REFRESHER COURSE FOR GENERAL PRACTITIONERS**INDICATIONS FOR AND LIMITATIONS OF PSYCHO-ANALYTIC TREATMENT**

BY

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Four questions are usually asked doctors about psycho-analysis by their patients: What is psycho-analysis? Who are psycho-analysts? What is psycho-analysis good for? and How good is psycho-analysis?

What is Psycho-analysis?

Psycho-analysis is the method of psychiatric treatment or psychotherapy discovered and developed by Sigmund Freud (born Moravia 1856, died London 1939), and developed by his students during the past half-century. The method when used with adults consists of interviews of approximately 50 minutes each, usually five times weekly over many months or a few years. The regularity of treatment is broken by holidays at Christmas, Easter, and midsummer. The number of interviews per annum consequently is between 200 and 240. The patient is asked to lie down on a comfortable couch during the interviews and to talk about everything he is conscious of—to, say whatever comes into his mind without attempting in any way to keep anything back. This is what is usually called “free association.” The psycho-analyst usually sits just out of the patient’s line of vision, but in a position where he can watch the patient’s behaviour and hear easily all that he says. As the story of what is on the patient’s mind unfolds, comments are made by the psycho-analyst in an attempt to help the patient understand what is happening. These comments are technically called “interpretations.”

A situation develops between the patient and the psycho-analyst in which gradually more of the patient’s past history, present problems, and plans and hopes for the future are revealed. Gradually the patient is helped to become more and more aware of his capacities to feel and to act. He is helped to understand how his unhealthy or neurotic feelings and actions have their roots in the past, and how they can be overcome by an increased understanding of his development and by increased control of his feelings and behaviour, which is possible for an adult, but was not possible for him as a child. In other words, psycho-analysts have found by experience that sooner or later a picture of the forgotten beginnings of the patient’s troubles and a picture of the present-day implications of these forgotten beginnings come to light and in coming to light can be worked with anew. Healthy habits of feeling and activity can be practised and a healthy and more realistic outlook developed.

Much that was “unconscious”—that is, much that had been forgotten or had never been able to become conscious—enters into every psycho-analysis. As it becomes clear which emotional disturbances have been most important in the person’s life, it is always found that these self-same emotional difficulties are felt by the patient in and connected with his psycho-analytic

treatment. These same emotional problems are also seen in the implications of psycho-analytic treatment in his daily life.

Only when a psycho-analytic treatment is satisfactorily concluded can the patient look back upon the psycho-analytic treatment in an objective, calm manner, and only then can he see the psycho-analyst as a new type of professional individual practising an art or science. The picture the patient has of a psycho-analyst and of psycho-analysis at the end of a period of successful treatment is extremely different from any picture he had obtained by reading or by seeing certain cinema productions or plays. A comparison can be made only with surgery. Only surgeons know what a surgeon’s life is—only a psycho-analyst knows what a psycho-analyst’s life is. A psycho-analyst’s recovered patients come nearest to knowing what a psycho-analyst’s life is like.

Who are Psycho-analysts?

The picture of what patients think of psycho-analysts leads naturally to a consideration of who psycho-analysts are. The early psycho-analysts were the students of Freud, but during the past decades institutes of psycho-analysis to provide training have developed in various countries. The British Medical Association in July, 1929, published the Report of its Psycho-Analysis Committee, which concluded that psycho-analysis, in the strict sense, referred to the technique devised by Freud, who first used the term, and to the theory which had been built up on his work. The committee considered that it was not then in a position to express any agreed opinion either in favour of psycho-analysis or in opposition to it. The claims of its advocates and the criticisms of those who oppose it must, as in other disputed issues, be tested by time, experience, and discussion.

What has been said so far refers to the treatment of adults. During the past few decades psycho-analytic treatment has been used with children. It has been discovered that, by interviewing a child (usually for interviews lasting 40 minutes) regularly in a room fitted out more or less like a nursery, treatment can be started by telling the child that it can say or do whatever it likes so long as it does not hurt itself or the psycho-analyst. The sequence of the child’s play and/or talk allows a situation to develop between the child and the psycho-analyst which can be used as profitably as is the situation between the adult and his psycho-analyst where only talk is used.

