

باب الكتب الجديدة

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إن القصصى الناجح هو سيكولوجى حقاً ، يستطيع بقلمه أن يفعل ما يعمله الجراح بمبضعه . فهو يحلل الطبيعة البشرية إلى مجموعة من الميول والانفعالات تتنازع بعضها بعضاً فتتغلب إحداها وتكبت الأخريات فى الأعماق ... وكأنى بمؤلف هذه القصة يحاول أن يضمن آراءه السيكولوجية التحليلية ، إلى جانب خبرته فى الحياة ونظرياته فى فلسفة الوجود ، فى قالب قصصى يمتاز بأدبه الرفيع ... لقد صور الإنسان على طبيعته مجموعة من المتناقضات لأن سلوكه مجموعة من الدوافع التى قد تصطدم بعضها ببعض فتتغلب النزعات الداخلية نحو الشهوة حيناً ثم هى تخفى أمام قوة الإرادة وضغط المثل العليا حيناً آخر . وهكذا يورد المؤلف عبارة يلخص فيها هذا رأى فيقول عن إحدى شخصيات القصة « قد تكون عرفت منه جانباً وغاب عنك منه جانب ، فإن هؤلاء يجمعون فى أنفسهم أشخاصاً أضداداً ، ثم يقول : « حاول أن تجعل منه إنساناً ، حاول ألا تضيق بالشخص الأسفل الذى فيه لكى تظهر منه الشخص الأعلى » .

وكأنى بالمؤلف أيضاً يحاول أن يضمن فى ثنايا هذه القصة عبرات من فلسفة الحياة ، فتراه يقتبس منها صوراً متلاحقة ولقنات متضاربة ترتفع بالشعور تارة إلى حد الانفعال ثم هى تنقلك تارة أخرى إلى ميدان التريث والهدوء لتثير أمامك مشكلة من أعظم المشاكل الفلسفية . « ما غايتنا جميعاً من الحياة ؟ » ويحيب عن هذه المشكلة بإجابة رمزية تتلوها إجابة صريحة فيقول : « ورأى يوماً فى بعض وقفاته عوداً ضئيلاً تتقاذفه الأمواج على سطح الماء ، تعلو به ثم تنحدر ، وتتجه به إلى اليمين تارة ، ثم تلقيه إلى اليسار . ثم إذ دوامة شديدة تجذب العود إليها فتدور به لحظة ثم تبعث به إلى الأعماق . وكأن هذا المنظر كان وحياً هبط عليه ، فبدا له

أن البشر ليسوا في الوجود سوى هنة مثل ذلك العود الضئيل ، والقضاء يقذف بهم حيث يريد . إنهم يأتون إلى الحياة بغير أن يريدوا حياة ، وهم يمضون فيها حتى يخرجوا عنها ، سواء طالت أيامهم أو قصرت ، فإذا حان ذهابهم عنها ذهبوا كما جاءوا إليها قسراً وأمرأً بغير أن يريدوا . فأية غاية تكون لهذا البشر فيها ؟ » ويستمر المؤلف في مناقشته لهذه المسألة الفلسفية حتى يصل منها إلى أن غاية الوجود هي الوجود في تمامه : « أليست الشجرة تنبت عوداً مثل هدبة الثوب ثم تنمو حتى تكون هيكلًا ضخماً ، ثم تؤتي ثمرتها حيناً وتمضي في سبيلها بعد أن تتم وجودها ؟ أليس كل صنف من الحيوان ينشأ علقه ثم مضغة ثم يصير إلى التمام حتى تخبو فوريته فتطويه الثرى ؟ »

ورغم أن المؤلف قد أسقط على شخصية « فؤاد » ذلك الطموح إلى تحقيق المثل العليا كلما وجد إليها سبيلاً ، إلا أنه لم يرتفع إلى حد الخيال في تصوير هذه الشخصية فأبرز مدى أثر الضعف في الطبيعة البشرية وكيف أنه عامل هام يعود إلى الأنانية الفردية التي لا يستطيع بشر أن ينتزع نفسه منها ... لقد وثق فؤاد أن الجريمة مدبرة ضد « قوية » ومع ذلك فقد تخلى عن التحقيق فيها خشية أن يتهم بأنه كان على صلة سابقة به فأثر أن يتنحى عن التحقيق إلى غيره ... في حين أن المثل الأعلى يقضي بأن يكون هدف وكيل النيابة هو تحقيق العدالة — خصوصاً وهو أعلم بدواخل الأمور — وليس مجرد تنفيذ حرفية القانون ...

