

THE REVIVAL OF EMOTIONAL MEMORIES AND ITS THERAPEUTIC VALUE. (IV)¹

REPLY BY WILLIAM BROWN.

BEFORE I attempt to reply in detail to the criticisms of Dr Myers and Dr McDougall, I would remind my readers that the factor of *re-association*, upon which they both lay stress, was not only recognised by me in my paper but was explicitly used to give a psycho-physiological explanation of the beneficial effect of abreaction or psychocatharsis, in close parallel to the theory which Dr McDougall himself now propounds. In advocating the revival of emotional memories, I am *eo ipso* advocating the redintegration of the patient's mind. But my difficulties begin rather than end here. On the intellectual side, I find psycho-synthesis far transcending the crude associationism of physiology, and I therefore use the special term *autognosis* to emphasise a new factor of self-objectification and self-scrutiny in this process. On the affective side, I find abreaction or psychocatharsis as a further possible factor of therapy.

Dr Myers distinguishes *affect* from *emotion*, and submits that "the cause of functional amnesias is not repression of the emotional, but repression of the affective component." In my view this distinction is an artificial one. Emotions may be pleasant or unpleasant, either essentially or according to their mental context, and this pleasantness or unpleasantness may serve as an index of mental harmony or disharmony. But the 'kinetic drive' of an idea or system of ideas is its accompanying emotion, not mere pleasure or displeasure, and it is therefore emotion which is the real objective of repression. On the other hand I entirely agree with Dr Myers when he says: "I do not think that in cases of shell-shock conflict and attempted repression *necessarily* precede dissociation," having myself written the following in my paper on "War Neurosis," *Proc. Roy. Soc. Med.* 1919, vol. XII.: "I feel inclined to suggest another hypothesis for many of the cases—viz., that the reinstatement of intense emotion acted physically in overcoming synaptic resistances in specific parts of the nervous system, and so put the nervous system into normal working order again. The effect is more potent than that

¹ A contribution to a discussion at a meeting of the Medical Section of the British Psychological Society on February 18, 1920.

of, for example, an electric current would be, since it is selective and occurs only in just those parts of the system concerned with the production of the symptoms. The theory of abreaction would still apply to the cases where mental conflict and repression of emotional tendencies had taken place at the time of the shock or injury. But in many cases the conditions of the injury appear to have excluded this mechanism." I also agree with him that repression may occur *after* the removal of the shock-amnesia. Indeed, the individual case is always of more or less complexity, with repressions of various kinds and of various dates with which the physician has to deal, and always needing an application of the method of autognosis, over and above that of psychocatharsis, to give him true insight into his condition and so to prevent relapse. Dr Myers is mistaken in believing that I maintain that the value of autognosis consists "in securing emotional revival." For me it is *always* much more than this, and in the treatment of anxiety states it is a long and complicated process, involving the closest possible scrutiny of motives and memories, and a thorough inquiry into the patient's present relation to his duties and his aspirations, to his hopes and his fears. There are many factors at work in psychotherapy—re-association or psychosynthesis, abreaction or psychocatharsis, autognosis or self-knowledge, and, finally, suggestion which, whether in the form of Freudian 'transference' or in more explicit guise, is never absent in any method of treatment. The object of my paper was to direct attention especially to one of these factors, viz. to psychocatharsis, and I singled out early cases of shell-shock for mention, because their treatment seemed to illustrate the working of this factor in its purest form, although doubtless never in complete isolation from other factors. I myself consider that autognosis is the most suitable word by which to describe the general method of psychotherapy, because it can be taken in a wide sense which includes all the factors above-mentioned, and reminds us of the inadequacy of individual factors taken alone. Even when symptoms do clear up by other means, such as psychocatharsis or suggestion, the treatment should be supplemented by the more thorough-going autognotic process, to ensure against relapse.

There were great difficulties in the way of carrying out in France a comparative inquiry into the efficacy of the two methods of treatment—Dr Myers's and my own—as he more than once suggested. In the early cases which I saw, I found it impossible to prevent some recall of emotion when I was removing the amnesias, and in my own cases I must say that the results were more satisfactory the more

complete the emotional revival. This may have been due to the faith which I had in psychocatharsis, although even on the principle of crude re-association the restoration of the emotion would seem required to make the restoration of the memory complete. I readily admit that, although in isolated cases one may succeed in reducing the rôle of suggestion to a minimum and thus make other factors of treatment stand out with some prominence, yet in long series of cases, such as we saw in France, the implicit beliefs of the doctor, if he be enthusiastic, must have a strong suggestive effect upon his patients. I certainly would not claim better success than that achieved by Dr Myers. He had been working for two years in France before I got over there. I therefore had the great advantage of learning much from his experience and from his important published work. It was to his influence that I owed my appointment as neurologist to the Fourth Army, where I could see war neurosis cases in their earliest stages, and in this and other ways my work has been closely linked up with his, and I owe him a debt of gratitude that I can hardly hope to be able to repay adequately. I like to think that our views are not quite so different from one another as these papers may seem to show. I have learnt much from him in the past, and I am anxious to allow full weight to his conclusions now.

With the greater part of Dr McDougall's paper I find myself in close agreement,—much closer than he may realise. He writes: "Dissociation . . . never involves an emotional centre or affective disposition as such. It affects rather the various channels through which our intellectual or cognitive processes play upon one another and upon the affective dispositions." And on this basis he proceeds to sketch out a physiological theory of dissociation and re-association in close agreement with my own. In his reference to my case of the gunner with the tremulous hand, he claims that "the essential step in bringing about relief was neither suggestion nor 'abreaction' but just the abolition of the dissociation." But in proceeding to explain this further he has to assume the process of abreaction as a *vera causa* in "the overcoming of the dissociation at synaptic junctions," *i.e.* as a more ultimate cause, as I explained it in my "War Neurosis" article (see quotation above). He certainly explains it more clearly than I did.

But physiological theories are always very schematic and incomplete, and in this case I cannot help feeling that the psychological problem is only partly solved and much of it still hangs in the air. In particular I cannot agree with Dr McDougall's remark in a footnote that the

question of emotional memory is an unreal one. Freud¹ finds great difficulty in coming to a conclusion on the nature of 'unconscious affects' as contrasted with 'unconscious ideas,' and recognises that the problem of the former is different from that of the latter². I, too, find this problem a difficult one and anything but unreal, and I had hoped that it might have attracted discussion, especially in relation to Bergson's theory of memory and to the interactionist theory of the relation of mind to brain (which I accept). But space does not permit me to develop this discussion further here, and I must postpone it for a more convenient occasion.

¹ *Sammlung kleiner Schriften zur Neurosenlehre*, Vierte Folge, 1918, Sa. 307-310, esp. S. 309. "Der ganze Unterschied rührt daher, dass Vorstellungen Besetzungen—im Grunde von Erinnerungsspuren—sind, während die Affekte und Gefühle Abfuhrvorgängen entsprechen, deren letzte Äusserungen als Empfindungen wahrgenommen werden."

² See also Ribot, *Problèmes de Psychologie Affective*, Paris, 1910. Claparède, La Question de la 'Mémoire' Affective," *Archives de Psychologie*, x, 1911 (criticism of Ribot).