A CLINICAL STUDY OF A CASE OF PHOBIA: A SYMPOSIUM¹

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INTRODUCTION

A few words in explanation of the symposium which follows is desirable. The object of this symposium was to obtain a presentation and discussion of the existing divergent views regarding the pathology of anxiety states held by different students of psychopathology. It was thought by the Council of the American Psychopathological Association that if a specific case of phobia or anxiety state were studied independently by two clinicians holding divergent views regarding the pathology of anxiety states, the differences in their views would be more concretely illustrated and more precisely formulated than by any discussion of anxiety states in general. In discussions of the latter kind the tendency is to wander over a large field of inquiry and to meet at very few points.

Accordingly it was arranged that a report of the same case should be made independently by Dr. Putnam and Dr. Prince, each making his study from his own point of view, without consultation with the other. The case selected was one which had been under the care of the former for a long period and which the latter studied for the purposes of the symposium and which, it also should be said, had been frequently observed by him, although never under systematic treatment at his hands. The case is also well known to quite a number of Boston physicians (members of the Association), under whose care the patient had been at different times. The treatment in every instance had met with indifferent success. The case, a difficult one, is therefore well adapted to such a symposium.

Not the least interesting point, which becomes apparent from a study of these two reports, is the different kinds of facts elicited by the two studies — what would seem bound to be the case when two persons influenced by different theories examine the same patient. Herein probably also is to be found the basis for much of the divergence of views in psychopathology.

ED.

I

REPORT BY MORTON PRINCE

THE patient is an unmarried woman forty-one years of age, physically hale and hearty and of a robust type. Mentally she is normal with the exception of certain obsessions, the chief of which, a phobia, is the subject of this symposium. I refrain from describing her temperament and mental characteristics because pro-

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verbially no two persons can agree in forming judgment upon such characteristics. I will merely say that she conspicuously belongs to what is commonly regarded as the consciously asexual type.

The attacks from which she suffers and which have been making her life intolerable during the past eight years do not always present the same characteristics, but exhibit certain sub-varieties, each, from the point of view of psychogenesis, being of great importance. I shall first describe the character of the *major* attacks, then the sub-varieties, and finally analyze the individual symptoms which make up the syndrome of each.

First. A feeling of what she calls "unreality" because of certain subjective sensations, some of which seem to be primary and some secondary. These may be analyzed into

(A.) A consciousness that she does not feel the air about her and particularly on her face, of her "inability to feel the air," and hence that the air is not real and that she cannot breathe the air because there is none to breathe. There is a sort of struggle to get air. This unreality of air is always the first symptom of the attack.

(B.) A sensation of queerness of the body difficult to describe. It is a sensation that her hands and feet are flying off. In attempting to describe this she likens it to the explosion of a pinwheel in which everything flies off from a center. Apparently a part of this sensation is a "feeling" in her body from the waist up (not down) and always in the left side of the hypochondrium. It is a "pulling out feeling," — a "horribly disagreeable feeling." On one occasion she likened it to an accordion being pulled out. At this point in the attack (to quote her words) a "conflict comes in trying to make myself see things normally, and as my mind refuses to do so I get into a condition of 'unreality.'"

(C.) This condition changes to a feeling of "wildness" that she must rush, but there at once comes a feeling of "paralysis" or inability to "rush": she can't rush. For example, as happened in a recent attack, this syndrome developed as she was leaving a street car. She felt that she must rush to a neighboring house, but she couldn't. She

would like, too, at times, to reach out and touch objects to assure herself, but she can't.

Second. A confusion of thought.

Third. Fear with the usual somatic disturbances, palpitation, vasomotor disturbances, tremor, etc.

Fourth. Certain visualizations of herself in a convulsion.

Fifth. There is the usual anticipatory fear of an attack, and also, as is customary, this fear may excite an attack.

Sixth. In my experience whenever an attack has been analyzed it always could be traced to some stimulus either from the environment or some thought which immediately excited it. Frequently this stimulus is forgotten, but I have always found it possible to bring the memory of it back to consciousness.

Now, when we come to examine into the attacks we find that they are not all alike but present certain specific sub-varieties. Yet there is one feature common to all which I shall call for the sake of brevity, "the unreality of air," with the peculiar somatic sensations I have described. Hence they may be called, from one point of view, "unreality attacks." *But that term, so far as it is applied to the attacks which are the subject of this symposium, is a flagrant misnomer.* Analysis shows the attacks are of two varieties. First, without fear; these she calls "*passive unreality*," and are the unreality attacks proper. Second, with fear; these she calls "*panic*," and are the phobia attacks alone.