وتجد المؤلف يناقش مبدأ سيكولوجيا هاما عن الحاجة النفسية إلى الشعور بالعطف والتقدير حتى لتجد أن الجناح والانحراف عن المستويات الأخلاقية النبيلة أو مواد القانون الصارمة إنما يعود إلى افتقاد هذا العامل ... فأكثر من تذهب عنهم الإنسانية من هؤلاء هم الذين لم يجدوا أحداً يأخذ بيدهم .

ولست أستطيع أن أطيل في تقرير هذا الكتاب ولكني ألخص رأيي في عبارة واحدة وهي أن هذه القصة تعتبر ثروة جديدة تضاف إلى الأدب العربي وتغني من يقتنيها .

ماهر كامل

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ting, and can explain the way a symptom replaces a forgotten conflict, it becomes at once clear how abreaction removes symptoms; for it enables the conflict to be recalled, and hence replaces the symptom by the conflict. But how does it enable a conflict to be recalled ? This is achieved by reverie association by the patient in the presence of the analyst, whose consent relieves the unpleasure of recollecting, though the mechanism of this last process cannot be understood from abreaction therapy alone.

Further progress in practice and theory comes only by *interpretation*, whether this consists of forming a pattern into which reverie associations fit or finding something an association symbolises. With this, which is outside abreaction therapy, the psycho-analytic method proper begins.

When abreaction therapy was discarded, hypnosis was discarded along with it; but experiments are being initiated, introducing hypnosis again to conduct psycho-analysis in the hypnotic state.

problem requires the technique of interpretation. Moreover, it is most effectively used when applied to the material yielded by reverie association and not merely to the material called to mind by specific ideas mentioned to the patient by the therapist. It is with this technique of interpretation applied to reverie associations that psycho-analysis properly speaking began, perhaps five years before the beginning of the century.

With the discarding of abreaction therapy, hypnosis as one of the methods employed, was discarded also. It may be mentioned, however, that the technique of hypnotising has been much improved since Freud gave it up, and a new attempt is being made to use it effectively. This is called "Hypno-analysis". Workers in the United States¹ have applied the analytic technique of interpretation during hypnosis to reverie associations produced in that state. Discussion of this would properly belong to the sphere of technique; no changes of a theoretical nature are involved.

§ 8. Summary.

To understand how abreaction therapy removes symptoms, it is necessary to examine separately different phases of the process. Abreaction, when it occurs, enables forgotten experiences to be recalled; since this does good, it is clear that forgetting is fundamentally pathogenic, and thus the basic problem is that of forgetting (excluding recollection from the meaning of this term).

Forgetting occurs as a means of reducing unpleasure in some form or other, guilt, loss, and so on. Early therapy was concerned with traumatic experiences, but it is clear that they form only one type of pathogenic experiences, which essentially involve some conflict. Conflict of a pathogenic kind contains guilt, loss, or some such feeling. Evidently, therefore, forgetting occurs in those who cannot stand such feelings. This constitutional inability to face guilt and the like, however, cannot be explained by any discoveries resulting from abreaction therapy; we can say, however, that such feelings as guilt have their maximum effect in infantile life.

The next problem to understand is how a forgotten conflict can produce a symptom. This can be understood if we look upon conflict and symptom as different forms of one thing. This is a possible way of proceeding if we can show that the elements of a conflict always have a somatic aspect; thus the symptom may be regarded as the somatic resultant of conflicting somatic trends.

If we understand, or assume the existence of, the mechanism of forget-

1) Margaret Bremman & Merton M. Gill, *Hypnotherapy*, London, 1947; L.R. Wolberg, *Hypnoanalysis*, New York, 1945.

