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PSYCHOTHERAPEUTIC CLINICS IN FACT AND FANCY*

BY

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No one, I presume, would venture to dispute the need for psychotherapeutic clinics. We are all agreed that minor mental maladies account for much unhappiness and inefficiency. The number of people in this country who would benefit by treatment, were it available, has been variously estimated from 3,000,000 upwards. Dr. Halliday has recently published an impressive statistical investigation which puts the proportion of psychoneurotic disability to all other forms of disability as one to two. This suggests that as a mere economic problem the community should be doing much more than it is doing for the psychoneuroses. In a paper read last month at the Royal Society of Medicine, Dr. Rees, the present Director of the Institute of Medical Psychology, stated that there are in the British Isles at present 162 clinics or early treatment centres. That is an encouraging fact, especially when we reflect that in 1920 there were two, and only two, organizations that could be so described.

The Medical Profession and Mental Health

But before investigating further the need for more clinics we would do well to consider in some detail the relation of our profession to the mental health of the nation. Fortunately we need not hold ourselves responsible for the woeful prevalence of mental disability that is usually disguised by the term "nerves." These minor mental maladies are mainly attributable to dysgenic propagation, to economic insecurity, to parental stupidity, to unhelpful religious influences, to faulty education, or to sexual difficulties. But they are frequently conditioned, and in certain cases exclusively produced, by somatic factors. Therefore a certain responsibility for treatment, if not also for prophylaxis, remains with our profession. And as a profession we are frankly unequipped to deal with most of these conditions. We have all been educated in an atmosphere of organic causality; we have been taught that if a symptom, say a monoplegia, is organic, its aetiology must be studied, whereas if it is "only" functional we have no responsibility beyond prescribing bromide or valerian. Sir Walter Langdon-Brown, in his recent survey of progress in medicine, says, with ample justification: "More than half the patients we saw on entering practice were suffering from conditions undescribed by our teachers or our textbooks." It is true that we all had to attend clinical lectures at a mental hospital. But the relation of what we saw and learned there to the neurotic factor in general practice was, to say the least of it, remote.

The situation, then, is that the community at large is producing an ever-increasing number of maladjusted people. For the most part they are regarded as medical cases. The doctors of to-day have to deal with these cases in spite of the facts that they themselves are ill-equipped and rarely interested in them. To meet the demand a semi-official specialty has developed, generally referred to as psychotherapy.

Handicaps of Psychotherapy

This specialty tends to work in clinics, and is characterized by three principal handicaps—namely, the intrusion of charlatans, the jealousy of other professional groups, and deplorable sectarianism within its own ranks. Allow me to enlarge on these three points. First, the intrusion of charlatans: perhaps it would be more accurate to say that the charlatans anticipated psychotherapy. Long before Culpin or Gillespie made estimates of the number of maladjusted people in the United Kingdom, the evidence was there for those who had eyes to see. It consisted in the prodigious growth of Christian Science, the increasing popularity of pilgrimages to shrines, and the phenomenal exploitation of the public by the vendors of worthless panaceas. These and other forms of extra-professional healing are still with us and, by their triumphs, teach some of us to be broad-minded, while, by their failures, they teach the educable elements in the community that it is generally unsafe to take one's complaints to the charlatan—such, at any rate, is our modest hope.

The second handicap of psychotherapy lies in the jealousy of the professional groups. It is obvious that the neurologist cannot be tenderly predisposed to the psychotherapist. Is he not a nerve specialist in the only exact meaning of the term? And what does this psychotherapist profess to treat *but* nerves? Dr. Mapother, in his *Plea for Nominalism in Psychiatry*, says:

"Determination of the form of normal responses or of symptoms is a function of the central nervous system. How then do without neurology? For my part, I venture to think that the ancestors of the psychology of the future will be such investigators as Hughlings Jackson, Sherrington, Head, Pavlov, and Lashley."

It is remarkable to find a responsible and learned psychiatrist in this decade making such an unequivocal plea for that very attitude towards the psychoneuroses that has been responsible for the impotence of our profession in this department. Let us admit frankly our debt to the neurologists and our frequent need of their

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superior capacity of differential diagnosis between organic and functional aetiology, but let us hope that our therapeutic resources are not to be inspired by principles of cerebral localization.