In each kind of attack she frequently has visualizations of herself in a convulsion. For example, on the day on which these notes were made, while in my library waiting to be seen and looking out of the window at the Charles River, she had an attack of "passive unreality." She visualized herself in a convulsion: actually saw herself fall on the floor of the library and going through certain contortions which she likened to the boy in a fit in Raphael's picture of the "Transfiguration." In this visualization her vision-self was frightened (though *she herself was not*) and was screaming and struggling for air and seemed to be trying to get itself back to normality. At the same time when she had this visualization she experienced the peculiar "pulling

feeling" from the waist up, which I have described above. This visualization does not amount to an actual vision, and she insisted definitely that she was without fear in this attack. This visualization of herself in a convulsion as a part of the attack she has frequently experienced, particularly "seeing herself" thus in some place where she couldn't obtain help: for instance, in an electric car or railroad train, or in some lonely spot off at a distance, or on an ocean steamer, or on a mountain, etc.

We see from the above that all the attacks do not involve fear, that is, are not a phobia, but only the major attacks involve fear and are a phobia. This is an important distinction both for psychogenesis and for symptomatology. It is still more important for understanding what the problem is that we are trying to solve. It is the major attack with fear that is the anxiety state, not the unreality-of-air syndrome. The latter, as we shall see, occurred and recurred long before the phobia developed. *If it had not been for other and entirely independent experiences there would not have been any anxiety state but only the benign unreality complex which is so common in psychasthenic conditions.*

Now, what is this fear which is the obsession?

When we examine more closely into the nature of the fear we find that it is always predominantly *a fear of insanity*. This she always insists upon, but when we inquire still more deeply into it we find that there is another fear, that of death. There is a fear that either death or insanity awaits her, but the predominant fear is always insanity. Always when questioned as to the nature of her fear she first answers "of insanity," but later, after introspection, she adds "death also," recognizing at the same time that the former was the predominant one.

The case, then, which is the subject of this symposium is *the phobia of insanity* and death. Let us not forget that. It is this alone that we are called upon to interpret.

Now let us examine each of the main symptoms of the phobia attacks with a view to determining its genesis and relation to the attack.

UNREALITY OF AIR. The first attack of what we have called unreality of air occurred nine years ago, when she

was thirty-two years of age, while walking along a street in the slums. (The memories of this attack and also of the other experiences of her life which I shall make use of were to a large extent recalled in a condition of abstraction. This I wish to have understood in the course of this account of the case.) In this attack she was walking with four girl friends, talking pleasantly. "Suddenly," to use her language, "I felt unreal. It was unreality about air."

Question. "What do you mean by unreality about air?"

Answer. "The question in my mind is, what is air and how can a thing be all around you which you cannot feel? I cannot feel the air. I am not conscious of it. The feeling comes of trying to make myself feel the air against my face. I am walking along trying to get rid of this thought about air,— trying to distract myself by the sights on the street."

Question. "Does the street around you seem real? Do you yourself feel real?"

Answer. "Perfectly. The feeling that I have is that I cannot feel the air. The pavement is the pavement, the street is the street, I am I, but I cannot feel the air."

Question. "Why are you calling it 'unreality'? You describe only a lack of feeling?"

Answer. I am calling it unreality because I cannot feel it and I have never thought of it like that before. It just comes to me now."

Question. "You mean then that what you are describing is only an inability to feel the air?"

Answer. "Exactly! And I never thought of it that way. I thought it was a thing of the mind. We cross Shawmut Avenue and walk along towards the Club [a Settlement Club] and get into the house where I am not trying to feel the air, and it goes. The attack is over."

Question. "What is your mental state? Anxiety, curiosity, or what?"

Answer. "Trying to look into the mysteries of the world, as to what air is and the planets, and that sort of thing. In other words, it comes to me now that it is largely trying to investigate and not succeeding, and from the fact that I

do not succeed it makes mental conflict. It is in this way: I try to find out what something is like, so to speak, and I cannot find out what air, for instance, is like, and because I cannot give myself a satisfactory definition or answer it makes conflict. I see now quite clearly certain things. It has come to me that what it is is more or less of a temper fit, as if you were very angry and wanted to strike some one and you do not strike him. It is the same way about this. I want to feel the air and I cannot, and it is a mild temper fit. I do not think it really is anger. It is *annoyance*, irritation. In other words, it is trying to do something that you cannot. I have *since* had repeated attacks of the same kind of unreality, but *they never frightened me*, only annoyed me. First it is a feeling of *annoyance*, later, in the major attacks, comes the panic."