§ 6. *The Meaning of "Interpretation".*

(i) We have seen that new symptoms (either different from the old ones or a repetition of them) may develop after abreaction therapy has been successfully carried out: we may claim for the therapy that it can remove symptoms, though we should hesitate to say that it *cures*. A different form of therapy is needed if we are to alter the patient's disposition to develop pathogenic symptoms after a trauma.

(ii) We have noticed a case in which symptoms *symbolise* an attitude (Case VIII: Mrs. Cecilia M.).

(iii) And we have had some reason to think that the relating together by the therapist of (recollected) experiences can play a therapeutic rôle (Case V: Miss Katharina).

These three results take us beyond abreaction therapy. Regarding (ii), when the therapist considers that symptoms *symbolise*, he implies there is something symbolised. Then a *statement purporting to express what is symbolised is called an "interpretation", and the activity of attempting to express what is symbolised is called "interpreting"*. Regarding (iii), when the therapist believes he sees a relation between symptoms or experiences or sees a pattern in them, he may also interpret: *a statement purporting to express a pattern is an "interpretation", and the activity of attempting to express a pattern is called "interpreting"*. These two forms may be called respectively "symbol interpretation" and "pattern interpretation".¹

Interpretation, applied to reverie association by a therapist consenting to listen, suggests itself as a possible means of exploring further; in particular it might enable us to investigate the difference between patients that develop pathogenic symptoms and patients that do not, *i.e.* to investigate guilt, loss, and so on.

§ 7. *The Limits of Abreaction Therapy.*

We have seen some of the limitations of hypnosis and kindred methods of therapy. Notably these methods do not preclude relapse or the replacement of old symptoms by new ones; nor do they enable us to understand why a patient reacted to a trauma with, say, guilt. A full understanding of these limitations is impossible without the knowledge the psycho-analytic method gives of the way these methods work. Numerous problems have been raised above, which are unanswerable within the present framework. In order to probe further either the therapeutic problem or the theoretical

¹ The non-parallel nature of these usages gives rise to no confusion: interpretation from a symbol, and interpretation to a pattern.

every new stage in it) requires the consenting listener. While the part that reverie association plays is fairly clear, we cannot from the material here at our disposal explain the rôle of the listener. One can see (and it is introspectibly verifiable) that unpleasure in recollection is diminished by the consenting listener; clearly guilt may be lessened and thus unpleasure reduced; but why this should be so would require research beyond the means of abreaction therapy.

§ 5. *Increasing Inhibition by Suggestion Therapy.*

Brief comment should be made on one of the results discovered by hypnosis: that alleviation of symptoms can be brought about by making the patient forget his traumas still more thoroughly. The method of making a patient forget his traumatic experiences is a form of suggestion therapy, which, though it was soon given up by Freud and other psychoanalysts, continued to be practised by eclectic psychotherapists for a considerable time. The interest of the method is that it leads in the direction opposite to the direction of abreaction and that it hints at the idea of psychic distribution of force. For, if a set of symptoms (and therefore a conflict) is removed by abreaction *or* by suggested forgetting, one naturally frames the metaphor of two opposing forces composing the conflict, which is removed by releasing the forces like a wound-up spring through abreaction or by suppressing completely one of the two forces through suggestion or hypnotic command. The paradox is, however, that mental illness is due to such an inhibition of one of the forces — and yet this procedure can also be of benefit. Within the terms of the metaphor, the answer to the paradox is simply that symptoms result from an inhibition only if it is not too great; or health depends upon *either* the absence *or* the completeness of inhibition.¹

More concretely, suppose there is paralysis of the arm following an itch to strike someone. If the suggestion is given, either in hypnosis or not, "You do not wish to strike", then the paralysis can be removed, not by modifying a feeling of guilt at the wish to strike but by an alteration of this wish. To explain how this comes about would need an investigation into the mechanism of hypnosis; but one can see that the guilt or other feeling is not aroused if for some reason or other the dangerous wish is given up.

