PRINCIPLES OF PSYCHOTHERAPY AS APPLIED TO GENERAL PRACTICE*

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Though in the time we have at our disposal there is much ground to be covered on a specific subject, it will be worth while just to take a very cursory glance at the historical aspect of mental healing. The treatment of disease by mental means can be traced back to the earliest times. Its beginnings were of a magical nature and in the hands of the primitive medicine man, and later in those of the priests. Magic and theology became inextricably confused, and in the dark Middle Ages the "laying on of hands," exorcism, and miraculous intervention were the procedures employed to combat mental ills as well as much bodily disease. The superstitious credulity of those days is by no means non-existent now, and mankind is still actuated by the same motives and emotions as he always has been. Doubtless it was because of the mystical atmosphere in which mental healing had always been surrounded that until comparatively lately the whole subject was hardly thought worthy of serious consideration by the medical profession.

In the latter part of the eighteenth century Mesmer, a Viennese doctor, drew universal attention to his theory and practice of animal magnetism, or mesmerism as it came to be called. Though much of his work savoured of charlatanism it was through investigation of it that one form of psychotherapy became placed on a scientific basis. The theory of animal magnetism was negatived, and the phenomena of hypnotism, as it was later termed, were found to be the product of suggestion. Although the practice of hypnotism never became popular, there were medical men of repute who specialized in it in all the capital cities of Europe. The work of Charcot in Paris and that of Bernheim and others in Nancy gave the subject a stamp of respectability. The studies of Janet in this realm and his psychopathological contributions mark him as a pioneer in our present-day psychotherapy. Hypnotic suggestion fell greatly into disuse, for it was found that curative results were so frequently as well obtained through simple suggestion alone. This method then held most sway, though a few employed what was known as rational psychotherapy or persuasion. About twenty years ago the psychological doctrines of Freud began seriously to influence our ideas of mental medicine, to such a degree that the analytic approach to mental disorder has now, to a vast extent, superseded all other forms of psychotherapy. It was the Great War that gave such an impetus to interest in psychological medicine and methods, and in latter years it has become increasingly evident that the general practitioner must make up for the deficiency in his medical curriculum and gain some insight into the principles underlying psychotherapy in order that he may extend his sphere of usefulness.

SCOPE FOR PSYCHOTHERAPY IN GENERAL PRACTICE

Hitherto, without such knowledge, his ability to understand and help a patient with neurotic disorder has been but small. He has had to fall back upon such trite remarks as "Don't worry," "You must control yourself more": just the things, in fact, which the patient would love to do but cannot. That is why he has come for medical advice. The inevitable nerve tonic and rest and change will then probably be advised. Should no progress

be made, the doctor tends to regard the patient's condition as one overstepping all reasonable pathology, and pays the patient out for this by accusing him of "Not trying to pull himself together," ascribing perversity to him, and withdrawing his interest entirely from the case. Such a state of affairs is rapidly passing away, and most practitioners recognize the fact that neurotic disorder cannot summarily be dismissed as unworthy of medical aid, and are, if no skilled help is available nearby, endeavouring to treat such patients themselves on modern rational lines. For many reasons the medical man in general practice is in a particularly advantageous position to apply, usefully and successfully, the principles of psychotherapy. True he has not the time, even if he had the knowledge, to use the more lengthy methods of treatment, but he will have ample opportunity to do a large amount of good. The family physician is in a special position of trust and confidence; he is regarded as one who understands the mental and bodily constitution of his younger charges, and especially those he brought into the world. He has a close link with his patients, and this gives him prestige and power. If only these factors are utilized in the right way his psychotherapeutic influence should be extensive. He sees nervous ills, too, at their earliest stages, when they are most amenable to treatment and more capable of being cured or alleviated.

