

SEVENTH ANNUAL MEETING OF THE AMERICAN
PSYCHOPATHOLOGICAL ASSOCIATION

Washington, D. C., May 11, 1916

PROGRAM

ADDRESS BY PROF. ADOLF MEYER, *President, Baltimore, Md.*

A

SYMPOSIUM ON DEMENTIA

1. "Arteriosclerotic Dementia,"
Prof. August Hoch, of New York.
2. "Dementia Paralytica,"
Dr. Charles MacFie Campbell, of Baltimore, Md.
3. "Dementia Praecox,"
Dr. Clarence B. Farrar, of Trenton, N. J.
4. "Epileptic Dementia,"
Dr. John T. MacCurdy, of New York.
5. Summary—The President.

B

1. "The Nature of Typical Symbols,"
Dr. F. Lyman Wells, of Waverly, Mass.
2. "Suggestions for a Grammar of Delusions,"
Dr. E. E. Southard, of Boston, Mass.
3. "Demonstration of a Graphic Method of Recording the
Precipitating Factors of Epileptic Reactions,"
Dr. L. Pierce Clark, of New York.
4. "The Meaning of Psychoanalysis: An Apologia,"
Dr. Trigan Burrow, of Baltimore, Md.
5. "On the use of Psychoanalytic Investigations in the
Study of Neurological Disorders,"
Dr. James J. Putnam, of Boston, Mass.
6. "Some Psychoanalytic Character Studies,"
Dr. L. E. Emerson, of Cambridge, Mass.
7. "A Manic-Depressive Case presenting an Infantile
gression similar to the Ecmnesia of Pitris."
Dr. Ralph W. Reed, of Cincinnati, Ohio.
8. "The Developmental Psychology of Stuttering,"
Dr. Walter B. Swift, of Boston, Mass.

The meeting was called to order by the President, PROF. ADOLF MEYER, at 10 a. m. and at 2 p. m. at the Hotel Powhatan.

Dr. Meyer delivered The Presidential Address.

SYMPOSIUM ON DEMENTIA.

PROF. AUGUST HOCH, of New York, read a paper entitled "Arteriosclerotic Dementia."

DR. CHARLES MACFIE CAMPBELL, of Baltimore, Md., read a paper entitled "Dementia Paralytica."

DR. CLARENCE B. FARRAR, of Trenton, N. J., read a paper entitled "Dementia Praecox."

DR. JOHN T. MACCURDY, of New York, N. Y., read a paper entitled "Epileptic Dementia."

A summary by the President closed the symposium on Dementia which occupied the morning session.*

AFTERNOON SESSION

DR. F. LYMAN WELLS, of Waverly, Mass., read a paper entitled "The Nature of Typical Symbols."*

DR. E. E. SOUTHARD, of Boston, Mass., read a paper entitled "Suggestions for a Grammar of Delusions."†

DISCUSSION

DR. SOUTHARD's reply to question as to development of grammar modes.

DR. SOUTHARD said that there was some basis for supposing that imperatives had preceded indicatives in the historical development of a number of languages. He said that in Delbroeck's *Syntactic Forschungen* there were some facts looking in this direction. As for the subjunctives and optatives, it was probable that they developed later than

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†Published under title "The Descriptive Analysis of Manifest Delusions from the Subject's Point of View." *Journal of Abnormal Psychology*, August-September, 1916.

the imperatives and indicatives, but there was no uniformity in the history of their development. There were, of course, numerous moods with other names but Dr. Southard thought that the majority of these moods looked either in the subjunctive or optative direction.

DR. L. PIERCE CLARK, of New York, N. Y., read a paper entitled "Demonstration of a Graphic Method of Recording the Precipitating Factors of Epileptic Reactions."*

DR. TRIGANT BURROW, of Baltimore, Md., read a paper entitled "The Meaning of Psychoanalysis: An Apologia."

DISCUSSION

DR. JOHN T. MACCURDY, New York, N. Y.: Dr. Burrow has given us an extremely pretty argument which it is very difficult to answer, and if it is not answered we must presumably accept it. Before doing so, however, it might be well to examine two rather fundamental claims that he is perhaps not fully justified in making.

The first is an assumption that the neurosis is a purely environmental product. It is true that psychological research has done much to demonstrate the great importance of environmental factors, but in thus working out an individual etiology we must not forget to keep a wide view over the whole field of psychopathology. This last would not be necessary if the neurosis were a clinical entity showing no relationship to other psychopathic conditions. As a matter of fact, however, the gravity of abnormal mental reactions can be shown to occur in gentle gradations from mild to severe neuroses, to psychoses of the manic-depressive type, to schizophrenic and epileptic reactions. As we approach the latter, environmental factors, although still important, are found to act so differently from the same factors in the milder cases and the normal that we are forced to believe that organic factors are of great moment, even if only in establishing a weak mental constitution.

Now with such a gradation it is impossible to conceive of a neurosis not having some physical basis, in a great

*Reserved for publication.

many cases at least; a view which gains some support from heredity studies. If this be the case, one is not justified in assuming that the neurosis is a purely environmental product.

