CHAPTER I

This book is based upon a series of eight lectures delivered at Cambridge mainly to medical students. It is essentially medical (about illness), and clinical (dealing with cases, giving their history and their main symptoms and the explanations of these).

Theoretical discussion cannot be avoided, because the explanations offered are based upon a theory about the development of the mind and its unconscious motives which is still unfamiliar to many people; but when theory is discussed it will be in connection with actual symptoms, in order to show how, by using the hypothesis here to be put forward, these apparently meaningless mental or physical aberrations become intelligible and are brought out of chaos into order.

But although this book is medical, the lectures having been intended primarily for doctors, no technical language is used, nor are medical knowledge and experience taken for granted, so that it may also interest those who have no intention of studying medicine.

I propose, then, to put forward a hypothesis about the structure and dynamics of the human mind, and to try to explain in terms of this hypothesis certain large classes of human abnormalities, illustrating what I mean by case material, most of which I have myself known at first hand. The hypothesis I propose to work with is the Freudian hypothesis used in psychoanalysis.

In the history of medicine certain kinds of illness, both bodily and mental, have been peculiarly baffling. I mean the sort of symptoms which are often popularly spoken of as “hysterical” or “neurotic” or “mental.” When there is something organically wrong with the body, when it has been injured or infected, medicine is at home. But in this other kind of illness, the doctor cannot find anything physical to account for the disturbance.

In modern medicine the term psychogenic is used to cover this whole class of abnormalities whose origin appears to be mental, as contrasted with the more familiar organic illnesses in which the cause is physical. For convenience I shall sometimes use the
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term psychogenic interchangeably with the more familiar one, neurotic.

I do not think my making this distinction between mental and physical causes will be objected to. No doubt a strict definition of what is meant by a “mental” cause would be very difficult, but it is easy to illustrate what is meant. Suppose a girl has red patches on her cheeks; these may be the result of sunburn or of a slap, and in that case they are of physical origin, or they may be the result of embarrassment or of anger, and in that case we should all, I imagine, say the cause of the flush was mental or psychogenic. Reddening of the skin, though actually it is a change from the normal colour, is, however, obviously not an illness, and it would be stretching the meaning of words to call it “neurotic” even when its cause is mental. This illustration is used simply to give a familiar example of a bodily change whose cause is admitted to be “mental”.

Of course not all psychogenic events are abnormal and signs of illness. Here, however, we shall for the most part be concerned with illness, and only refer to normal psychogenic events for purposes of illustration and comparison.

It often happens that when a person falls ill it is difficult to decide, merely from the nature of the symptoms, whether the cause is mental or physical. A person may, for instance, be unable to see or hear. Very often a physical examination of the eyes or ears may settle the question by showing that these organs are seriously damaged, and the doctor can then be satisfied that the case is “organic”. But sometimes physical examinations fail to reveal anything seriously abnormal, and yet all the same the patient really cannot see or hear. The doctor may then be inclined to call the bodily disturbance “psychogenic” or “neurotic”, meaning by this that he puts it down to mental rather than to organic causes. Or, again, the patient may have lost the power of feeling or moving. An examination of the nervous system again may account fully for this, or it may not. Quite often it is inconclusive, and the doctor may be unable to decide whether to call the symptoms psychogenic or organic. It is the same with an enormous variety of pains, swellings, disturbances of the stomach, bowels, bladder, lungs, heart, glands, liver,
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kidneys, blood supply and so on. It is possible for any of these to get out of order either for organic or for psychogenic reasons, or for the two combined, and although in many cases a differential diagnosis may be easy, in some it is not so.

And besides bodily symptoms, there are also a variety of mental and emotional disturbances which present similar problems. Patients may suffer from confusion, anxiety, depression, or they may develop symptoms of insanity such as delusions or mania, which may be traceable to bodily disease or toxæmia, or may apparently be unassociated with any obvious physical cause. Again, a differential diagnosis is important, and may be difficult.

Probably it is often true that both causal factors, organic and psychogenic, are at work, and it is not so much a question of deciding in favour of the one and rejecting the other as of estimating their relative importance in the particular case, and, from the point of view of treatment, of deciding which approach seems to hold out the best chance of lasting cure.

