

MEDICAL PSYCHOLOGY AND HUMAN BEHAVIOUR

THAT branch of the science of psychology, which perhaps is the most important branch, Medical Psychology, has without doubt become a permanent addition to Medicine.

One Catholic psychiatrist has called this contribution towards the Art and Practice of medicine 'the other half of medicine,' and the medical faculty would be inclined to endorse this opinion. Most of the teaching hospitals have now a special department in charge of a psychiatrist who acts as lecturer in psychological medicine as well as being consultant to 'out patients' for functional nervous disorders.

Before the war the Institute of Medical Psychology, besides teaching and training an ever increasing number of doctors who wished to specialise in this subject, gave treatment to 14,986 *new* patients in the twenty-one years of its existence. The number of doctors who specialise in psychological medicine is now very large, and in this war all branches of the services have special psychiatric hospitals, where service patients are given treatment. This brief summary of the activities of psychological medicine should be sufficient guarantee that the medical profession has given an 'imprimatur' to what was perhaps considered at one time to be the happy hunting ground for cranks, faddists, and even charlatans. But there is still in the minds of many Catholics, clerical and lay, an hostility and suspicion which it is felt is a result of misinformation. Perhaps this attitude is partly due to the fact that Catholics consider psychological medicine, in theory and practice, synonymous with Freudian psycho-analysis; this attitude can be said to be entirely without foundation in fact.

Although psychiatrists readily acknowledge a debt of gratitude to the genius of Freud for his researches into the psychopathology of the human mind, and agree that a basis for diagnosis and therapy is founded in part on the result of these researches, comparatively few psychiatrists would wish to call themselves psycho-analysts. Also it is true to say that in their methods of therapy or in their general technique, few psychiatrists adhere to the tenets of psycho-analysis which is very much an enclosed preserve. Access to the fold of psychoanalysts is granted only to those who 'believe without doubting the faith and practise of Freud and his disciples,' and they form

a very small community in comparison with the numbers of those who practice in psychological medicine.

The majority of psychiatrists are eclectic, realising that, in our present state of knowledge of mental mechanisms, no particular group or school has the right to demand that they hold the key to the mystery of the working of the human mind.

Psychological medicine is still in an empirical stage, but enough has been already learnt to demand that the diagnosis, prognosis and therapy justifies the position that psychiatry holds in medicine. One of the chief difficulties in the minds of Catholics is to reconcile with the Catholic doctrine of free-will the fundamental assertion that, in the diagnosis of any functional disorder (neurosis), the main cause may be due to mental mechanisms and processes outside the patient's awareness. This insistence that the conscious behaviour of the patient can be motivated and activated by 'unconscious activations' would seem to savour of determinism, and thus challenge the responsibility of human behaviour. It, argues the Catholic, we subscribe to this concept, we are perilously near to denying the doctrine of sin. To be able to sin, man has to be a free agent, to be able to judge the rightness or wrongness of any thought, word or deed in the light of reason, thus he is free to make a choice. But if we grant the possibility that the Will is not free because an unconscious motivation is impairing the power of freedom, how then can man be said to be free to choose good or evil?

This very proper criticism and objection we must try to answer, but before we do so let us examine shortly the scientific evidence for this assertion. As a simile, a human being's conscious behaviour can be said to be motivated as a 'magnet' motivates 'iron shavings' placed on a surface when the magnets are beneath that surface; the observer may be quite unaware of the hidden magnets.

For a theory to become a scientific fact, it should be subjected to the closest scrutiny, and the strictest observation must be given to a very large number of instances in which the theory is involved. This procedure must have the additional advantage of many observers, and over a long period of time. These methods can be said to have been applied to the concept under discussion. It was in 1895 that Breuer and Freud published their *Studies in Hysteria*, and, although this publication can be said to be the starting point of scientific research into the possible causative factors of the neurosis, Freud and his companion were working on foundations already laid by Janet and Charcot.

Since that time, psychiatrists in practically all civilised countries have been giving Freud's theories the attentions they richly deserve,

and the so-called 'shell shocked' cases, which arose in the last war, gave further opportunity to try and solve the mystery of the genesis of functional nervous disorders.

