

## PSYCHOLOGICAL LITERATURE.

### PSYCHOPATHOLOGY.

*Zur Analyse psychotraumatischer Symptome.* BEZZOLA. Jour. f. Psychologie u. Neurologie, 1907, VIII., 204-219.

The author discusses the difficulties and drawbacks found in analyzing cases according to Freud's method.

In the first place the preliminary hypnosis is not always applicable nor is it necessary. Difficulty is encountered particularly in anxious states or where the psychic trauma has been acquired during sleep (dreams). Some patients in spite of their willingness cannot be brought into a hypnotic state.

Also the other method recommended by Freud in which the patient is told to concentrate on a definite topic and then to relate whatever thoughts come into his mind, does not in many cases yield any result, or truth and fancy are hopelessly interwoven and even the physician with a strong imagination cannot establish any subconscious complex. The mental pictures which appear in consciousness may be more ambiguous and difficult to interpret than the dreams and symptoms already manifested by the patient.

The greatest drawback to Freud's method, however, is the danger of suggestion to the patient through the attempts of the physician to interpret and explain. In view of all these difficulties B. attempted a modification of Freud's method so that the original upsetting occurrence could be exposed, 'lived over' and united to consciousness not through analysis and interpretation of secondary manifestations but through a synthesis based on the primary perception.

Wernicke's doctrine of hallucinations led the author to seek in his analysis not for complexes but for primary sensations out of which the traumatic experience was composed. The lack of complete association (secondary identification) at the moment of the trauma, due to a contraction of the field of consciousness, leads to patches of amnesia and false interpretation of the conscious components. In psycho-synthesis the criticism of the ego is excluded and the individual conscious elements become strengthened through rehearsal of the former experience; at the same time the unconscious associated components are re-

called and finally the entire occurrence becomes conscious and the psycho-traumatic symptoms disappear.

The author outlines his technic as follows: A careful anamnesis is taken and an association test made. The patient is allowed to recline on a sofa in a slightly darkened room, eyes closed. He is then told to try and suppress all of his thoughts — to think of nothing, but to pay attention to any visual images, local sensations, general feelings, noises, odors or tastes which he may perceive, and to relate immediately his experiences without giving any thought as to the origin. One needs to ask, therefore, only a few simple questions — viz., What do you feel? What do you see? What do you hear? etc. The physician observes closely the expression and demeanor of the patient. Often a scene is at once described or a characteristic sensation felt; the patient may execute various movements, exhibit tremors, anxiety changes of facial expression, etc. The patient may remain entirely clear throughout the sitting or show varying degrees of narrowing of consciousness. In this hypnoidal state the patient may talk and act for an hour and then awaken with complete amnesia. After the treatment is begun the patient is also apt to dream in his natural sleep of the primary trauma. After some days an interest in the original upsetting incident appears in the patient's waking states and finally there is full recollection of all the details of the early trauma; the dissociated experience is thus brought completely into consciousness and the nervous manifestations disappear.

The reason for the defective association of the experience (trauma) is found in the suddenness of the insult and dissociation from the brain activity because of shock, sleep, emotion, strong distraction of attention and other conditions which make impossible the immediate association of the experience with consciousness. A number of illustrative cases are reported, some of which are given in the following brief abstracts.

*Case A:* As a child the patient was nervous and sexually precocious, suffered from fatigability and tremulousness, was imaginative and impulsive. Once he shot himself in the arm and claimed that a 'large thin man' had wounded him. He was arrested as an impostor. Two years later, after a quarrel with some companions, he fell asleep but was awakened by one of his associates who whispered something in his ear. The patient immediately became greatly excited and had a convulsive seizure with loss of consciousness. In a few days fits recurred. The diagnoses made were epilepsy and hystero-epilepsy.

March, 1902, when treatment was begun, the patient was very ex-

citable, changeable in mood, imaginative, self-reproachful, amnesic for the attacks, showed no defect. Hypnosis easily induced by verbal suggestion. Analysis of the situation just before the first convulsion showed that while asleep the patient had dreamed that a girl was shot by a boy and he (patient) was engaged in a deadly combat with the girl's assailant. This account obtained in the hypnotic state, was related under great excitement and display of strong affect—the patient showing that he was again living the dream through. He said that the boy had whispered the following in his ear: "What's the matter? Don't be so crazy. Good night."

