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Modern Trends in Psychiatry

The subject that I have been asked to talk to you about is very apt, perhaps, in view of the fact that this is being called the Mental Health Year. As some of you know, I have been engaged for many years in the practice of psychiatry and one has had an opportunity to read and to see life in reality as well as reading the theories of the various psychological schools. What I have to say today will be partly based on reading and the knowledge one gets from the medical side, and perhaps some of it towards the end based on actual experience of some thousands of patients whom I have interviewed or analysed in the last twenty-three to twenty-four years.

Now I am very happy to be able to stand here and say that, during the last ten years there has been very rapid progress in both knowledge and the treatment of patients suffering from nervous and mental illnesses. Many years ago when I did my own psychiatry as a medical student, the main idea of the treatment of insane people was that they were a danger to society or to themselves and should therefore be locked up. The old-fashioned mental hospitals were more like prisons than hospitals, and the patients were all kept under lock and key, and very little was known in those days about methods of treatment. But since the discovery of the new psychology by Freud and his followers and also by the extensive researches made on physical lines, fruit is now borne in the new methods of treatment on both aspects of the patient, that is to say, on the psychological side purely and on the medical side, the physical, chemical side. I shall say very little about that because that is not really the main theme about which I want to speak this morning.

There is an immense amount of investigation going on at present on the physical side, for example, the work of the Burden-Sanderson Institute near Bristol where several workers are engaged in the study of the electrical reactions of the brain, using an instrument which many have heard about called the electro-encephalogram which records electrical changes occurring in the brain under varying conditions. Some very interesting results have been obtained; for instance it has been discovered that people with certain kinds of personality

produce waves, electrical waves, of a particular form. In fact, one of the research workers there said recently that they had gone as far as believing that they could, by taking electrical brain reactions of a man and a woman, decide whether they are suitable for marriage.

Then the chemical studies as well are going on, and I dare say many have read or heard of the frightening effects produced in the mind by a certain substance called mescaline, and by certain other chemicals which produce a condition of mind somewhat similar to schizophrenia. A good deal of research is now going on in that direction and also in the direction of the chemistry of the central nervous system. There are those who believe that some of the forms of mental disorder and possibly emotional disorder have a physical basis in some chemical changes in the chemistry of the cells and fibres of the central nervous system, but this work at present is, of course, in its infancy. There is, the work which has been done—initiated, perhaps—by Pavlov, the Russian physiologist, on what we call conditioned reflexes. He experimented with dogs, finding out how their secretory apparatus responded to certain stimuli, and by altering the stimuli, and so on, he was able to produce some unexpected results. But among other things he was able to produce by confusing the dogs by certain stimuli a kind of nervous breakdown and, interestingly enough, he found that by giving these dogs bromide, they got better of their nervous trouble. Then much more work was done on the physiological side.

We are sometimes apt to forget Sherrington who did a very wonderful work on reflexes which I find is very rarely referred to now. Pavlov has so taken the field that Sherrington's work has been forgotten.

Along other physiological lines, a great deal of work is being done at the present moment at the psychiatric group of hospitals in London, of which the Maudsley is perhaps one of the chief. There is the research work of Eysenck who, with his collaborators, has published some very interesting work where experiments have been done to differentiate various types of character on experimental lines, and also a great deal of work has been done on the statistical line by comparing the characteristics of 500 neurotic patients with the characteristics of 500 fairly normal people chosen at random.

Now out of this physical work and the work of Pavlov and those who succeeded him, there were those in America some years ago who started a school of psychology which is called the Behaviourist School, of whom the founder was one named Watson. The Behaviourist School made what seemed to be the cardinal error of considering only

