ESSEX HALL LECTURE

ALIENATION AND FELLOWSHIP

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LINDSEY  PRESS

Price 2s. net

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THE ESSEX HALL LECTURE, 1961

THE LINDSEY PRESS
LONDON, W.C.2

First published 1961

NOTE

The Essex Hall Lecture was founded by the British and Foreign Unitarian Association in 1892, with the object of providing an annual opportunity for the free utterance of selected speakers on religious themes of general interest. The delivery of the lecture continues under the auspices of the General Assembly of Unitarian and Free Christian Churches, as a leading event during the course of the Annual Meetings of the Assembly. A list of the published lectures including those still obtainable, will be found at the end of this lecture.

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Essex Street,
Strand, London, W.C.2

ALIENATION AND FELLOWSHIP

A GEOLOGIST, a botanist, and an ornithologist went for a walk together. So different were the accounts they gave on their return that they might have taken different paths. A story like this is sometimes told in elementary text-books of psychology in order to illustrate the principle that what is observed depends upon interests and attitudes. It is necessary for this purpose to suppose that the walkers were so little attached to one another that they wasted the opportunity to discuss matters of common interest.

The meeting of this Assembly in Mental Health Year provides an opportunity for men and women of various interests and attitudes to go for a walk together among the hills and dales of mental illness. The guide for this hour, a representative of those engaged in medical treatment, is under obligation to make the best use he can of the opportunity and to direct attention to matters of common interest which are worthy of discussion on such an occasion as this—not merely to the technical problems of his daily work, nor to what is merely topical, nor to what is special for an industrial society in the middle of the twentieth century, but to what he discerns as essential and enduring and as arising from the nature of man. His task is to display significant aspects of mental illness in such a way as to give them meaning to his companions. The aspects he has chosen to discuss amount to alienation—perhaps

now an old-fashioned term, but one which serves his purpose well.

I

Let us start our walk by going into the wards of a psychiatric hospital, where we may stay and talk to patients and allow ourselves to feel through our senses what they suffer. Those for whom this experience is novel may wonder how anyone can ever get better in the midst of such misery and such strange and confused behaviour. They assume that each patient is affected, or perhaps infected, by the emotions of his fellows. But this is not so. Patients may be seen to react with annoyance or anger to the disturbances produced by their fellows, or show resentment at the attentions others receive from the staff, but they show strikingly little sympathy for, or awareness of, the feelings of others. Indeed, the most constant characteristic of the mentally ill is their detachment. Not only do they not feel sympathy for each other, but they evoke it to a remarkably little degree, for their expressions of emotion largely fail to communicate their distress and may even seem incongruous, extravagant, or false.

Descriptions of mental illness nearly always include such words or phrases as estranged, withdrawn, autistic, pre-occupied, shut-in, out-of-contact, isolated, apart. Patients complain: 'I can't get away from myself', 'I am not moved by anything', 'neither people nor things make any impact on me', 'people do not know what I feel', 'there is a gulf between me and others which cannot be bridged', 'I am out of step, alone'. They also feel in some degree that they are disapproved of and rejected by their fellows, and deserve to be so because of their transgressions, in some degree that they

are misunderstood and unfairly judged, and in some degree that they are criticised and attacked, because of the jealousy or wickedness of others. Especially, however, they are ego-centric while they are ill. After recovery they may express surprise and often regret or shame that they have learned so little about the other patients in the ward.

At the height of the illness the patient feels that he no longer belongs to any family or any community or any church. He has lost his faith, he may say. Usually he feels that his relationship with God has suffered changes similar to those affecting his relationships with his fellows. If he feels threatened or attacked, as is often the case, it is himself he has to fight to preserve, and not a cause or side or party. The burden he carries is his own. He cannot espouse a cause, or associate himself with others, or with a principle. In some degree he is capable of co-operating in the chores of the ward, but not in much else, and essentially he is solitary and seeks solitude. Every patient is an individualist. There are sometimes several patients in an acute ward who want to run away, and others who are openly critical of the ward arrangements or of the staff, but joint action virtually never takes place. The expression of interest in or concern for another patient is a favourable sign. When he begins to make friends, or begins to participate in communal activities, he is well on the way to recovery.