If the neurologist finds the psychotherapist an unwelcome bedfellow, the alienist entertains very similar feelings. His province is mental disorder, and his knowledge of mental disorder has been acquired in the only true and orthodox way—that is, in a mental hospital. He therefore makes a very emphatic claim to control the early treatment centres that are being established under the Mental Treatment Act of 1930. He cannot but regard as an intruder the medical man who, with little or no experience in a mental hospital, professes to treat minor mental disorders. Nevertheless we must face two facts. The first is that the care of inaccessible psychotic patients has in general little bearing on the treatment of accessible psychoneurotics. The second is that the isolation of patients in an institution promotes in the mind of the doctor a certain detachment from the patient's social environment. The psychotherapist, on the other hand, is continually forced to deal with his patients' reactions to their domestic surroundings, which not infrequently constitute the major part of the problem. In point of actual practice, I believe that most unprejudiced observers would give it as their opinion that for the training of the ideal psychotherapist one year in a mental hospital is the limit of beneficial experience. Further residence tends to blunt psychotherapeutic acumen and resource.

There are other groups in the profession that object to the psychotherapist, not so much on account of vested interests as because they object to having their work criticized. For instance, the woman who, suffering from "neurasthenia," is persuaded to part with her transverse colon, may be subsequently cured of her father-fixation and regret her surgical experience. Such cases make for the unpopularity of the psychotherapist. But I need not further labour this point.

Sectarianism

The third handicap under which psychotherapy labours is the sectarianism which rends the whole department. In this connexion I would quote once more from Sir Walter Langdon-Brown: "The fissiparous tendencies of the psychotherapists themselves," he says, "have indeed been a stumbling-block. Dictatorships, heresy-hunting, and excommunications have been all too prevalent. . . . Not until such internecine struggles subside will real advance be possible." This is a hard saying, and one would fain be in a position to controvert it. Unfortunately it is true.

Let us then examine the various sects from the point of view of theory. They may be grouped under seven headings:

1. *The Neurologists.*—I have already referred to this group. Their position is adequately set forth in Dr. Mapother's presidential address to the Section of Psychiatry of the Royal Society of Medicine in November, 1933. I confess I have great difficulty in appreciating the attitude of the neurologist as presented in that paper. The neurologist, dealing with a case of phobia, ophthalmoscope in hand, suggests the picture of frustrated competence on the doctor's part and fruitless bewilderment on the patient's side. If you will bear with me for a moment, I will tell you a story which is only justified in an assembly such as this by its allegorical value.

In my student days electric lighting was introduced in St. Andrew Square. The gloom of neighbouring gas-lit streets was accentuated. Late one night a belated reveller was observed by a passer-by to be groping in the gutter. The following conversation ensued:

"Have you lost anything?"
 "Aye, I've lost half a croon."
 "Can I help you to find it?" and later,
 "But are you sure you lost it here?"
 "No; I lost it in St. David Street."
 "Then why are you looking for it here?"
 "The licht's better by far."

I venture to submit that the moral of this story applies not only to the neurologists but to all the other sects in the whole department of psychotherapy. We are all so reluctant to grope where there is little light; we all prefer our own region of brilliant illumination, and despite rational indications to the contrary, we insist on pursuing our fruitless investigations under conditions of our own competence rather than of the patient's need.

2. *The Psychiatrists.*—I have mentioned this group already. It is naturally difficult for the well-trained alienist to think of pre-psychotic symptoms except in terms of the end-result with which he is so familiar. I submit that if a doctor is to come to grips with an early schizophrenia he requires among other qualities courage and determination. If the rest of his working day is spent with a few score hopeless cases of dementia praecox, all of whom began in the same way, his courage is liable to fail and his determination to weaken. On the other hand, working outside the mental hospital, especially in an active clinic, one can observe the cases that spontaneously improve, the cases that appear to yield to treatment, as well as those that need to be certified. If the neurologist's outlook centres round localization, the alienist's is apt to revolve round disposal. In America there is an important group designated "neuro-psychiatrists." It is a practical combination of the two specialties. It covers much the same ground as the D.P.M. course in our country; but, like that course, it can only be said to comprise psychotherapy in a very casual way.