1) The ascetic mystic who has no desire left suffers from no feeling of guilt and therefore no conflict; the absolutely spontaneous person who can satisfy all desire without any qualm or opposition from feeling of duty also has no conflict. These are of course abstractions.

of abreaction removes the symptom: abreaction is the unpleasure of recollecting the pathogenic experience — hence *if* abreaction takes place, it *must* be effective. The real problem is: how can abreaction take place? It takes place by applying the technique of reverie association, or by the more restricted technique of spontaneous responses given by the patient to ideas mentioned by the therapist. Thus the problem essentially is: how does reverie association enable abreaction to take place, *i.e.* enable unpleasurable experiences to be recalled?

There is no difficulty in seeing that the method works by overcoming resistance by small degrees. That is to say, while it is not possible for a patient to endure the recollection of unpleasant experiences *tout court*, he can do so step by step; other experiences, unpleasurable because of being connected with the traumatic one, are less unpleasurable than it, and the recollection of these can be endured.

But how is a start made? A patient cannot by his own efforts proceed in this way. *He does so in the presence of a therapist.* Two situations may occur: it may be simply that at times (or in an ideal case all the time) the flow of reverie-associations leads degree by degree to unpleasurable experiences as required; but mostly when he comes to some unpleasurable point, a little persuasion from the therapist is needed, perhaps in the form of a request for further information about what he has in mind. In either situation the patient can suffer the unpleasure of a recollection through the presence of the therapist: in the second one, the therapist clearly conveys, "You *may* tell me about the unpleasurable experience", but this is implied by the first situation also — since implied by the general idea of therapy through verbalisation. It would be out of place in the present context to go further into this matter. All that is needed here is to stress that mere reverie association *in vacuo* is not what gives the result but reverie association voiced to another person with his consent.¹ The therapeutic method is thus a process in which there are the two distinguishable features: reverie association and a consenting listener.

The problems opening up are therefore: why is it that these two features in combination enable unpleasurable experiences to be recollected? And what is the relative importance of the two? On the latter question, it is evident that reverie association constitutes a strategy of indirect approach, but that to initiate the process at all (not to mention initiating

1) We should, however, note that the fact of verbalisation may prove to have intrinsic importance apart from being a means of communication. There is also the possibility of a sex factor in a rôle similar to that it appears to play in hypnosis.

Is there any qualification needed in view of the hypnotic phenomenon? When the conflict is recalled in hypnosis, *without* being recalled after waking, then, since the abreaction therapy is not complete, the conflict has clearly been only partially recalled in the hypnosis; but to the extent that it is we should expect to find in hypnosis that the fist was capable of moving a little, even though this would not be so after waking. This appears to be in keeping with what is known about hypnosis.

It has been repeatedly remarked upon that hysterical symptoms, in spite of their mental ontogenesis, manage to attach themselves to parts of the body that have something wrong with them, apparently independently of the hysteria. On this I would make just one point. Where the hysteric has a weakness, he is going to suppose that it has been inflicted upon him as a punishment. In other words, an organic disturbance may attract guilt. One would imagine that it would take very little in the way of hysterical conflict to inflame such a situation—some link will be forged by the subject between the organic seat of trouble and its guilt on the one hand and the new seat of guilt.

§ 3. *The Mechanism of Abreaction.*

Of the difficult questions that have been asked this one is much the easiest to answer, in the light of the answers to the others.

Abreaction means the experiencing of unpleasure of recollecting a forgotten experience; it thus involves not only the forgotten idea but also the affect with which this idea was invested. In fact it is the affect that is important, for to recollect most of the affect without being able to recall the idea would do a great deal of good.

It is clear from the mechanisms of forgetting and of symptom formation that, if the subject can endure the unpleasure of recollecting, the symptom will disappear because of being retransformed into its original form. From this point of view it is not difficult to see how abreaction therapy succeeds. What is more difficult to understand is how the subject can endure recollecting the unpleasure when he was previously unable to stand it. To deal with this requires for its full explanation an excursion into the three factors involved in psycho-analytical therapy; but in the present context attention will be devoted almost exclusively to only one of them, since this is the only one that emerged from the classical treatment of hysteria, and in fact the other two require a wider canvas than abreaction therapy gives us. To this one we now turn.

§ 4. *How Reverie Association Removes Symptoms.*

We have seen that there is no difficulty in explaining how the process

for instance by compulsively washing the hands over and over again. There is no need here to investigate the various ways in which the conflict might be dealt with; we may focus our attention on the first way, characteristic of conversion hysteria.