The hypnosis was repeated several times and the patient was allowed each time to relate the dream, which he did with diminishing affect and less excitement, until finally he could relate the experience as calmly as if he were merely reading it in a newspaper.

In the hypnotic state he also explained that when he claimed that a 'large thin man' had shot him he had a vision of an uncle by whom he had once been frightened during a game of hide and seek, the uncle appearing suddenly from behind a tree in the woods. The shock at the time had been insignificant but afterwards nervous symptoms appeared.

In hypnosis the patient was given the suggestion that he relate to his parents these various concealed incidents of his life. Acting on this suggestion he told of the hide and seek incident, the shooting episode, and the dream experience, declaring that he had just happened to think of these occurrences. The result of the treatment was that the fits ceased and all the nervous symptoms disappeared and have remained absent now for five years.

*Case B:* A thirty-year old farmer, who since youth suffered from weakness of memory, irritability, insomnia, headaches, dizziness and terrifying dreams about horses. When a boy of twelve he had been thrown out of a wagon by a runaway horse, sustaining a fracture of the skull, was unconscious for a week. The patient had no recollection of the accident; his only knowledge of it was what he had been told.

*Psycho-synthesis:* Upon closure of the eyes the patient described the street where the accident occurred, and with an exacerbation of headache and dizziness he related with exactness all of the particulars of the accident (confirmed by his father). The author appends a stenographic report of the patient's description. Upon opening the eyes at the end of the sitting the patient felt much relieved and recollected all that he had related. Although the treatment was interrupted the patient reported at the end of the year that he was entirely well.

*Case C:* A thirty year old officer has been for some years irritable, unable to work, incapable of concentration. Complains of dizziness, headaches, pain in right arm and leg. He was treated by electricity; drank to excess. Increase of his symptoms after a fall from a horse. He had a hazy recollection that when a boy he fell from a tree.

Psycho-synthesis: Hypnosis was not attempted because the patient thought it a foolish procedure and did not believe a cure possible. He was asked to close the eyes and describe the fall from the horse. In describing the accident, at the moment he felt himself falling, he saw himself once more a boy up in a tree with some comrades. He then related all the circumstances of how he fell from the tree and sustained a severe head injury, recalled how the wound was treated and other details. He told of another fall from a horse (about which he had not spoken) which had caused severe pain in the right arm. As a result of the treatment the patient was relieved of all his complaints and gave up drinking entirely.

*Case F:* A young woman suffered from nervousness, insomnia, fear of becoming insane, hyper-sensitiveness to auditory stimuli and constant noises in the ears. Attempts at suicide were made.

The analysis revealed that at the birth of her first child the patient was greatly shocked at finding a nevus on the baby's forehead. After two sleepless nights she fell asleep only to become greatly agitated during a dream. The nurse awakened the patient with difficulty. After this the patient was entirely changed, becoming worse after a second childbirth, and after various operations intended to relieve her nervousness.

Psycho-synthesis: The ear noises were found to have originated from rustling of the moire dress of the nurse. The night following the sitting the patient finished in her natural sleep the dream that had been interrupted by the nurse. In this dream the patient found herself in a wood where she plucked whortleberries in order to divert herself from the terror over the birth-mark which she feared was a 'wine-mark.' Entire relief followed the completion of the dream.

A number of other interesting analyses are reported, among which is described the case of a woman who was awakened from her sleep by the death struggle of her husband who was stricken with heart-disease. After this shock the patient was unable to sleep although given all kinds of sedatives as well as hypnotic suggestion. The picture of the husband lying dead was always before her mind and sleep was impossible.

The treatment consisted in allowing the patient to rehearse the entire death scene and after this she actually fell asleep. The insomnia gradually subsided and finally natural sleep was readily induced if the patient merely thought of her deceased husband.

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