Until recently, medicine, while making immense advances in the study of the organic side of illness, has paid less attention to the psychogenic side. A patient whose illness could be shown to be organic was sure of receiving serious attention; but, if no organic physical cause could be found to account for the symptoms, doctors, at least until lately, have shown a tendency to wash their hands of the case, as if an illness which was not organic was no concern of theirs and needed no further attention. While nothing was known of the psychogenic causes of disease, this was perhaps the only thing to be done. But in recent times Freud’s work has gone far to alter the position. We now know a great deal more than we did about the mental and emotional mal-adjustments from which psychogenic illness springs.

Freud built up his theories mainly on the study of one kind of psychogenic illness, the neuroses, whose symptoms include bodily disturbances and also a variety of mental abnormalities such as morbid anxiety, depression, phobias, obsessions. Psychoanalytic study of the other group of psychogenic illnesses which belong to insanity and are technically termed “psychoses” is less advanced, but enough work has been done on them already to
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suggest that the theories which explain the neuroses will throw much light also on the psychoses, though there are obviously important differences between these two kinds of psychogenic illness which further work should bring to light and define.

As a result of Freud's investigations of psychogenic illnesses, they now no longer appear simply as senseless or wilfully tiresome, but can be explained as being the outcome of a struggle with psychological difficulties and dangers comparable to the physiological struggles of the body with such physical difficulties and dangers as infections, poisons, or injuries, in terms of which the symptoms of organic illness can be explained.

Just as a swelling or a rise of temperature is a physiological reaction to a physical attack from bacterial toxins which threatens bodily health, so an outbreak of anxiety or a functional paralysis may be understood as a reaction to a psychological danger.

In this book I shall not attempt to discuss organic illness but shall be concerned only with Freud's theory of the nature of these psychological dangers which he holds responsible for psychogenic illness, and with the meaning of the psychogenic symptoms which, if Freud is right, are to be understood as reactions to them.

In dealing with organic illnesses medicine has already a great mass of well-established knowledge to rely upon, but while next to nothing was known of the causes of psychogenic illnesses they presented a stumbling-block, so much so, indeed, that actually the word "neurotic" degenerated into a term of abuse. It would almost seem as if doctors, unable to deal with such patients, had tried to comfort themselves by supposing that it was the patient's own fault that he did not get well.

But moral indignation is surely out of place in the science of medicine. In medicine our subject-matter is the functioning of living beings and we are concerned to discover why these functions sometimes go wrong and, if possible, to devise ways for making them go right again. Praise for health and blame for illness do not belong here.

All the same, the doctor who says his neurotic patient is being ill on purpose is very near the truth. It is quite true that neurotic patients do fight, with all their might, to retain their symptoms.
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And if this view of their symptoms as reactions to danger is correct, then, according to their lights, they are right to do so. Of all the possibilities which they recognise as being open to them, their illness appears to them to be the least evil—it has been created with extraordinary skill to protect them from an even more terrible situation which seems to them to be the only alternative. It enables them to carry on somehow, though at a heavy cost to their physical health or mental and emotional capacity. The symptoms provide them with some sort of modus vivendi which does work, however expensively; and this being so, I doubt whether, even when it is possible, it is really in the patient’s interests to deprive him of his symptoms until the need for them has also diminished. To take away his symptoms might be to plunge him into the very danger which he most dreads and which the illness was unconsciously created to avert.

But although it is dread that drives neurotics to take refuge in symptoms, it must not be supposed that they are conscious of the things of which they are so terrified, or even that they are always conscious that they are terrified at all.

The symptoms are defences against a danger situation which they cannot tolerate, but this danger is not consciously recognised. How deeply their organism feels the reality of the danger is proved by the sacrifices they will make to escape it, but the feeling itself is truly unconscious and they are completely unaware that their illness has any purpose behind it.

Ultimately this danger situation by which the neurotic is unconsciously actuated has to do with powerful impulses in himself of which he dare not become aware. These impulses are forcibly kept out of consciousness by something equally powerful in himself which automatically blinds him to what is really going on inside him. It dissociates a part of the personality from the rest, simply because the alternative, conscious recognition, feels intolerable. There are various ways in which this dissociation may be brought about and maintained, but the most typical is repression.