THE IDEAL PSYCHOTHERAPIST

In speaking of the principles of psychotherapy we must first devote our attention to the psychotherapist himself. For many reasons one might say that a good psychotherapist is born, not made. With all the psychological knowledge in the world he will be of comparatively little use unless he has the right type of personality for this special work. He must be a man of the world, have wide interests and sympathies, be patient, able to identify himself with his patients, possess a love of humanity, and have not only an earnest desire to help, but the firm conviction that somehow or other he will be capable of doing so. This factor of personal conviction on the part of the doctor can hardly have its importance overstressed. Between doctor and patient there is a subtle emotional interchange which, handled in the right way, can be productive of wonderful results. I often recall the fact that many years ago, when I believed so intensely in the curative effects of hypnotic suggestion and almost regarded it as the panacea for all ills, my capacity to hypnotize and alleviate or cure symptoms was astonishing. Now that my faith has been shaken in its wide application and my views lean towards a more analytic therapy, I find much diminished ability to produce hypnotic phenomena, and less success attends my efforts. All of us are cognizant of the fact that stupendous mental and bodily changes are brought about through earnest faith, whether it has its source in the spheres of personality, philosophy, or religion. Modern psychology has thrown much light upon its essential meaning, and it is the duty of the psychotherapist to understand the mental processes involved and direct them scientifically, instead of allowing the quack to flourish through the faults of omission and commission in medical practice. Faith acts through suggestion, a mental process we will deal with later.

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FIRST STEPS IN PSYCHOTHERAPY

Presuming, then, that we have the psychotherapist who possesses the requisite mental attributes, what will his first step be when consulted? It should be to listen, listen attentively and understandingly, with but few, if any, interruptions. One is so tempted to make remarks or to stem somehow a flow of eloquence. Let the patient tell his story in his own words. This outlet, as a relief of mental tension by itself, is helpful. Worries, fears, apprehensive ideas, and guilty desires may, when kept to the self, create the feeling of being cut off, as it were, from the rest of the community. When a secret fear is shared with another this feeling of social ostracism is removed, and biological security and happiness tend to be re-established. This "catharsis"—or cleansing of the mind—this confession of troublous thoughts and emotions, must be the first stage in any psychotherapeutic treatment. From the initial experience of finding a sympathetic and understanding ear the patient will be encouraged to unburden himself still further, and to unload mental undercurrents that had, because of their painful content, been long suppressed. When psychoanalysis as a form of treatment first saw the dawn it was known locally as the "talking cure," and though to-day this method has a highly developed scientific technique, popularly it might still thus be aptly described.

Having listened attentively to the patient's story the psychotherapist must orientate himself adequately to the case by questioning. Experience will enable him very quickly to get a brief longitudinal survey of the individual's life-history as regards his adaptations to early life, school, parents, family, husband or wife, social environment, and sex. With the knowledge now gained the doctor should be in a position to gauge the important factors of the severity of the neurosis, the type of personality he has to deal with, and what form of treatment will be best to apply. However, before any treatment is undertaken it is highly probable that certain attending circumstances will become a subject for discussion. In every neurosis there is the unconscious tendency to evade some duty or responsibility, to gain something, as it were, by the illness, and the question of whether or no the patient should not temporarily relinquish his work is frequently asked. Since it is true that all neurosis is in some way the result of a defective adaptation to life's stresses, so at the very outset we must stimulate our patient to face the continuance of his work, notwithstanding his feelings of growing incompetency and fatigue; encourage him to live a normal life; and resist the great temptation to take the path of least resistance. The neurotic has lost courage. He will for a time, at any rate, need a personal prop, but he must from the start be inspired with the need of standing on his own feet. Then there is the point of whether or no the patient is best treated while in his own home milieu or not. We may be sure that the neurosis is in some way intimately related to the emotional factors of home life. A father, a wife, some relation, or lodger, may be the situational pivot of the neurotic outbreak. One can lay down no hard-and-fast laws as to whether for the time being the difficult situation had not better be avoided until the patient is in a better position to adapt to it, or whether, the situation being what it is, it would not be more rational to face the inevitable straight away. In severe neurosis removal from home is practically a necessity; in mild cases such need may not arise.

