ON THE INSTINCTIVE FACTOR IN HYSTERIA.

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THE RELATION OF THE FOREGOING VIEWS TO THE CURRENT THEORIES OF HYSTERIA.

The most popular theories of hysteria at the present time seem to be those (a) of Babinski, (b) of Janet, and (c) the Breuer-Freud-Jung theories. Of these the Babinski theory is the most easily grasped, and is attractive for its logical, simple and clear-cut nature. It is summarized by its author in his "Exposé des Travaux Scientifiques," published in 1913, and has been applied to the conditions of the war in the little book entitled "Hystérie, Pithiatisme, etc." written in collaboration with Froment. According to this theory, "Hysteria is a pathological state manifesting itself by disorders which it is possible to reproduce by suggestion, in certain persons, with complete exactitude, and which can be made to disappear under the influence of persuasion (contra-suggestion) alone." The distinguished author goes on to deny that the stigmata exist if their presence is not suggested by the physician, and by numerous and careful observations he has shown that when such stigmata are sought in such a way that the patient receives no suggestion from the examination they are never found. As noted above he has made a great many investigations into such conditions as "hysterical" trophic and vasomotor disturbances, alterations of reflexes, etc., and concludes from these investigations that they are always due to organic disease or simulation. By way of proving that suggestion is not only a cause of hysteria but actually the sine qua non, he had many observations made on persons in states of intense emotion such as occurred in the Messina earthquake and in the mortuaries of Paris when the bodies of the dead were recognized by their relatives. As a result of these inquiries he ascertained that emotions alone never produce the symptoms of hysteria at the time they are experienced most acutely, and he concluded that "when sincere and profound emotion shakes the human soul there is no room for hysteria," but that the symptoms arise only by the intervention of suggested ideas in affective states of less intensity. There is no authority who has given so clear and consistent a picture of the disease as Babinski; and if the acceptance of his teaching means the circumscription of the scope of hysteria within narrower bounds, and the changing of its name to "pithiatism," that is in all probability nothing but an advantage.
Nobody with experience of functional nervous disorders is inclined to dispute the great influence of suggestion in determining their form. Epidemics of "tarantella dancing," of singultus, of fantastic immorality among women, of mutism in armies, etc., are all too well known, and are due to the power of suggestion on unstable intellects, just as the globus hystericus probably owes its origin to the difficulty in swallowing during weeping, and monoplegias are often the sequel to trivial injuries to the limb. But the question is whether the attribution of these things to suggestion is as far as we can go in explanation of them. If a man invests money in certain popular stocks we shall often be perfectly right if we say that he does so under the influence of suggestion, inasmuch as all his friends are buying the same things and suggesting the same course to him; but we can go at least a stage further back and attribute his action to the influence of the desire to live if he be a poor man, or to the parental instinct if he does it for the good of his children, or to the instinct of acquisition if he is a rich man already. So also we are perfectly justified in maintaining suggestion as the chief cause of hysteria; but the object of this thesis is to push the explanation a stage further back and to found it on the primitive instincts, especially those known as the self-regarding, and that of flight.

Janet's theory is rather more complicated and philosophical than Babinski's. He considers that hysteria belongs to the considerable group of diseases of the mind which arise from weakness and cerebral exhaustion, and of which the physical signs are somewhat vague and consist chiefly in a lack of general nutrition. The symptoms are mainly defects in morale accompanied by weakening of the power of mental synthesis, and an inertia of mind together with a narrowing of the field of consciousness showing itself in a special manner, viz.: a certain number of the psychic elements (sensations and images) fail to be perceived and seem to be kept outside the personal consciousness—the result of this is a tendency to complete and permanent schism of the personality into independent groups which may appear by turn in the focus of consciousness or even co-exist there. This imperfect synthesis of the elements favours the growth of certain "parasitic ideas" which develop completely free from the personal consciousness and only show their presence by a variety of disorders which appear as if they were entirely physical in their nature [40].