Everyone has had the experience of falling out with a person close to him. Doing so has exerted some effect upon his relationships with others, but usually to a limited degree only. The distress resulting from a quarrel is tolerable if confidence in general is not seriously impaired, but a breach with one person tends to

diminish confidence in other relationships as well. Illness begins when the loss of confidence is progressive. On admission to hospital the effect has in most cases gone so far as to sever all the patient's bonds with others. One person, perhaps a spouse, may have been struggling to preserve a relationship with him, and admission occurs when this too has been strained to breaking-point. 'I have lost him, I can't reach him any more,' the spouse may lament. Her perplexity, and that of the other relatives, more readily evokes the sympathy of the hospital staff than does the apparent indifference and detachment of the patient. That it does so does not pass unnoticed by him and confirms his feelings of apartness. His alienation is never complete, however, except in cases of stupor. Even the most seriously ill patient retains some sort of link with others. Thus he may acknowledge the presence of a nurse or physician by no more than a gesture of acceptance or welcome, or he may surprise by an act of tenderness for another patient.

There are many varieties of alienation, and the circumstances in which alienation occurs are diverse. A simple example is seen in the behaviour of the child who, having been naughty, has fallen out with a parent. A vicious circle may then ensue. Anxious and unhappy, and feeling unloved and unlovable, the child becomes naughtier. In testing out his parent's love for him, he strains the parent's tolerance and forbearance further. In the end he becomes sulky and unapproachable, and breaks off all transactions, so to speak. He now suffers from a mild, benign form of mental illness, from which he soon recovers when the parent, recognising what has happened, seeks to bring about a reconciliation and makes overtures himself or welcomes the child's overtures. In the course of the reconciliation,

the parent reassures the child that he is loved, and may sometimes provide him with an opportunity to make token amends. The alienation in this case is the result of a crisis in the relationship between parent and child. The reconciliation is not so much a restoration as a reorganisation of the relationship, perhaps on a more satisfactory basis than before. If he has learned the right lesson from the experience, each has gained more understanding and more respect.

The quarrels of young lovers may be described in similar terms. Each quarrel is a crisis in the relationship between them, and occurs when conflicts have come to a head. When these become intolerable they have to separate. The alienation may be temporary, and be followed by reconciliation, when the conflicts are resolved through a reorganisation of the relationship. That is, they return to each other on somewhat different terms from before. In this way the quarrel may bring benefits. As poets have taught us, and perhaps our own experience, the distress suffered during the quarrel itself, and the period of alienation which follows it, may be intense and amount to mental illness, its ingredients being similar to those of the distress suffered by the patients in the hospital ward.

The illnesses of these patients, too, have usually begun at a crisis in a relationship, although the processes may be more complicated than in the two examples. The crisis may have been a bereavement, that is, the loss of a loved one, or, in the vivid contemporary jargon, the cessation, through death or departure, of interaction with another emotionally relevant person.[1] Affection and support, and the reassurance of friendship, being cut off, the patient entertains doubts whether he is loved and deserving of love,

and these may be sufficient to make him shun company. His confidence is restored when he has achieved reconciliation with the loved one, or when he has formed new attachments, that is, after the redistribution of interactional patterns. These adaptations are normally accomplished successfully within a few weeks, but the disturbances may be severe enough or persistent enough to amount to mental illness.

A certain patient, for instance, has on four occasions in his life suffered from depression severe enough to warrant admission to hospital. His first illness came on after the death of his mother, the second after the premature death of his wife, the third after the death of his sister, with whom he had gone to live as a widower, and the fourth after his landlady had gone into hospital because of a serious illness. On each occasion recovery took place when he had found a new companion. For reasons which probably lay in childhood experiences, he was unduly dependent in each one of these relationships. Hence arose his vulnerability. Yet the effects of bereavement were transient. The outcome is not always so satisfactory. The elderly especially do not replace so easily those whom they have lost.