3. *The Freudians.*—Admitting, as I am sure most of us would admit, that Freud has contributed to psychopathology more than any living man, it yet remains a fact that his theory of the psychoneuroses makes it impossible for his followers to co-operate in any satisfactory way in the work of a psychotherapeutic clinic. The few who are exceptions to this rule are those who accept the absolutism of Freudian doctrine with some measure of reservation. Those who subscribe to the doctrine in its entirety assume by identification an attitude of disparagement and non-co-operation towards all other views and all other therapists. Rickman has admitted that at present there can be no fusion in the outlooks of the psycho-analyst and of the psychiatrist. "The Freudian school . . . stands as self-contained and independent as chemistry did fifty years ago." The Freudians, in point of fact, deny that human behaviour comprises any factor that is not susceptible to what they claim to be the only scientific form of approach. McDougall has said in this connexion: "There is nothing more obstructive to the advance of knowledge than a certain unformulated dogma implicitly accepted by many men of science—namely, the dogma that what we cannot fully understand cannot happen." Furthermore, the psycho-analysts have repeatedly stated that the intelligence of both the doctor and the patient is a factor subsidiary to the doctor's training. If he has gone through an analysis which has resolved his own conflicts adequately he will be able to obtain and exploit the necessary transference from a patient of the most modest mental endowment, and the ultimate result will be successful. A theory which discounts so egregiously both personal endowment and experience of life on the part of the therapist is one which must inevitably remain "self-contained and independent."

4. *Jung's School of Analytical Psychology*.—The important contribution which Jung has made to psychopathology is not represented in terms of practical workers, certainly in this country. It has always been my experience to find that followers of the Zurich school were ready to co-operate with other psychotherapists in a way that introduced no special difficulties.

5. *Adler's Individual Psychology*.—Adler's contribution to our theoretical understanding of maladjustment may not be of great significance. But the practical value of his reiteration of organ inferiority and emphasis on compensation has been of the utmost importance. The extensive literature which has grown around this circumscribed view of maladjustment is a strange contrast to the Freudian literature. In the latter all views converge on the pontifical source of inspiration. With Adler it is almost safe to say that his disciples generally present the gospel more successfully than he does himself. This is particularly true of the late F. G. Crookshank. That brilliant and erudite physician elaborated the somewhat tenuous theme of Adlerian psychopathology into an inspiring presentation of the psychosomatic unity. If our country could produce a few contributions comparable to that of Crookshank, psychopathology would be enriched in the way that it needs most at the present time. He was indeed the man who looked for the half-crown in St. David Street, casting aside preconceptions that favoured a particular theory.

6. *The Ec'lectics*.—These are those who try to incorporate in their technique and theory such elements as appear to be most valuable and compatible. The late Dr. Rivers was bent upon achieving some such eclectic synthesis. Dr. T. A. Ross, formerly of the Cassel Hospital, has done much, and will, we hope, do more, in the interests of eclecticism. Dr. Emanuel Miller, the president of the Medical Section of the British Psychological Society, also stands for a broad outlook. At the Institute of Medical Psychology something is being achieved in this direction. The large number of qualified men and women connected with the Institute and the varied sources of their medical and psychological equipment promote processes of attrition and fusion that seem eminently wholesome. But in all human affairs one-sided propaganda is always more effective than tolerant eclecticism, so that we must not expect spectacular results.

7. *The Metabolists*.—Under this heading I group the representatives of organic medicine who regard some metabolic factor as a cause, rather than a condition, of maladjustment. I refer to the focal septicicians, who will detoxicate a patient interminably rather than ask a single question of psychological relevance; the allergists, who are so obsessed by the importance of the gunpowder that they are impelled to deny the relation of the finger to the trigger; the endocrinologists, who seem to regard all neuroses as their exclusive province, not to mention various groups of obsessive materialists. All these have most valuable contributions to make towards the theory and therapy of the minor mental maladies. It is to be deplored that their help is so often lacking and so often unasked because of the difficulty experienced by the average physician in achieving binocular vision.