In short, the automatic association of ideas is one thing, whereas the synthesis which constitutes the personal perception at each moment of our life, and the very idea of self, is another. The latter can be destroyed while the former continues to exist [41].

Probably the only reason why this theory has not by now found its way into every textbook on medicine is that the notion of the doubling of a personality is slightly too speculative to appeal to the busy student or practitioner. It seems to cover the ground as well as any theory of so complex a phenomenon can be expected to do, and is applied by its author to an enormous number of observations made at the bedside. Against it is
that it is founded to a great extent on the results of interrogating patients. A woman says she has no recollection of certain behaviour and it is concluded that the elements of the mental state underlying that behaviour have not been synthetized. She says she has no knowledge of what is done (for example) to her right arm, or that objects in certain parts of her field of vision are invisible, or that food never excites her appetite, and we deduce that her consciousness is narrowed and that some of its contents have been separated. But why should we attach so much importance to these statements? The word of the neurotic person is surely a sandy foundation to build upon. It is quite true that nobody accepts such statements at their face value unless corroborated by the results of physical examination; but when the data obtainable are carefully examined this corroboration is generally found to be more apparent than real; for hysterical blindness is never so complete that the patient hurts himself in moving about, "astasia-abasia" does not result in serious falls, and an anaesthetic limb does not sustain any injuries more serious than those seen in artificial dermatitis. It seems unlikely, if hysteria were "a form of mental disaggregation characterized by the tendency to permanent and complete doubling of the personality" [42], that the affected members would be protected from injury by the action of the main personality.

However, if a splitting of the personality is to be considered as the explanation of hysteria, can it not equally well be held to be at the bottom of all instinctive acts? It frequently happens that a man driven by fear, hunger or love becomes to all appearance a different person and may have only an indistinct recollection of the deeds done under the excitement of the moment. The queen-bee in her nuptial flight is a totally different character from the inert, parasitic mother of the hive; the lapwing, which is among the most timid of birds, becomes tame and even aggressive when her parental instinct is aroused, and the stag not only changes his temper but his very form (by the growth of antlers) in order to follow the reproductive impulse. It would therefore appear that instinctive behaviour should come under Janet's description of hysteria. The reader, then, who feels inclined to agree with the theory advanced in these pages need not be deterred from doing so by the fact that he is an adherent of Janet; for the present hypothesis would form a sort of connecting link between the speculative and abstract requirements of the disaggregation theory and the proximate, practical explanation of Babinski.

In trying to state the relationship of any theory to that known as the Freudian, one is met by the difficulty that the latter is in a state of flux or evolution, and that what appeared fundamental yesterday may be greatly modified to-morrow. This, of course, is to be expected in the advance of new teaching, but it inevitably adds to the difficulty of the medical profession in comprehending it and assessing its value. Another stumbling-block to inquirers is the profuse (one might almost say reckless) employment of metaphor and analogy in the works of Freud. Notions of mental
trauma, of psychological catharsis, of resistances, of censors, of foreign bodies in consciousness, of layers of the unconscious, of repression, of displacement and diffusion of an affect, of bringing the unconscious idea into the light of day, of sublimation and other such phrases, arouse great uneasiness and distrust in many people who realize the numerous and subtle fallacies that accompany the use in science of the devices proper to poetry. Havelock Ellis has tried to justify this wealth of figurative language by assuming that the theme and material do not lend themselves to strictly scientific, nor yet to strictly metaphysical, treatment, but require an artist's outlook and an artist's methods [43]. If this is so, it explains a great deal of the opposition to the new doctrines shown by physicians accustomed to more exact studies.