one set of phenomena and ignoring the rest. They attribute all human action and behaviour to physiology or reactions in the central nervous system; in other words it was a purely materialistic outlook. They said that we simply reacted in certain ways to certain things in our environment something like a machine, and there was no need to postulate minds or consciousness as being an important factor in human personality. When they were pushed about consciousness they proclaimed the theory that consciousness was epiphenomenal or that it was a by-product of chemical changes in the brain. Now I do not know what you think about this; perhaps it is my limited intelligence, but I cannot for the life of me see what is meant by an epiphenomenon, and they forgot, these people, that the only thing of which you and I are directly aware is our psyche. We only know the outside world by our senses and our observation, that is to say, we have no immediate knowledge of the outside world. On the other hand we have immediate knowledge of our psyches. You know you exist, you know that you have certain experiences, whether you can describe them or not. You know that you have things like dreams, you have things like anger and fear and the emotions of which you are directly aware. They do not come by inference, and all the rest of the world outside is known to you not immediately, but, as I say, through the means of the senses and observation; and even when these Behaviourists talk about personality depending upon reactions and so forth, they only know those reactions as chemical and physiological reactions of the nervous system through their senses—their minds had to be there first, so to speak. Therefore it seems that to call consciousness of the mental process of which we are directly aware merely an epiphenomenon of chemical or electrical changes in nerve cells is really to me meaningless. I cannot see any relation at all. It is perfectly true, of course, that alterations in the chemistry or the electrical reactions in the brain cells do produce changes in mental reaction—we know that. But who is to deny me when I say that equally the process is reversible, that is to say, the changes can be brought about in the nervous system by mental events? There is a great deal of evidence in favour of that. For example, an enormous amount of work has been done in the last few years on the general physical and chemical reactions in the body, including the brain, to emotion. Now I am not prepared to accept what the Behaviourists seem to put forward, that emotion is the result of changes in the body—I cannot help feeling that it is the other way round, that if I feel anger, if I have fear, I can then find that changes have taken place

in my body, and to argue that the fear or the anger are due to changes in the body seems to be an extraordinary 'Alice in Wonderland' way of looking at it, and perhaps the ultimate philosophy of the Behaviourist School was expounded some years ago by a book which caused rather a stir in philosophical circles, a book by Ryle of Oxford called *The Concept of Mind*, in which Ryle stated that there was no need to postulate the ghost in the machine, as everything would be explained on physical reactions, if you like, on Pavlov theories and so forth; and it was an ably written and a very amusing book. But what rather amused one was that Professor Ryle himself is a professor of metaphysics at Oxford.

Now I want to leave the subject of the materialistic aspect just with this concluding remark, that one must not belittle the immense amount of experimental work which is going on on the physical side. It has added greatly to our knowledge, and there is always the danger of dividing man into sections as though they were watertight compartments. For example, dividing him into spirit and mind or soul and body. Man is not like that. Man is the totality, the person. You and I are totalities consisting of body and, if you like, mind and spirit, but we cannot separate them by a clean cut and say that they are different departments, watertight compartments. They do not exist as such, and mind and body and spirit are extremely closely interwoven, and when dealing with people, as I want to show as I go on, we have to think of the whole, the total personality, whether we are doctors of medicine or surgeons or psychiatrists; to consider the total personality and not to isolate one part, and think that we can deal with that and ignore the rest.

Now there is another line of treatment which is offering great promise. It was realised, and is realised, that with a great number of mentally afflicted and neurotically afflicted patients one of their root difficulties is in adapting themselves to the society in which they live. One finds over and over again that underlying the emotional and mental disturbances of patients there is an intense loneliness. There is an inability to communicate. This is especially true, of course, of that most dread of all mental illnesses, schizophrenia, where so often patients go right off into a fantasy world of their own and become quite detached—the only cases, incidentally, of psychological independence. They cut themselves off and they feel intensely lonely; and even patients suffering from the milder complaints of such emotional disturbances, as neurotic anxiety or obsessions, have a feeling, so often, of being

'odd'. So many of them have the kind of feeling of being the odd man out. We must realise that if we could only get them to become part of a group, to become assimilated into part of a group, it would be an enormous help to them in recovery, and would restore to some extent their confidence and take away some of that dreadful feeling of loneliness—of being odd man out.

Several clinics in London—especially the Tavistock Clinic, which I think was the first to do this—several years ago started what they call 'group psychotherapy'. They formed a kind of club of some of their patients under the charge of one or two psychiatrists and they had games, refreshments, and then they had talks and were encouraged in these talks to unveil some of the difficulties they had and discuss them with one another. The psychiatrist did very little to direct the discussion; here and there he would do so by an occasional question, but he left the patients, as far as possible, to get to know each other by meeting every week, or perhaps not quite so often over a long period, perhaps a year or two years, and to help one another by discussing their difficulties, and in some cases this proved very helpful because it helped people to feel that they did belong to a group. May I say in passing, should this not be one of the basic functions of the Church?