Let us presume, then, that we have summed up the type of personality with which we have to deal, and have noted what form of neurosis the symptoms point to. The past history will probably also give us some indication of the amount of benefit we are likely to obtain. Having

got sufficient initial data, the question of what method of psychotherapy shall be employed has to be decided. There is too great a liability for hard-and-fast schools of psychotherapy to arise according to certain psychopathological theories held, in which only one form of mental treatment is used. We shall discuss these different avenues of therapeutic approach and recognize the principles upon which they are based. It will be seen that in varying circumstances our methods should differ accordingly. In the simplest imaginable neurotic trouble a heart-to-heart talk, a little added insight, a little advice, and some encouragement are all that is necessary. At the other end of the pole comes the severe and disabling disorder that requires a prolonged mental analysis to disentangle the disharmonies in the mind and to restore any measure of stability. As a generalization we may say that the long-standing cases with their much poorer prognosis had better be treated by simpler means, whereas the more recently developed neurosis should receive a deeper attention, since complete rehabilitation is the more likely. It must be borne in mind that the analytic approach in psychotherapy must involve intelligence in the patient and more expenditure of time and money. It is quite possible to be too scientific, and with our high aims forget the simpler means by which we may banish or alleviate nervous symptoms.

THE USE OF SUGGESTION

In our brief glance at the historical aspect of psychotherapy we noted that hypnotism was the method that held sway when mental healing was first seriously studied by the medical profession. It was shown by an English physician that hypnotic phenomena had no relation with animal magnetism, but were the product of suggestion. This psychological process of suggestion is a very potent force, and it is well that its power should be duly recognized and applied usefully in psychotherapy when called for. Consciously or unconsciously the physician is constantly employing it in connexion with his patients, and not infrequently this influence is neglected or misused. The expression of the doctor's face, the tone of his voice, the conviction of his assurances, and his expression of opinion on the patient's symptoms are all potent suggestive influences working for good or for ill. How often a nervous sufferer who on examination reveals no organic signs of disease is told there is nothing the matter with him. As if anyone consults the doctor without there being something the matter with him. There is no such thing as an imaginary disease, but there is a disease of the imagination. One must recall the true paradox that "if a man is ill enough to think he is ill when he is not ill he must be very ill indeed." The factor of being thus misunderstood not uncommonly has driven a patient to suicide, since he feels that if the doctor fails him all is lost.

Let us note some psychological facts about this suggestibility which should be helpful in its understanding, and therefore in its practical applications.

1. Some people are swayed by suggestion very much more than others. This is especially the case with children, who tend to accept any idea uncritically, since their reason and judgement are undeveloped, while in old age, where fixed ideas are the rule, any modification of the mind by this means is highly unlikely. Similarly, those who have their critical faculties well developed, and who therefore analyse any presented idea before acceptance, will not prove suggestible; while those who are impulsive, with less self-control, may easily become its victims. The suggestibility of an individual is enormously increased in the presence of others. This fact used to be taken advantage of when hypnotizing soldiers during the Great War. If all the subjects were in one ward, after the production of hypnotic effects in a few the rest

were almost in a state of hypnosis before any suggestions had reached them personally.

2. Then the same individual differs in his suggestibility according to various factors. Anything that lessens cerebral controlling forces will render him more suggestible. Fatigue, prolonged worry, a long illness, and hypnosis have such an effect. Alcohol, we know, inhibits higher control, so that when under its influence we are more amenable to suggestion.

3. We may be only suggestible to certain types of ideas—accepting those which flatter us and those we believe because we want to believe them.

4. We may be highly suggestible towards some people and not towards others. In the main we are in a submissive, receptive, and suggestible state in the presence of those who impress us with their power and superiority. From this we can well understand the suggestibility of the child to its parents and of the patient to his doctor. Friendliness, unity of aim, respect, confidence, and love all enhance suggestibility, and must be thought of in our psychotherapeutic aims. In hypnotism there is increased suggestibility, and it is because of this fact that one hopes to get definitely helpful results from specific suggestions which relate to the symptoms.

TREATMENT BY HYPNOSIS

It is not feasible here to deal with the method of the induction of hypnosis, but every medical practitioner should acquaint himself with sufficient knowledge of the subject so that he may employ it on occasion. I am inclined to think that the use of hypnosis has been somewhat too much neglected since analytic therapy has come to the fore. In many minor ways its employment may be helpful, while in such conditions as fugues, amnesia, and dual personality it is of inestimable value. In hypnosis there is a widening of the memory field, and verbal suggestions produce, not only mental effects, but effects on bodily processes which normally are controlled by the voluntary or involuntary nervous system. Thus suggestions can modify salivary or mammary secretion, the peristalsis of the bowel, vasomotor processes, and the functions of menstruation. There is a very close *rapport* between the doctor and patient; this is of interest, and will be referred to later.

