

PSYCHOPATHOLOGY AND ORGANIC DISEASE *

SMITH ELY JELLIFFE, A.M., M.D., PH.D.

NEW YORK

About ten years ago I first brought to the attention of this body certain reflections bearing on a relationship between neural integrative factors and what in general was considered as disease. Having become saturated with certain conceptions concerning the importance of feeling and thought factors in human pathology, the translation of Déjerine and of Dubois were only natural expressions of my growing beliefs.

But it soon seemed apparent that the intellectual dialectics of Dubois were not quite fundamental enough; without a corresponding personality makeup behind them the principles are insufficient. Déjerine's emphasis on the feeling—the emotional factors—went nearer to the heart of the problem, but here again the emphasis seemed one-sided. The old faculty psychology, as applied in therapeutics, now dealt with the intellectual functions, now with the emotions, and I even took a shy at the will in my translation of Payot's "Education of the Will." Out of all of this we were brought back to the hippocratic doctrine that the organism, as a whole, must be the object of search and portal of entry made where the organism, as a whole, really lived. It does not live in the intellect, it does not reside in the feelings, it is not at home in the will. None of these "belong." And thus our search for a unity led us into the unconscious—that accumulation of life's experiences (engrammes) which in their zoologic synthesis have been accruing during about a thousand million years.

"What are we in fact," asks Bergson. "What is our character, if not the condensation of the history we have lived from our birth, nay, even before our birth, since we bring with us prenatal dispositions? . . . Doubtless we think with only a small part of our past, but it is with our entire past, including the original bent of our soul that we desire, will, and act. Our past, then, as a whole, is made manifest to us in its impulse; it is felt in the form of tendency, although only a small part of it is known in the form of idea."

Life may then be expressed, if I may take a phrase from our President's masterly address, in the form of a fraction in which the numerator may stand for our conscious idea of things, and the denominator for that past of which we have just spoken, the unconscious. Let me put this in the arithmetical form of a proportion, thus: As the numerator—from minute to minute: is to the demoninator—one thousand million

* Condensation of paper read at the Forty-Eighth Annual Meeting of the American Neurological Association, Washington, D. C., May, 1922.

years :: so is our conscious idea as to what is happening in life : to the unconscious forces (phyletic memory patterns) that really permit it to happen.

If this is true, our really ever understanding anything looks hopeless. Yet, with that temerity that has ever characterized my efforts here, I venture to bring to your attention, even if summarily, some reflections that may be of assistance in enlarging that numerator, our conscious control of the hidden factors that bring about disease.

It is because of my belief that within the interests that bind this body into a neuropsychiatric society there is to be found the most hopeful outlook for a neohippocratic medicine that I dare to do this.

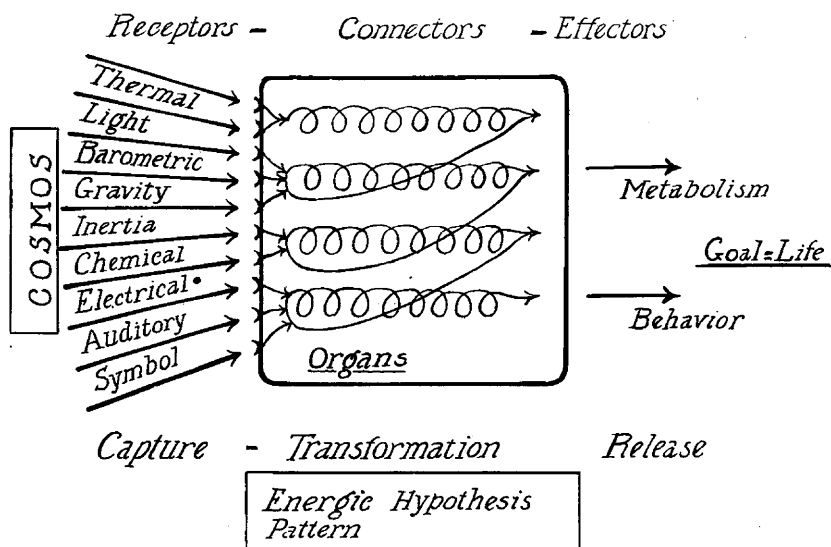


Fig. 1.—Rough schematic representation of the pattern of the organism as a capturer, transformer and deliverer of energy.