Now still further, a friend of mine who is working at one of the large mental hospitals under the London County Council—and who is a very fine Christian man and has very high ideals in his work, and is highly qualified as well in his profession—has started three or four years ago, by permission of the Superintendent, what was then a new idea in group treatments of mental difficulties. He had permission to use a house in the grounds of the mental hospital and he formed a family. Of course, he chose his patients very carefully. He chose a family of about thirty patients, men and women, and put them in the charge of a sister. He made them themselves responsible for the running of that house. For example, they had to plan the menus for the meals. They had to arrange for the shopping. They had to do the cleaning, and all the little things that fall to the lot of those who look after a house. You can understand that people of that nature, mentally disordered people, very often fell out—they had quarrels and fights sometimes, and every evening the psychiatrist and the sister met with the patients for an hour's session or so to discuss all the doings of the day, and for patients who had had difficulties or patients who had been a bit angry to discuss their circumstances and to try to discern why this had happened, and to encourage generally a knowledge and understanding

of one another as a group in the house. This was continued for three months and met with very considerable success with some patients and greatly restored the confidence of many of them. They now felt that they were of some use in the world. But unfortunately he could only deal with a very small proportion of patients. The hospital, I may say, has two thousand beds, and as the house can only take thirty patients for three months, you can see that the scope of this work there is very limited, but in America and England that kind of idea has been spread and wards have been turned into a kind of community—of course, not quite so successfully in a ward. I think this house idea is an excellent one, and it has now been adopted in some of the hospitals. The patients in the wards are encouraged to take, so to speak, the responsibility for the diets, for the running of the wards, the cleaning of them, and they again feel that they are part of the community and not the useless individuals they had begun to believe themselves, and along this line there is being done now some very good work.

On the physical lines, in drug treatment and in some electrical treatments and in the modified operation of leucotomy—and the social lines with this group psychotherapy, there has been enormous improvement in the prognosis of serious mental disorders. Something like 30 per cent of patients in mental hospitals are discharged each year either cured or greatly improved; and when I say mental hospitals, I am representing the graver forms of mental disorder.

Now in addition to all this physical and group treatment there remains ever of very great importance psychotherapy, the analytical work, and I want to spend the rest of my time talking a little about the modern trends in analytical work and in the analytical schools. I need hardly remind you that Freud was the originator of the analytical treatment of nervous disorders, what has been called psycho-analysis, and that he had two pupils who became famous in their way. The two diverged very early from him in the story of the psycho-analytical committee that used to meet in Vienna. They diverged from him in very important points. Jung, was one of them and is still alive and going strong, and Adler, the other. In my humble opinion, the Adlerian school is very superficial in its psychology and one does not hear so much about it now, but Jung has been coming more and more to the front, and one of the thrilling literary events of the past four years has been the publication of Jung's works in eighteen volumes, and one is finding tremendous profit from reading them.

One of the main problems that faced psycho-analytical schools in the earlier days was the problem of moral and religious values, and I want to say something about that. Now the psychiatrist of, say, thirty years ago, who was practising analysis, found himself in a dilemma, and this dilemma has not altogether passed today. It is this. He was trained as a medical man; he was trained in methods of analysis and some knowledge of emotional and mental disorders and he was taught also to treat them by the analytical method which Freud had originated. He might modify it himself, as many leading analysts did, but the basic theories were dependent on the Freudian work, but as Freud himself became interested in religion, many analysts took the view, and some still do, that it is not the business of the analyst to have any conception of moral or ethical values, or to direct the patient in any way or to be concerned with the religious aspects of his personality; and you can well see that a psychiatrist trained in Freudian analysis would say, as some still do, when patients bring up any moral, ethical or religious difficulties, 'That is not my department, that is the department of the church'. And so the psychiatrist is in this dilemma. He finds that inevitably, as he goes on in his work, over and over again this happens, that he begins with materialistic conceptions and Freudian conceptions, and as he goes on with his work in dealing with patients he finds that questions of moral values and ethical values and religious problems rapidly arise in the patient with whom he is dealing, and he cannot afford to ignore that large portion of the psychology, of his patients. It is a very interesting point that, as the years went by, psychiatrists themselves became more and more aware of this. For example in 1947 there was a book published by a leading psychoanalyst on *Trends in Psycho-analysis*, and I should guess that seventy-five per cent of that book deals with ethical and moral problems. You see, the honest psycho-analyst who is really seeking to discover what is in his patient's mind and to cope with that, cannot just brush aside moral and ethical values. If he were to think for just a minute he would realise that he himself has values. He places values on certain theories himself. He cannot avoid having values and so he is really denying himself when he says, 'We must ignore values'. Hence it has come about that many psychiatrists have been obliged to come face to face with this problem, and then the problem came whether the psychiatrist should ignore them and refer them to the Church, or whether he himself should attempt to understand something about them and do something about it in practice.

Some very interesting things have happened in this connection. There was a well-known Swiss psychiatrist named Maeder who wrote a very interesting book. He started his work as an agnostic, and as time went on he discovered that many of his patients had religious and moral difficulties about which he himself knew nothing and with which he felt utterly unable to cope. He therefore surmised that it would be worth while to study theology. So he went and consulted a clergyman in Geneva, and asked this Protestant clergyman to train him in theology, and as a result of this training he banished his agnosticism and became an outstanding Christian. That is not the only story of this kind.