During the year following this attack she frequently had similar benign attacks of "passive unreality," as she does now. They were never conjoined with fear of insanity until a year later, but this fear, as we shall see, had occurred years before the development of the passive unreality attacks.

First, let me say, the exact psychogenesis of this metaphysical complex, if I may so term it, about air I have not been able to unravel, owing to the limited number of opportunities which the patient offered me to study the case for this symposium. What I should like to know is what antecedent thoughts about air preceded the outbreak. What ideas has she had about the mysteries of life?¹ What antecedent thoughts or what stimuli thrust this metaphysical query into a pleasant conversation? What was she thinking about at the time? What was the exact nature of the conflict that resulted? What emotions were involved?

However, whatever the psychogenesis of the air phenomenon, it is immaterial to this case. As I have said, it is not the obsession under discussion, although it later on by accident became a factor in the complex of the true phobia.

Now the phobia in this case, as I have already pointed

¹ At different times her thoughts had dwelt upon various metaphysical problems of life, problems to which she could not find a satisfactory answer.

out, is not of the "unreality of air," but of insanity and death. Why does this patient have these obsessing fears? No one likes insanity and no one likes death, but we do not have an obsessing fear of them as catastrophies likely to affect ourselves particularly in the immediate present. A fear of insanity involves, of course, some particular conception of insanity as affecting oneself. No one can have such an idea, nor can any one have a perception of himself as an insane person, or one likely to become insane, unless he has had some past experience to form a setting which has given a particular meaning to that idea; and likewise with a perception which means the likelihood of death from harmless attacks.

The question then comes, *why* does this patient have a fear of insanity, and *why* does she have a fear of death? I set out in my investigation to discover answers.

WHY THE FEAR OF INSANITY. Five years before the first unreality attack, and fourteen years ago when she was twenty-seven years of age, she suffered from supposed "liver trouble" of some kind and jaundice. During this condition of jaundice she was very much depressed. It was during this illness that she first acquired the fear of insanity. She never thought of going insane until this liver trouble developed when her mind, as she expressed it, "became peculiar." She thought she "was in for melancholia." She could not shake the gloom, and her thoughts became fixed upon death and a future life. It is important to note that when we inquire more closely into this idea of a future life it is found to have no ordinary or metaphysical meaning but the very specific one of hell. It was the medieval conception of hell, and a future life to her meant the place, Hell. When this idea came into her thoughts she actually visualized the inferno, saw the inhabitants undergoing tortures of all kinds such as are pictured in medieval paintings. Death and hell became equivalent in her mind and she feared both.

During this depression, with her thoughts fixed on death and hell, she thought she was insane or would go insane. The patient recalls a large number of specific memories of this period, the sum and substance of which is

that in consequence of the depression induced by the liver disease she underwent various mental conflicts trying to reason herself out of her depression and her gloomy thoughts of death and a future life in hell. As a result of these arguments with herself she would have spells of cheerfulness which would last some little time.

"I remember," she says, "reasoning with myself in one of these fits of depression and saying that there was something radically wrong with me or I could not have such thoughts; radically wrong with my body, which then I let myself believe was affecting my mind. I never thought in those days that it was the other way around.

"I remember going to a funeral just at this time, and during the service being almost speechless with gloom and depression. I also remember driving to the cemetery, Forest Hills, and being scarcely able to talk with the people in the carriage, I was so depressed with these same thoughts. I remember thinking then that it was my body that was upsetting my mind, that my mind was really *upset* or I could not have such thoughts. I thought that if I dwelt any longer on this one subject it would be fixed upon me and then I couldn't shake it. I did not fear anything like a fit or unconsciousness, but I did believe that if I dwelt on this thought I would never shake it, that I would have it for the rest of my life."

Question. "What do you mean by 'upset'?"

Answer. (Patient thinks for a moment, then exclaims in surprise:) "I see it now! I never saw it before! It has come to me! I thought that if I dwelt on one thought, if I couldn't get a thing out of my mind, it was insanity, that part of the brain was diseased: that thought was always there. I see now there is no danger of insanity at all."