Literature and drama, and not least the Old and New Testaments, contain excellent descriptions of this and other ways in which alienation can come about. Consider, for instance, the fictional case of Shakespeare's Hamlet. Hamlet's illness began with the death of his father, but this was not all.[2] Intense stresses arose in his relationship with his mother, because of her complicity in his father's death, and her adultery and ' o'er-hasty marriage ' with his uncle, and the play describes his progressive alienation from all those previously dear to him, with the exception perhaps of Horatio. As the anxieties in his relationship

with his mother grow and become intolerable, he at one time contemplates suicide; at another time he is impelled to destroy Ophelia. His illness, which today would probably be diagnosed as schizophrenia, is severe, and there can be no reconciliation, the inevitable outcome being the deaths of his mother and his rival Claudius and his own death. Malignant illness is caused when a close relationship, like that between a son and his mother, which holds two people together, becomes, as it did in the case of Hamlet, the source of intense anxiety which cannot be relieved.

Ibsen's plays are especially rich in studies of alienation. The central theme of one play is Peer Gynt's alienation, which is almost complete throughout his adult life, despite his efforts to make some sort of relationship with Ingrid, the woman in green, and Anitra, and which is relieved only by his persistent attachment to his mother and to Solveig. He has to take flight from Solveig because he feels unworthy to be her husband, but after many adventures returns to her at the end of the play. They are reconciled, and their relationship enters into a new phase, as she accepts her role of being a mother to him.

Ibsen had a profound, intuitive understanding of psychopathology. Of special interest as an example of alienation is Hedda Gabler, the old man's daughter, who, in the absence of a mother, has been brought up to be proficient in maculine pursuits, such as riding and shooting, and who is in consequence incapable of accepting a normal feminine role.[3] After flirting with many, but refusing to submit, she eventually marries the weak Tesman, to whom she is sexually unresponsive, and who demands of her no more than a shallow relationship. Incapable of accepting her pregnancy, she feels bored and without purpose in life. She is

envious of Thea, who is capable of warm relationships, and who has inspired Løvborg and won his friendship. Recognising that her attempts to make some sort of ideal relationship with Løvborg have ended in disaster, that there is nothing she could help Tesman and Thea with—' not a thing in the world ', that everything she touches turns ludicrous and mean, and that she is trapped by Brack, who has the power to impose himself on her, completely alone in these circumstances, she can only escape by shooting herself. Thus Hedda, the wild spirit, retires beaten to a final refuge, in fantasy, with her General father, the cause of her tragedy and its ultimate solution.[4]

In the theatre death is the fate of those who have lost hope of reconciliation. Outside the theatre, too, some commit suicide, or make a suicidal attempt as an appeal for help. For some elderly persons the stresses of bereavement prove fatal because of their effects upon bodily functions. But there are also many varieties of alienation persisting unrelieved over long periods. Some people remain ill, and stay in an asylum. Some for whom human relationships have become fraught with intolerable anxiety, like Hamlet and Peer Gynt, travel abroad in order to get away from family and friends. Some go to sea or join the army, thus adopting a mode of life which allows them to keep out of close relationships. At the extreme are vagrants and hermits, who have protectively cut themselves off from association. Some of those denied the satisfactions of human relationships seek vicarious satisfactions in the accumulation of wealth, like Scrooge, or in political power, like Hitler,[5] or in the accumulation of knowledge, or journals, like Tesman. Others, like Peer Gynt, try one thing and then another, giving up each one when it fails to meet their needs.

Some remain capable of entering into human relationships, although they have been alienated for a long time. Others, for whom the term psychopathic personality has been used, become more or less permanently impaired in their capacity to form relationships, except at a superficial level, usually, it is now supposed, as a result of mental illness in early childhood. Such individuals, although they may be charming and popular, as Hedda was before her marriage, tend also to be callous and insensitive in their dealings with others, whom they are able to manipulate and exploit without pity or remorse, as Hedda tried to manipulate Løvborg. They may appear cold emotionally, but they are not. On the contrary, their emotions are strong, but are not controlled in sympathy with the needs of friends. Other individuals, many of them being criminals, think that they are rejected by the community, to which they feel they no longer belong. They are not then constrained by its laws, customs, or conventions, and offend against them, feeling justified in doing so because of a sense of grievance at unfair treatment. They do not accept common ideals or morals.