The average psychiatrist is honest, and I think that the vast majority are thoroughly honest, as, I am sure, was Freud himself, and are really investigating things and, trying to learn from what is there. He cannot fail to be impressed by the religious conflicts and the moral questions with which so many of their patients are preoccupied; and it would be wrong for him to try to shut his eyes to it. It has been pointed out that if he tries to tell the patient that the patient's religious ideas are illusions, as Freud tried to say, it leads the patient, if the patient trusts the psychiatrist in these things, to a further act of repression in pushing down the religious impulses, religious thoughts, which rise in his mind, and in the end, of course, thereby doing him more harm than good—no question about that.

Now, in closing, it has been a very interesting thing to notice that in the last few years, especially in the last ten years, there has been a definite approach between the theologians and the psychiatrists. For a long while there was a good deal of hostility. There was a good deal of misunderstanding. There was a tendency, as I mentioned earlier, to divide man into compartments and say clergymen dealt with his soul or his spirit, if you like, and the psychiatrist with his mind. The clergyman soon found out that in dealing with his parishioners, and the people who came to him with their problems, he could not avoid knowing something about their minds as well as about their spirits; and similarly the psychiatrist, as we have already seen, found that he could not divide man up in that way, and so there came a time when psychiatrists wanted to pay attention to religion (Jung has written very extensively on religious problems himself), and the clergyman had begun to realise that some knowledge of psychology might be of assistance when dealing with the problems of his parishioners who come to him for help and advice. And so it came about that various societies have been formed in America and in England during the last few years

for the meeting together of clergymen and social workers and psychiatrists to discuss the problems with which people are confronted. I was very interested to have sent to me for review recently from the Editor, a book from America. It is the first proceedings of a society which was formed in America in 1954 by psychiatrists and clergymen and social workers, and they formed in America what they call the National Academy of Religion and Mental Health. Some of them are doing research work and they are going to compare their findings each year at conferences. There have been pastoral psychological groups scattered for some time over the United States. Then in England three or four movements are going on at the moment. There is a Methodist society for pastoral and medical psychology which has a meeting every year at Cambridge, where we get various experts on the theological and the psychological, psychiatric side to discuss particular problems. We had one session about guilt for two-and-a-half days. We had another this year about different age groups, old age and youth, and the average church member, which proved extremely interesting. Then, there is the Guild of Health which is not concerned only with psychological problems; it is concerned also with the questions of the relation of Christian teaching to health generally. There is the Churches' Council of Healing (the Chairman is the Archbishop of Canterbury). These are only a few illustrations of what is going on in the world of psychiatry and religion today.

Four or five years ago. I went to speak to a group of clergy, doctors in Norwich, and at the end of the meeting several of them came up to speak, and among them was the Superintendent of one of the largest mental hospitals in Norwich, a Dr Napier, and he asked me this question: 'Why do you think it is there's such an increase today in nervous problems and in psychosomatic diseases, and so forth?' Well it is, of course, a good idea, if you have a little difficulty in answering questions straight off, to refer back to the questioner. I said, 'Dr Napier, you have a large mental hospital and you have had very much more experience than I have—I should be interested to hear what you have to say about that problem'. Which he did. 'In my opinion, one of the causes of the increase in emotional psychosomatic disorders is that the present generation has thrown over the faith of its forefathers', and he said, 'I consider that faith is a very strong factor in stabilisation of personality, and for that reason', he said, 'I encourage all my patients in the hospital to attend as often as they can at the chapel services and I encourage the chaplains to visit the patients and to discuss religious

questions with them.' Now that was from a man who did not make any profession of Christianity, but that is how he saw things.

Dr D. VERE asked: You say that Christianity will act as a support for a weak personality. Would you agree that this is somewhat double-edged, since any faith may stabilise a weak mind, and even a persistent refusal to face the truth may have a temporary, stabilising effect? Do you feel that Christianity has any distinctive effect different from other faiths?

Dr WHITE in reply said: I do not agree that a persistent refusal to face the truth about one's self has a stabilising effect. It implies an act of suppression which may become repression, and this would result in tension in the mind. Such tension is at the root of emotional and physical symptoms, and often leads to chronic impairment of health. Christianity stands alone among the faiths, in its ability to solve the problem of sin and guilt, and to bring a sense of security and peace of mind. As far as I know, none of the other great world religions are able to provide a satisfactory solution to the guilt which oppresses the soul of man everywhere, or to bring about the happy personal relationship with God assured by the Christian Faith.