Here then, in this period, we have the origin of the fear of insanity, a fear growing out of the fact that she was fixing her thoughts upon one idea, that of death and a future life in hell accompanied by visualization, an idea which she could not get out of her mind, and also growing out of the belief that this thought was insanity. She perceived herself as an insane person or, even at best, a person who was doomed to become insane. The idea of insanity and of herself as an

insane person had a very definite and peculiar meaning for her, and this meaning, as we have seen, must be due to a setting. What was the setting which gave this peculiar meaning to insanity? To learn this we have to go still further back, to a time when she was twenty-three years of age, eighteen years ago. At this period an artist friend told her a story about some one, a friend of his, who went insane after dwelling on one subject, and then he added, "That is a very dangerous thing to do,—it causes insanity. The mind becomes fixed on one idea and cannot throw it off, and that is insanity." Here we have the experience that furnished the setting that gave the meaning to her idea of insanity. And now, finding that she herself was doing this very thing, dwelling on the idea of death, etc., she perceived herself as an insane person or one doomed to insanity. It goes without saying, of course, that the fear was aroused by her realization of her situation and became linked to her perception of herself, and thus was formed the phobia of being insane or becoming insane. It only needed a favoring occasion to link these two perceptions to the unreality attacks to have these attacks transformed into a phobia of insanity. Before reciting the episode which brought about this linking, I will give in detail one or two episodes which give an idea of the degree to which fear of insanity had developed before the final amalgamation took place.

When asked to think of insanity and narrate any memories that came to mind she said:

"I remember visiting at Belmont and driving by the insane asylum. I heard a tale of a woman who had gone insane and was there; and another tale of a man who thought he was a dropped egg on toast, and the *horror* of mental derangement came upon me then very strongly and I immediately focused my mind on myself and imagined that I might be there some day. I had a feeling of timidity, suffocation, clutching. The memory came into my mind that my uncle had been insane and that it might be inherited. Then came a quite strong conviction that I might be right in this supposition. I then said, 'No, this is nonsense; you are badly jaundiced and it is your liver and not your brain that is wrong.' The next day, in Belmont, I went over the same

thing in my mind. Then a day or two afterwards I heard of two families out there where there was insanity and where it had affected each generation, and one woman, who was extremely peculiar. I went to her house and I came away weighted down with the *horror* of mental derangement, so weighted down that it seemed as though there were a load upon me that I couldn't get rid of, and I argued then, 'You are jaundiced; this is nonsense; it is you liver.' (Dr. F. said, and I believed him, that anybody who was jaundiced, badly jaundiced, would of necessity have depression and queer thoughts.)

"Then, a few days later, I remember going out to walk with some children and thinking how wonderful it was that they could be so happy, particularly some of the children where there was insanity in the family, and trying to analyze their minds and see if I could find a trace of anything peculiar. I could not detect anything, and then I argued with myself, 'Well, there really is insanity in the family there and these girls are not thinking about it and they seem perfectly happy. Now, I haven't really got that in my family, so there must be something the matter with myself.' I was depressed all this time.

"About this same time a neighbor came to the house whose sister had died of cancer of the liver, and she told me that my symptoms were exactly like her sister's, and that turned my mind from the idea of insanity for a time, as I realized that the seat of my trouble, the whole of it, was in the liver and I cheered up and got away from the insanity idea for a spell."

WHY HER THOUGHTS WERE FIXED ON DEATH AND HELL DURING THE "LIVER DEPRESSION" AND WHY THE FEAR OF DEATH. We have then, up to this point, a person who perceived herself during attacks of depression from organic disease as an insane person or as a person doomed to become insane, with resulting fear because her mind was fixed upon one idea, that of death and the medieval conception of hell as the future life that awaited her.