Not always regarded as alienated, but alienated nevertheless, are the human robots who feel so little kinship with mankind that they can serve as pilots of modern bomb-carrying aeroplanes. There are many others who accept their kinship within definite limits only, and who insist upon some degree or kind of segregation, the white from the coloured, the Western from the Eastern, the English from foreigners, or gentlemen from workers. To them fellowship is conditional, for reasons which are thought to lie in unresolved conflicts.[6]

This brief review of the many forms which alienation may take is now at an end. Alienation, we suppose,

is the essence of mental illness. In mental health, on the other hand, the individual responds freely to the demands made on him by his fellows, and actively engages in transactions with them. He enjoys close relationships, and accepts that he has need of them. He belongs to a community and participates in communal activities. He associates himself with others in work and makes common cause with them. He recognises his kinship with others without segregation. He is capable of compassion and love.

II

We have interpreted the observations made during our brief visit to the wards of a psychiatric hospital by referring to disturbances in the social functions involved in interactions between persons. We have thus taken the view by implication that the subject matter of psychiatry is disorder in interpersonal relationships. Many, but not all, authorities now subscribe to this view, but, if we are to adhere to it, we must be prepared to stand up to the criticism that we are neglecting more fundamental disorders.

An analogy will make this point clearer. A young man with a fractured thigh does not play a normal part in the social activities of a dance, but it would be absurd to say that the essence of his disorder is social, even though he is more disabled in dancing than in walking on his own. Those who hold to what may be called the organic-constitutional view of mental illness assert that social functions are severely affected, not because the essential disorder lies in social relationships, but because social interaction involves highly developed skills, which are relatively severely affected therefore by organic dysfunctions of the central nervous

system—dysfunctions which are, of course, much more subtle and difficult to detect than a fractured thigh would be. The analysis of disorders in social interaction, because they are complex, is less profitable, they claim, than the analysis of the simpler disorders of skills which can be studied in the laboratory by the respectable methods of experimental psychology and physiology. However, to critics of this kind we may reply that wall-flowers at dances do not as a rule suffer from broken legs, and, similarly, that disorders more fundamental than alienation have not yet been demonstrated. A great deal of research in psychological and other laboratories has not so far brought to light any facts which make our view untenable; admittedly, it remains controversial.[7]

Some psychiatrists do regard the symptoms of mental illness as being as a rule the products of the breakdown of the delicate machinery of the brain. This breakdown may allow, among other things, instinctual tendencies, such as those concerned in sexual activity or in aggression, to escape the control of the higher centres of the brain. The objective of medical treatment is then to restore the normal functioning of the brain by whatever means appear rational or have proved successful in practice, for instance, by using drugs or inducing convulsions electrically. Such methods, however, which are constantly undergoing revision and succeed one another after a few years or months in vogue, need not detain us here, although they may supplement the psychotherapeutic methods we shall consider later. We suppose, on the other hand, that a person is ill because of what has happened to him. These two views, although here contrasted, are not incompatible with one another.

If we suppose that the essence of mental illness is

disorder in interpersonal relationships, we have to go on to enquire into the nature of such relationships. What is the nature of the bond which links one individual to another? Through what processes do individuals become attached to one another? These questions are of the utmost importance, and many biologists are now energetically seeking answers to them. As their work proceeds, it is becoming increasingly obvious that the answers given by Freud, which have carried so much weight during the last few decades, require revision and amplification.

A relationship may be maintained by the satisfactions achieved through coitus, or by the anticipation of such satisfactions. That is, one strand of the bond may be partnership in genital activity, but two people do not stay together for long if this is the only strand. There are other important components in lasting relationships. Whether or not they are also partners in genital activity, two people may be partners in much else besides, in running a home or for that matter a business, or bringing up children. They may care for each other and protect each other, and give each other mutual society, help, and comfort in many different ways. The rewards of the relationship may be manifold. There are comprehensive partnerships, like marriage, partnerships in a single enterprise, and every degree between.

