great many diseases which appear to be physical and are insufficiently explained are connected with this permanent or periodic exhaustion that often remains unrecognized.

The diagnosis of this form of exhaustion is not without importance for psychotherapy, for it is in this form that suggestion, education, psycho-analytical investigations should be entirely avoided, for they are useless and generally dangerous. The greatest physical and moral repose, greatly prolonged, the most complete isolation possible are indispensable if one wishes to avoid acute mental accidents that are, more often than one thinks, the consequence of these psychic exhaustions when they continue too long unrecognized.

It is not enough in these difficult treatments simply

to keep the patient in bed for a long time; his life and behavior in bed must be minutely regulated. It is in attempting to direct such patients that we note with astonishment our ignorance of the organization of the psychic budget. We should know exactly what each action costs and how its price varies according to the subject's state. We should know how to take precautions in the choice of persons who come in to the patient's room and the time when they may enter; we should always take into account whether the acts that we cause to be performed are new or old and should permit only those activities to which the subject is thoroughly accustomed. The slightest change in the surroundings in which the action takes place, even in the appearance of the room, modifies the facility of the action. We should know how to prepare long in advance for any activity that is somewhat novel and how to suppress entirely anything, whether close at hand or distant, that might resemble a surprise, etc. The science of psychic life is scarcely begun.

It is impossible to enumerate the cases of all kinds in which treatment of this nature has brought about a cure. It is true that there must be an understanding of the word cure: it is simply a question of the suppression of neuropathic disorders in connection with psychic bankruptcy or an asthenic crisis proper. Most frequently such patients retain for a long time, if not forever, a noticeable psychic weakness and they cannot go beyond a minimum figure of expenditure without risk of new accidents. The psychologist physician

should organize their life with regard to their moderate resources. "You have made me understand that I must lead a somewhat restricted life and I have come to believe that you are right. I cannot extend the scope of my life for then I can no longer guard myself and I lose control of myself. I am forced to a strict economy of my forces." It should be added that this patient has thus for years avoided crises of depression with delirium which were repeated over and over and which had already brought him to the asylum.

It is regrettable, of course, to deprive the patient of the joys of life, to forbid him its triumphs, its enthusiasms, its passionate interests, but this is often very useful and in general easy, for such patients are unhappy persons who almost always remain at least in a first degree of depression and are accustomed to a colorless life. According to the example of the patient Paul whose precautions we have described, they must avoid festivals, ceremonies, frequent gatherings. Only a few patients will resist. These are the ones who desperately pursue, as by an impulsive obsession, joys and passionate interests. It will be necessary to show them constantly the dangers that such joys hold for them and to keep them in check as far as possible. It will be said that it is impossible to avoid occasions for grief, surprise, regret, but this is not at all true. One can avoid the circumstances that expose us to ruptures, deceptions; one can avoid taking things too much to heart and can make much less frequent the occasions that demand a triumph or an adjustment and

less frequent also the occasions for a traumatic memory.

4. TREATMENT OF PSYCHIC HYPOTENSION

The conditions in which it is useful to apply treatment by stimulation are very little known and very hard to determine. These forms of treatment demand from the patient attention, work and effort. The subjects must have some resources in themselves if they are to be capable of being aroused, stirred, excited. Many persons are not capable of this and it is understood that these methods do not succeed with everyone. The physicians who formerly had recourse to metallotherapy complained of subjects who did not know how to make any effort to recover or to maintain their sensitivity. All those who have tried to make depressed patients work have made the same complaint of their lack of zeal. It seems odd to cure exhausted individuals by making them work and to avoid bankruptcy by advising new expense. We have seen that this is not entirely unintelligible, but it is no less clear that great caution is necessary in these forms of speculation and that the patients who are advised effort and work must be chosen with discrimination.