It may become possible thereby to understand some of the activities of the organism as a whole.

Permit me to give a rough scheme of this (Fig. 1). The organism, as a whole, carries out its energic program of capturing, transforming and delivering energy. The cosmos is its petrol tank; the organs, its structuralized functional transformers. These are integrated and coordinated to act, as a whole, through its nervous mechanisms, vegetative, sensorimotor, symbolic, to deliver itself in its *metabolic upkeep* and its *behavior*. The goal is the continuance of life; immortality.

EPOCHAL PERIODS THROUGH WHICH ORGANISM PASSES

Also permit me as sketchy a scheme as to the major epochal periods through which each organism passes, recapitulating the history of its

prenatal past as well as its individual participation in that experience which has been molding it throughout its geologic time period. That thousand million years of recapitulation hurries by in the nine months of intrauterine life.

Archaic Period.—Dr. Tilney's time consuming and masterly studies of the developmental history of the nervous system give us an opportunity to peer within some of the things which are so rapidly forming in this period, to which the term archaic may be applied.

In the comparatively insignificant period of nine months, one thousand million years is traversed. From primordial ooze to man, in one majestic sweep, the creative impulse shows its handiwork. If one wishes to call it God, it is only a matter of terminology. No name will ever be adequate to encompass the facts. In the short period I have for this presentation, I cannot commence to touch on the implications which surround the formulation here sketched. So far as human

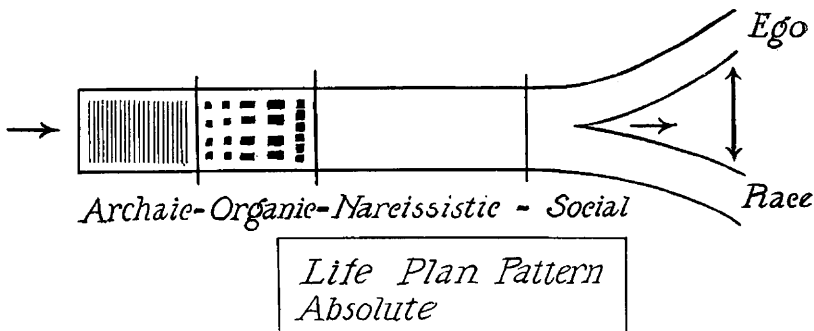


Fig. 2.—Rough schematic representation of the life plan pattern in its phyletic dynamic sense, with division of periods, archaic, organic, narcissistic and social.

pathology is concerned, all that I wish to emphasize at this time is that defects of development in this period are accessible to the newer psychopathologic technics and are integrated into the hypotheses which I would present to you. Man has retained his phyletic theomorphic capacities in the soma. It is here maintained that they are capable of projection into the symbolic sphere in the highest of known animals, man, and if recognizable, may be of fundamental service in the problems of pathology. When our concepts become big enough the material is at hand to be interpreted.

Organic Period.—A further glance at our second diagram shows the next period of development is the organic. By this is meant that man, having been born, commences to use his tools. Individual experiences become more striking and acute, and an important period of organic rivalry sets in. The need of oxygen brings distress; the reflex act is the

cry; this starts the respiratory rhythm. I need not discuss the complicated physiologic hypotheses. Here in essence is to be found the need-oxygen (physicochemical level), the organic act, respiration (sensori-motor level), and the cry (the symbolic level). Crying satisfied a need; it is now used to attempt to gratify all needs. But with the act of nutrition, there occurs to use the vernacular, the first "fifty-fifty" in the child's life. It cannot "holler and swallow" at the same time. Choice must be exercised, inhibition becomes operative—again a full discussion of the problems would occupy the day. In fine, repression has won, in part or completely, and healthy adaptation has taken place. This rivalry goes on among all the organs and has an enormously intricate and subtle history, as will later be discussed in our outline of the mechanisms by which the supremacy of the genital zone craving becomes established. Many problems of so-called constitutional disease, often thought of as congenital or inherited, may be reexamined to