The importance of mutually satisfying genital activity is nowadays generally admitted, but tends also to be over-estimated, no doubt for many reasons, but partly because of the confusion attending the use of the word sexual. Freud, among others, placed the emphasis upon the sexual motives in adult behaviour, but he extended the meaning of the word sexual far beyond its normal meaning in biology, describing as

sexual many motives not directly concerned in mating or in any other form of reproductive activity. In consequence of his work, it is now popularly believed that all relationships between adults are at heart sexual; that is, the bond which holds two people together is sexual attraction derived from biological needs for coitus. What appear to be non-sexual interests, it has been argued, are transformations and sublimations of sexual motives. This last argument, in particular, now widely and uncritically accepted, has added greatly to the confusion.

Freud similarly supposed the attachment of the child to his mother to be sexual, and to result from the erotic satisfactions of suckling and of being tended and fondled by her. In his discussion of the Oedipus situation arising when the child is four to five years old, he ascribed great importance to the sexual attraction felt by the child for his mother, and hence his sexual rivalry with his father. Because of the father's superior power, the child's incestuous desires are at first suppressed and later, with the development of the super-ego, repressed. Elaboration of this theory has given rise to the idea of conflict between society and the biological needs of the individual. Religion, according to the less-refined versions of psychoanalytic theory current before the First World War, is the agent of the repressive forces of society as an extension of the influence of the father.

Psychoanalytic theories, based mainly on evidence obtained from the investigation of the mentally ill, have certainly over-estimated, not only the part played by sexual motives, but also the conflicts in the triangular relationship between a child and his parents, as well as the part played in mental development by the suppression of instinctual impulses by punishment. The

study of social relationships in animals and in normal human families has led to different conclusions.

Let us suppose that at this point our walk takes us through a farm. Look, there are many interesting types of relationship to be seen. There is a goose and a line of goslings, a litter of puppies, the farmer and his dog, the farmer's daughter and a lamb, a cat and a dog, and some pairs of birds. Incidentally, the contented faithfulness of a duck and drake pair whom I often see basking in the sun as I go into my hospital regularly revives my doubts about the view that monogamous marriage is an institution imposed on individuals by society in opposition to their biological needs.

In many instances animals associate with one another, it may be supposed, because doing so provides mutual protection against predators. Fish aggregate in schools when they are frightened.[8] The greater the occasion for fear, the more firmly does the gosling imprint on the mother goose when he is hatched, and the more faithfully does he follow her.[9] Deer herd closer together when they are startled. Fear sends the young child back to his mother. Soon after he is weaned, the puppy attaches himself to his litter mates or to a human master, probably for the sake of the protection the association brings.[10] Man, too, is a gregarious animal who normally tolerates solitude poorly, and who needs the security provided by his fellows.

In man, as in other mammals, the mother protects the relatively helpless young from the many dangers to which they would otherwise be exposed. The human mother fondles, but she also provides food, and in particular she protects from excessive or noxious stimulation, and comforts and relieves fear and anxiety. In her presence the child feels secure, because experience has taught him that he is secure. She becomes for

him what has been called a conditioned security signal.[11] In lesser degree, in early childhood the father serves a similar function, as do the other members of the family, and the child learns that membership of a family brings security and well-being. Modern descriptions of the human family emphasise, therefore, the rewards of co-operation between its members, the division of labour and the mutual support. Each member is dependent upon the other members.

The child's experience of his family prepares him for partnerships of many kinds in adult life. If he is fortunate in his parents, and circumstances are favourable, he grows up as a responsible person, with a right assessment of himself, and capable of independence, yet ready to co-operate with his fellows, to give them his trust, to repose confidence in them, and to give them protection, comfort, and support. He can then withstand disappointments and even disasters in his relationships without becoming alienated.