In the presence of a neuropath whose symptoms are quite diverse, should the physician order rest or work, the economy of strength or a speculative outlay? Unfortunately this is a very hard problem and psychotherapists usually seem not to suspect its importance. If I am not mistaken the physician usually orders com-

plete rest for the patient or distraction by occupation according to his own doctrinal preferences and without any serious psychological diagnosis to justify his choice. Some of them repeat in all cases: "stop work, give up your business, stretch out on an easy chair and take refuge in a hospital." Others always urge: "avoid this inertia, which will ruin you; walk, go out, work, amuse yourself, *sursum corda!*" A day will come when one prescription or the other will no longer be made at random, but will be the conclusion of a serious psychological analysis. Unfortunately we are still far from that ideal and shall long remain in the period of vague directions and groping.

In a general and theoretic fashion the stimulating treatments apply to patients whose disorders are related to a lowering of the psychic tension rather than to the diminution of force, to patients who present psychic hypotonus rather than asthenia proper. But this is a systematic formula that cannot guide practice at all. To be somewhat more precise we may add to this: these patients can be recognized first by negative characteristics, the absence or the rarity of the physical and moral signs of asthenia, of visceral disorders, of weakness, of the complete temporary impotence of certain functions whose importance we have noted. In the second place the disorders consist in changes in initiative, in forms of laziness, in doubts, in aboulias of a special form. There are involved disorders of higher tendencies, moral effort, work, and reflection. It is in this connection that we see those paradoxes of excitement to which I have already called

attention: the diseases, the real enfeeblement that increase the true asthenias on the contrary diminish disorders of this sort, while the increase of strength aggravates them. Obsessions, phobias, pains, manias, impulsions of every kind, behave like the forms of excitement that increase when strength is increased. Disorders seem to depend on the loss of that equilibrium which should exist between force and psychic tension.

Unfortunately all these signs are hard to verify and quite open to error. It will usually be necessary to trust to experimentation and feeling the way. I think it is generally good to start the treatment of depression by using the methods of economy and rest, and these should never be completely abandoned, because it is rest that economizes the forces of which stimulation can dispose. It is then only by degrees that various attempts at stimulation through activity can be added to the repose. These are continued, increased or diminished according to their case, according to their results, according to the manner in which stimulation is borne.

When the conditions favorable to stimulation seem to be present, different forms of stimulating treatment are employed according to the circumstances. Certain physical methods of treatment are often beneficial. Here there arises the problem of the use of the toxic stimulants that should be considered purely as medicines. I cannot go over again here all the discussion of this and mention only its conclusion, which is that it would be wrong to condemn such use entirely when it is moderate and carefully supervised. Moreover,

stimulants like alcohol and opium will be less dangerous if there is added the use of strictly psychological stimulants such as are pointed out in several psychotherapeutic methods.

These methods, æsthesiogeny as well as stimulation by work, always consist in making the patient act, in determining in him an activity. A new problem is raised, in connection with a new diagnosis: what action should be chosen?

Certain patients already have impulsions that drive them toward some stimulating activity or other. The physician ought first to study and regulate these impulsions, which almost always involve or have involved some useful stimulation, but which have altered in a dangerous way through abuse. It is of course necessary to suppress the activities that are dangerous for the patient from the social or hygienic point of view. It is equally necessary to fight against the impulsions that I would describe as mistaken, in which the patient seeks a stimulation that they cannot give him. On the other hand it is often right to save, in part at least, certain impulsions toward the pursuit of love, of domination, of success, etc., which are not absurd in their principle. The patient is getting no more good effect from them, first, because he is awkward and does not succeed in getting what he wants, and, second, because he repeats the act too often when the exhausted tendency can no longer be completely activated. The physician's part is to regulate these impulsions rather than suppress them. As we have seen, that which chiefly constitutes the danger of impulsions is their

restricted character, their exclusiveness. In place of seeking stimulation in a single act always the same, stimulation must be sought in various activities borrowed from various tendencies, which allows success in more cases and at less expense. Instructions of this sort succeed oftener than one would think in transforming pathological impulsions into instruments of cure. We often have to deal with depressed patients who have no impulsions, and the physician's part is sometimes to work to create them. It is necessary to point out to them activities that they are capable of accomplishing and that do them some good, and it is necessary to teach them to perform these correctly and completely in a fashion that can render them stimulating.

When most disorders are caused by the absence or the inadequacy of a certain activity, as is the case in traumatic memories and "getting stuck," it is clear that it is this act that it is particularly important to bring about.