Why was her mind fixed on this particular idea at such times? The idea of death, also, etc., was linked with fear and loomed up as a fearful possibility. Why did death

seem so fearful, or rather, why this conception of a future life? There must have been some antecedent experience which gave origin to the fixed idea, and there must have been some setting which gave the peculiar meaning to death and a future life, and this setting, too, must have been derived from past experiences. When we go back still further to a time when she was sixteen or seventeen years of age, we learn what these experiences were and what became the setting. At this youthful age, while living in Germany, she had an attack of catarrh of the bowels and was very anemic. I will quote her own description of her mental condition at this time:

"I was sunk down with gloom and did not know the meaning of the gloom. I remember reasoning with myself as I walked along the street that I felt unnatural. I seemed to be in a sort of tomb, I should think. I remember reasoning that I was not well and hence this queer feeling. I reasoned that there was a reason for it. I came out of that and got rid of the catarrh of the bowels, and was as cheerful as a lark. *I do not remember at that time fearing for my mind.*" (Note that notwithstanding the depression there was no fear of insanity at this time.)

"Now, while in this condition of depression, a friend of my father's came to see us one afternoon. He was talking. He had just come from Italy, I think, and was describing Michelangelo's 'Last Judgment,' or else he was describing his early childhood, but I know he had come from Italy and was talking about the old-fashioned ideas of heaven and hell, and I was listening. I was only a young girl about sixteen or seventeen years of age. I wasn't well. His description was very realistic, and the idea of death got into my head and I visualized it and people being punished. Something like Dante's Inferno. I couldn't throw it off. This was the first obsession. The idea of hell. I thought that I might go there. I had a fear of going there. He described this very graphically. He was an exceedingly interesting man. We all sat around while this talk was going on. The terror of hell came to me then. I wasn't well enough to throw it off. From that grew the idea of death, se^{paration}, eternity. *And that was the gloom that I had later*

with the jaundice. The same gloom came back. The same ideas of hell."

So we see that death became equivalent to hell.

We have now the setting which gave the meaning to the idea of death and a future life, the whole, with the depression forming a complex. The recurrence of the depressed state from organic disease on well-known psychological principles (alteration of personality) resurrected the previous fixed ideas of that state. So we learn why she was afraid of death, why she had certain specific fixed ideas during the state of depression from jaundice, and why she was afraid of insanity.

The idea and fear of death and hell were also incorporated in the insanity phobia, inasmuch as it was the fixation of the former that was, in her belief, insanity.

There remains, however, the question as to how the fear of insanity and death became linked to the attacks of unreality, transforming them into "panic" or anxiety attacks. This did not happen until six years after the fear of insanity developed, or eight years ago, when she was thirty-three years of age.

HOW THE UNREALITY ATTACKS BECAME A PHOBIA OF INSANITY AND DEATH. The unreality attacks became a phobia of insanity and less intensely of death in the following way: It happened *eight* years ago when she was thirty-three years of age, during the time when she suffered from jaundice and depression and feared she was doomed to insanity. (These attacks of jaundice, by the way, which had been supposed to be due to liver trouble continued until *four* years ago, when she was operated upon, when the attacks ceased.) Please still bear in mind that up to this time the "unreality attacks" were in no sense a phobia. They had no setting to give them a meaning that she should fear them, but as a result of the experiences I am about to relate they acquired a setting which gave them such a meaning, a meaning that they might lead to insanity or death, both of which she feared. Her sole phobia of insanity up to this time pertained to the depression which accompanied the jaundice.

Well, one day she was in her room preparing to go to Europe and she had an attack. It began as a simple unreality attack. Her trunks were nearly packed; it was a warm day in April. "It didn't seem as though air were coming in, although the window was open." She "couldn't feel the air." At the time she "had a headache; felt strange; took a moderate dose of bromo-seltzer or something of that sort." Then she "felt queerer." From that it "went on to a bad panic of fear and [she] went up on to the roof to get air, but there didn't seem to be any," and she "had a strong conviction that it was not safe for her to go to Europe because she was going out of her mind. This was the fear."

The details of the mental processes that had led from the feeling of "unreality" to the "panic" and the fear of insanity are important, and I will let the patient tell them in her own words. (It is to be remembered that as she recalls these memories she is in a state of abstraction and in imagination visualizes herself in her room in the midst of the attack and describes each thought and feeling as it recurs.) "I am in the room and I cannot make air real. I cannot get that one impression out of my head. I feel strange. I have taken the medicine and feel queerer. I feel so strange that I can feel it in my hands. I have a sort of contraction of my hands, a contraction of my body; my legs stiffen. A curious rushing of blood makes my heart palpitate. The feeling is that of blood rushing to my head. I am trying to feel the air. I cannot. I am only conscious of my body. Everything looks perfectly natural. I am not unconscious of the externals, but I am more conscious of the internals, so to speak. The room is natural and my body is natural, only I do not feel the air and I *struggle* to feel it. This struggle causes panic. I am trying to make a satisfactory explanation to myself about air, but I cannot do it. I get *annoyed* and feel the annoyance because it looms up such a mystery in my mind — causes the *fear* of going straight out of my head. I am trying so hard to solve the mystery which I cannot do. [Panic follows in such force that] I think I am going out of my mind and that is my real fear. My thoughts are so complicated and bewildering and cannot be reconciled one to another that I think I am going out of my mind.

