POSSIBILITIES OF A MODIFIED PSYCHO-ANALYSIS*

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IT is not likely to be seriously questioned that the most significant and far-reaching contribution to our understanding of the psychoneuroses has come through mental analysis. The rationality of a method which seeks to discover rather than to obscure causes is evident, but no sooner has the principle of the method inaugurated by Freud and carried on with notable success by his followers been acknowledged as useful than it is hedged about by limitations which tend to the assumption that it is serviceable in a very limited number of cases. If it be true that the psychoneuroses invariably have their roots in childhood, that a considerable degree of intelligence and relative youth is a prerequisite to treatment by this means, that the method of free association must be adopted in the elucidation of the genesis of symptoms, and that, for these reasons, it is time-taking to a prohibitive degree, it is clear that the method has an applicability much more limited than its great value warrants. It may be admitted forthwith that what is called a complete psychoanalysis is an impossibility, for the reason that the mind even of a child may by no means be wholly revealed. If this be true, degrees of analysis must be admitted, and it is for these more superficial methods — partial or modified analyses — that I wish to put in a modest plea.

It is altogether unfortunate, and, I believe, not consistent with experience, as Jones, for example, has said, that "the amount of time demanded by the treatment as well as other considerations prevent it from being of very wide applicability in general practice." This is certainly proved if the method is to be limited to "completeness," in the sense in which Jones and others use the term. The utility of the idea of analysis seems to me so great that it ought, and I believe

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may, be applied to advantage as a general method of treatment by the relatively inexperienced in a large number of cases, even in persons after middle life. This statement naturally assumes that neurotic symptoms, phobias, and the like, do not invariably go back in origin to childhood, and that even if tendencies productive of later disturbance are formed at that early period of life it is by no means essential, at least in many cases, to extend one's analysis to that remote period in order to secure striking and, I believe, lasting results.

The inevitable criticism of such a statement may at once be forestalled. It will be said that cures effected in this way are apparent, not real; that recurrence is likely if not inevitable, and that one has no justification for using the term psychoanalysis for any such superficial procedure. It is not worth while to quarrel with terms, but the fact remains that mental analysis, as already suggested, must in any event be faulty and incomplete; that at best, therefore, we may speak only of degrees of completeness and that many conditions unquestionably may be relieved by a superficial examination into the patient's emotional and intellectual life. For example, Jones, in an exhaustive review of psychopathological work in England and America, speaks of a paper by Putnam and one by Linenthal and me, which he says, in general, show sympathy with the psychoanalytic method, but in which the psychoanalysis is of a very elementary character.¹ So far as Linenthal's and my small paper goes, this is undoubtedly true, but the essential point is, did the treatment suffice to accomplish results, and if so, why is not its elementary character a merit rather than an implied defect? One of the cases referred to was a young woman who repeatedly lived over again with extreme distress and anxiety the scene of a fire which had entirely passed out of her consciousness. A revival through a very brief analysis of the experience of the fire with an explanation of the causal relationship between it and her seizures, which were of the anxiety type as well as compulsive in character,

¹ Jones, Bericht über die neuere englische und amerikanische Literatur zur klinischen Psychologie und Psychopathologie. Jahrbuch für psychoanalyt. u. psychopatholog. Forsch. Bd. II.

sufficed to remove the attacks. The only question now at issue is: Was that brief and admittedly superficial analysis sufficient as a therapeutic measure in that case? My personal feeling is that it was, but I realize fully that opinions may differ. To make my contention more concrete I report in some detail the following case which, in my experience, stands as a type of many others:

F., a man of twenty-seven, married, was employed as a fireman in the Boston Fire Department. His main complaint, which he admitted with some diffidence, was that he was unable to stand the rays of the sun, wholly irrespective of the general temperature. He had been to various physicians, who had considered him "nervously run down," and had prescribed according to their lights, but to no effect.

The history, procured with some difficulty, was as follows: He had been married upwards of three years; his wife had had one child born at the eighth month; the labor was difficult and the child lived three months. Ten or twelve years ago he had had an attack of what he called malarial fever. Two years before being seen, in July, during an exceedingly hot period, he had had a similar attack. He was then out of work for twenty-nine days, and when he returned, although otherwise well, he had a distressing feeling that he couldn't stand the heat of the sun. He felt, as he expressed it, "as if the sun went through him, and as if he were going to fall to pieces." As winter came on, he also began to be troubled to a certain degree by artificial heat. This situation seemed so unusual that a further attempt was made to determine more in detail the conditions at or about the time of the beginning of his neurosis. It appeared that he was first taken sick when on an excursion. The most notable symptom was a sense of pressure in the epigastrium. This lasted all day. In the evening he smoked a cigar and felt better. He went to a large fire in the course of his duty, but was unusually troubled by the smoke and was relieved from duty. He was told by his friends that he looked badly. A few days later he had a similar attack to the one described above. It was on a very hot day; he went home and sent for a physician who at first diagnosticated indigestion, and later, after examination of the blood, malaria. He had still another attack, but gradually improved, and was working at the end of a month, but felt exceedingly weak. The following summer he continued to improve somewhat, but was far from well. He was able to stand for a time in the sun, but during the summer avoided doing so as much as