Much oftener, the inadequate acts are more numerous, and occur more frequently. It is not precisely a question of causing an act to be performed once for all, but of restoring a tendency and teaching the subject to perform regularly acts of a certain nature. Among patients with phobias, for example, the anxieties that seem to supervene in specific conditions are usually the result of the inadequacy of the acts that should be performed in these circumstances. In certain cases it is a question of restoring psychic tendencies related to some physiological function, diet and

respiration, for example. In others it is necessary to restore social acts, for social aboulia plays a large part in a number of phobias, in agoraphobias, ereuthophobias, and the numberless forms of pathologic timidity. Sometimes patients' troubles indicate the arrest of an intellectual function, of a certain category of perceptions, of beliefs, of reasoning, and here again the activity that must be sought seems definite enough.

Still more often this is not the situation. The depression bears on the whole mind and the carrying out of one particular action does not seem much more important than that of another. It would be a mistake to look for something that pleases these subjects or interests them because their disease consists exactly in that they can take interest in nothing. Interest is a form of the activity of tendencies; it is already a degree of activation, and tension must be already raised for there to be interest.

Our sole concern then, when we are choosing the activity that is to become a source of stimulation, is a concern for convenience. It is natural to look first for the activity that is easiest to secure, that which will most easily procure the subject a success under the circumstances in which he finds himself placed. The simplest of these actions consist of simple movements of members which the patient can execute without having to speak and without having to concern himself with the persons about him. Dressing, housekeeping, clothes, walking, bicycling, gardening, carpentry, etc., are of this sort.

Much more important exercises, whose stimulat-

ing effect can be much more intense, are those acts where speech plays a part. It is often very helpful to force certain patients to speak clearly on any subject. When they are much depressed there is only one subject of which they can talk, that is, themselves and their sufferings. Although it may seem odd and even sometimes dangerous, it seems to me often useful to let the patient talk a great deal about himself and to lead him to express his fears and his obsessions, of course avoiding too much talk. All that need be demanded is that this expression of ideas be made with the greatest possible clearness and distinctness.

An exercise of an opposite sort can be associated with this to advantage: the patient who tells his troubles to the physician and who learns to tell them completely and in an intelligible manner should at the same time avoid talking at random to everyone as he has been doing. This is an effort to keep silence before the members of the family, as beneficial for them as for the patient. When a patient with an obsession can reach the point of keeping his confidences for the doctor and pretending a cure before others he has made an enormous step forward.

The two foregoing modes of behavior seem to me to put into practice a tendency that remained latent in patients of this kind, the tendency to confide in a definite person. Such patients, indeed, need to confide in some one, but do not actually reach the point of confiding. They are communicative and reserved at the same time. They talk at random of certain obsessive ideas and they are very secretive concerning their

real feelings and their real concerns. In the majority of cases it is very useful to lead them to show themselves for what they are. We can connect with this task a group of other activities equally difficult, but whose effects are very interesting, and consist in the consciousness and the expression of feelings. Neuropaths are in general considered sensitive and emotional, because they tend to show, in season and out of season, apparently a great deal of emotional divigation, but it should not be concluded that their feelings are actually always true and profound. To demand that the subject stop humbug and mockery when he expresses a feeling, that he continue, that he allow it to develop completely, that he be angry or that he really weep if he desires, all this is doubtless a delicate operation that can be performed only in very special circumstances, but it is one that gives very interesting results oftener than is believed.

We may call intellectual exercises those in which efforts at attention, representation, and comparison play a part. In patients of cultivated minds these are activities that are quite easy to organize and direct and that, though they may be less potent than the material or social acts, are nevertheless very effective.

There is not time to dwell longer on the nature of the acts that can serve as a start for stimulation, for the essential thing is not the content of the act, but the way in which the act is carried out. Acts of quite the same appearance have shown themselves of no significance, or have been the starting point for severe

depressions, or have served as stimulants and raised psychic tension for a long time.