During the hypnotic state the curative suggestions can be made in different ways, varying somewhat according to the patient, the kind of symptom, and the doctor's custom. They may be made in a commanding or gentle tone, the former constituting a masculine approach and the latter a feminine. They may be directed immediately against the symptom, or an indirect attack may be adopted. Given an average suggestibility, there is the tendency for indirect suggestion to be far more effective, as the critical attitude is thereby disarmed and no contra-suggestions tend to be formed. Naturally repetition of these suggestions adds to their therapeutic force. It is to be noted, however, that apart from any specific verbal suggestion the mere induction of hypnosis itself may not uncommonly do good, and minor symptoms occasionally thus disappear in a striking manner. Unfortunately there is a somewhat deeply rooted prejudice against hypnotism on the part of the public, due to the fallacious idea that it is dangerous and not right that a person should be dominated by the will of another. Nevertheless, in practice I have seldom found any such objection sustained after a reassuring explanation. Some time after hypnotic phenomena had been scientifically studied it was found that just as good medical results could be obtained through suggestion in the waking state with the patient in a condition of absolute passivity of body and mind. Those who have had ample experience in the use of hypnotic and simple suggestion do not find, in the main, noticeable advantages in the former method, notwithstanding the heightened suggestibility of the hypnotic

state. Suggestion, therefore, to-day is mainly employed in this way. In both cases similar conditions for success are necessary on the part of the subject—fixation of the attention, monotony of impression, limitation of voluntary movements, limitation of the field of consciousness, and inhibition of all distracting thoughts. Suggestion while the patient is asleep, too, is possible, though seldom called for. In the case of children, difficult otherwise to treat, such a method is to be borne in mind.

SOME POINTS IN SUGGESTIVE THERAPY

Though there is insufficient time to discuss the psychology of suggestion, it will be interesting to note the psycho-analytical theory concerning it. According to this, suggestibility is the unconscious desire to believe blindly and to obey without criticism which originated in the child-parent relationship. It is the expression of a latent tendency to be persuaded by love (or intimidated by fear), and is due to the establishment of a relationship between the person who receives the suggestion and the person who gives it, which is an unconscious reactivation and transference of the relation that existed in infancy between the child and a loving mother, or a stern or imposing father. An affective bond, we know, does form in hypnosis between the subject and operator, and this *rapport* that exists is undoubtedly a necessary factor for success. At the same time, this link between doctor and patient must not be allowed to become an exaggerated one. For suggestive treatment the object is to produce a condition of mind which will set in action the right affective forces for the induction of those states of suggestibility which will harmonize with and reinforce the ideas to be suggested, and so to get them accepted with conviction. First the state of personal suggestibility should be induced by arousing the necessary instinctive tendencies, showing the patient sympathy, and impressing him with a knowledge of, and interest in, his condition, so that he has respect for, and confidence in, the physician. The personality of the physician and his attitude is thus perhaps his greatest asset in this form of psychotherapy. The individual should wish to be cured, and the whole atmosphere should be one of cure. A quick insight and an investigation of the case will show how the suggestions should be arranged and what form they should take. Repetition is naturally an important factor. The response to suggestion made may be positive, negative, or neutral, according to whether it is accepted, opposed, or simply not accepted.

AUTO-SUGGESTION

You will note that I have not referred in any way to auto-suggestion. I have not done so because I doubt its validity. In endeavouring to get away from the old idea that the will-power of the operator in hypnosis was the main factor, and the subject merely a tool in his hands, the disciples of M. Coué went to the other extreme, and negated the psychological forces involved in the operator altogether. That auto-suggestion has at times been employed with success I am willing to concede, but in such instances the personal influence is executed through the reading of a book or through the repeating of phrases previously spoken by a physician. The use of the word seems so wide and loose that it loses all value. The principle that the wish is father to the thought is so generally at work in our minds that almost all our mental processes, except the highest intellectual ones, would fall under the heading of auto-suggestion. We should be on much safer ground if we view suggestion as a phenomenon resulting from the interplay of emotional forces between two individuals.