Things are not always so. Not all families provide good conditions for the growth of confidence in relationships. Some parents are insufficiently aware or tolerant of the needs of the child and, being inattentive or negligent, fail to comfort and relieve anxiety. Some parents are themselves insecure and anxious and induce insecurity and anxiety in the child. Some parents demand too much of the child, and give too little encouragement and reassurance; others demand too little. Some are indulgent, others inconsistent and unpredictable, and others punitive and disapproving. Not in all families are the relationships harmonious. Things can go wrong in many ways. When they do so, the child becomes uncertain, learns to tread warily in his dealings with others, and becomes vulnerable. His confidence is then precarious and easily destroyed. If

tentative advances towards friendship are not reassuring he may seek relief from anxiety by retreating.

Handicaps arising in these ways are revealed during adolescence especially, when sexual maturation at puberty, yet the necessity to keep strict control over sexual behaviour, and leaving school and embarking on a career require the young person to detach himself somewhat from his parents and to establish new relationships of a more adult pattern. Uncertainty about himself and the roles he should play, continued dependence upon parents or lack of support and encouragement from parents in gaining independence then create difficulties. Failure to detach himself sufficiently from his mother may prevent a boy from entering into a love relationship with a girl of his own generation, as it did in the cases of Hamlet and Peer Gynt.[12] The persistence of a close relationship with her father may similarly hinder a girl in forming an attachment to a young man, as in the case of Hedda Gabler.[13] Sexual promiscuity, on the other hand, may arise when relationships with the parent of the opposite gender are conflictful or unduly weakened. Paradoxically it is not then usually motivated by desire for sexual satisfaction, but represents neurotic attempts to form a relationship. Sexual adventures often arise out of loneliness. Failing to bring reassurance, they tend to add to the person's difficulties. The discontents of adolescence, however, are by no means all, or even predominantly, sexual.[14]

III

I am now very well aware of my short-comings as a guide. Having brought you to look at some aspects of human behaviour of the greatest importance and

interest, I am unable to give you sufficient information to satisfy your curiosity. Yet I have said enough about the nature of human relationships to introduce the topic of the third and last stage of our walk: the principles which guide treatment.

The objective of treatment is easily stated. It is to enable the patient to return into fellowship. Most patients urgently wish for reconciliation and atonement, but feel that they are unworthy or unfit to receive the sacraments. To assure the patient of absolution is not usually sufficient in cases of mental illness, for there are obstacles to be overcome before he feels ready to accept it.

The physician's task is to assist in the removal of the obstacles. To do so, he first tries to discover what they are, and how they have arisen. The history he obtains from the patient himself and from the relatives, when interpreted in the light of knowledge of the various effects of the psychological structure of the family, usually indicates when and in what respects things have gone wrong. He also analyses and interprets the patient's reactions in his current relationships with himself and with others. It is then usually possible to gain some understanding of the nature of the patient's difficulties and of the reasons for their persistence. A diagnosis of this kind can usually be made, although it is never easy, or certain, or precise or final.

Effective help can be given in many cases of mental illness; in other cases the little that can be done falls far short of the needs, for the difficulties may be formidable. If anyone is in danger of underestimating the difficulties, let him imagine that he is Dr. Rosenkrantz, psychiatrist, and that the King has sent for him and Mr. Guildenstern, Mental Welfare Officer, in the critical situation of Act III, Scene 3, in order to

arrange, not Hamlet's journey to England, but his admission to hospital for treatment, or that he is the assistant to whom Professor Begriffenfeldt, the master of the loony bin in Cairo, delegates the treatment of Peer Gynt, or that he is the psychiatrist on the staff of the hospital into which Hedda Gabler is admitted after her pistol has misfired. Yet there is a great deal that can be done, even in cases as difficult as these would be.

