

PSYCHOTHERAPY AT OXFORD

IT was the privilege of the present writer to have been able to assist at the 10th International Congress for Psychotherapy which met for the first time in England at Oxford from July 29th to August 2nd, under the presidency of the well-known Swiss psychologist, Professor C. G. Jung. The gathering included many distinguished psychotherapists from England and the Continent, and the United States of America.

As the title of the Congress indicates, the contribution of papers, discussions and exhibitions all had a bearing on the various problems connected with the diagnosis and treatment of those border line cases of mental disorder which may aptly be described as disturbances of the normal functioning of the personality during the childhood, adolescent and adult stages of life. The frequency of such disturbances and the obscurity in which their origin and characteristics were for so long—and still largely are—shrouded, have given rise to intensive studies on the part of those whose interests are focussed on the special problems of childhood. The general public, too, is becoming increasingly aware that there are problems of behaviour which call for expert treatment, but as is so often the case it is apt to become bewildered by the diversity of theories and opinions put forward from time to time. As Professor Jung observed in his opening address, various schools of thought and practice are in existence side by side, the authors of which do not see eye to eye with one another and tend to remain aloof from like theories and practice of others. Nevertheless there are certain fundamental points to which we shall presently refer more fully on which it has been possible to obtain a general measure of agreement.

Psychotherapy is frequently identified with psychoanalysis, but whilst the latter is, it is true, a form and method of psychotherapy yet there are many psychotherapists who do not subscribe *in toto* to the doctrine and practice

of the founder of psycho-analysis, Professor Sigmund Freud. The fact, therefore, that the Congress had Professor Jung for its President was an indication that it represented mainly that group of psychotherapists who are not strictly speaking psycho-analysts.

It should not be forgotten, however, that the psychological investigation and treatment of the problems of personality, with which medical psychology is to-day confronted, are under a great obligation to the profound insight of Professor Freud and his many years of patient, unswerving efforts. Recognition of this was embodied in a telegram sent by the Congress to the aged Professor who has recently taken up his abode in London.

It cannot be gainsaid that, in spite of considerable opposition, much of Freud's teaching has obtained general recognition and cannot be completely passed over without impairing the prospects of a sound psychotherapy. Professor Jung, himself an early pupil and associate of Freud in psycho-analysis, later developed a point of view of his own to which the general descriptive title of "Analytical Psychology" is given. This may appear at first sight to be a question of words, but the differences between Jung's psychology and that of Freud are great in many important aspects, though they undoubtedly have a certain measure of agreement.

As we have already noticed an attempt was made to bring about the acceptance of certain fundamental points on the part of the various non-psycho-analytical schools of psychotherapy. We can only relate here some of the more essential points which were set forth in the President's Address.

The first object in psychotherapy is *diagnosis* based on the patient's recollection (*anamnesia*) of his difficulties and symptoms. This has shown that there are forms of illness which have nothing to do with bodily disturbances, but are only intelligible in terms of the *psyche* or mind. It takes into consideration all the possible ways in which a person may express himself; his premeditated speech, his free

associations, his fantasies, his dreams, his symptoms, and symptomatic actions and his demeanour. This investigation reveals an etiology reaching down to the depths of the personality and thereby transcending the limits of the conscious mind. Psychotherapy calls the dark portion of the psyche "the unconscious." The investigation leads first to the discovery of unconscious fixations on crucial situations and persons significant in the patient's childhood. These fixations have both a causal and a purposive aspect and set tasks for future fulfilment. Its method is the analysis and interpretation of all forms of expression. Another important point is that of "transference" which is the projection of unconscious contents on to the analyst and appears as a transference neurosis. The reduction of the transference neurosis shows it to have been laid down in the unconscious fixations of childhood. To these "personal" unconscious elements in the neurosis must be added elements derived from the "collective unconscious." The latter concept is that of Professor Jung.

In its recognition of unconscious factors in the development of neuroses, as well as in other points, one can indeed trace the inspiration of Freud, so that between psychotherapy and psycho-analysis there are again certain fundamental points of contact. The main difference between the Schools lies in the theoretical interpretation of the unconscious processes.