LIMITATIONS OF SUGGESTIVE THERAPY

If we criticize suggestive therapy it can be judged by the results obtained by its use, and also by how it agrees with the principles of treatment based on our knowledge of disease. The results vary very much. At times they seem miraculous, and the beneficial effects may be permanent. Cured cases, however, are often only seemingly cured and relapse later, and further courses of treatment are necessitated. Where we are dealing with neurotic disorders—and in the vast majority of instances suggestion is only employed in this sphere—there is no attempt to investigate the inner life of the patient nor any endeavour to get at the basal causes which, we now have good reason to believe, depend upon mental conflicts. This is unscientific, and it is impossible to foretell whether any real lasting benefit is likely to accrue, because the morbid source is never attacked. Unfortunately Baudouin's statement that if we only suggest the cure the subconscious mind will always find the way is not borne out by experience. The great disadvantage of suggestion, therefore, is its blind nature. The belief in the magical effect of mere words is an irrational one, and reflects a primitive type of mind. Nevertheless, there is a distinct field for the employment of suggestion if only it be applied to the right human material. In the realm of the psychoneuroses it should be used when, for any reason, a more scientific and analytic approach is not feasible. In intractable and severe long-standing neurotic disorder it may prove beneficial in alleviating symptoms, but, if possible, the earlier cases should be dealt with more radically. Advance in age and lack of intelligence are factors which commonly stand in the way of an analytic method. In the case of organic disease—and not infrequently a neurotic element becomes superimposed—the drawbacks to suggestion which were mentioned do not apply, and in the future such a therapy may prove useful in this realm.

ON PERSUASION

In considering other psychotherapeutic measures we shall note that we are getting away from the blind nature of attacking symptoms and are endeavouring to obtain the conscious and active co-operation of the patient in our efforts towards his betterment. Nevertheless, in the intimate relationship existing between doctor and patient the unconscious factor of suggestion can never be entirely eliminated. The doctor has always been wont to appeal to the individual's reasoning power, and to try to combat neurotic fears by his assurances that they are groundless and that only added insight and more self-control are needed to overcome them. The hysterical paraplegic is told at some length that walking is quite possible if only the idea of incapacity in that direction is banished. This method of so-called "persuasion" has been, and is still, employed, so that its principles should be examined. Here the therapist presumes that, if he explains the meaning and the origin of the symptoms, the patient has the capacity to modify the morbid mental processes. Much, however, depends upon whether the physician does really know and understand the meaning and origin of the symptoms. Commonly enough these symptoms are only taken at their surface value, so that any explanation can have little or no effect and the process is just as much floundering about in the dark as suggestion is. If we take up the attitude, as we must in the light of modern knowledge, that neurotic illness is motivated by factors below the threshold of consciousness, it is evident that any superficial attack by itself is futile. A very small experience should make us realize that logical reasoning has little power to modify what goes on in the

mind. The obsessional neurotic is frequently highly intellectual, and is only too convinced of the absurdity of his compulsions, fears, and doubts; yet he is impotent to inhibit them. The physician who has little or no insight into these forms of pathological disturbances is only too apt to regard them as largely due to mere irrational habits of thought and a lack of will-power. Were such premisses largely true, one would expect persuasion to bring about beneficial results, but unfortunately experience teaches us otherwise. Will-power is not a special faculty that can be stimulated. The will is the whole character in action. It is not that symptoms arise from a weakness of will, but that some underlying emotional impulse is too strong for normal control. Nevertheless, I am by no means trying to convey the idea that this method has no value whatever, for, as we shall see later, when it is combined with a preliminary investigation and understanding of the deeper sources of the neurotic symptoms, in the simpler type of cases much good can be accomplished. Without some knowledge of the pathological reactions taking place any good that may eventuate will be due to the unconscious suggestive influence of the physician.