When repression works efficiently we hear nothing about what is being kept out of consciousness. Life goes on smoothly as if it did not exist. Indeed, much of what passes for normal life is, I think, carried on in this way.
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But what has been repressed does not therefore cease to exist: it is always pushing against the opposing barrier, trying to get back to conscious awareness and overt expression, and this pressure is obscurely recognised as a danger which may be reacted to, if there is any weakening of the repressing force, by an outbreak of anxiety, whose real origin, however, still remains unknown to the patient.

Some further defence will now be required if anxiety is to be avoided, and I suggest that this defence may be supplied by symptoms. The view which will be put forward in this book is that neurotic symptoms are defences designed to prevent anxiety from developing when repression threatens to give way. They are a second best—a compromise resorted to when repression alone threatens to be inadequate, and some outlet has to be permitted.

And if we can argue by analogy from the neuroses to the other group of psychogenic illnesses, the psychoses (insanity), we may lay down the general proposition that the ultimate reason for every kind of psychogenic illness is the need at all costs to ward off the danger situation which would develop if repression were to fail, thus allowing the impulses which have been banished into the unconscious to return again to consciousness.

This, in brief outline, is the theory of psychogenic illness which I shall try to illustrate all through this book. It rests upon the assumption that consciousness is not the whole of mental life, but that, on the contrary, there may exist, outside it, powerful impulses which may interfere with consciousness while yet remaining entirely unknown to it. I shall not attempt here to prove the possibility of such interference from the unconscious, which has now become a commonplace for most people, but shall content myself with a few illustrations.

The spontaneous occurrence of dissociations of personality and the experimental facts of post-hypnotic suggestion show that sometimes, at any rate, a part of the personality or isolated impulses can be split off from the consciousness, and that this dissociated part can affect feeling and behaviour while yet remaining entirely unknown. There is actually also a good deal of evidence suggesting that, not merely in abnormal cases, but in all of us, the conscious part of the mind is not the whole of it.
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Many of the conscious conclusions and decisions with which we carry on our everyday life appear to be simply the end-points of unconscious mental processes not unlike those which can be set up artificially in post-hypnotic suggestion. Often indeed people make use of their unconscious faculties quite deliberately to supply the solutions of problems which baffle their conscious thinking.

Everyone, probably, at some time or other has put a difficulty in his mind to simmer, and by and by found that the solution has presented itself to him. This happens with some people strikingly in the case of mathematical speculations. They puzzle and puzzle, and then, suddenly, perhaps, when they are occupied with other matters, the answer flashes into their minds. It is the same with music. Sometimes when one has been trying in vain to recall a tune and finally given it up, it seems to happen that, apparently just because one has stopped making conscious efforts, one finds oneself humming it. Something has supplied one with what one was looking for, something unconscious in oneself. Forgotten lines of poetry, names or faces, the words of a foreign language, and a thousand other things all behave similarly; indeed all our thinking which we call conscious and voluntary must ultimately be based on the fortunate circumstance that, out of the vast reservoir of our memory and experience, the unconscious can, in general, be relied upon to supply us with the appropriate items which are relevant to our conscious purposes, when we need them. This universal drawing upon unconscious material underlies the whole of our conscious lives, but it is usually only when a hitch occurs that our attention is drawn to it. We then find that our conscious purposes fail to evoke what they need, and it may be that, instead of what we wanted, we are supplied with something quite different. Some other purpose outside consciousness has tampered with our source of supplies and some unconscious preoccupation has overridden our conscious intentions.

This overriding of conscious intention by the forces of the unconscious is just what happens in psychogenic illness. According to the psychoanalytic hypothesis, psychogenic symptoms are produced by impulses which have been dissociated from the rest
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of the self: they are the result of a partial breakdown of the repressing force which attempts to keep these impulses dissociated.

The next question to be considered is why this dissociation should have occurred at all and why it should be necessary to maintain it so forcibly, and the answer seems to be that dissociation is produced to avoid the intolerable pain of privation and frustration.

The frustration of powerful instincts produces a damming up of the impulses which are denied an outlet, and the tension thus created may throw the organism into an unendurable psycho-physical condition which must be dealt with somehow. The only way out may be to deny the whole thing and keep on denying it. But although this painful situation is caused by the thwarting of instinct, mere external privation does not seem to give rise to neurosis. The first normal reaction to this is not repression of desire but an attempt to get what is denied, and it is only when this attempt is blocked, not by external difficulties, but by conflict with other internal forces, that the intolerable tension is produced which may have to be dealt with by the denial and repression of the impulses concerned.