The Therapeutic Ideal

In general, these seven groups represent the material out of which the psychotherapeutic clinic may be staffed, in fancy if not in fact. Now what of the therapeutic ideal with which a clinic is established? Obviously it will vary according to the sectarian bias that preponderates. In a recent paper it was assumed that "psychotherapy was the treatment of choice." This phrase suggests a bias that I venture to condemn. The therapeutic idea should

be so broad as to exclude any preconception of the sort. The clinic should open its doors to those who claim to be maladjusted, and it should provide treatment for all such as appear accessible to treatment. Furthermore that treatment should be determined by the two factors of speed and permanence and by no others. Allow me to give you an example that seems to illustrate this point:

Miss X., a school teacher, aged 40, was referred by a doctor in the provinces. She complained of long periods during which life was not worth living. It appeared that at the age of 19 she had an attack of hysterical aphonia, after which she noticed slight seasonal depressions and exaltations. Two years ago the depression became acute, and lasted six months. After a period of elation a similar phase of depression came on, and again lasted six months. There were interesting and anomalous points in her heredity, her family position, and her love experience. These would, no doubt, have engaged the attention of the physician whose treatment is "psychotherapy by choice," as they had apparently interested her family doctor. But what he did not mention, and what the patient did not vouchsafe till questioned, was that during both these periods of depression she had suffered from complete amenorrhoea.

My suggestion is, therefore, that we should be prepared to treat a case like this on rational and modern lines of metabolic normalization before we have recourse to psychotherapy. But this will not happen where there is a preconception about methods of treatment. Against this type of mistake we may put the clinics where circumstances of time and personnel render psychotherapy in any serious sense a practical impossibility. Clinics which only function once a week, and those where the doctors have to see two or more patients per hour, are clinics where physical therapy is resorted to, not of choice, but of necessity. Indeed, this time factor is at the root of most of the problems of psychotherapeutic clinics. Ideally there should be a diagnostic department in which the various pathological factors are assessed and the appropriate treatment or series of treatments are mapped out. The actual therapists should have their time jealously protected so that they can pursue the indicated treatment with as much leisure as they would devote to a similar case in private. Furthermore, no case should be accepted for any form of mental analysis, however superficial, unless the patient can attend three times a week, certainly in the early stages. Again, I would emphasize the importance of evening sessions. The most curable cases are presumably those that are still in full work. To facilitate their treatment without losing working time, without the knowledge of the employer, and without hospitalization, is the form of treatment that most approximates to prophylaxis.

Multiple Maladjustments

I have suggested a diagnostic department for reasons that you may have already apprehended. The first is that we are all prone to seek what we are looking for where we ourselves see best. The second is that a high proportion of cases—this is my personal experience—have a multiple aetiology. In the interesting statistics issued by various institutions, one sees carefully tabulated cases of anxiety, of hysteria, and so on. But never, or very rarely, is there a column for the multiple maladjusted—the psychosomatic breakdown, the physical wreck with an emotional conflict. And yet in real life the clinical material that presents itself to a psychotherapist is very frequently of this mixed order. The man who came to you to-day complaining of acute depression was as you saw him neither because he had just received an unpleasant letter from his bank manager nor yet because he had had no action of the bowels for three days, but because an economic menace coincided with an exacerbation of chronic toxæmia. The housewife goes to bed

with a brain-storm not merely because her period is imminent nor yet because the cook gave notice, but because the cook happened to take offence on the twenty-seventh day of her mistress's menstrual cycle. That blushing youth of 28 who finds increasing difficulty in concentration and who is progressively shunning social life will not be cured if you merely show by his increased basal metabolic rate that he is suffering from hyperthyroidism; nor is his condition solely due to the conflict over early masturbation (which the least competent psychotherapist can detect); nor would you be correct in attributing his whole syndrome to the horizontally impacted third molars revealed by radiography. His adjustment to life can only be rectified when the dental surgeon, the metabolist, and the psychotherapist co-operate. And that woman who has been a self-pitying, spineless neurotic ever since you knew her, defeats your patient, if pessimistic, therapy, not merely because her husband drinks, but because she has suffered from diverticulosis longer than you have known her. You may prescribe a change of husband, but unless you can give her a new heart and a new colon, do not expect a radical cure.