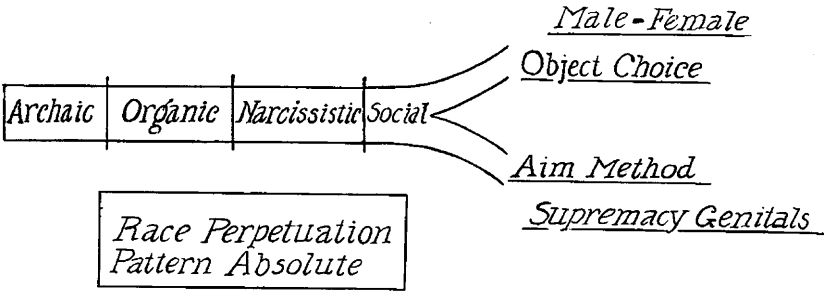


Fig. 3.—Rough scheme of psychosexual stage pattern in terms of object choice and in supremacy of genital zone.

advantage from this standpoint of libido rivalry. The individual's psychologic level mechanism may be of paramount importance in determining structural alterations in this infantile period of adjustment. Here Pavloff's general thesis of the *conditioned reflex* is a conceptual tool of great value in comprehending the symbolic identifications.¹

Narcissistic Period.—A third and a fourth definition are to be attached to Figure 2. The third period of development posited is the "narcissistic." The individual has become an integrated personality. He passes out of the period of "cylinder adjustments," to his "place in the road." The inner machine now passes to the conception of *my car*: I, John Jones. His cravings are still segmented so far as their somatic activities are concerned. But they are not so radically felt as such. Narcissus has been born. Self love, reflex activities conditioned on the basis of purely egoistic strivings, libido attachments to mirror

1. Freud: Three Contributions to the Theory of Sex, Nerv. & Ment. Dis., Monograph Series 7.

pictures of the self in all of its developmental stages, these are the earmarks of this period. Permit me to emphasize the fact that I am talking now in terms of the denominator, of the phyletic memory patterns, not in terms of the conscious. We are here interested in learning what narcissism is, in the terms of unconscious attachment, and we shall see later that it, too, offers complicated and subtle differentiations.

The Socialized Individual.—Finally, man advances into the territory of a socialized individual. He has left the self, and the values of social integration commence to be those of permanent value. No matter how complexly discussed may be those values which roughly speaking are here termed social, it may be seen that when the individual is subjected to the divesting process of the psychoanalytic technic, these goals of his striving stand out in naked relief to his numerator, his consciously adopted, usually quite flattering, estimate of his motives. It is here that the acid test of the psychoanalytic technic cuts deep into reality, and one may see almost at a glance the coordination between the individual's various segmental strivings and the stage of psychosexual expression attained.

If life's chief goal is its continuation, then in the phyletic sense, waving aside all the petty conscious notions of what is meant by sex, it may be seen that the urge for continuance has fashioned itself into every structure of the body. And every cell of living matter exists only to carry on the supreme work of creation. That is its fate, if one wishes so to regard it; its promise as well.

Adult, that is, socialized, psychosexual evolution, is, then, the highest goal that man can reach, and falling short of this, his machine lags behind either as a receiver, a transformer or a deliverer of energy. Here again conscious rationalizations as to what constitutes adult psychosexual evolution must be put aside in an application of psychopathologic data to the study of disease and human suffering. In their time and place such ethical systems have had almost sublime values, but like many a goodly apple, rotten at the core, the individuals professing them may be deceiving both themselves as well as others, and the ethical systems themselves have been utilized in a sense negative to their fundamental phyletic values.