What I am attempting to do is to provide a description, in which a conflict is replaced by a symptom, though the conflict may afterwards be recollected and the symptom dispelled, without having to speak of the continued existence of the conflict after it has become forgotten; for in an important sense, once the conflict is forgotten, there is no longer a conflict. The reason why a psycho-analyst would normally be unwilling to say there was no conflict would be that the conflict had not faded but was capable of being recollected. But the above description allows for this, by taking the conflict to be transformed into a symptom. One may here introduce a useful analogue for exegetic purposes: if we spark hydrogen and oxygen we get a transformation — water. There is no question of speaking as if the hydrogen and oxygen continued to exist in some way. But they are recoverable by electrolysis. (Probably the analogue breaks down if we pursue it further: the symptom would preserve the elements of the conflict in a very different way from that in which water preserved the atoms of hydrogen and oxygen.) In the description there are two requirements: to say that the conflict disappears and is replaced by the symptom (and *vice versa*); but also to say that the symptom is the conflict in a different form — it would not be enough if there were no inner structural relation between conflict and symptom.

In view of this description, it is necessary to give up speaking of a conflict, when forgotten, re-expressing itself; for this suggests that the forgotten conflict is present. While it is natural perhaps to speak in this way because of the dynamic feature of the conflict, there is no need to do so, because the dynamic feature is fully described by the transformation of the conflict into the symptom — we may say that the symptom is the metamorphosis of conflict.

The description will appear weakest at the point at which we spoke of body-wishes. Most adults are scarcely aware of these except in a few hunger, excretory, and sexual circumstances; but by close introspective observation the reader may find himself surprised to discover how many body-wishes there are; let him observe himself when he is irritated, angry, tired, excited, hopeful, and so on.

If this description should prove acceptable there should be no difficulty about describing "expressing"; in fact it was covered by the description of the transformation from conflict to symptom.

is perhaps tempting to suggest that a paralysis is like a lack of mental vitamins — that the conflict exhausts a factor required in muscular movement. But this conception is inadequate as the following will show. When a patient has a paralysed arm, he can imagine moving it — though even this may give distress at first — but that is quite different from actually moving it. Moving the arm would involve something essentially lacking in the phantasy of moving it. Thus the imaginary moving may be in the outer fringe of ideas at the beginning of treatment and may later be tolerated, but the actual moving could not be tolerated — until the end of the treatment of the symptom arrives. Now the actual movement would produce *somatic* effects, and we might conceivably find that these effects were an integral part of the conflict. Let us try to elaborate this.

Consider the very simple conflict of a wish to strike someone with the fist coupled with a strong feeling of guilt, where the wish is not merely to have the person struck but to do the striking and to do it with the fist. Now in some instances of this kind the subject has an introspectible itch in the fist. Let us describe this by saying that the fist wishes to strike; we might say that there is a body-impulse present (I use this phrase not to deny the presence of mentality but to deny the exclusiveness of the mental side and to emphasise the somatic aspect). It seems plausible to suggest that the grammatical form "I wish to strike with my fist" describes a deep-seated need to regard the mind as something withdrawn from the spatial volume of the body instead of as something pervading it. If we try to effect the same sort of description for the guilt we find the task more difficult; though we may perhaps describe guilt as a quaking sensation either widely diffused or precisely localised in the body. In hysteria this quaking would be characterised by motor paralysis, like a rabbit when faced by a stoat. Then it would be the wishing fist that was paralysed (one might indeed retain the indirect wish *that* the fist could move, but this would not be the fist wishing). We now have two effects: the intolerable guilt, from which the attention becomes permanently diverted so as to reduce unpleasure; and the paralysed fist, which remains paralysed to prevent the intolerable guilt from returning.¹

It is not to be suggested that some such mechanism is always operative; on the contrary it could not be. Suppose for instance that the hand felt an impulse to handle forbidden objects, the result might be, not to give in helplessly to the guilt, but to soften it by trying to remove the wish —

1) This view of the matter will remove any possible temptation to suggest that a paralysis is due to a lack of mental vitamins.