It is necessary, as we have seen in studying the principle of stimulation, that the act arrive at its last term, that "it be physically, socially, psychologically finished." To bring about a stimulation of the subject it is first necessary to bring it to pass that the act is finished in a material sense, in such a way that a distinct change of objects or situation is apparent. This is a difficulty already, for we are concerned with patients who never finish and who often stop their activity before reaching an apparent conclusion. Success is an essential element of this treatment by action. In many cases social success will be marked by the attitude of witnesses, by their congratulations, by answers to letters, by all kinds of tangible proofs. It is harder to establish the psychological perfection of the act. The feelings that the subject expresses in this connection must be inferred. This is why it is necessary to see to it that the act is performed consciously and that the subject take account of what he is doing. The feelings of incompleteness that usually accompany his acts must be seen to disappear and the opposite feelings seen to appear in their place, feelings of the actual, of unity, of freedom, and especially the feeling of satisfaction and of pleasure that is an important characteristic of the completed act.

To secure activity of this kind it is necessary to take into account a certain number of conditions. The favorable moment must first be chosen; the patient often needs a preliminary rest in entire peace. In

many cases a long preparation is necessary, because one of the essential characteristics of such pathological activity is sluggishness. Very often when these depressed patients do not succeed themselves in accomplishing the useful actions that would relieve them, it is because under the normal conditions of life they never succeed in acting quickly enough. The rapid shifting of circumstances, and above all the ordinary rhythm of social life, only rarely allows them time enough to act. The doctor takes them aside, isolates them from other circumstances and other persons; he keeps off the thought of other problems and forces the patient to define the difficulties that arrest his mind, but above all he keeps the patient's thought for a long time on the same action and gives him time really to will it.

Treatments by stimulation are not always applicable. Not only in too feeble patients, but also in pussillanimous subjects, whose will is poor or has been rendered so by the disease, and in those who are too quickly excited or dangerously exhausted, these methods of treatment give only negligible results. There are patients for whom such stimulation has been possible and useful for a certain time, and who relapse after some years more profoundly and definitely. I have in this connection demonstrated some experiments that allow this relapse to be predicted in progressive psychasthenic dementias.

There are, however, a number of cases in which these unfavorable conditions are not present and in which there is an interesting improvement. The effect

of such stimulation is sometimes manifested during the interview itself. The patients arrive at the beginning of the visit depressed, groaning, dissatisfied with themselves and with others. After some effort of will and attention many of them change to such an extent as to be unrecognizable. In spite of a certain fatigue they enter into a period of euphoria that quite deserves to be called a period of influence.

These patients, more or less rid of their obsessions, have regained will and attention; they have become capable of action, of adapting themselves to social conditions and even of doing useful work. They are happy, and they express their happiness with remarkable enthusiasm. "I am living with more zest; I find time for everything, and I am in tune; . . . to the utter amazement of everyone I am growing definite, I am getting back my personality . . . it seems to me that I am taking part in a renascence of my life." We find odd feelings of seeing more clearly, of finding the daylight more brilliant, of beginning another life. This happy period does not last indefinitely, at least if the subjects involved are not at the limit of their disease. At the end of a variable and unfortunately usually very short time "a fog settles on their head again," their energetic activity disappears, and the usual folly begins again.

These curious fluctuations are very important from the psychological viewpoint; they make it possible to study changes of tension under the influence of work and fatigue, under the influence of emotion which is sometimes stimulating and sometimes depressing; they

offer a curious explanation of religious times of dryness and times of blessedness: from the medical point of view they are invaluable for indicating the laws of recovery in patients.

A certain number of depressed patients can be relieved, whether by the methods of æsthesiogeny, when their application is possible, or by other forms of stimulation. Psychasthenic states with obsessions lasting for years can be transformed; attacks of depression can be much shortened. The coincidence of mental improvement with trials of these therapeutic methods is often very interesting. In the psychological treatment by æsthesiogeny and stimulation there is a whole therapy which is, no doubt, in its infancy, and is still difficult to apply, but which, in different cases, complements the forms of treatment by habit formation and by economy of force.

CHAPTER II

PSYCHOTHERAPY

All these forms of education, these forms of guidance, these various methods of treatment by suggestion or by stimulation have often been joined under the same heading, Psychotherapy. The notion of psychotherapy is as yet very vague; it is not easy to understand its meaning or to judge of its importance.