In Freud's masterly study, "Three Contributions to the Theory of Sex," we see that, phyletically speaking, object choice and supremacy of the genital zones must be coordinated into a socialized sexual pattern. The object choice pattern has been built up on a heterosexual foundation for millions of years; likewise the germ plasm structuralizations have demanded that they be put to socially constructive utilizations, else the individual, be it lowly plant or highly evolved man, will be thrust aside in the relentless march of progressive,

emergent evolution. The psychoanalytic theory maintains that these instinctive patterns are capable of analysis within the individual. Behaviorism, as a fragment of realistic science, it welcomes, but it holds that this highly useful observational science can be aided by intellectual tools through the utilizations of the psychoanalytic technic.

Let us turn to our next diagram, Figure 4, and see, roughly outlined, what this technic offers for the comprehension of the instinctive mechanisms surrounding object choice. This has been envisaged by Freud as the Oedipus complex, or Oedipus hypothesis, by the utilization

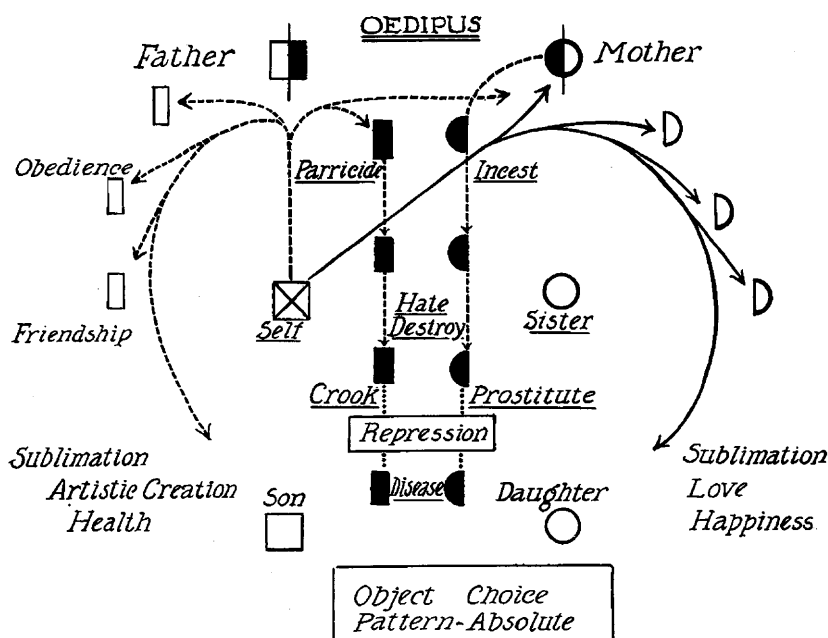


Fig. 4.—Crude diagrammatic representation of the mechanisms by which the adult psychosexual object is reached in terms of the Oedipus hypothesis. The psychologic splitting of the mother-father image is roughly indicated.

of which the unconscious symbolizations throw light on the stage of psychosexual evolution of the individual under consideration. It cannot be too strongly urged that we are dealing with analytic, i. e., individual problems. Their synthetic aspect, i. e., the doctrinal generalizations, must be left outside for the time being.

The diagram is sufficiently explicit, but I cannot forego the observation that this diagram must be read not in the sense of a purely conscious series of behavioristic reactions, but as a representation that must be conceptualized from the standpoint of the denominator, that is, the unconscious in the psychoanalytic theory.

Almost all of the misconstruing comments on the Oedipus complex are due to the failure to comprehend this. When in chemical symbols we say that $5 \text{ H}_2\text{O} + 6 \text{ CO}_2$ [+ solar energy + chlorophyl] = $\text{C}_6\text{H}_{10}\text{O}_5 + 6 \text{ O}_2$; that is, water and carbon dioxide in the presence of solar energy (sunshine) and through the catalytic action of chlorophyl, yield through a series of reactions, starch, oxygen, etc., the nonchemically trained observer is incapable of understanding this simple symbolic statement of vital processes going on in the chlorophyl-bearing leaves of plants. The Oedipus symbolic statement is equally outside the ken of the non-