Another psychotherapeutic method not uncommonly adopted has been that of attempting to divert the patient from his symptoms and resulting self-centredness without any real understanding of them. The going away for a change of scene has been the most usual recommendation given to a nervous sufferer, with the hope that constant distraction will gradually give the symptoms the chance of withering away from inattention. This by itself is a poor way of attacking the problem, for a person cannot thus run away from his own ego. Nevertheless, when the diversion from symptoms is carried out more scientifically by the development and encouragement of useful and personal interests which will tend to drain off energy from pathological channels into healthy ones, much benefit may follow. Unfortunately, however, experience shows that those who can be helped in this way are comparatively few in number, since the morbid forces seem too strongly fixed to be thus diverted. Combined with other methods of psychotherapy though, this diversion of forces is a sound principle, and should always be thought of. Because of its diverting value and the dangers attendant upon evading responsibilities, the giving up of work should not usually be advised.

VALUE OF RE-EDUCATION

We now come to another psychotherapeutic approach, which is still more rational and in which the patient takes a much fuller share. It has been termed "re-education." The physician, believing that the neurosis depends upon mental factors of which the patient is mainly unaware, carefully takes a longitudinal survey of the life-history, discovers the emotional disharmonies to which the individual has been subjected and the reactions to them, and notes the psychical traumata of the past. By such means he sums up the type of personality he is dealing with, and discovers, if possible, the pathological processes that are responsible for the symptoms. With this knowledge he proceeds to explain to the patient the significance of his past in relation to the present disorder, and endeavours to modify the attitude that has been taken up, to render that attitude more rational, to encourage the general interest, to give a new goal to life, and generally to broaden the mental horizon. Here there is a distinct advance, in that hidden causative and unconscious mental factors are investigated and taken into consideration, instead of only dealing with the end-product of symptoms. The patient cannot help but feel gratified

that his case is worthy of such investigation and that he is understood, while the point that he finds that he himself has to be the main agent in bringing about a cure is extremely important. Provided the physician is well equipped with modern psycho-pathological knowledge, so that his mental examination is on the right lines, we shall find that the re-educative method will be most applicable to the majority of cases met with in general practice, and will be productive of most good. From a strictly scientific point of view it may well be that the investigation of the mental factors cannot be sufficiently prolonged or probed deeply enough, and that much pathogenic material lying in the unconscious mind remains untouched. Be that as it may, it is quite evident that in practice, for many reasons, it is impossible to do more.

THE ANALYTIC METHOD

Lastly, we come to the analytic method of psychotherapy. Using the word analysis in its ordinary connotation such a method involves the scientific sifting out of the varied past and present mental processes and reactions of an individual in order that the pathogenic source of the neurotic symptoms may be traced, their meaning understood, and a rational therapy made possible for their alleviation or cure. Psychology teaches us that only a comparatively small part of our mental functioning lies in the region of our awareness, and that for the real motivation of most of our thoughts, feelings, and actions the deeper unconscious mind must be explored. It is now fairly established that mental conflict in some way is the root cause of most neurotic disorder, and that this disharmony is due to the presence in the unconscious mind of emotionally toned groups of ideas and impulses which, being alien to the main body of the personality, have been refused recognition and become dissociated from it. Such complexes lying repressed in the unconscious are essentially dynamic in nature, the underlying urges striving for outward expression but being directly prevented from doing so by the inhibiting influence of the ego. The neurotic symptom appears in a disguised form as a compromise between the two forces, so that it is not recognized for what it really is. Such disguises are manifold; many require much patience and analysis to unveil; while others may be more or less rapidly recognized through our knowledge of psychological mechanisms.

For instance, the mental mechanism of projection, which involves the conception that an inner mental process seems to be existent in the external world, is one of the commonest ways in which we disguise painful thoughts from ourselves. The very fault we see so much in others is really ours; the husband who manifests exaggerated jealousy of his wife does so because the idea of his own leanings towards infidelity is too much out of harmony with his self-respect for him to recognize and accept. This mechanism of projection is what hides the real meaning of many a morbid fear. It seems to be a fear of some external danger; but in reality it is an impulse, a desire within ourselves of which we are afraid. The old spinster who cannot get into bed without looking under it for fear there is a man there develops such a symptom as a defence against her biological craving for the male. The patient with agoraphobia, or the fear of being alone in the streets, may be really in terror of being exposed to temptations which his ego yearns for but which his conscience forbids and represses from his conscious mind. The insane patient who constantly hears voices from without accusing him of vicious practices and calling him by opprobrious names is projecting that blame which he dare not give himself.