Neurosis, then, arises when some powerful impulse is thwarted, not simply by the absence of what it craves in the external world, but rather on account of internal conflict with some other powerful impulse. The privation here comes from within and not from without.

The most obvious of such situations occurs perhaps when desire for a satisfaction conflicts with fear, real or imaginary, of the results of getting it. Suppose a baby has almost suffocated at the breast as sometimes happens: fear will now conflict with the primary impulse of hunger, which normally would urge it to suck the breast again.

A similar conflict will arise if destructive aggressive impulses are aroused simultaneously with other impulses either of desire or fear directed to the same object. The baby who has not been able to satisfy itself at the breast may be torn between desire for the nipple and anger at the experience of disappointment, being thus simultaneously attracted and repelled by the same stimulus.
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Or one child who has been robbed by another, wishing to attack, and at the same time fearing to do so, may be impelled to set upon the enemy and simultaneously to flee from him. The resulting deadlock of conflicting impulses may produce this state of intolerable strain of which I have just spoken. The upshot may be the abandoning of the original wish. The baby may turn away from the breast—it has repressed hunger and given up the milk: or the child may give up competing with a powerful antagonist and become his submissive imitator—it has repressed rivalry and given up the thing of which it was robbed.

As will be explained later, repression is not the most satisfactory way of dealing with such situations, but everyone, I think, has at times made use of it. The strain seems to be greatest in the early years of life when the urges of instinct may be strong and out of all proportion to the small child’s capacity for getting what it wants, so that rage and fear come powerfully into conflict with desire, and instinct repression may seem to be the only possible solution. Analysis of psychogenic symptoms seems to show that the underlying repressed instincts from which ultimately they derive their energy are, to a large extent, immature, their dissociation dating back to conflicts which occurred early in life.

But we do not need to remember our childhood in order to get an idea of the way that repression works. Everyone knows what it feels like to try voluntarily to banish the thought of whatever is connected with painful incidents of failure, humiliation and disappointment. These adult situations are not different in essentials from the childish ones just described, and the conflict which leads to repression is, here too, an internal one. If it were not for internal checks we should not take such situations quietly; on the contrary we should struggle or revenge ourselves. But education and discipline have endowed us with a powerful organisation of counter-forces which do not allow us to burst out and discharge tension in this spontaneous way. Our reasons for checking ourselves may be rational or not; at any rate we do not, and very likely cannot, let ourselves go in such situations, and thus we should be in danger of suffering the torments of undischarged tension if we did not make up our minds to ignore the whole
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affair. This solution of the problem of disappointment by refusing to be aware of it may be reached voluntarily, but very often it is achieved involuntarily. We all succeed in ignoring a great deal that would otherwise disturb us profoundly. Interest and attention are simply withdrawn automatically. Furthermore, recognition of whatever tends to reawake the conflict is shut out from conscious awareness, and so a respite from intolerable tension is won by a sort of mental blindness.

When Freud first recognised in his patients this involuntary repudiation of whatever it would be too painful or disturbing to recognise, he put it down to what he then called censorship, describing what happens as if there were a censor seated on the threshold of consciousness who examined the ideas which try to enter and refused permission to the dangerous ones. He might equally well have invented a Customs Officer hunting for contraband on the frontier. The idea of an active barrier forcibly excluding parts of the self from conscious awareness is a discovery of the very greatest significance, and fundamental to the psychoanalytic hypothesis, but the simile of the censor is now felt to be unnecessarily anthropomorphistic and the tendency is to replace it by the less figurative notion of repression.

Another variety of what is essentially this same defence-mechanism of repression consists in withdrawing attention not from the painful situations themselves, but rather from the conflicting emotions which they arouse. A great deal of the training of our civilisation is directed towards acquiring this technique of repressing emotion so that in the end we are able to go through even very difficult situations without conscious disturbance. A civilised person, for instance, is able to endure the presence of rivals and even to congratulate them and put up with defeat cheerfully, recognising the defeat but not reacting to it with a turmoil of foiled ambition, humiliation or despair. Such cultural achievements rest, to a considerable extent, upon the dissociation and repression of painful emotional conflicts. Most of us have learnt this technique and use it with more or less success. It must be regularly employed by surgeons who have learnt to dissociate the emotions connected with cutting and bloodshed. This extraordinary capacity for repression, together with the