A first group of definitions considers psychotherapy the treatment of disorders of the mind. This is clearly one of the ends of psychotherapy, but it is first necessary to extend the conception of mental disorders and to understand thoroughly that it is not simply a question of mental alienation proper, but of all the alterations of behavior, whatever they may be, and, moreover, it must not be forgotten that many authors talk of psychotherapy in connection with diseases of the stomach, enteritis, bladder disorders, which may be connected with mental disorders, but which are not, properly speaking, disorders of the mind. These definitions apply rather to the word "psychiatry," which must not be confused with the word "psychotherapy."

The majority of the other definitions do not consider the mind as the object of psychotherapy, but as the means that it employs and define it by the use that it

makes of certain definite phenomena. As Grasset aptly said: "Electrotherapy and hydrotherapy are not treatments of electricity or water, but treatments by electricity and by water; psychotherapy is not a treatment of the mind, but by the mind." It is to this conception that the majority of the most commonly admitted definitions of psychotherapy reduce.

I should be well enough disposed to accept one of these formulas if I did not have certain scruples, and if I did not fear that these definitions might be still somewhat restricted. They seem to admit that the therapeutic activity of the physician should provoke psychological phenomena simply and directly; they seem to exclude the processes that seem partly physical and that have an indirect action on morale. In speaking of psycho-physiological treatment I recalled the experiments of Moreau of Tours on hashish, treatments with alcohol, with opium, or simply with cathartics, the therapeutic methods that attempt to alter the internal secretions or the functions of the sympathetic, etc., etc. . . . I have maintained that it would be wrong not to allow them the right to admission into psychotherapy. In our efforts to change a man's behavior we cannot make a radical division between what is physical and what is mental. Our advice is given by means of words which involve physical phenomena just as a man's behavior involves movements as well as ideas. The doctor who, in order to put a suggestion into effect, has the patient swallow bread pills, or capsules of methylene blue, or who uses electricity, is mixing physical acts with his moral treatment. Changes

of routine, cathartics, sedative or stimulating substances have both a physical and a mental action.

From a more general point of view there is a question whether it is possible to make an exact division between physiological and psychological functions. "Neuropathic disorders," as I demonstrated in my book on psychological medicine, "are the expression of the activity of the whole organism, its growth, its evolution, its involution. The organs and the functions that take part in these phenomena are not well understood, their disorders are scarcely suspected, but they exist and must be given more and more study. Psychology is not independent of physiology, but it demands a more delicate and more profound physiology than that of the digestion or of the respiration. The study of nervous and mental diseases, far from being able to do without physiological and medical information, will more and more demand a much more thorough physiology and medicine. The treatment of these diseases, far from being possible after brief medical study, will fall to the most accomplished clinician and will require the use of all forms of examination and all the most delicate methods.[1]

Should treatments of this kind still be included under the head of psychotherapy? It seems to me that they should for several reasons. In the first place, the very application of such forms of treatment will require psychological knowledge and methods based on psychological laws. In ordinary diseases that do not disturb behavior it is enough to give the patient advice,

[1] Op. cit., III, p. 299.

a prescription: "have this operation . . . follow this diet . . . take this medicine. . . ." There is a question whether it is enough to behave in the same way with a neuropathic patient, to tell an hysterical anorexic to eat more, and a psychasthenic who has impulsions to overeat, to eat less. It is not enough for such patients to give them advice or to correct a fault. Patients who have disorders of intelligence, belief, or will must be made to understand such advice, made to accept it, made to carry it out. This is something very different, and the treatment remains for the most part a problem of psychology.

But there is more to be said; the very diagnosis of such delicate disorders of the organism, the choice of treatments, the understanding of the effects of treatment, cannot be effected except through psychological studies and by virtue of psychological methods. To understand such disorders of the organism's evolution, it will always be necessary to recognize the phenomena and the degrees of depression, to study the stimulation brought about by certain methods of treatment, to recognize it and distinguish it from excitement, which is always difficult, and so on . . . and all this requires psychological investigation.