fact bearing on the present theme — this is the kind of fact that leads one to attribute existence to the forgotten experience even while it is forgotten — though such a mode of expression must be previously only. Again, in cases of double personality, a man is, for instance, aware of Dr. Jekyll-experiences at one period of Mr. Hyde-experiences at another, though never of both at once. Now by means of therapy the subject can be made aware of both sets of experiences at the same period — the experience recalled in hypnosis can become capable of recollection when awake.¹

Let us grant, then, that there is always some approximation to the situation of a symptom *expressing* a forgotten conflict. Now if the conflict is not forgotten or if it fades, no symptom occurs. We are therefore impelled to say that *though* the conflict is forgotten it retains the power to produce a symptom or generally to *re-express* itself. We are now up against the problem of elucidating “expressing” and “re-expressing”.

Now can a conflict be said in any sense to *constitute* a symptom? It

1) We may express this in the following language: there exists a subject of experiences, denoted in English by “I” and “me” (without committing ourselves as to the scope of such terms — sometimes “I” seems to involve specially the eyes, sometimes the hands, sometimes the whole body, and sometimes even more than this); that this subject can think of itself as subject of various experiences; though some of these experiences may at times be forgotten. We are in effect asserting that it is the same subject that has the experiences in hypnosis as the one that has other experiences when awake. We now try the language of saying that the subject that is unaware of the conflict but aware of the symptom is the same as the subject aware of the conflict. This, it must be stressed, is no more than a language; no deduction can be made from it that cannot be made from the facts it expresses. It may appear academic to the practising psychologist to be so timid about saying that the same subject is involved in the two states, but the reason is easy to show. The subject in hypnosis is not the same as the subject in the state of consciousness, in the sense in which I am the same subject as I was an hour ago; for my experiences then can be recalled now, whereas the subject in the state of consciousness cannot recall the experience occurring in hypnosis. On the other hand it is equally inappropriate to say that the subject in hypnosis is different from the subject in the state of consciousness; for they are not different in the sense in which King Farouk I is different from King George VI, *i.e.* it is possible with treatment for the subject in the state of consciousness to recall the experiences of hypnosis, but it is not possible by any form of treatment for King Farouk to recall King George’s experiences. Thus it is not in keeping with existing use of language *either* to say that the subject in the state of consciousness is the *same* as the subject in hypnosis *or* to say that he is *different*. And if we decide arbitrarily to say either one or the other, our new use of language can express no more than the original facts — which are that there are two trains of experience that do not but can be made to integrate. Nonetheless it is the *same* body and the *same* mouth uttering statements of experiences that are involved in the two cases. So let us say it is the same subject of experiences (without forgetting that it is not the sort of sameness I invoke when I say I am the same subject now as I was an hour ago).

To get to grips with this we have to describe facts that impel us to speak of a forgotten experience "tending to re-express itself".

(i) Miss Lucy R. (Case III) suffered from the delusion of a smell of burnt pastry; this smell actually occurred when she was in a state of conflict. Again a woman (Case IV) suffered from vertigo in a place connected with a previous conflict. The conflict in each case became forgotten and a symptom replaced it. We are impelled to say that the symptom *preserved* the conflict. We have to ask, then, how it did so, and also why a conflict has to be forgotten in order to be preserved in this way. There is no immediate answer to this, but we begin to wonder whether there are cases where the symptom *expresses* the conflict. Now when we seek examples, we find that none of the classical cases illustrates this within the abreaction framework. Those who are familiar with the later developments of psycho-analysis will readily see that the symptoms displayed by Miss Anna O. (Case I) did in fact express a conflict. Without such knowledge, the nearest we get to this from our classical case histories is from that of Miss Lucie R. when she recalled that there had been a smell of cigar smoke at a moment when she was in a state of conflict over her affection for her employer and her disappointment at his behaving in an unkind way. Now we may be willing to agree that the odour was connected pleasantly with him (*i.e.* that the phantasy of life with him would be life with a cigar smell), but are we also willing to agree that she associated the cigar smell with the harsh behaviour of the man? So far as abreaction therapy goes, there is no link between them apart from the accidental circumstance that one occurred at the same time as the other (deeper analysis would undoubtedly reveal a more significant connexion). But to illustrate the point, let us construct an artificial case, like this one, except that the man is to display his harsh behaviour not by shouting at the guest, as was the fact, but by angrily blowing cigar smoke in his face. Then the cigar symptom would express the two sides of the conflict.¹

(ii) Here hypnosis teaches something that other methods do not. In hypnosis, the subject broadly speaking has access to experiences to which he has no access when conscious.² When he thus recalls a fundamental conflict without being able to recall it when conscious, we have a basic

1) The very difficulty of providing an exact illustration from real life has a bearing on the inadequacy of abreaction therapy.