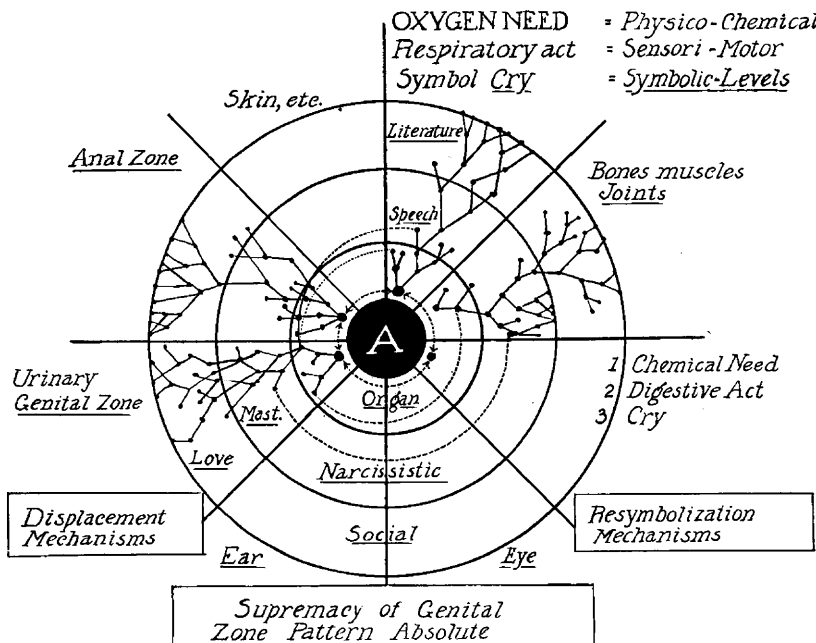


Fig. 5.—Rough scheme of stages in development of socialized psychosexual aim pattern. In this diagram the linear form, as in Figures 2 and 3 is changed. The various stages *A*, archaic, organic, narcissistic and social are represented in widening circles of resymbolized patterns of activity each showing the delivery mechanisms working at more adult levels. Displacement is also represented. The socialized end products which constitute behavior in its various aspects cannot be put in the diagram, but they can be readily conceptualized. Each segment stands for a segmental craving structuralization (schematic).

analytically practiced mind. Hence, most of the footless discussions about the Oedipus hypothesis and its implications, not the least of which was that of Mills at our last meeting.

The rough diagram in Figure 5 attempts to indicate a complex series of mechanisms. If it be conceived in a dynamic sense, it would portray the various physiologic activities of the human body. In terms of

Figures 1 and 2 these are all carrying on (a) the function of self preservation (metabolism) and of (b) race perpetuation (social behavior) in its various aspects. It has already been indicated how the displacement mechanism under inhibition, or repression, can push energy into this or that channel. With advancing development the simple manifestations of the delivery systems become more and more complex, preparing the organs, the Narcissus, and finally the socialized adult to deliver his energy at more fully integrated and coordinated ethically valuable levels. Thus, out at the periphery of this diagram can be shown how energy deliverable through an organic satisfaction at a more primitive level may be displaced to another area and then resymbolized and gain satisfactory, and hence health giving, expression through another group of organs, at a higher, that is, a more socialized level. When, so to speak, it is said, "One whistles to keep up his courage," the craving to run away, by means of the leg muscles, is satisfied through the whistling. This simple illustration may be amplified a thousand fold, and the Freudian mechanisms of condensation, secondary elaboration, displacement, conversion, substitution, projection, etc., are keenly thought out formulas through which the dynamically thinking observer can come to understand human behavior, either at its metabolic, its sensorimotor or its symbolic level. The organism works as a whole. Physics and chemistry, sensation and motion, thinking and feeling, are all operating parts. Should we seek to grasp the largest of the integrating formulas, that is, a true integral calculus applicable to human behavior, symbolically expressed, such calculus formulas, differential as well as integral, it is here submitted, can be partially glimpsed in the schemes here sketched, when viewed more from the denominator standpoint, quadmillions to one, by means of the psychoanalytic technic.