Actually, it is the sciences that are divided and not the objects; psychology is a discipline distinct from physiology and therapeutic methods are divided according as they demand more of one or of the other. What distinguishes two methods of treatment is the reasons that have determined their choice. A therapeutic method is chemical because the medicines that

it prescribes are chosen in accordance with our knowledge of chemistry; a therapeutic method is physical because the methods it recommends are an application of the teaching of physical science. One practices psychotherapy every time he applies the laws of psychology. If I give a cathartic to a patient simply because I have in mind the action of the cathartic on the fibres of the intestine I am practicing a physiological therapy; if I give the same cathartic to a patient affected by mental confusion because a large number of studies have shown a constant relationship between the intoxications and psychic disorders of this kind, because I hope by getting rid of the intoxication to make the patient's thought more lucid, I am practicing psychotherapy.

I would thus come to propose the following definition: psychotherapy is a group of therapeutic processes of all sorts, physical as well as mental, applicable also to physical as well as mental diseases, these processes determined by the consideration of psychological facts previously observed, and, above all, by the consideration of the laws that rule the development of these psychological facts and their association either with each other or with physiological facts. In a word, psychotherapy is an application of psychological science to the treatment of diseases.

1. THE EVOLUTION OF PSYCHOTHERAPY

For a long time psychotherapy has been practiced in a manner that may be called unconscious or at least irrational. It played a large part in miraculous forms

of treatment and in the forms of religious and moral influence, but the effects that were recorded were not connected with their real cause.

In the last century psychotherapy seems to have become conscious of itself. The renascence of hypnotism had aroused great enthusiasm: "The mind is not a negligible quantity," M. Bernheim had said, "there is a psycho-biology; there is also a psycho-therapy; it is a great lever, this human mind, and the physician-healer should make use of this lever." Many physicians, like Dr. A. T. Myers in 1893, added: *"Nascitur ars nova medendi;* we must work, not through the stomach or through the blood, but through thought. We must penetrate farther into the patient and enlist all his most secret forces." Hypnotism and suggestion, after the struggle against the school of Charcot, no doubt went through a period of decadence, but mental therapy had not disappeared, it had only changed its name somewhat; it offered itself in the form of treatment by reasoning and persuasion. The medical moralization of M. Dubois of Berne, the Emmanuel movement and the "new thought movement" in America, the isolation and rest treatments, the methods grouped under the name of psychoanalysis are only some developments of the same beliefs under different names.

Again, at the beginning of the present century, we saw spring up in every country and every language, especially in the English-speaking countries, an enormous literature on this new means for comforting suffering humanity. To take only one example, in the United States of America chairs of psychotherapy were

founded, like that of Dr. Morton Prince at Tufts College Medical School at Boston, numerous lectures were given everywhere on these topics, revues and all kinds of works were specially devoted to such studies. I have already called attention to the importance of a half-scientific, half-popular literature in America; I have mentioned the publications of the New Thought Company, the great work of popularization, "Psychotherapy" published by Parker in three quarto volumes that appeared in New York in 1909 and in which there collaborated a large number of professors of neurology and of psychiatry, philosophers and psychologists, as well as the representatives of various religions. It was evident that the old animal magnetism movement, hypnotism, and we must not forget the "Christian science" of Mrs. Eddy, had won the great public. These were the circumstances under which my lessons on psychotherapy given in Boston in 1904 and at the Collège de France in 1907 attempted to offer some contribution to a collection of interesting studies.

Nevertheless, if I am not mistaken, this movement has slackened pace to-day, and there is a decrease in studies on psychotherapy proper, just as there was in 1895 a falling off in the enthusiasm provoked by hypnotism. These fluctuations in certain difficult and intensely interesting studies occur always and inevitably in all scientific fields: they are the result of disillusionment following on excessive enthusiasm.