The institutes which teach psycho-analysis have gradually developed a scheme of education which for the past two decades has been fairly stabilized. Training consists of three parts: (1) a period of personal psycho-analysis; (2) a period of didactic work consisting of lectures and

practical and theoretical seminars ; and (3) the psycho-analytic treatment of at least two adult patients under weekly supervision. In Great Britain there is one such institute where at the present time some 60 students are in part-time training, the duration of the course being about four years. Training for the psycho-analysis of children is in addition to and follows that for work with adults.

Only in the United States of America have any of the psycho-analytic institutes become an integrated part of medical postgraduate psychiatric education. In some schools the higher degrees may accredit the psychiatrist as having reached a certain postgraduate standard and as being competent to practise psycho-analysis. In this country the only public accrediting of the satisfactory completion of a course of training at the Institute of Psycho-Analysis is election as an Associate to the British Psycho-Analytic Society. In this country there are about 50 medically qualified psycho-analysts and 30 non-medical psycho-analysts in practice. Their work centres in London, Edinburgh, Manchester, Birmingham, Oxford, and Reading. The society regrets very much that psycho-analysts are scattered so thinly over the country. Psycho-analysts without a medical qualification are those who enter the field from education, psychology, sociology, etc. The board of selection of students, as well as deciding on the student's personal aptitude, requires a university educational standard and advises all students to obtain a medical degree and general psychiatric experience.

The student of psycho-analysis after finishing his training may, of course, do whatever type of work he wishes, except in one instance—a non-medically qualified graduate promises the society not to engage in independent psycho-analytic practice, but only to treat patients who have been referred by a medical practitioner. In recent years an increasing proportion of graduates do not enter whole-time psycho-analytic practice, but combine psycho-analytic practice with child guidance work, work in mental hospitals, work in out-patient psychiatric clinics, work with delinquents, work as teachers in psychiatry, psychology, or social service, etc.

The ambition of all psycho-analysts is, of course, to make treatment more effective and speedier. Experimental variations in treatment are being tried in various places, the chief experiment which is being tried in this country being group psychotherapy—a number of patients (from four to eight) are interviewed together. Although other types of group psychotherapy have a long history, that based on psycho-analytic psychopathology is of such recent origin that there is no agreed opinion amongst psycho-analysts on its use and value. Other experiments have been made in America. The older experiment is based on the hypothesis that psycho-analytic practice and theory are now so definitely established that, after the initial interview with certain patients, one can be reasonably certain what their basic problem is, and instead of embarking on a classical psycho-analysis one can afford to take the bull by the horns, as it were, and put the problem plainly before the patient and at the same time take a role oneself in one's contact with the patient which is quite different from the role previously taken by the people who have caused him difficulty. It is asserted that the adoption of such an attitude towards the patient may result in both good and speedy improvement.

Most psycho-analysts do not consider this type of treatment an advance in psycho-analytic technique, but rather as the application of psycho-analytic principles to that type of psychiatric treatment which is chiefly based on suggestion and re-education. Psycho-analysts, of course, believe that the usual methods of psychiatric treatment can be improved on and speeded up by a knowledge of psycho-analytic psychopathology, which can be put to good use both in the initial interviews with the patient at a time when a decision is being made on what type of treatment should be used and also during the later course of whatever type of treatment is undertaken.

The latest American experimental treatment based on psycho-analysis may turn out to be very significant. It is being applied to the treatment of seriously ill schizophrenic patients, including those whose acute illness is recent and those who have been ill for many years. This experimental treatment departs from classical psycho-analysis in two ways. The initial interview is not short ; it is as long as is necessary to obtain contact with the patient and may last practically all day or until the patient falls asleep. Many of the early interviews may be very lengthy. It differs in a second way in the sense that patients may say so little or show such slight activity that there is practically nothing to go on ; consequently sometimes stimulation is necessary. The stimulation used is based upon a study of the patient's life and illness. An attempt is made to glean from his history what his most significant problem may be.