THE OBJECT OF ANALYSIS

Now the object of analytic psychotherapy is to bring these buried complexes into consciousness so that they may be duly recognized by the patient and assimilated by him as part of his personality. It is essential to see that consciousness can deal with and control a mental process that is itself conscious far better than one that is not. In our everyday life we know how various little tricks of conduct we had got into the habit of manifesting, but of which we were unaware, can be successfully dealt with when our attention is drawn to them. In this way, too, mental energy which has been unhealthily bound up with the repressed complexes and the formation of neurotic symptoms can be released and diverted into useful and social channels. The mind thus, instead of being divided against itself, tends to become a harmonious whole. It must be understood that mere intellectual appreciation of a complex on the part of a patient will be of little or no avail except in so far as he grasps the fact that the source of the trouble is resident within his own mind. Otherwise, an experienced psychotherapist might at a first interview accurately spot the pathogenic forces at work. But merely imparting such knowledge will not help. There are strong internal resistances within the patient's mind which must be overcome before he can accept the truth about himself and assimilate it emotionally. Neurotic symptoms constitute a defence against the recognition of something within the self; that is why from one point of view we can speak of "a will to illness," and why a psychoneurosis is difficult to modify and cure.

Since we are only dealing briefly with the principles of psychotherapy, this is no occasion to discuss any further the intricate psychological points involved in the analytic method. As you probably know there is more than one school of psychopathology, and the trend of any analytic investigation will depend upon what particular theories are held. It would carry us much too far afield to speak of them. Anyone sufficiently interested must consult suitable literature on the subject. All would agree, however, in regarding a so-called nervous disorder as due to mental factors of which the patient is quite unaware, and that some form of analytic therapy is the ideal method of treatment. It has already been pointed out that hypnotism, simple suggestion, persuasion, and re-education all have their useful applications. The psychotherapist must not pin his faith to any one method, but must be prepared to employ them all as occasion demands. Suggestive influences cannot be eliminated from any one method because of the special relationship that exists between doctor and patient, though in analysis it is reduced to a minimal degree. The practical side must ever be kept in view—in general practice especially. The severity of the neurosis, the amount of the maladaptation to social life, the suffering involved, the disturbance of the capacity to work, the age of the patient and his intelligence, the situational factor, time, and expense—all have to be taken into consideration. It may be that the disturbance is slight, so that a short psychotherapeutic conversation or two, assurances given that the individual is not "going off his head," and stimulation to face the difficulties of life with greater courage will be all that is necessary. It may be that the age of the patient is too advanced for any active interference. It may be that the symptoms patently depend upon some comparatively simple domestic problem which necessitates interviews with other members of the family to bring harmony into the home. In some cases it will be seen at once that pathological investigation must go deeper for later treatment, as seems fit; while in others it is evident that

more expert knowledge and treatment is called for. In a certain proportion of cases the technique of Freudian psycho-analysis will hold out the best chances of cure. Those patients who, for any reason, cannot be adequately treated by the general practitioner can be referred to one or other of the many clinics which exist for this purpose. It will, however, add greatly to the interest of general practice work if the doctors themselves further their psychological knowledge and learn to apply it themselves.

CONCLUDING REMARKS

It is not feasible here to speak of the types of cases to which psychotherapy should apply. In some degree it may be said that every patient will need some of its applications, even if it be only that of instilling cheerfulness, hope, and courage. It is in this way that the personality of the physician, his bedside manner, and the atmosphere he creates in his consulting room mean so much. Conan Doyle told us a short story of two youthful medicos, lately qualified and well versed in the use of all the latest medical knowledge and appliances, who set up in a small community as partners. The other doctor there was an old man with a lovable personality, who had been there for many years, and who was by no means up to date in his work. After their courtesy visit the budding practitioners laughed among themselves at his age and ignorance, pitied his patients, and came to the conclusion that before long he would not have many left when their academic superiority became recognized by the inhabitants. Soon afterwards, on the outbreak of an epidemic of influenza, one of the young doctors was struck down. As he lay in bed feeling very sorry for himself the thought of the scientific attitude of his partner at his bedside had no attraction for him, whereas the presence of the old doctor, he felt, would bring peace and comfort. He therefore sent for the latter, but found that his partner, who had been taken ill as well, had also sent for the old man they had both so much derided. The moral is obvious.