Much can be done to reduce the adverse consequences of alienation. Many of the alienated have a peculiar aptitude for provoking oppression, hostility, or rejection. Some of the symptoms of mental illness are frightening and repugnant or occasionally even disgusting to those unfamiliar with them, and they react accordingly. The parties to a quarrel tend to behave towards each other in ways which widen the breach. The relatives and friends from whom the patient has cut himself off fail to understand, are hurt or offended and condemn him. The accounts patients give of their experiences while ill tell all too often of the lack of understanding, the slights, the inappropriate advice, and the harsh judgements of those to whom they turned for help. The person who has attempted suicide in order to bring an end to intolerable anxiety is treated with distrust and rebuffed. If a person is regarded as ill he is put away into a hospital which as likely as not has been sited well away from centres of population—out of mind, out of sight, ' the world forgetting, by the world forgot '. At the extreme are capital murderers, who are given no opportunity at all to rehabilitate themselves. The rehabilitation of other offenders against the law is postponed for the period of the sentence, for they too are put away as unfit to move freely in the community. Teddy boys, already in-

secure and uncertain about the position they should hold in the community, provoke scorn. Much could be done to mitigate these reactions on the part of society, all of which tend to exacerbate and perpetuate the alienation.

The policies adopted in mental hospitals in the first few decades of this century were governed by the notions that mental illness is the result of a more or less permanent constitutional inferiority—a notion which dies hard—and that the insane are inherently different from the sane; at best we are kind to them, but they are not like us, describes the then prevailing attitude. In order to reduce the risks of a patient running away or injuring himself, for his own protection and the protection of others, he was locked away in a ward, into which few other than staff ever penetrated. With the best intentions of protecting him from injury, but nevertheless in accordance with the worst techniques of the political concentration camp, all personal possessions were taken away from him when he was admitted. Perhaps worse still, he was treated by the staff, usually with kindness, but as insane and therefore foolish, irresponsible, incapable of understanding and of being understood. The mentally ill were segregated.

These policies have mostly been abandoned completely, although they linger on here and there. The first success of the revolutionaries at one hospital, only twelve years ago, was the revocation of a hospital rule which forbade visitors for a month after admission. This rule now seems absurd, for we try from the first day of treatment to re-integrate families, but it did not seem so in the nineteen-thirties. On the contrary, it seemed reasonable then to remove the patient as completely as possible from the situation in which he had

broken down, and thus to support the patient's own defences against anxiety.

However, the most important changes are those affecting attitudes. We now recognise that the mentally ill are people like ourselves, but are in special need of help and understanding. Although difficult often to understand, they can be understood. The vastly better results of treatment now obtained are probably due more to the changes in attitude than to the new physical methods of treatment, although these have helped. Perhaps the first lesson was that patients could be got better with the help of physical methods; the second lesson is that they can be got better without. Important aspects of the new policies are summed up in the phrases: the therapeutic community, social rehabilitation, early return to the community.

The new conditions in psychiatric hospitals facilitate treatment, but the crux of treatment for the physician is the formation of a good relationship with the patient, which will serve to restore the patient's confidence and thus enable him to re-establish relationships with others, on terms different from and more satisfactory than before. Under the discipline of his profession, the physician whittles away the obstacles: the patient's intense anxiety in any contacts, his distrust and suspicion, his feelings of unworthiness and inferiority, his anger and vengeance, his passivity and dependence. He accepts that the patient transfers onto him these and other ugly feelings which have arisen out of unhappy experiences with others, and he seeks gradually to modify them.

Methods are in a state of flux. Freud set store by the recall of traumatic experiences and their assimilation, and thought it necessary that the patient should

regress to a child-like, compliant relationship with the physician in order to be able to revive and express the conflicts in his relationships as a child with his parents. Much less importance is nowadays attached to the lifting of amnesiae for the disasters of the past, and to what may be thought of as the confessional aspect of psychotherapy. Also, if the patient is encouraged to regress in his relationship with the physician, it is often very difficult to dissolve the transference and to get the patient to adopt a less submissive and dependent role. For this and other reasons, it is usual now to try from the very beginning to bring the patient to adopt a mature and responsible role, and thus to enter into a relationship with the physician which is a good model for a relationship between peers giving each other respect and trust.

The reassurance and the other rewards of his relationship with the physician must serve to encourage the patient to incur again the risks of engaging in transactions with others, to co-operate, to enter into partnership, and to seek security not in alienation but in fellowship.

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Printed in Great Britain by
Richard Clay and Company, Ltd.,
Bungay, Suffolk