It has been found that, if one makes a mistake, the mistake does not seem to matter. What does matter is that one keeps on until one obtains a significant reaction from the patient. Reactions obtained from patients which allow treatment to begin have been found to have been concerned with problems which were significant ; in other words, the patients are so used to dealing with people who have been mistaken about their problems that nothing much happens even if another person is mistaken. On the other hand, patients respond very actively to someone who seems to be able to understand even something about their problem. The future of such treatment of severe psychoses will have to await the result of experiments under way during the past six or seven years.

The rate of increase in the number of students training in psycho-analysis has been greatest in the United States of America, but there are still fewer than 1,000 trained psycho-analysts in the whole world. Thus a very long-term view has to be taken, with regard both to the training of psycho-analysts and to psycho-analytic treatment of patients, if a correct perspective is to be maintained. No comparison with any other branch of medicine gives such a good picture as does comparison with general education. A few centuries ago it was believed that universal primary education was an impossible ideal because, first, children were not on the whole educable ; secondly, even if children were educable, it would not be a good thing to have a whole population well-educated ; and, thirdly, even if children were educable and even if it were considered a good thing to have an educated populace, no country could afford universal education. Now we believe that children are educable (and we take special pains to do everything possible to help those we consider ineducable to make the best of their limited capacities) ; we believe that it is good for the country for children to be educated ; and we

believe that for the sake of the children we must afford their education even to the extent of subsidizing the training of their teachers.

What is Psycho-analysis Good For?

At present we do not know how many mentally ill people could benefit by psycho-analytic treatment, but psycho-analysts believe that many more could benefit than have the opportunity. Many doubt that psycho-analytic treatment is a good thing at all, but there is increasing evidence to the contrary. Most people feel that psycho-analysis is too costly to have any wide application, but it will be for future generations to decide this point. While we are living in a culture which spends such a large proportion of its productivity in armaments, I do not think it is easy to predict what the future will have to say about the cost of psycho-analysis.

When psycho-analysts think of what psycho-analysis is good for they think much more about altering the patient's basic difficulty in order to allow social, intellectual, and emotional development to take place normally, or to catch up if there has been retardation, rather than just to rid the patient of symptoms. This is especially so with children, in whom it is as yet very difficult on clinical examination to assess whether the presenting neurotic symptoms will be transitory or permanent. It is possible to try to judge during the initial interview or preferably during a trial period of psycho-analysis of a few weeks (10 to 30 interviews) how much intellectual development, emotional development, and social relationships are being interfered with by the symptoms. The need for treatment is more often based on disturbance of development than the seeming severity of the presenting symptoms. The indications for psycho-analytic treatment can be discussed most easily under the heads of hysterical, obsessional, manic-depressive, and schizophrenic disorders.

Hysterical Disorder

The first patients treated by psycho-analysis were hysterical—namely, patients with anxieties, fears, hypochondriacal worries about their body, on the one hand, and patients who showed "conversion" symptoms, whose emotional problems were not in the foreground, on the other hand. The "conversion" hysterics—that is, the patients with paralyses, anaesthesias, amnesias, sleep-walking, etc.—were often considered to be showing an abnormally slight emotional reaction to their disability—the so-called *belle indifférence*. The simplest types of sexual complaints belong among the hysterics—namely, some frigidities, some types of impotence, some types of homosexuality in both men and women, some types of sexual perversions, the people who wish to be too submissive or passive or too active and tend to want pain to be connected with sexuality or who tend to have some type of fetish, some special situation or object being necessary before sexuality can be enjoyed. Hysterical symptoms may gradually become incapacitating or they may develop very suddenly and rapidly. Although initially such patients may resist any type of psychiatric treatment, it is with such patients, even though the symptoms may at times be very florid, that psycho-analysis has obtained its best results: best both in terms of speed of recovery and in terms of the change in the persons' whole outlook towards their past, present, and future.