It is, moreover, difficult to test the psycho-analytic system in practice, for to do so necessitates mastering, firstly, a very recondite code for the symbolic interpretation of dreams, and, secondly, the technique of very tedious "association methods," which require a high degree of skill and training for their proper use. Dreams are stated to have a latent as well as a manifest meaning, and always to illustrate a concealed wish. According to the code, to ask the way in a dream may signify Rome, for all roads lead to Rome; and the meeting of an acquaintance called Zucker is a veiled way of alluding to Carlsbad whither patients go with Zucker-Krankheit [44]. To hurl oneself into the water is an inversion for coming out of it, of which the latent meaning is to be born [45]. To change one's residence is equivalent to undressing [46]; while not only all cylindrical and all round or oval objects, but also a hat, a cravat, a church, an apron, a forest, a mountain, a box, a snake when occurring in dreams, signify the reproductive organs of one or other sex. Water, stairs, inclines, and many other things bear the latent meaning of copulation [47]. Numerals even, when dreamt of or mentioned by chance in conversation, have a latent meaning which is far removed from that which is usually accepted [48].

The drawbacks to discovering the patient's wishes by this method of dream-analysis are obvious enough, and are aggravated by the fact that different investigators will interpret the same dream in different senses. There are similar disadvantages in the use of the association methods. One of these, favoured by Freud, consists in inducing the patient to discourse with absolute freedom on any subject that presents itself to his consciousness. He must learn not to impose any check upon himself but to mention everything that enters his mind. From the content of these thoughts, together with the order and manner of their appearance, the analyst arrives at conclusions concerning the complex of memory and emotion which is at the root of the trouble. The Zurich school employs another method which consists in reading out test collections of words to the patient, and noting what associated ideas they bring to his mind, and how long the reaction takes to occur. The aim of the method is the same as that of free-association, namely, the exposure of the pathogenic complex.
It is claimed that when the complex has been uncovered or brought to light, its energy is diffused through the mind and so dissipated, and the patient is permanently cured [49]. The process of analysis may occupy six months or more.

The truth of the psycho-analytic postulates is held to be demonstrated by the success that attends the curative system, and since the application of this system involves so many serious difficulties, it is not easy to estimate how much of the theory is sufficiently established to warrant comparison with its rivals; so that it may be unfair to attempt any survey of it from the standpoint of biology. Yet the fact that Freud's hypothesis is founded on the instinct of sex indicates that the two theories start from common ground. They separate afterwards mainly because the psycho-analysts have tended to narrow their outlook until they regard sex as the dominant human impulse, whereas the biologist takes a wider and more comprehensive view of the springs of action, and relegates the sexual to its proper place among the other human instincts.

Jung, by abjuring some of the excesses emanating from Vienna, has greatly strengthened the influence of analytical psychology. His conception of the "libido" as not exclusively sexual desire, but practically the entire conative function of the mind [50], brings him within measurable distance of the central position of the biological school.

**NOTE ON TREATMENT AS AFFECTED BY BIOLOGICAL CONSIDERATIONS.**

The treatment of hysteria has been successfully carried out in a great variety of ways. Janet [53] divides the available methods into groups: (a) Moral influence and the utilization of automatism; (b) psychological economies; (c) psychological acquisitions. Under the first of these come religious influences such as the cure at Lourdes, "Christian Science" and similar methods, suggestion and hypnotism. Under the second, rest cures, isolation cures and psycho-analytic methods. Under the third, the methods of re-education, stimulation and physiological adjustment.

Each of these methods has had its exponents who have practised their particular favourites to the exclusion of all others. The wisest physicians have made use of them all according to the requirements of circumstances and each individual case, and have frequently combined such as are not incompatible with each other. Though many teachers claim that their method produces a complete and permanent cure, it is doubtful if any treatment can remedy what used to be called the hysterical diathesis. The symptoms can be abolished and the patient brought to a healthier frame of mind, on her guard against the onslaughts of the "unconscious"; but when unfavourable conditions recur, it is very likely that she will again fall a victim, even if to a less degree than formerly. Patients who have undergone a very long and expensive cure are less likely to return to the same physician when they relapse than are those who have been cured.
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cito, tuto, et jucunde; hence the difficulty of judging the results of the more elaborate treatments.