REPORT OF A CASE

I shall present my case in tabloid form. I present the bare outline of a case (Fig. 6), which, permit me to elaborate somewhat.

In 1914, an old friend came to my office and dramatically said, "For God's sake, save my wife! The doctors have given her six months to live, and I am out of my mind." In response to my questions he said "She had kidney trouble, a blood pressure of 240! and according to the doctors, unless she dieted, went to bed, did this and did not do that, she would die in six months."

I assured him that it could not be as bad as he said. He was upset and his fears had magnified what had been told him. I said that I was sorry but did not specialize in kidney disease, etc. His attendant and consultant physicians were the best in the city; in fact, they had national repute and could be relied on. I knew his wife was of a very

active type, but I said it would be better for her if she slowed down a bit and possibly gave up her plan of stumping the state for woman's suffrage, or what not.

He insisted on my doing something. So I told him I would send her to one of the city's best hospitals, to one of the best internists, and get as complete a balance sheet of her condition as I could get, and then, as he was an engineer, I would translate, as best I could, the Greek and Latin terminology of the medical lingo, into mechanical terms with which he was familiar.

So I did. She was examined by all the methods known to internists' lore of the time. She was under observation for two or three weeks. The problems involved were, clinically speaking, quite banal. There was a cardiovascular-renal syndrome known to all medical men, and

A woman, aged 36, married, children ♀, ♂, ♀, ♀, nephritis-hypertension.	
Symptoms	Headache four years. Blood pressure 240-250 mm. Albumin. Diminished urea output. Retention. Asthenia. Edema. Dyspnea. Constipation + + +. Slight momentary lapses.
Behavior	Able, energetic, cultivated interests in home, children, society. Two girls in family. Devoted father; beautiful, much admired mother. Large family group of professional people. Never peculiar. No eccentricities.
Unconscious	<i>Oedipus evolutions</i> , defective. Strong father fixation. Rejection of male. Homophilic. <i>Supremacy of genital zone</i> , defective. Urinary fixations. Strong anal erotic components.

Fig. 6.—Outline of Case.

hypertension of from 220 to 240 mm. systolic pressure, with nephritis. The treatment prescribed was rest in bed, plenty of water, a restricted diet, plenty of restrictions. The prognosis was dubious and serious; she might live for some time if she followed the treatment indicated; if not she would probably die within a short time.

I asked concerning the cause of the nephritis. The physician said it was the high tension. I said, "Why the high tension?" "The nephritis," he answered. "And where do we get off this circle?" "We don't," he asserted. And there we were. Of course, I am abbreviating the conversation. A review of the world's literature during the past four or five years on this problem shows that this is its present status. As Vidal, in answer to a similar inquiry I made to him last summer, at the close of a brilliant bedside clinic on almost a facsimile of my patient, said, "C'est les mysteres! Internal medicine, so far as it has

gone, cannot break into the circle, and looks, when it looks at all, at the 'mysteries.' "

When I explained to my engineer friend what I had been told, he saw the difficulty, but was surprised at the static position in which the internists left the case. I agreed with him. After much discussion I finally consented to make a tentative appraisal of the intrapsychic situation and try to determine whether, in terms of what has here been formulated, there was any look in on the dynamic side.

Within two weeks it was quite apparent that the unconscious material afforded illuminating glimpses of some of the "mysteries," and told us *why the organism as a whole* was not functioning satisfactorily, although I was not able in that time to determine why the cardiovascular-renal components were the structures which showed the most evident signs of breakdown (that is, from present day clinical criteria).