Obsessional Disorders

The next most severe group of neuroses are the obsessional disorders, or obsessive compulsive ruminative tension states, in which patients are tense rather than anxious, finding it often difficult to describe their emotional troubles, being worried by their indecisiveness, never being sure that they have done the right thing. Such indecision leads to the typical obsessional behaviour, which may be slight or may be very severe. The patient may have only slight worries about whether or not he has put the right letter in the right envelope, or he must go more than once to be sure that he locked the door, turned off the gas tap, etc. At the other extreme the patient may have a time-consuming ritual which is very annoying to himself—washing incessantly or taking too long preparing to go to bed, etc.

Many such symptoms are not seen in the sphere of action but in the sphere of thinking, such as the patient who cannot decide just what to do or to say or the patient who finds himself ruminating about political or religious or social problems and can never decide just what he should believe, as there is always so much to be said for the other side. Such disorders are, on the whole, more serious than hysterical disorders, and from the description given it is easy to see how much their symptoms are related to what in a lesser degree would be called normal personality traits which might even be an asset in certain occupations. Of course, this is why certain people with what one would call an obsessional personality or character rather than an obsessional illness do such good work and are themselves so satisfied in certain types of responsible routine administrative work. Nowadays, of course, no one can say that we do not need a great many good administrators.

Such obsessional patients are often helped by psycho-analytic treatment, but it is more difficult to measure the degree of help obtained objectively as in the case of hysterical patients. The patient and his family may notice the change, but nevertheless many of the problems which were at one time symptoms may persist, but not in the same form. After improvement the problems are seen in the patient's attitude towards work, play, etc. Whereas before treatment the patient may have been handicapped by his rigidity and fixity and by his desire to follow a strict routine, though during treatment he may have become much less rigid, he may still be known as the type of person he was before, but now as a person with his own special type of personality and not an ill person.

With both the hysterical and obsessional troubles one comes up against the problem that is difficult and serious for the psycho-analyst and difficult for the relatives to understand. The symptoms which present themselves to the patient and are obvious to others are often found to be not so much an indication of the patient's fundamental trouble as an indication of his attempt to cure the trouble. In other words, when a patient begins to realize what his fundamental trouble is and seeks new ways of coping with it, it is quite possible that he finds, when he tries to give up his hysterical or obsessional way of dealing with his trouble, that he is for the time being worse. He cannot easily use his old defences against his emotional trouble, and he has not yet discovered a new, stable, healthier way of dealing with it. This accounts for the fact that a certain number of people under psycho-analytic treatment temporarily worsen.

It is, of course, the responsibility of the psychiatrist and the psycho-analyst to anticipate whether or not significant worsening is a serious danger in any given case. For instance, it is known that many people, if one follows their life histories, oscillate between periods of mild manic-depressive disorder on the one hand and moderately severe obsessional trouble on the other. In other words, a person may be perplexed and rigid and obsessional at one time and at other times he may become depressed, sleepless, and self-reproachful. With such a problem one might say that as the depression lessened he became more obsessional, but it is more correct to put it another way and to say that as his depression lessened he became able to use certain defences against its seriousness, these defences being obsessional.

Manic-depressive Disorders

This brings us to the problem of the possibility of psycho-analytic treatment of manic-depressive disorders. These disorders include both the typical depressions with self-reproach and the excited elations with feelings of supranormal fitness, energy, confidence, etc., each accompanied by biological concomitants such as loss of appetite and weight, loss of sexual interest and desire, loss of ability to sleep all night, constipation, etc. Such states vary greatly in intensity. The more severe types present perhaps the second biggest problem mental hospitals have to cope with. The minor states are rarely diagnosed as such.

During the past decade the treatment of such patients by one or other of the physical methods—the chief now being electrical shock—has been to the fore, but at the same time psycho-analytic experimentation has progressed. For several decades some psycho-analysts have been interested in treating the more serious types of mental disorders—the psychoses—and one can at least say that knowledge about the history of the onset of the capacity to be depressed and to grieve is gradually being understood to a greater degree. This knowledge has been put to use in the treatment of depressions, but one can only say that all psycho-analytic treatment of manic-depressive disorders is experimental and difficult. Such treatment is attempted by only a relatively small proportion of the total number of practising psycho-analysts. Some good results have been published.