If it is agreed that the origin of the symptoms is the exaggeration of an instinct, or the impulse of some thwarted instinct satisfying itself as best it can, the first step in treatment will be to ascertain what that instinct is. It may be positive self-feeling or negative self-feeling, or one of these combined with the sexual, or possibly the sexual alone, or flight.

In the case of the last the treatment is, of course, simple, and consists either in removing the cause of fear or in training that patient to tolerate it. If the symptoms persist after the cause of fear has been removed, they are due to the super-added influence of the instinct of display, and must be treated accordingly. When there is reason to believe that the trouble is due to exaggerated positive self-feeling alone as in the case of the child quoted who shouted offensive words for days on end, the cure can be easily attained by stimulating, unsympathetic means such as a cold douche, electricity or a spanking. For example, Private X., of the Royal Army Medical Corps, being stationed during the war in a safe place, suddenly became mute after reading an account of some "interesting" nervous cases. He came under the care of an impetuous Celtic officer, who, being overworked and irascible, seized him by the throat and exclaimed, "If you don't speak, you ——, I'll squeeze the life out of you." The cure was instantaneous and, as far as could be ascertained, permanent. But the best treatment for this class is undoubtedly isolation. It acts by removing all possibility of self-display, and when used in this particular type of case has achieved a very great reputation. It is less certain in its action, though often useful, when negative self-feeling is present; and it is quite out of place when a permanent and incurable cause of depression exists. In such cases it is likely to exaggerate the depression.

When an injury to self-esteem and the presence of negative self-feeling are at the root of a hysterical trouble the treatment is more difficult than in the foregoing class; but good results can be obtained if the self-abasement is caused by curable pain or by failure in some social activity such as often occurs in schools. In the case of pain it must, of course, be removed when possible; or if the pain is already past, as will often be the case, the origin of the trouble can be explained to the patient, and persuasion and encouragement will bring about the disappearance of the nervous phenomena. If maladaptation to the social surroundings is causing the hysteria, by far the best course is to change the environment before the abnormal nervous condition becomes habitual owing to the excitement of the instinct of self-display, in which case the symptoms may persist even in a new school or a new neighbourhood.

If injury to self-esteem is allied to injury to the reproductive instinct, as is frequently the case owing to the fact that the self-regarding instincts have one of their chief uses as adjuvants to sexual selection, the treatment will be further increased in difficulty. Fortunately injuries to the
reproductive system are often imaginary rather than real, and by convincing the patient of this a cure can be effected. For example, a young man, recently married, asked for operation for left inguinal hernia and undescended testicle. As the testicle was atrophied and useless the surgeon removed it at the operation. A short time after leaving hospital the man came back complaining of excruciating pain in the left iliac fossa and inguinal region. In the course of conversation it was discovered that he was afraid his virility would be impaired by the loss of the testicle. The pain disappeared when he was convinced that no appreciable impairment had occurred.

Young women who have been jilted or who have quarrelled with their lovers frequently exhibit states of aphonia, asthma, paresis, etc., which disappear when the quarrel is settled or another lover appears. These cases are so frequent as to be a commonplace of practice. They illustrate the milder hystero-genic effects of the instincts of reproduction and self-regard combined.

The cure of hysteria, and even it is alleged, of insanity, has been very often effected by surgical operations for the rectification of some visceral displacement or minor gynecological condition harmless in itself [51] [52]. There are three main types of such cases. Firstly, the symptoms may be merely a form of self-display not preceded by any cause of depression. Hysterical symptoms of this origin (as just stated) will not survive any unpleasant, stimulating treatment. The hardships of the operation therefore bring the patient to reason. Secondly the knowledge or discomfort of the displaced organ may be a constant source of negative self-feeling to the patient and the operation acts by making her "as good as other people." Thirdly, the patient may be suffering from some chronic cause of negative self-feeling such as an unhappy marriage, premature widowhood or disappointed hopes of any kind. For her the operation with its pomp and circumstance, of which she is the centre, produces such elation of spirit that its unpleasant features are disregarded and she is (temporarily, at least) cured of her hysterical troubles. This type often comes back again to the surgeon for operation and thrives on the abnormal stimulation of the nursing home. It must, however, be remembered that operations have a twofold action on the patient's mind, one stimulative and the other depressant. It is not easy to predict which of these is going to gain the ascendance in any case, and it consequently follows that an operation which has been confidently recommended on account of previous successes may only make a patient more hysterical than before.