The Future Psychotherapist

If, as psychotherapists, we are to deal with those who are out of tune with themselves and with life, we must be prepared to recognize, if not to treat, every morbid factor from narcissism to hookworm. And this brings me to a point of mere historical interest. Psychotherapy is going the way of all recognized specialties. The future psychotherapist must specialize early if he is ever to succeed. That there is something wrong with our medical and social conceptions here, I am convinced. But the fact remains. It is impossible to hold up the tide, and we need no longer expect to see the ranks being recruited from general practice. I confess to a certain misgiving when I contemplate these young graduates of both sexes who embark on psychotherapy with a medical degree, perhaps a D.P.M., and their own personal analysis. Technically they are often very well equipped, but they have never tackled a difficult labour single-handed, they have never been in the death-stricken home, they have never witnessed the father's irritability nor the mother's indulgence—in short, they have never made contact with the emotional microcosm in which patients live. But the men and women who have served their apprenticeship in general practice (and I am glad to say we have a few bow-and-arrow members of the Institute staff) have learned things that are not written in books, things that don't occur in institutions, that have no relation to cerebral localization, and on which the physician's own analysis throws no light. Peradventure, in some remote future, the ideal psychotherapeutic clinic will be made possible by ideal medical organization. This would include, I sincerely hope, a system whereby the psychotherapist had a certain degree of maturity and experience to combine with his special theories and technique.

The fact of the matter is that the youthful psychotherapist is deficient in the practical philosophy of life. He may know a great deal about compensation and introjection, but if he has not acquired a certain capacity of valuation he can be no more than a doctrinaire in the guidance he offers to his patients. Indeed, I would venture to say that the weakness of psychotherapy to-day lies most of all in its failure to comprise on the one side biological factors, and, on the other, philosophical considerations. All attempts to restrict the field of maladjustment to a purely psychological aetiology must end in discrediting it in the eyes of those who maintain that to see life aright we must see it whole.

OBSERVATIONS ON THE ABSORPTION OF CAROTENE AND VITAMIN A

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The problems of fat absorption concern not only the true fats (glycerides) but a wide variety of substances, many of them of outstanding biological importance, which are found in close association with the fatty components of foods. For many years those engaged in the study of the mechanism of fat absorption in the body gave attention solely to the glycerides, and ignored the no less important question how such "unsaponifiable" substances as cholesterol enter the tissues. In recent years, however, it has become more urgent that this aspect of "fat metabolism" should be studied, because of the rapid strides made in our knowledge of the nature and function of the "fat-soluble vitamins" and related compounds.

It is now established that a wide variety of chemical substances, sharing with the true fats but the one property of showing similar solubilities in certain solvents, are absorbed from the intestine with an ease and to an extent that was unsuspected. Perhaps the most striking example is that recorded by Professor Channon, in which the hydrocarbons of ordinary medicinal "liquid paraffin" were found to be absorbed from the intestinal tract of rats and pigs and stored to a surprising extent in the liver.¹

In discussing the absorption of such substances, or for that matter that of the true fats, two main lines are indicated by existing knowledge. In the first place it is clear that there are at the present time good reasons for seriously entertaining the view that particular absorption may occur.² Alternatively, a more conventional path may be followed by trying to picture an intermediate conversion of these "fat-soluble" substances into "water-soluble" and "diffusible" forms. In thinking of the formation of "water-soluble" complexes the possible function of the bile comes immediately to mind, and it will be remembered that more than one theory involving the agency of that secretion has been advanced. The work of Moore and Parker³ and later certain observations by Channon and Collinson¹ brought forward the question whether mere solubility in bile might be the chief factor determining absorption of certain fatty substances. As the latter observers point out, however, this explanation fails to account satisfactorily for the passage of the constituents of "liquid paraffin" through the intestinal wall. Another aspect of the possible part played by the bile concerns the belief that the bile acids may form water-soluble complexes with a variety of fatty substances. At the moment this theory is attracting a good deal of attention, mainly as a result of the work in the laboratories of Fürth,⁴ Verzár,⁵ and Schmidt.⁶

Of particular interest to us in this connexion are the complexes which it is stated can be formed between desoxycholic acid and carotene and desoxycholic acid and vitamin A, two "fat-soluble" substances of outstanding importance in human and animal nutrition. The former has been described by Euler and Klüssmann⁷ and by Greaves and Schmidt,⁶ and the latter by Shimizu and Hatakayama.⁸ These interesting materials appear to be water-soluble, and might, therefore, reasonably provide a form in which fat-soluble unsaponifiable substances could be transported through the intestinal wall.