I then proposed to conduct a research. If, in the crude thought of centuries, the mind was said to influence the body, what could the refinements of analytic technic show as to such influences? Or, since modern psychopathology rejects this setting off of opposites, body versus mind, what could such a technic show as to the mental, that is, the symbolic level activities, going on in the individual? These the internist knows little about, except as he mouths such vague monstrosities as "nervous," or "emotional" or "psychic." The internist is, for the most part, working at the physicochemical level. Like Yank, in O'Neil's "Hairy Ape," he thinks he "belongs" because he stokes the fires. He is iron and steel. Our present internist's conception of the "human machine" is as crude as Yank's conception of the world which broke him. I am not unmindful of the legitimate protest against such a statement, as evidenced, for example, in Kraus' "Allgemeine Pathologie der Person," in which, fortunately, it may be seen that internal medicine is breaking away from the static molds of descriptive science which have been building up too onesidedly for the past fifty years. Nevertheless, I maintain that when the time comes that Claude Bernard dreamed of—"when the physiologist, the philosopher, and the poet would talk the same language, and understand each other"—a true science of medicine will be possible. That time has not yet arrived. We have a few physiologists, but where are the medical philosophers? As for seers in medicine, they are too few and are mostly despised and rejected of men. I need only refer to one medical poet, philosopher, and physiologist, who after thirty years of contumely and most prejudiced criticism, is finally recognized as a genius, and whose illumined hypotheses are making it possible to understand the enormous rôle that psychopathology plays, not only in the neuroses and psychoses, but in what is termed constitutional disease. But to return to our patient:

I cannot recapitulate all the evidence, but the very first finding in the "unconscious" contained some interesting material. While in the hospital she had dreamed the following which was a seminightmare:

"There was a road along which two men were driving like mad in single-horse racing sulkies. As they went by in a cloud of dust, a woman with dishevelled hair came from a house facing the road wringing her hands and screaming at the top of her voice. The men and horses went up a steep hill, and as one reached the top he turned sharply to the left and ran into a stone wall about two feet high and smashed the sulky all to pieces."

Now I know to the nonanalytically trained observer this means as little as the sight of a small red stained rod under the microscope means to one who does not know anything about the tubercle bacillus.

To the patient I said, "What about it?"

"About what," she said?

"Well imagine yourself one of those riders."

"I'd be crazy," she said.

Well, I said, "It looks as if somebody was destroying something, at all events, and maybe the *wish* to destroy has something to do with your own breakdown." "Let us go further." Then her free associations were obtained, and for several sessions we worked on this dream.

To give the results of these investigations in extenso would be as wearisome as to give in minute detail all of the intricate directions for carrying out a Wassermann test. The general findings showed an obvious difficulty in her object choice. According to the principles of the Oedipus hypothesis, she showed a strong unconscious father fixation. He was the man of the sulky. A part of him, the one that ran into the stone wall and smashed up the machine, was related to the incestuous component of an infantile fixation period; but to the student of unconscious processes as modified through the dream work, and as further extended by the technic of free associations, an enormous amount of material may be recorded, just as the physician who finds the tubercle bacillus in a patient's sputum has opened up an enormous amount of material heretofore unknown (Fig. 4).

Here, then, one finds the first obvious failure in the energy delivery system, since it had become fixed (conditioned) for infantile rather than for adult psychosexual functioning. The psychopathologist can envisage some high voltage energy seeking an adequate pathway for discharge (*racing horses on the road*), and not finding the adequate outlet, backfires and creates havoc somewhere in the machine. This is the general rough idea. Can an analytic Franklin conceive, with his kite and string, how to determine the line of discharge? That is, can the analytic technic show why the cardiovascular-renal structures were chosen as the lightning rod for grounding this faultily delivered

energy? If so, then, in general, we have the leading features of our problem laid bare: *faulty psychosexual evolution* in terms of *object choice*, and *supremacy of the genital zones*.

Every psychopathologist working with the analytic technic knows that the stage of the Oedipus formula turns up fairly early in an analysis. It may be that Freud's genius in pointing out the way enables us to recognize the main indicia of difficulties in its development. The traveler from New York to San Francisco recognizes Buffalo, Chicago, St. Paul, Denver, Salt Lake City as stopping places on the road; so the analyst can observe the symbolizations of the *Archaic*, *Organic Narcisistic* and *Social* stages in the growth of the individual to adult psychosexual development. But there are innumerable stations between these larger more or less arbitrarily named stopping places. The Libido is, however, ever on the go. It stops nowhere. It is the insufficiency of the intellect that creates the need of static stopping places, of giving dead names to dynamic processes.