"It is the thought of not being able to satisfy my mind about air that works up, and works up, and works up, until panic culminates; panic which is fear because I cannot satisfy my mind. My thoughts are so complicated that I fear I am going out of my mind."

Question.—"What do you mean by working up?"

Answer.—"The only way I can explain it is that it is like trying to make sense out of a puzzle, and you cannot do it, or taking something in music and trying to memorize it, thinking you have it, finding you cannot get it, then getting into a stew thinking that if you cannot get it in a certain time you never will be able to play. When a person gets where he cannot make things in nature reasonably clear this inability to solve the problem causes the fear of losing his mind. Feeling such a condition it seems that I am losing my mind. I am afraid. I know all the time that what I am trying to make out is perfectly absurd and nobody else is trying to make it out. Therefore, because I alone am trying to do this comes the thought that that is insanity. As an insane person might try to solve something nonsensical.

"After going on the roof I thought I was losing all control. I visualized myself *struggling*, in a fit, my mind leaving my body. I felt my mind going right out of my head, my arms going out, a separation of my limbs, and trying to hold myself together, and a desire came upon me to run and knock into something. The memory is that I wanted to run and knock into something thereby making reality of feeling. Absolute confirmation came upon me that the calamity was before me of losing my mind and I felt that something calamitous was going to happen. I seemed to have it in-born that I must not go to Europe. I remember that a calamity was going to befall me ever since the liver illness, when I went to Belmont to convalesce."

This was the first attack of unreality with "panic" that she had ever had; the previous attacks had always been benign and without fear. Ever since this attack the fear of insanity has been incorporated with the syndrome of unreality.

Three days later she had another attack of panic while crossing the ocean and sitting on deck. "The feeling of a

mental and physical cyclone came over me, and during that cyclone there came the almost conviction of suddenly going out of my mind; so much so that I left my steamer chair, went downstairs to my stateroom, took a small dose of aromatic spirits of ammonia and tried to make myself believe that I was not going out of my mind, although I felt entirely out. (By cyclone I mean an attack of unreality and panic.)"

Shortly after this she had another attack in the train in London, accompanied by a visualization of interest. In this attack she fell on the floor of the car and thought she was dying,— as she expresses it, "all the strength went out of my body,"— and before she fell she had a visualization of herself in a convulsive attack and *dying*. (At this time she was convalescing from a physical illness, supposed to be abscess of the liver or some intestinal trouble, and it is probable that the attack was complicated by physical causes and possibly fainting.)

It is obvious that since the first attack in her room the fear of insanity had acquired an additional meaning. Previously this had been linked only with the fixed idea of death and hell, which arose only during the jaundice state. Now it was revived by and became linked to bewildering, irconcilable, absurd thoughts, conflicts, feelings, and dissociations in which the unreality syndrome culminated and was apt to culminate. This mental outbreak confirms her former belief that she was doomed to insanity and again under her condition she perceives herself as an insane person.

(I pass over a deeper analysis of the state of dissociation which is undoubtedly present and probably induced by the conflict described.)

Further, the previously benign unreality syndrome, having now become incorporated in an insanity setting, had thereby also acquired a new meaning. From this time on the insanity complexes — whether conscious or unconscious it is not necessary for us now to consider — determined a new point of view, made her perceive her unreality attacks as incipient insanity, made her perceive herself as either insane in these attacks or as likely to become insane if the attacks continued. She now became apprehensive of the unreality attacks because they meant insanity.

FEAR OF DEATH IN THE ATTACKS.—How about the fear of death which, as we have seen, was also incorporated in the obsession? Why did she fear death in the attacks? In seeking the complex which was the setting that originally gave meaning to her fear of insanity, we found that it was intimately associated with the fixed idea of death and a future life in hell, à la Michelangelo's "Last Judgment." This fixed idea had been incorporated in the insanity setting for many years, and it was the idea which originally was responsible for her perception of herself as an insane person, and therefore was bound to recur when the insanity phobia was stimulated.