The second claim is that the neurotic patient is striving towards some higher morality. A somewhat similar view is held by Trotter, who differentiates two types of individual, the stable minded, who are non-progressive and unimaginative, and the sensitive type, who take experience keenly and think for themselves. The latter group gives most to the world, is a higher type, but is frequently neurotic as a result of the conflict between herd traditions and individual experience.

What fallacy there is in Trotter's view and Dr. Burrow's arguments is probably to be seen by the same comparison that we have just made with other abnormal psychic states. If such a conflict be an all-important factor it will presumably become more obvious the more severe the reaction is. But this is contrary to clinical experience. For in the severer psychoses one can safely say the moral fiber seems to be weaker in accordance with the severity of the reaction.

DR. JAMES J. PUTNAM, Boston, Mass.: The problem which Dr. Burrow raises is an important one and touches on matters about which, no doubt, all of us have been thinking, each, however, along somewhat different lines. In my opinion the tendency of a psychoanalytic treatment ought to be in the direction of a better social synthesis on the patient's part; but in Freud's opinion such a result does not necessarily follow. Freud believes that it may occur, although agreeing that such an outcome is exceptional, that fears and distresses may be removed by analysis without any improvement taking place in the moral character.

I think there is room for misunderstanding with regard to the influence of fear. This is undoubtedly a weapon which society instinctively uses to exert pressure on its members; but fear passes by imperceptible gradations into something akin to the mystery which children cultivate the enjoyment of for the excitement that it brings.

DR. SMITH ELY JELLIFFE, New York, N. Y.: Following Dr. Burrow's paper with great interest and with a great

deal of profit I pictured to myself the gradual swelling of the ethical role of psychoanalysis. I was unable, however, actually to determine whether the direction of his thought was in the line of an absolutistic or of a pragmatic conception of morality. It was extremely difficult for me to gather which conception he followed. Perhaps a straight line was drawn between the two and the alternatives avoided. I am thoroughly in accord with his general outline of the definitely constructive value of the neurosis symptoms, both as defensive and progressive elements in a higher integration of the personality, if they succeed. In many attempts they do not succeed, but if they do not succeed in a higher integration of the personality the neurotic attempt often serves as a factor to prevent a deeper regression and the sinking into a more deplorable state. Hence some of the dangers of wild psychoanalysis as Freud and others have developed it.

DR. WILLIAM A. WHITE, Washington, D. C.: I have not entered into the discussions very much because I have felt that a great many of these questions left me in a state of mind difficult for me to express myself impromptu. I think the difficulty very frequently in all of these discussions is that we are endeavoring to be altogether too concrete—for example, in dealing with individuals as concrete entities—as I endeavored to show in my paper of yesterday. The question of morality is a question of social psychology and has to do with a wider reach of psychic phenomena than those activities limited to individuals. The designation moral or immoral is a critique of the herd and is used in order to get rid of those not useful to the herd. I have no doubt there are many people who have conflicts that might easily come under Dr. Burrow's description of the point of view of higher integration of the social psychic world, and I think that we are perfectly familiar with such examples. We see a certain type of homosexual individuals who have distinctly paranoid trends when they endeavor to repress their homosexuality, but who, when freely leading homosexual existence get over their paranoid ideas. On the other hand we find distinctly homosexual individuals in a high socially useful level, and so it seems that there are distinct

avenues of homosexual sublimations, where such people perhaps do better work than the average well-balanced person. So far as I know we have no criterion by which to tell whether an individual is capable of such sublimation or not, and the only thing to do is to deal with him as a problem and let him come out as best he can.

If we do not become too concrete in our individualistic and rationalistic concepts but leave the way more open it will very materially help keep the atmosphere clear.

DR. JAMES J. PUTNAM, of Boston, Mass., read a paper "On the use of Psychoanalytic Investigations in the Study of Neurological Disorders."*

DR. L. E. EMERSON, of Cambridge, Mass., read a paper entitled "Some Psychoanalytic Studies of Character."

DISCUSSION

DR. SMITH ELY JELLIFFE, New York, N. Y.: I would like to add a further stage to Dr. Emerson's scale. Utilizing the paleontological figure of speech already employed, my first rough divisions of the psychic life would be:

1. *Archaic*. This includes the entire racial inheritance up to birth. It is the most compact and condensed period in psychical recapitulation. Thought fossils of this period, if predominant in the life of the individual, usually spell a psychosis of which schizophrenic dissociation is most characteristic.

2. *Autoerotic*. This comprises the first seven years of the child's life, up to the time when the wisdom of the church fathers assumed the Age of Reason. The recapitulation here is from primitive man, post-glacial to social savage. Anthropological data are needed to read its symbolism. Its thought fossils are more varied and rich, and hysteria, compulsion neurosis, etc., are the happy hunting grounds for the paleo-psychobiologist.

3. *Narcissistic*. This is the period of intense self

*Published under title "On the Utilization of Psychoanalytic Principles in the Study of the Neuroses". *Journal of Abnormal Psychology*, Aug.—Sept., 1916

worship, merging into the social. The recapitulation is from primitive man to the beginning of civilization.

