

It may seem at this point that I am deliberately involving myself in unnecessary technicality. I should like to assure my audience that this is not so; my object is to show that laboratory procedure has permitted the academic psychologist to disregard an important fact which hospital practice has made the central thesis and research of medical psychology. One more illustration and I shall have completed this part of my discussion. E. B. Titchener<sup>9</sup> some years ago called attention to the excessive abstractness and consequent falsity of psychological descriptions of consciousness. He was at some trouble, indeed, to name a number of the lesser awarenesses which accompany and co-exist with any act of concentration. He would probably have succeeded in re-stating psychological theory but for the fact that he conceived consciousness as a multiplicity of processes rather than a single total awareness. His doctrine is that the consciousness of any given moment consists of a sum of simultaneous processes which run their course in time together. This unwarranted equalization of the various parts of the conscious field involves him in confusion. The dominant thought of any moment is a process, a development of experience and knowledge; the surrounding awareness involves no learning—it is not process in the same sense. In spite of his clearer vision, Titchener is forced by his conception of mental process as the fundamental fact of psychology to attach a superior reality to concentrated thinking. He tries to describe a marginal and inhibited awareness as though it were facilitated; and he fails consequently to see that the fundamental fact for psychology is not mental process but a wide awareness of which the dominant process is a product or expression. He still retains the species of double vision to which his doctrine leads. In a recently republished book<sup>10</sup> he maintains that psychology is the study of mental processes, that mental processes do not intrinsically mean anything and<sup>11</sup> that "meaning is always context." This assertion of what is almost the truth becomes especially interesting when compared with the method and theory of medical psychology.

Generally, it may be said of the academic psy-

chology that, by reason of its tradition and restricted laboratory procedure, it has tended to neglect unduly moods of mental relaxation;<sup>12</sup> to regard concentrated thinking as the only fact for psychological investigation and to disregard the wider awareness, or total situation, of which concentration is at all times the expression or product. The method of medical psychology, imposed upon it by hospital practice, is directly contrary.

### III. The Medical Psychology

The two aspects of the medical psychology which I wish particularly to call to your attention are, first, the direction of the inquiry, and second, the method it employs. The direction of the inquiry is especially illuminating in view of what I have said in criticism of the conventional academic method. When a patient is brought into a clinic his thinking is obsessional in character and of value mainly as a symptom. Considered as a dominant thought process after the academic fashion it is chiefly remarkable for its utter irrelevance to reality. Yet it is as unmistakably "there" as any reasoned idea in the normal. Certain instances occur to me in illustration. A girl of 25 was much troubled by the idea that she was "going mad." Two men of my acquaintance "wanted another war." I knew one in a Queensland military hospital, the other in a Philadelphia factory. Both had arrived at this obsession by the same road—long meditations in moods of mental relaxation upon the more ghastly experiences of the war. A professional man took to his bed and refused to get up fearing that he might be "hit by a meteorite." Another professionally trained man constantly expected "an explosion," and was not clear as to whether he or his surrounding was about to explode. All these individuals were in a sense rational; that is to say, they were perfectly well aware of the absurdity and irrationality of the obsessing idea; their complaint was that they were unable to escape thinking it. Now all the various schools of psychopathological investigation proceed on the assumption that these obsessions are the product of long trains of dispersed rather than concentrated thought, originating usually in infancy. An unsuitable environment in infancy has bred an attitude that has persisted into adulthood, long after the infantile surrounding has ceased to be. The obsession can indeed be understood as an

adequate response to reality once one knows the patient's intimate history and total attitude to life. Four of the five cases specified above recovered their mental normality comparatively quickly, once their total situation was systematically investigated. This statement of the direction of the inquiry explains the essentials of the method.

The methods—and they are many—employed by psychopathologists are all variants of Pierre Janet's "method of distraction." The methods best known are hypnosis, the hypnoid investigation of Sidis, Jung's association test and Freud's dream interpretation by free association. One might add to the list crystal gazing and automatic writing. All these methods are variants of the methods of distraction, because they involve a looking away from the dominant or obsessing idea towards the total situation which has produced it. The early history of the patient, the incidents of his upbringing and education, his adaptation to his surroundings, his dominant trends of revery or day dream in moods of mental relaxation—these items are found to bear an important relation to his total attitude to life at any present time. As compared with the academic, the medical psychology is less logical in method but it has opened up for survey and consideration a much wider area of facts directly relevant to successful thinking and living. In particular, it has drawn attention to, first, the technique of thinking, and second, the content of thinking as affected by the individual's total situation. The chief representative of the former inquiry is Pierre Janet. Janet, working with Charcot, succeeded in demonstrating that the difference between normality and abnormality, rationality and irrationality, may be described as a difference of relation between concentration and dispersed thinking or revery. In the normal person revery illuminates concentration, concentration supplies the material of observation and brings the inspiration of revery to the test of empirical fact. In the abnormal person, concentration and revery are pointed in different directions; the result is that mental condition which is described as divided or alternating personality. In all such cases, there are two or more total situations in the one individual, both defective but each with its distinctive attitude and memory.<sup>13</sup>

<sup>12</sup>"Les Névroses," pp. 39, 345, 367.

The chief representative of the inquiry into the content of thinking is Freud. In the early stages of his investigation, Freud found difficulties with hypnosis and was accordingly led to substitute for it an inquiry into the content of the psychoneurotic mind. He has held at various times three different theories, only one of which, the sex theory, is apparently generally known. The essential of the Freudian discovery is the irrelevance of the syntheses which constitute primitive knowledge. The child, the savage and the neurotic do not explicitly criticize the meanings they derive from experience. A soldier suffers cerebro-spinal meningitis and recovers. Subsequently he hears gossip to the effect that a local paralysis will surely follow. After three years of "submerged" meditation upon this, he develops a hysterical inability to use his left hand and forearm. Instances can be multiplied indefinitely; the magical procedures of savage tribes are as excellent an illustration as any psychoneurotic history. The primitive mind has no logical criterion available by means of which it may sift the reasoned from the unreasoned in its thinking. An African tribesman breaks a piece off an anchor washed up on the beach; subsequently he dies. For generations the anchor becomes a fetish for his tribe.<sup>14</sup> "Irrelevant synthesis" is the chief character of primitive thinking.

The effect of this upon the individual's attitude to life is that all kinds of irrelevant and unjustified meanings are dominant in his total situation. His own capacity to analyze and reconsider is small because he has, for the most part, forgotten the events from which the defective ideas were derived. But there need be no mystery with respect to "hysterical amnesia"; whether normal or abnormal, we all tend to forget events and to retain their meaning. A mathematician demonstrating the binomial theorem would be puzzled to describe the events in which his mathematical knowledge began. As we come to understand, we re-interpret the world about us in the light of our new knowledge. It is the world, or rather our total situation, which carries meaning for us. The events which gave us the meaning are forgotten. For a normal person the world has no terrors; for a hysteric, the world is full of terrors which justify his fearful attitude and behavior. Primitive and neurotic

<sup>13</sup>Haddon, "Magic and Fetishism," Open Court Publishing Co., Detroit, 1908, p. 85.

<sup>9</sup>"Outline of Psychology"; Macmillan, 2d edition (1901), pp. 9-11.

<sup>10</sup>"Beginner's Psychology," Macmillan, 1915, 1922, pp. 26 ff.

<sup>11</sup>P. 118.