possible, because of the unpleasant sensations of weakness and distress which it occasioned. He was still able to do his work, and, in fact, enjoyed the excitement of a fire. It has been a source of great disturbance to him that he could not explain why it was possible to go through various experiences of extreme heat and fire and yet be absolutely incapable of standing the rays of the sun. On one occasion, for example, in winter, when it was four degrees below zero, he had the same distressing sensation. Added to this, there developed a distinct fear of closed places and of crowds. He was not alcoholic, his appetite and sleep were not impaired. He had, however, worried extremely, and felt as if "he might as well be dead," that life was a burden. In trying to combat these feelings, his courage failed, and he was unable to accomplish results. He was cheerful in manner and showed no signs of depression beyond the general anxiety which his increasing incapacity occasioned him. Actual nervous strains did not, however, affect him. On one occasion he narrowly escaped with his life in an explosion, but was not at all disturbed thereby. On another occasion, when many horses were burned, he was obliged to stand on the carcasses of the horses in attempting to put out the fire, and this also he did without flinching. During this period, however, he felt himself unable to go to the theater, although he had the tickets, because of the closeness of the air. He also found it impossible to sit in a certain chair which had been used during his illness with malaria, and felt impelled to go to another room and open the windows wide whatever the outside temperature might be. He was accustomed to work in a small, hot room, under conditions of great discomfort, without the slightest difficulty but, as he expressed it, he was "all gone" when he went out into the sun. A consumptive girl of his acquaintance sat much in the sun. This made him increasingly eager to avoid the sun himself, and he wondered how long he could live if she, in the sun, would live only a few months. He wondered if he would be in this condition of terror till he died. He feared greatly another attack of malaria.

Still entirely dissatisfied with the analysis, further questions were asked regarding the attack of malaria two years before. The memory was not easy to arouse, but finally after much questioning (the method of free association was not used), the simple fact came out that during the time of his high fever and discomfort from malaria, the weather was exceptionally hot, the temperature being well over ninety for a number of days. The combination of his fever and the excessive heat, together with the fact that a misguided woman was continually quoting the readings of a thermometer, constituted a situation associated with great physi-

cal and mental suffering. It was at once clear that when the fever subsided and the temperature decreased, the sense of debility and actual fear of the sun continued invariably to be aroused when he became conscious of the sun's rays. It was only necessary for this one element in the association to be excited to reproduce the entire distressing experience of his illness.

The matter was explained to him at length in language suited to his understanding, that he was suffering from the reproduction of an experience through which he had actually lived, and from which he had suffered, but that one element at least—the malaria—no longer being present there was no reason why the distress occasioned by the combination of sun and fever should persist. He went away with this explanation and nothing more in the way of treatment.

Although the attempt was made to learn of the outcome of his difficulty, it was not possible to have another interview with him for the space of three years. He then made the following statement. He had thought the explanation given him reasonable, but for a time, although he was helped, he was still annoyed by the sun. He, however, met the difficulty in a much more philosophic spirit and had been distinctly benefited by the explanation given him of the genesis of his fear. He had continued his work as fireman, and after about three months of effort, following a short vacation, he had improved rapidly. He said that he was not "bothered a bit by the sun," except on very rare occasions, when he had a certain slight recurrence of his old feelings. He was in no way incapacitated for his work and has continued in the arduous position of a fireman.

This case is of interest for several reasons. The patient was a man of decidedly non-neurotic type, his work was arduous and demanded peculiar qualities of mental stability. He had had no preceding nervous disturbances so far as he was aware. The neurosis for which he sought relief was of the anxiety type, as I interpret that term. He was entirely relieved by an incomplete but, to my mind, adequate psychoanalysis occupying not more than two hours. If, for the moment, it be admitted that this man is well, as he certainly appears to be, the query forthwith presents itself,

Was the fear of the sun from which he primarily suffered and which was rapidly sapping his usefulness, a manifestation of an integral defect in his mental organization, the expression of an unfulfilled wish based on a suppressed emotion dating from childhood, or was it merely an excrescence, as it were, grafted on an otherwise normal nervous system in the form of a morbid association, as described many years ago by Prince? I see no possible reason in such a case for going back of what seems a sufficient explanation as demonstrated by complete relief, to the assumption of causative conditions lying far back in the early life of the individual.¹ Various phobias developed somewhat quickly, e.g., fear of crowds and of closed places, all, however, subordinated to the one extreme fear of the rays of the sun. This latter anxiety came on in attacks whenever he became conscious of the sun's rays on his body, irrespective of the general temperature. These attacks were sudden in onset, associated with a feeling of excessive prostration and extreme apprehensiveness, what I have been accustomed to regard as typical "Angst Zustände." Until he could get relief by escaping from the sun, his prostration was such that he considered himself wholly unfitted for his work, his greatest dread being that he should be overcome by such a fear while at a fire.

In this case, which I take merely as a sample of many others, I made no attempt whatever to go beyond what seemed to me an obvious explanation of his difficulty. I made no inquiry as to his sexual life, or as to his social relations in general, for the reason that it did not seem to me necessary. I saw him only once. He was free from his neurosis three years later. What this type of case seems to teach is that what I venture to call a modified psychoanalysis is often entirely sufficient to elucidate and overcome a neurosis of the anxiety type.

It should not be supposed from the foregoing remarks that any question whatever is raised regarding the neces-

¹ Donley has expressed a similar point of view. See Discussion on Pathogenesis of Morbid Anxiety, *JOURNAL OF ABNORMAL PSYCHOLOGY*, Vol. VI, June-July, 1911.

sity of a thoroughgoing psychoanalysis in selected cases, or that suppressed sexual emotions or ideas lie at the bottom of certain neurotic states. These matters have been established as facts. The universality of this conception of the neuroses is, however, far from established, and relatively few are likely to agree with the general dictum that "morbid anxiety means unsatisfied love."¹

¹ Jones, The Pathology of Morbid Anxiety, *JOURNAL OF ABNORMAL PSYCHOLOGY*, Vol. VI, June-July, 1911, p. 106.