But there was another factor which determined the recurrence of the idea of death in the phobia attacks, and gave the meaning to her perception of the attacks. We must go back to the time when she was twenty-three years of age. At this period her father had convulsions which followed an apoplectic attack, and which she believed (possibly rightly) to be due to Bright's disease. They made an impression upon her. She became apprehensive that some time in the future she would have Bright's disease and convulsions. From the age of twenty-three to thirty-three (when the unreality attacks developed) this thought had apparently dropped out of her mind. Now, in the process of recovering associative memories she stated that she "knew that people who had convulsions became unconscious" and that she always had a horror of "being unconscious and of being buried alive"; she believed that "being unconscious might mean death and being buried alive." This idea had become incorporated in the setting of her perception of her attacks in the following way, and gave the perception a corresponding meaning, as she herself analyzes it: "The unreality now had become equivalent to losing my mind; unreality was followed by struggle to get air and fright; fright also led to a struggle; struggle was equivalent to convulsions, convulsions culminated in unconsciousness and unconsciousness meant death." (It is interesting to note that in the visualization of herself in convulsions she describes herself "struggling for air" and at the same time described the visionary self as in a fit. The two terms in her thoughts are synonymous.

She had also visualized herself as *dying* in convulsions. Hence it is clear that the idea of struggling, convulsions, unconsciousness, became equivalent to death and a life in hell, and the fear of death became linked with the unreality syndrome and the unreality complex,— the whole becoming a recurrent psychopathic state or obsession.

MECHANISM OF THE VISUALIZATION.— This brings us to the consideration of the interesting phenomenon of the visualization which is an element in both the passive and panic attack. We open up the large subject of hallucinations which, of course, I can only touch upon very superficially here, resting content with merely stating my interpretations. The visualized images of herself in convulsions are, as I interpret them, analogous to the secondary images which take part in perception. The process is similar to that of dreams and visions in general. The antecedent thoughts incited in the first place by her apprehension of inheriting Bright's disease and convulsions from her father, and in the second place from her conception of the unreality syndrome, as a state which might possibly end in convulsions, now functioned unconsciously and induced the secondary images as a quasi-hallucinatory expression of the thoughts. This unconscious process therefore, on the one hand, took part in the setting which determined the meaning of the panic attacks and, on the other, determined the quasi-hallucinatory phenomena. How far the settings which gave meaning to the other ideas which I have already considered were conscious, or unconscious, is a secondary question which does not come within the scope of this symposium.

FEAR OF RAILROAD TRAINS, ETC.— There is one subsidiary phenomenon on which before closing I wish to say a few words, as it is one to which I give an entirely different interpretation from that which is given to it by Dr. Putnam and others. I refer to the fear which this patient experienced of traveling in trains, going into lonely places, walking along the street alone, or entering places like a church, a theater, etc. Some of these fears have been called agoraphobia, claustrophobia, etc. Almost all, if not all, patients suffering from phobia have fears of this kind. They occur in people of all types and characteristics, amongst the normally self-

reliant as well as amongst the timid. The ordinary conception of this fear to my mind is entirely erroneous. There is no fear, properly speaking, of an open place, or of a closed place, or of a train, or of a theater. The true fear is of having an attack in a situation where, owing to the circumstances of the environment, the patient cannot obtain relief. The mental condition is exactly the same as that of a person who because of having heart disease or epilepsy is afraid to ride on a bicycle, or is afraid to be in a situation where, if a heart or epileptic attack should occur, assistance could not be obtained. These patients with phobias all have anticipatory fear of an attack, and this is particularly intense in anticipation of a situation where help in an attack cannot be expected. None of these phobia cases is afraid to be in these situations provided he is accompanied by a physician, or a person in whom he has confidence. The patient under discussion, for example, had not the slightest fear of traveling in a train if she is accompanied by her physician. The patients who are afraid of being in a church or in a theater are simply afraid because they realize that if an attack develops they cannot get out, considering the formal conditions that exist. Such a patient can comfortably sit in the last seat of a church or of a theater, but not in the front row or where he would be closed in by other members of the audience. This is the whole meaning of this fear, as I have satisfied myself again and again. There is therefore no symbolism nor abstruse or subtle meaning to the fear.