Psychotherapy has not given all that was expected of it any more than has hypnotism. If it were really powerful it should, it would seem, furnish numerous

and definite methods of treatment, pointing out exactly their effects and the very definite moral or physical changes that follow their use. This is what many manuals of physical therapy do when they tell us about medicines that are soothing, soporific, cathartic, alterative, etc.; the physician can choose according to the case and his needs. Nothing of this sort exists in psychotherapy and some even pretend that all classification of this sort is impossible "because the treatment is personal and simply varies with each individual who applies it." This is much exaggerated; the originality of each psychotherapist is usually only apparent and his treatment need not be thought new because he calls it by a new word. But it is certain that, since these treatments are understood and described in a very vague way, it is hard to see the relations they bear one to the other. A therapy based on laws should first of all tell us the conditions in which this or that form of treatment should be used and show us concisely where each treatment is indicated. Directions of this kind are still more rare in psychotherapy. The names and diagnoses of psychological disorders are very vague and are entirely given over to the tyranny of sectarian conventions. As for real psychotherapeutic diagnosis which should be indispensable, we have seen that it scarcely exists.

It is true that psychotherapy seems to have some general efficacy, as we have remarked in discussing its applications, but, in practical applications to special cases, it does not furnish the certainty or even the probability that holds in a number of surgical or med-

ical therapies. We have no right to hold the inadequacies of their methods against the psychotherapists: they do no more than apply a science and the inadequacies of its application only demonstrate the inadequacies of the science of psychology itself.

Discouragement would be still more unfortunate than the excessive enthusiasm of the beginning; along with defects it is easy to verify real progress. Medicine has applied to the relief of human misery all the discoveries of science, even the most incomplete, and it was ready to make immediate use of the notion of a natural law even when science had scarcely begun to suspect that there was such a thing. Psychotherapy was ready to turn to account some of the innumerable observations of the moralists who demonstrated a certain relationship between some changes in physical or moral health and the appearance of certain phenomena in the mind. The first attempts at psychotherapy had a very general and a very vague character: relying on some observations that were generally very indefinite, they tried to match against any physical or moral disorders whatsoever, not well defined, psychological phenomena equally vague and indefinite. This was the essential characteristic of the first therapies, religious, philosophical, and moral.

A somewhat more precise knowledge of some psychological facts and laws gave rise to attempts at a more scientific psychotherapy. Studies of tendencies, of psychic reflexes, of the various psychic automatisms permitted the use of the various forms of suggestion that sought to bring about automatically the function-

ing of this or that tendency. The result of this is that hypnotic suggestion is no longer a vague theriac that cannot be discussed. It is a definite treatment with a restricted field of application, one which can be approved or disapproved, which can be advised more or less often, and of which the results are established. If I am not mistaken such characteristics are extremely important; they lead us out of the religious and moral period and into the properly scientific period of psychotherapy.

Notions concerning fatigue, concerning exhaustion, concerning the depression that follows the expense of excessive activity have lead to a therapy by the economy of mental force, whether the object was to do away with some expense related to certain memories, certain annoying tendencies, by means of the disinfection of the mind, or whether the object was to limit the expense of life by the suppression of movements and acts, by isolation and the restriction of social life. The examination of the transformations that can be brought about in young children by education gave rise to a host of treatments by gymnastic or reëducation. Finally, the much more hypothetical conceptions aimed at the interpretation of the characteristic changes of waking, of effort, of attention, the marvelous increases in strength that confidence, faith, enthusiasm seem to cause, allowed us to foresee the efficacy of treatments by stimulation.

It seems to me very hard to attribute to pure chance all these improvements and all the cures, even, that have been excellently described in the numerous studies

on psychotherapy. I have myself dwelt sufficiently on the numerous records where the efficient action of this or that process of treatment could not be doubted in the least. From this time on psychotherapy understood in the broad sense, including all the processes of treatment determined by the knowledge of psychological or physio-psychological laws, certainly rendered obvious service in a large number of cases.

2. THE PROGRESS OF PSYCHOTHERAPY

To understand the value of these efforts and the results that they promise for the future, certain of our conceptions of mental diseases and of psychological science must be a little altered.

At the beginning of the study of insanity mental diseases were too much isolated; they were built on the model of diseases with anatomical lesions: an independent and definite existence and a rigid evolution were attributed to them. We understand better to-day that we are not dealing with special diseases, independent of others, but that we have to deal with particular manifestations of all the other diseases of the organism, with an expression of the organism's defects and of all the disturbances of its vital evolution.