4. *Social.* This stratum is being built. It is recent, very recent. Possibly starting with the principle of the death of self as symbolized in Christianity. History is the garnering ground for its comprehension. The evolution of its symbols is locked up in the mythology, the poetry, the literature, art, institutions and customs of the past few thousand years.

The work of the future paleo-psyche-biologist will be to fill in the successive periods and determine the phyla of the various symbols which man uses in his adaptation to the social environment.

DR. EMERSON: I accept Dr. Jelliffe's enlargement of the concept, intending to include under the autoerotic part all he includes under the archaic and phylogenetic; and I also think that there is more truth in Dr. Putnam's position than most of us are ready to admit perhaps. Certainly so far as any particular child is concerned, a social environment already exists for him to come into. And from John Dewey's position that the origin of consciousness itself is wholly social it would seem that a more careful defining of the higher and social aspect of consciousness, in individual personal development, would be desirable.

DR. RALPH W. REED, of Cincinnati, Ohio, read a paper entitled "A Manic-Depressive Case presenting an Infantile regression similar to the Ecmnesia of Pitris."*

DISCUSSION

DR. MACCURDY: I would like to ask Dr. Reed if the patient was perfectly clear in the ordinary sense of the term. For instance, was she oriented during the attack?

DR. REED: Well, part of the time she was quite well oriented and part of the time not.

DR. MACCURDY: This case is really extremely interesting and brings out some highly important points. No

*Published under title "A Manic Depressive Attack Presenting a Reversion to Infantilism." To be published later in *Journal of Abnormal Psychology*.

doubt some cases do get a definite benefit from the psychosis. One is familiar with this in some deliria where the content is remembered. It seems, however, that when consciousness is not clear enough to grasp the false ideas, or where amnesia sets in on recovery, that little or nothing is gained by the attack. It is obvious that in such cases the patient has not been in a position to learn anything of hidden tendencies exposed by the psychosis. The case as I have grasped it—which is all too little—would certainly lead me to think on purely clinical grounds that the case has a poor prognosis. It is not unlike a type of case that Jones reported some years ago, a manic case with a tremendous amount of sexual outlet in delusions and actions. That case apparently recovered, but has since deteriorated quite badly. It will be very interesting to follow the history of this patient of Dr. Reed.

DR. EDWARD J. KEMPF, Washington, D. C.: Sometime ago there was a case at the hospital—a social worker—who had been some two years passing through a psychosis of a more or less active D. P. type. She made excellent recovery and returned to her work. This patient went through an experience something like what we have heard from Dr. Reed. She believes that her sickness did her a great deal of good.

DR. LANE TANEYHILL, Baltimore, Md.: Quite a little better insight is necessary if the patient is thoroughly to understand the transference and know how to respect it in order that there may be some improvement. I once made the mistake of starting to analyse a patient whom I thought was psychasthenic, who after about four or five weeks developed behavior that made it clear that I had a D. P. on hand, with a remission. I found out that a year before, she had been in a hospital in Denver, and had made a remarkably quick recovery, so that the neurologist there had made a diagnosis of psychasthenia. That was a mistake. Although I had not written to him before, there had been some information from him, to which I had paid no attention.

DR. SMITH ELY JELLIFFE, New York, N. Y.: In the psychoanalytic approach to the last dozen or so cases of manic-depressive type I have gained the very distinct impression of how extremely important it is to use the utmost

delicacy in handling the situations that arise. This is true for the hypomanic phase or the mild depressed stages. The former have not been so difficult to guide, but the depressed ones have been very difficult to guide. I feel certain that these patients react very actively to the psychoanalytic mode of approach. Its essential understanding touches these patients to the quick and one must be very careful. Only the dynamic psychologist, however, can comprehend what is going on. This type of case is the one which provides most of the so-called ammunition relative to the harm done by bad psychoanalysis.

DR. L. E. EMERSON, Cambridge, Mass.: I am very much interested in Dr. Reed's case, and Dr. MacCurdy's point as to the possibility of recurrence, and it seems to me that it would be quite possible to help, now that she is recovered, in preventing a recurrence. I do not know that much of anything has been done in such cases, during periods of remission, but it seems to me that in a case of that sort, if psychoanalysis is undertaken during an interval of remission, if it were slowly enough carried out, that the patient might get some more or less conscious attitude toward the repressed unconscious, sufficiently strong to prevent in ordinary events a recurrence. But it seems to me that any very sudden change or very rapid attempt at sublimation might indeed lead to an equally sudden regression into the psychosis. It therefore seems to me that in a case of this sort, psychoanalysis should tread very gingerly and last over a very long period of time.

DR. REED: You will all realize that the situation was and is too delicate to undertake an analysis even if I felt inclined to do so, and I thought it best for the present to let well enough alone. The patient is very close to me through many family connections. I agree with Dr. MacCurdy that the prognosis is probably not very good. I might add that there was a physical element in the case, left out for the sake of brevity. When she came to me she was very much run down in health and emaciated; after two or three months of treatment she developed a severe tonsillitis followed by endocarditis, and a right-sided paralysis, from which she made a complete recovery with the exception of a blind spot on the visual field which has not quite disappeared; all this did not affect the psychosis in any way, which began some time before it, and ended after it.