Generally speaking, only the slighter operations should be allowed in hysteria, when choice is possible, as they are less likely to cause depression.

There is another kind of case whose nervous symptoms are neither cured nor aggravated by an operation but date from it. Such persons have the normal dislike of illness and operations, but yet on account of disease have to submit to some mutilation such as the removal of the
reproductive organs. In them the pathogenic influences of pain, fear, wounded self-esteem and loss of reproductive hope are combined, often with terrible effect. The object to be kept in mind in treating such cases is the diversion of the attention from the painful idea to others which are beneficial in their influence. Constant employment should be secured if possible and this should be of a nature that will minister to the patient's self-esteem. A woman may find alleviation in works of charity, in such occupations as amateur acting, singing in public, or even sport; a man may be interested in politics, military exercises, money-making, etc. In any case the pursuit should be one in which the patient can excel and stand out from his neighbours. The art of the physician consists in stimulating an already existing interest and in enlisting the help of the patient's friends in building up the sufferer's positive self-feeling, since he cannot restore the power of reproduction. A certain number of his patients will be too badly equipped by their previous habits of life ever to start afresh; and a certain number will have the temperament known to the French in war-time as "défaitiste"; some will have taken to drugs or alcohol. The best physician will be he who rescues the most of these. Two things which the treatment must not be allowed to do are to induce romantic relations between doctor and patient when of different sexes; nor must it minister to the former's self-esteem instead of to the patient's. For these reasons, and because sex and self-feeling are so closely allied, it would probably be an advantage if "neurotics" could always be treated by practitioners and nurses of the same sex as themselves. This may perhaps become customary in the future.

**Summary.**

The springs of action are obscure and not to be discovered at a glance. The impulses that move animals are in the main identical with those that sway human behaviour, and are studied by biologists under the headings of reflex action, instinct, intelligence and reason. Of these reason takes but an infinitesimal part in animals' conduct, and a small but important one in that of man. If we take instinct as the central phenomenon and try to divide it from reflex action on the one side and intelligence and reason on the other, we find that though pure types of each are recognized, yet there are no lines of demarcation where we can say definitely that one ends and the other begins. In this respect the study of instinct is in the same case as that of morphology of species, but morphology has the advantage inasmuch as pure types of structure are much more common than unmixed motives of conduct. It is for this reason that the disorder of function known as hysteria which the biological theory claims to be due to the derangement or excess of instinctive action, is so difficult to differentiate from the disorder of reflex action which constitutes disease [54] and from the working of intellect which constitutes malingering.

Various instincts have been described by McDougall and other writers
as being observable in human conduct. Of these the only one that has attracted much attention (until lately) among physicians has been the sexual or reproductive instinct. The object of this article is to draw attention to the importance of other instincts, notably of flight and the self-regarding instincts, both as motives of human conduct in general and as causative factors of hysteria. An attempt is made to show that the reproductive and self-regarding instincts act very generally in combination (as parts of what McDougall calls the self-regarding sentiment) and that it is when they are so combined that they are capable of producing the greatest harm as agents of functional disease.

When the biological is compared with the theories propounded by Babinski, Janet and Freud respectively, it is found to be in general agreement with their basic ideas, and perhaps to form some sort of link between them.

AUTHORITIES QUOTED.

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[39] Ibid., p. 203.
[45] Ibid., p. 243.
[46] Ibid., p. 321.
[47] Ibid., Ch. V.
[48] Ibid., "Die Psychopathologie der Alltags Lebens," Ch. XII.