The distribution of these diseases into fixed lists, statements about their regular and fatal evolution seem to me still more rash than all the dreams of the most enthusiastic psychotherapists. Except in some last stages where there can be seen a certain regularity, clinical observation shows us an astonishing variability and a disconcerting irregularity in diseases of the mind.

Physiological and psychological disorders undergo incessant transformation under all sorts of physical and moral influences, and it is hard even to enumerate the countless phenomena that cause the mental level of the sick to rise and fall like a cartesian diver. This being the case, how can it be asserted *a priori* that only chance events can have a beneficial effect and that our selected and planned practices will not have a like success? That would be to deny in advance all discoveries and all the practical application of science.

There is a tendency to believe that mental diseases are terrible and quite hopeless calamities that overtake certain individuals in a clear and definite but fortunately exceptional manner. The ideas of the public on this point are like those it used to hold concerning tuberculosis, which was known only under the terrible but rare form of phthisis. It is now understood that there are mild, curable, but widely distributed forms of tuberculosis. The same will be true for mental disorders; it will be recognized that, under various forms, more or less mild, they exist to-day everywhere in a mass of individuals who are not ordinarily considered sick. There will come an increasing understanding of the fact that the types of mental diseases that we recognize as true insanities are only different stages of a disorder that has undergone all sorts of evolution and of which the first seeds were found in disorders of character.

It will be easy to verify that the development of the more severe forms will be arrested by dealing with the first stages of psychic impairment. The majority

of mental diseases are in a high proportion curable during their early phases. We must cease to think of mental patients as exceptional cases, distinct from others, who need only be confined in special asylums. This is the last remnant of the prejudices concerning insanity that were believed to be destroyed at the time of Pinel, Esquirol and William Tuke, but that have remained alive in our conception of special asylums for the insane. These diseases should be more and more dealt with in the ordinary hospitals and dispensaries, like other diseases. Free consultations which are beginning to be organized in various countries and which scarcely exist in France will allow the first symptoms to be ferreted out and a true mental prophylaxis organized.

The conception of our science of psychology, moreover, is being gradually changed by the attempts to put it to practice. The first attempts at psychotherapy have aroused psychology and rudely called it back to the issue. The evolution of human knowledge rarely follows a logical path: the applications that should be derived from theory and science precede them and often direct them. It is the needs of therapeutic application that are to-day forcing psychology to enter into the study that is proper to it, the description and the scientific explanation of human conduct. Exact studies on the details of such conduct, on the need for love, on jealousy, on timidity, etc., which once seemed to be insignificant accessories, or literary supplements to true psychology, should be considered the essential of a truly practical and useful psychology. The search for

laws relating to variations of mood, to degrees of activity, to forms of emotion, ought not to be left to the novelists, but should be in the foreground of the psychologists' concerns, because it is precisely on these laws that all psychotherapy must be based. Medicine has made a sudden appeal to psychology and has asked it to render services for which it was not at all prepared. It has been shown inadequate for its task and this is what has cast discredit on psychotherapy itself. But this failure has forced it to undertake new studies from entirely different points of view, and this has brought about its entire regeneration.

An important study that psychology considered with a certain repugnance is introduced forcibly, so to speak, through clinical and therapeutic needs. Psychology, which had divorced itself from metaphysics, was suspicious of speculation concerning forces and the degrees of forces. It had rejected the faculty doctrine in fear of appearing indulgent toward ancient speculation concerning inner powers. Disease, however, immediately presents us with enfeeblement, reinforcements, fluctuations of tension connected with all the tendencies, and one cannot treat a neuropath if one is not willing to take account of these fundamental problems.

As I said at the end of my work on psychological medicine: "Psychology is obliged to take up the problem of the economic administration of the mind's forces. It is probable that we shall one day know how to establish the balance and the budget of a mind as we establish those of a business firm. At that time the psychiatric physician will be able to make good

use of slender resources by avoiding useless expense and by directing effort to just the necessary point: he will do better; he will teach his patients to increase their resources and enrich their minds. I hope that the present work will not have been entirely useless to those who will one day discover the rules of this good administration of psychic funds."

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