We must pass over many of the papers read at the Congress, since their contents were for the most part of too technical a character to be adequately commented on here. An interesting paper, of the less technical kind, however, was read by Dr. Margaret Lowenfeld on "The Theory and Use of Play in the Psychotherapy of Childhood." It has come to be recognized that the drawings and play of children have an inner meaning and purpose which is not at first sight evident to the adult observer. According to Dr. Lowenfeld the child uses the material of the experiences he has already, to make himself pictures of new experiences which he does in bodily terms, not as yet having a command of language.

in which to express himself. The childhood experience is made up of sensation, affect, concept, memory and feeling, which coalesce into an indivisible whole. In order to express this whole externally there is needed a suitable medium which may be provided by play. Much of this "play" is brought out through drawings or the use of plastic materials, clay or sand, and various objects such as modelled animals and human beings, toys of various kinds, motor-cars, aeroplanes and other things in great variety to which the child may have access as it wishes. A child brought to the Clinic for examination and treatment may be allowed to express itself through drawings or the composition of scenes and situations in which the action and behaviour of persons in his environment and his own inner unconscious reactions are exteriorized in quite a remarkable way. It is difficult to illustrate this; the productions have to be seen to be understood and seen moreover in their relations to the inner conflict of the child which has brought him to the Clinic. The essential features in these productions lies in the fact that they express in a disguised way the conflict underlying the child's behaviour problems. As the course of treatment by such play therapy goes on, it is often found that the productions change in character becoming less fantastic and better adapted to real situations. This is usually paralleled by an improvement in the child and finally by a clearing up of the problem.

Some very striking illustrations of their procedure were shown by Dr. Charles Burns, of the Birmingham Child Guidance Clinic, and also by Dr. Kathleen Todd, from the Child Guidance Department of the West End Hospital for Nervous Disorder. (We may remark *en passant* that both of these are Catholics.) Miss Gwen Chesters of Hill End Hospital and Clinic also brought some illustrative cases of therapy through drawing. In addition to these a large display on similar lines was shown by Dr. Lowenfeld of the Institute of Child Psychology, London. It is only in special cases that recourse is had to treatment of this kind, which is a form of psycho-analysis, since it reveals the unconscious

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motives in which the overt disturbances are rooted. Not every child who is naughty or misbehaves, is a pathological case requiring such special treatment. Much may be done by simpler methods and on common-sense lines in which the investigation of the total situation of child, parents and environment have to be considered in their interrelation.

It is usually the practice of Child Guidance Clinics to deal with the child individually and privately, as also the parents or others concerned; hence the paper read by Dr. Ira S. Wile on "Open Clinic Treatment for Problems of Juveniles" aroused considerable interest and comment. The open clinic makes provision for the psychological treatment of children and parents in the presence of other parents and individuals. Here free discussion is possible and destroys the false emphasis on secrecy, heightens morale and places responsibility upon parents as well as children. Moreover, as Dr. Wile states, "It promises the transference of the interests of parents and children to society as a constructive force rather than as one promotive of personal disintegration. It releases much compelled guilt, shame, fear and humiliation, and permits the evaluation of the meaning of defeat, frustration and inferiority." "The therapeutic potentials are practised as they facilitate the care of larger groups of children, secure greater responsiveness of children and parents, obviate problems arising from personal transference as the parents are equally involved in the situation." Dr. Wile with great humour gave examples of the way cases are dealt with in this type of clinic.

On the whole the section devoted to Child Guidance was extremely interesting and practical, showing how much effective therapeutic work can be done for the great variety of functional disorders which call for treatment on psychological lines. The treatment is limited to children from two to sixteen years of age. The general approach is eclectic and utilizes a variety of therapeutic procedures derived from different sources. Certain phases of psycho-analytic approach are impossible, it was stated, especially those of Freud, although certain elements of the Jungian methodology and

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particularly those of Adler are employable. Dr. Wile concluded by saying that the open Clinic provides a practical method of fostering wholesome personality reactions with greater adaptability in facing the realities of life.

Dealing with "Psychological Problems of the Mature Personality," Dr. William Brown read a paper in the course of which he laid stress on the necessity for a more spiritual outlook in psychotherapy. "A sound philosophy of life," he stated, "practical as well as theoretical, harmonising biological with psychological needs and leading up to a supra-temporal and duly co-ordinated system of values and a serene and courageous spiritual outlook, gives the highest degree of unity, vigour and permanence of the personality, and leads to true happiness."

Reviewing the meeting as a whole one's impression was that it was both happy and successful. The various speakers had an opportunity of bringing their personal contributions to psychotherapy before a wider public, and the Congress facilitated contacts with psychotherapists of various shades of opinion. Psycho-analytic theories were on the whole at a discount, the major emphasis being rather in the direction of Jungian psychology.

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