Psychopathology is still working to analyze the displacements, the side tracking, splittings, and condensations of energy traversing the somatic segmental pathways in the evolutionary urge toward a truly creative use of the segmental structures.

Judging from conscious criteria, the fact that our patient had four children all growing up and free from gross defect would argue that the supremacy of the genital zone had reached an adult stage in the plan of psychosexual evolution. This is the general intellectual conception. But on looking over the accumulating dream material, a sufficient number of reasons are found which tend to explain why the patient was frigid in her intercourse with her husband, even frigid to manual or any type of contact with the genitals. The evidence was plain that a fixation had taken place even before the clitoris could serve as a guide to the zone supremacy. There was plainly indicated in the dream material that vesical and urethral fixations were conditioned and that no supremacy had been reached beyond this stage.

Marked constipation which had resisted over twenty years of attempted treatment by scores of procedures was soon traced to its anal erotic sources—another libido displacement—and was effectively relieved in a few months. One bit of dream evidence bearing on the anal eroticism is worthy of record. After I had known the patient about eighteen months and she had been free from constipation for over a year, she had a short period of relapse. She came in one day and laughingly asked me what I thought of this dream:

She and B. (her maid) were trying to smuggle a couple of boxes filled with long bottles into a small closet on the second floor. It was locked from the inside and she had to descend to the cellar and ascend a circular staircase in order to unfasten this closet door. As she

started going up the circular staircase she noticed a Chinese mask on the wall of the cellar.

"The bottles?" I asked. "Pluto. Isn't the dream a cute one? It looks as if my attack of constipation was hankering for some gratification."

"But why the Chinese mask and the circular staircase"? This was addressed to me.

The Chinese mask was soon resolved as Father. The circular staircase, her intestinal tract. Further analysis resolved the outlines of the pederastic aspect of the anal erotic wish. Whereas it seems a far cry from Fabre's story of the impregnated spider who immediately devours her mate for food for the offspring, it is by no means an unrecognized factor in certain human matings that the "bringing home the bacon" for the sake of support of self and children (often the latter bring but narcissistic replicas of the self) is, if not the chief motive, certainly near consciousness. In this connection the myth of Lot's wife and the story of Sodom and Gomorrah would repay reading in the light of unconscious fixations.²

The temporary constipation regression cleared up, and for seven years now there has been no necessity for treatment for constipation. The constipation, that is, the anal erotic fixations also showed on analysis much concealed sadistic material directed toward the homosexual, much envied mother (unconscious), displaced and concealed behind the heterosexual, husband-father image. This mother rivalry also was marked (unconscious) and hidden behind urinary phantasies. In childhood water plays were adored. They were numerous and were followed with fascinated excitement; copious, almost abnormal, water drinking afforded greater somatic outlet as well. The urinary gratifications were all of this intense quality. They thus demanded a large renal output, and they got it. In a complicated and subtle manner from the ages of 3, 4 and 5 years, the unconscious urinary phantasies made use of the cardiovascular-renal mechanism to gratify an almost feverish urge to overcome the mother and later the mother imago (homosexual) substitutes. Hence the constant narcissistic homosexual unconscious symbolizations which throughout the entire analysis were persistent sign-posts of the retardation in complete psychosexual development, both as to object choice and to supremacy of the genital zones.

It would take many more hours to present the complete analysis, but I hope I have given a glimpse of the problems as seen from the analytic standpoint.³

64 West Fifty-Sixth Street.

2. Compare Jones: *The Symbolism of Salt*, in the *Unconscious*, Collected papers, Ed. 2, New York, William Wood & Co., 1921.

3. Jelliffe, S. E.: *Paleopsychology. A Tentative Sketch of the Evolution of Symbolic Function*, *Psychoanalytic Rev.*, to be published, January, 1923.