2) This is not quite accurate. He has access to some, but others he gains access to only when hard work is done by the hypnotist. We might therefore have to speak of whole sequence of levels of awareness. But this does not affect the point at issue.

pathogenic results and another not was the presence and absence respectively of successive traumas. Important as this is, it does not radically alter the present position: it does not explain what determines the point at which the build up of traumas finally becomes pathogenic; at this point we need to introduce the additional factor of guilt, loss, or some such. Thus the above account remains basically untouched. Of course the hypothesis is open to us that quantitative reinforcement of traumas is alone sufficient to produce a symptom; but in fact an additional factor, such as guilt, is always found, and found moreover to have an intrinsic connexion with the symptom.

A further point about forgetting may be noted. We saw that anything tending to redirect the attention towards a conflict will be interfered with by a sense of impending unpleasure. Now this sense will tend to render forgotten all ideas that arouse it. By degrees we leave the core of the conflict and reach ideas that cause less and less uneasiness, eventually attaining an outer fringe of ideas that do not arouse any and are not forgotten.¹ This point is obviously important when it comes to explaining how any therapy can induce recollection.

A word may be added on the order of recollecting traumas, which is the reverse of that of their original occurrence. From this we infer, in conformity with our experience that late traumas do not prove pathogenic unless preceded by earlier ones, that the earlier in life the feeling of guilt, loss, and so on are experienced the more damaging they are. Thus the study of forgetting must centre around its infantile origins.

§ 2. *The Mechanism of Symptom Formation.*

The general question underlying the previous section and the present one concerns the pathogenic effect of traumas — why traumas sometimes act pathogenically and sometimes not. This way of putting the matter, however, confuses two quite distinct questions. The trauma is pathogenic when it is forgotten: in everyone a forgotten trauma will prove pathogenic. But not everyone will forget a trauma. Hence we have to ask both what renders a trauma forgotten — as in the preceding section — and why it is that a forgotten trauma is pathogenic, the question to be dealt with now. It may be better expressed as the question how it is that a forgotten trauma produces a symptom.

1) In between, there is a level in which ideas are recollected in spite of being accompanied by uneasiness. How, then, do they not lead to the recall of still more unwelcome ideas? This is avoided by not allowing the focus of attention to dwell on the ideas but by attempting to divert it — if the attempt is not made, then the calm attending to these ideas would arouse the next set of still more unwelcome ones.

experiences — or rather why some individuals would suffer unendurable distress if they were not to forget a trauma.

The difficulty here draws attention to the inadequacy of the concept of trauma — though it may be retained if sufficiently widened. When we scrutinise cases where there has been a trauma with pathogenic symptoms, we find that there has not merely been a trauma, like, for instance, a shock. In the most natural sense of the word one would suffer a trauma if one met an escaped lion in Mohammed Ali Square. But in cases of hysteria we also find guilt or a feeling that punishment is deserved or something of that kind even though of much milder form — remorse, shame, or slight self-reproach. Thus the crucial factor in the pathogenesis of symptoms is not simply a trauma but a conflict, of which in these cases a trauma is one element. One might, indeed, have a conflict in which it would be stretching ordinary usage too far to say that it contained a traumatic element. Consequently we may widen the concept of the active cause in the aetiology of mental disturbance to being a conflict, which may or may not contain a trauma. If, of course, we wish to retain the word “trauma”, we may do so, but we shall have to understand it to mean the injury sustained as a result of an event that attracts feelings such as guilt — which makes it equivalent to “conflict”.