Schizophrenic Disorders

The large group of schizophrenic illnesses in which the disorder progresses by the development of increasing disorganization in the patients' habits and social relations, and progresses step by step to a more and more fantastic outlook on their own and others' lives and the world in which they are living, has been barely touched by psycho-analysts. Those psycho-analysts who have treated most schizophrenic patients have had greatest success by helping patients to increase their ways of repression or ways of hiding their unsolved problems. Only recently have a few psycho-analysts attempted to treat some schizophrenics, first in hospital and then as out-patients, by the classical method. It seems that the more we learn about the basic emotional problems of schizophrenics the more apt we are to be able to help them by classical psycho-analytic methods. The fact that occasionally a patient who has been severely schizophrenic for years seemingly recovers "spontaneously" has always stimulated psycho-analysts to seek what factors are at work in such "spontaneous"

recoveries and to bring such factors to work in the psycho-analytic treatment situation.

Those aspects of neuroses or psychoses of children, those aspects of sexual disorders, such as homosexuality, which may not be obviously connected with neurotic symptoms, and those aspects of childhood or adult delinquencies which make psycho-analytic treatment feasible must be left out in an article of this length.

How Good is Psycho-analytic Treatment?

This question cannot be answered yet to anyone's satisfaction. Everyone would like to see figures and statistics, and would like to see comparisons between psycho-analytic methods and other methods with similar patients. The trouble in assessing results of psycho-analytic treatment is, as I see it, the same trouble which surgery had in its early years. Patients were so dissimilar. No one surgeon had enough patients of a similar type to allow him to make the comparisons he wanted to with other surgeons' work. Specific indications for specific types of surgery have been difficult to arrive at. The various statistics published from the Clinic of Psycho-analysis show results which are just about the same as the results of treatment by other methods of psychotherapy, except that they usually show much better results for hysterical disorders, both anxiety and conversion types. This is not to be taken that all types of psychotherapy are equally good. It only goes to show the difficulties of assessing results—statistical results are still too crude. Again the comparison with surgery has to be made. Psycho-analysis as a technique has been discovered, and its discovery in the long run may be comparable to the discovery of aseptic surgery. It will take generations before statistical methods can be used satisfactorily. For perhaps decades ahead interest will have to remain in the psychopathology and the treatment of the individual patient, and judgments of value will have to be the professional judgments of psycho-analysts, who know both success and failure.

Not Least in the Crusade is an interesting little book by Peter Lovegrove which gives a bird's-eye view of the history of the R.A.M.C. and its predecessors in the space of less than 90 pages. It is amusing to learn that there were over 20 surgeons and a physician present in the English army which won the battle of Agincourt in 1415, and that according to the then prevailing military code they ranked after shoemakers and tailors, but before washerwomen. In the time of Queen Elizabeth army surgeons were usually equivalent to drummers and received the same pay, while if we go back to Edward II, 200 years earlier, we find them receiving fourpence a day (for which they also shaved the men), plus another twopence from each soldier every pay-day. Evidently pay and status have been grumbles of the army medical officer for a very long time. It was Charles II's standing army which first offered doctors a permanent career in the army—though not a very good one—through the purchase of a commission. It is interesting to note that women appeared on the nursing staff of some military hospitals in the second half of the eighteenth century. They were used in the war which attempted to suppress the revolt of the American Colonies in 1757, and there was a regular establishment for them in the expeditionary force which went to the help of Portugal against Spain in 1762—a campaign in which John Hunter served as an army surgeon. The book is illustrated with one colour plate and a number of photographs, and can be obtained from the Editor, Army Medical Services Magazine, Queen Elizabeth Barracks, Crookham, Hants (paper, 1s. 6d., cloth, 5s., plus 6d. postage).