During the last twenty-five years, thousands of patients among the civilian populations have given psychiatrists opportunity for clinical observation and research. The findings of these cases have been the subject for literature both in scientific journals and numbers of books. In this way, psychiatrists of all nations have been able to pool their information and exchange views. One can say that no medical question has had so much literature expended on it as this question of the genesis of functional nervous disorders.

The consensus of psychiatric opinion, based as a result on clinical observation seems to be that in many cases the genesis of a particular form of neurosis has to be sought in the action on conscious behaviour of unconscious mental mechanisms and processes. The possible physical factors must take their place in making a diagnosis, but the function of activities within the psyche is considered to be the main cause in most of the neuroses, and possible in many of the psychoses (insanity).

This is a very brief outline of the universal interest which has been aroused, and it can be seen that clinical investigations have been in process over a long period of time and with many investigators. Now we will discuss briefly some of the data upon which the clinicians base their postulates.

Freud's discovery was that certain manifestations, such as functional paralysis, aphasia, conversion-hysteria symptoms, i.e. escaping from mental conflicts by means of producing the symptoms functionally and not organically, were due to mental conflicts repressed into the unconscious and there forming complexes which could be cured by deep hypnosis, and abreaction in consciousness. This has been proved to be true by the treatment of hysterics.

If a super-suggestible subject is hypnotised sufficiently deeply to produce a state of unconsciousness as if in sleep, suggestions to perform particular actions on waking can be given. When consciousness has been regained, the subject will feel compelled to carry out these suggestions. These experiments demonstrate that a subject's conscious behaviour can be motivated by suggestions of which he is completely unaware. The subject has no conscious knowledge of what he has been told to do, for he was in a state of deep hypnosis when the suggestions were made.

Again, in the course of reductive mental analysis, which form of treatment has been found most beneficial in certain of the neuroses, unconscious mechanisms have been discovered, and these have been

found to be the chief cause for the patient's abnormal behaviour. It is the revelation and acceptance at the conscious level of these unconscious mechanisms which can, in fact do, alleviate if not cure the neurosis. This form of treatment is in common use by psychiatrists, and the evidence produced by the results surely can be said to justify the claim that unconscious mechanisms exist? This claim is based on clinical investigation by scientifically-minded clinicians.

Anxiety states, hysteria, obsessive-compulsive, and other states, result in the main from mental conflict, followed by repression, and complicated by pathological mental states. Most, or all, of these mechanisms are not within the consciousness of the patient, and so long as the conflict is not conscious it remains incapable of solution. The treatment found most useful for such conditions is reductive mental analysis in order that the adjustment to the unconscious conflict can take place at the conscious level. Thus it can be seen that in hysterical manifestations, and the treatment by reductive mental analysis of the neurosis, lie some of the proofs for the assertion that conscious behaviour can be affected by mental mechanisms outside the patient's awareness.

The reason, and therefore the will, acting as it does at the conscious level, can be diminished in freedom by pathological states of mind, or in certain cases, so far as the particular neurosis is concerned, completely obstructed.

Psychological treatment is far from denying freedom of will precisely because its concern is to bring what is involuntary, because unconscious, into the realm of the conscious and therefore free. In other words it is by implication an assertion of free will. The traditional text book of Moral Theology deals with what are called *hostes voluntarii*—things which deprive an action of its voluntariness. To quote Prummer, *Manuale Theologiae Moralis*, tom. I, tract II, cap. II, Art. II, he gives six: ignorance, violence, fear, passion, habit, and pathological states of mind—apart from insanity, are given epilepsy, melancholia, hallucinations, hysteria, etc.

It is difficult to see, in view of the scientific evidence for pathological states depriving an act of its voluntariness, which fact is backed up by moral theology, that there is a *casus belli* between the psychiatrist and the Catholic. An individual is free in all the departments of his life except in so far as his freedom of will is impaired, partially or totally, by his neurosis or his neuroses. Psychological treatment is to free the will from the shackles of the neurosis so that he can be a free, integrated and adjusted personality.

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