It is now easier to answer the question why less unpleasure would sometimes be suffered by forgetting traumatic experiences: less unpleasure would always be suffered by forgetting a trauma that induced a conflict containing guilt, a feeling of loss, or some such. Thus the answer to the main question, why some people do and some do not forget traumas, is that some react to the trauma with guilt, feeling of loss, and so on, and others do not.¹

If we ask further why there is this difference, there is no answer within the scope of the present enquiry. To answer it would require experimental research that could not be carried out by the method of abreaction therapy alone; psycho-analysis — in a more developed form — would be needed.

It may be that some modification is needed on account of the phenomenon of trauma reinforcement. As Freud pointed out, a symptom does not arise from just one trauma; reinforcement by others is needed. This draws our attention to an over-simplification in the above account — the quantitative factor was omitted. It might appear that what led one trauma to have

1) It is to be observed that the answer is now no longer given in terms of unpleasure but in terms of guilt and such like; unpleasure is merely an abstraction from numerous experiences such as guilt.

less and less clearly recalled.¹ The evidence is in part introspective: one simply notices that one does not in general recollect experiences from the more remote past so well as those nearer to the present.²

We contrast, then, forgotten traumas with experiences, traumatic or otherwise, that merely fade. The immediate question is to ask what causes forgetting in some individuals and why do these causes not operate universally.

The obvious answer is that to forget is to reduce unpleasure in some form or other. When a conflict gives unpleasure, an effort is often deliberately made to divert the attention from it, though often the attention is diverted without any deliberate effort. Then, anything tending to redirect the attention towards the conflict will be interfered with by a sense of impending unpleasure. This may be no more than a sense of uneasiness or it may be felt as anxiety of the most acute kind. When an effort is being unsuccessfully made, yet being made, to avoid attending to the conflict no longer forgotten, feelings of various degrees may be experienced, from reproach, shame, and remorse up to one of acute guilt or a feeling that punishment is deserved or a feeling of irremediable loss. Thus recollection increases unpleasure. And this is a generalisation for which the evidence lies solely in introspection. It is true that some of the introspective evidence comes from abreaction therapy, when a patient feels recollection coming or begins to have recollections; and this raises another question — if this increased unpleasure is induced how does abreaction therapy succeed in making the patient endure unpleasure that otherwise he would evade? This will be discussed in a later section. But, whatever technique may be used for getting over the unpleasure of recollecting we cannot deny that the need to avoid the unpleasure induces forgetting.

But this does not really answer the question: for we have to enquire why less unpleasure would sometimes be suffered by forgetting traumatic

(1) We may wish to go further and say that "fading" describes a process in which elements of an experience become detached from the experience as a whole and attached to other experiences, so that recollections form a confused complex. But we should have to express this more logically, for an element cannot be detached from an experience — all that would happen would be that the recollection of an experience did not contain the recollection of the element.

(2) It is open to us to object that it might be possible to find a technique enabling a person to recollect such experiences. Hence we may have to agree that there can be no evidence that an experience has faded; we could describe it merely as an experience for which there exists no known means of inducing clear recollection. For present purposes it is sufficient to regard a "faded" experience as one that cannot be recalled by abreaction therapy.

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ABREACTION THERAPY : MECHANISMS.¹

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§ 1. The Mechanism of Forgetting. § 2. The Mechanism of Symptom Formation.
§ 3. The Mechanism of Abreaction. § 4. How Reverie Association Removes Symptoms.
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§ 1. *The Mechanism of Forgetting.*

In some individuals traumas produce no lasting harmful result, while in others they do; consequently the question arises why traumas sometimes do and sometimes do not act pathogenically. When they do they become forgotten, and abreaction therapy consists in enabling the patient to recall them again. And when they do not act pathogenically, they do not become forgotten. Though this is not equivalent to the statement that recollected traumas do not act pathogenically, which is not universally true, so that we do not get a sharp correlation between the forgotten and the pathogenic and between the recollected and the non-pathogenic, still, our attention is forced to the problem of what causes some traumas to be forgotten and others not.

Experiences that are not forgotten, whether traumatic or otherwise, are commonly said to fade in the course of time; that is to say, they become

1) This article is a discussion of the material put forward in "Abreaction Therapy: Facts" in the previous number of this JOURNAL.