Though it is in the realm of the psychoneuroses that psychotherapy especially applies, it must be borne in mind that psychogenic factors so frequently have bodily manifestations. The old bugaboo of the relations existing between mind and body must be relegated to the dust-heap. We must regard body and mind as simply different aspects of an individual who is a psychosomatic unity. All the emotions have their physical expressions. It is therefore important in every patient to view the individual as a whole and take into careful consideration possible psychological factors as well as bodily ones. In time experience will teach you that the mental element enters far more into disease than you ever dreamt of. The increased heart-beat may be due to a secret fear; the lump in the throat the result of an insult that cannot be swallowed; the obstinate feeling of nausea or vomiting may be the sequel of the inability to digest a psychic situation with a resulting buried complex of disgust and revulsion. We do not for nothing speak of a sickening horror or of having a nasty taste in our mouth after reading something of a disagreeable nature. All our emotional feelings may be expressed somatically, and if long continued may bring about definite organic disease. Superficial inquiries, at any rate, should always be made into the emotional life, into the possibility of there being ungratified instinctual yearnings; and the sphere of sexuality must not be neglected. Your patient must be viewed not as a "case," but as a human personality that somehow or other is maladapted to his environment. In dealing with the human body never forget the human heart. With the earnest desire to understand, and with a comparatively small knowledge of medical psychology,

the practitioner will be surprised at the fresh light that will be thrown on many recalcitrant symptoms.

Now a word as to prognosis. Commonly enough too much is expected of the psychotherapist. Just as we come across people with poorly developed chests who will always be liable to coughs and who break down under respiratory strain, so we meet with a constitutionally poor mental soil that will ever be apt to find it difficult to withstand the stresses of life without developing symptoms of maladaptation. Whatever method we adopt in psychotherapy we must be prepared to face the fact that we cannot make some individuals normal, but perhaps can alleviate to some extent and render life more bearable. The less we use the word "cure" in psychotherapeutic practice the better. On the other hand, at times brilliant success may be achieved. Those of you who are sufficiently interested to learn more of that hitherto neglected subject—psychological medicine—will find it a most engrossing study, and one that will greatly enhance your usefulness as a physician.

INADEQUATE IMMOBILIZATION AND NON-UNION OF FRACTURES*

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The crippling disabilities which at one time resulted from excessive immobilization of joints in the treatment of fractures entirely justify the recent wave of enthusiasm for early mobilization and functional activity. The essential principle of modern treatment is complete immobilization of the fracture, with at the same time active movement of every joint which need not be immobilized. When this principle is observed massage treatment becomes unnecessary, incapacity periods are reduced, and many permanent disabilities are avoided. But there is some danger of undue enthusiasm and of misrepresentation of the principle, so that the mobilization of joints is allowed to interfere with the immobilization of the fracture. It must be recognized that complete immobility of the fracture is a primary necessity, that there must be no mobilization except in joints which need not be immobilized, and that mobilization should be the result of the patient's own active exercise and not of the passive manipulations of the masseuse.

A fracture of both forearm bones was recently plated by a distinguished surgeon, and from the time of operation the arm was taken daily from its splints for two hours of massage and passive movement. The constant strain on the fractures had not only caused non-union, but had produced painful spasm of the muscles and stiffness of the joints, which was even greater than if there had been no movement at all. When the fractures were completely immobilized by a plaster cast active finger movements could be practised without pain and improvement in the range was immediately observed.

Such gross misapplication of the principles of early functional activity in fracture treatment is rare. Unfortunately, however, equally disastrous results are not uncommonly seen when the principles have been misapplied in a less obvious manner. In one group of cases splints or plaster have been inexpertly applied so that the fracture has not actually been immobilized at all. Angular movement may have been completely con-

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