THE NATURE OF THE NEUROTIC PROCESS

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The neurotic process has several major ingredients: (a) an affective potential which often is imposed early in life; (b) patterns of obligatory repetition; (c) various kinds of distortion of symbolic functions; and (d) which result in a loss or impairment of the freedom to change. This process never moves in a straight line. It reaches moments of critical obstruction out of which a wide variety of secondary symptoms precipitate. These take many forms: grave personality disturbances, antisocial behavior, self-destructive behavior, an array of symbolic distortions with verbal or para-linguistic manifestations; distortions of body image and of body functions, such as longer and shorter periods of misuse of water, food, alcohol, drugs, sleep; exercise compulsions; overdriven rivalries; almost psychotic degrees of excessive and compulsive benevolence versus compulsive greed; compulsive over-activity or retardation, apathy and indifference, claustrophobia and agoraphobia. A moment's thought will make it clear that any one of these symptoms has secondary consequences, both immediate and delayed, which give rise to new tertiary orders of symptoms which in turn produce new distortions of thought, feeling, purpose, and behavior, as a result of which a whole life may become distorted. This is why a life can become so much

sicker than were the initial deviations. This is why every neurotic symptom, however simple it may seem, is a step in a long reverberating chain towards graver illness.

This is true even of intrinsically harmless symptoms. I think of an elderly lawyer, long since deceased, who had a compulsion to button, unbutton, and rebutton his vest, which nearly cost him his life while crossing a street. Moreover, this is why it is true that a socially valuable and creative work-drive can remain creative and productive only until the tax collector catches up with us to tumble us, for example, into an involutional depression. This is why inherently destructive symptomatic behavior, like the misuse of alcohol, extorts even graver penalties. Clearly, the feedback of destructive penalties varies widely, but they are always present.

There is still another ingredient in the neurotic process which is dependent upon the relationship of the symbolic process to the underlying perceptual and cognitive processes. Unhappily and unfortunately, this can begin the moment the toddler is able to use any form of symbolic representation of what reaches him from the outer world and also of what is going on in that continuous flow of imageless mentation, which we call the "preconscious stream." I speak of this as tragic, because those who have studied most closely the early desiccation of the creative potential in early childhood find that it is related closely to the way in which the free

preconscious stream of analogic processing of experience becomes imprisoned between two wardens: on the one hand, is the conscious symbolic representation of weighted samples of the preconscious stream; and on the other hand, the distortions of the relationship of the symbol to what it was supposed to represent, which occurs whenever the link between the symbol and its referent is distorted or disrupted to give rise to what we call "unconscious processing." There is abundant evidence that the earlier the precocious child becomes able to use symbolic processes (and especially language, whether verbal or para-linguistic), the earlier does his vulnerability to neurotic distortions begin, and the more destructive their consequences for his subsequent development. It almost makes me wish that one could set up an effective ban on symbolic precocity in the interest of mental health.

One of its most destructive consequences, of course, is the imposition of patterns of obligatory repetition, which together with symbolic distortions and disruptions constitute the essence of the neurotic process from its inception in infancy, with the resultant limitation or even destruction of the freedom to change, to grow, to learn from experience, from trial and error, from success or failure, from hunger or satiation.

What I am presenting here is neither the method nor the results of research, but certain underlying principles which seem to me to furnish basic guides for research. Of these concepts perhaps the most important concern

the unsolved problems that center around the nature of psychological change in inpiduals and deriving from that the consideration of the relationship of inpidual change to social and cultural change.

Here, I must introduce a working hypothesis about psychological health and illness. My basic position is that psychological health is in essence synonymous with and in this sense also dependent upon the freedom to change, and furthermore, that in the long run the only freedom that counts is the freedom to go on changing in a continuous and evolving process. Otherwise, change is merely momentary and illusory. If this is a valid criterion of health, then to understand illness we have to ask ourselves, on what does this freedom for an ongoing and continuing process of change depend? And, in turn, what determines any limitation or impairment of this freedom to change as a first step in psychological illness. From the study of children and the tragic early desiccation of their initial creative potential, we know that the impairment of the freedom to change can start early in life, actually as we learn to imprison the preconscious stream in symbolic language. In fact, this is one of the basic reasons why the neurotic process starts in infancy. Furthermore, it is one of the reasons why we lose this freedom to change repeatedly throughout life, and regain it repeatedly, and lose it again, over and over again, as long as we live. We know, furthermore, that this complex process which starts so early in life occurs not merely under externally destructive circumstances but even under the happiest and

healthiest and most loving circumstances. Consequently, the struggle to prevent this impairment of the freedom to change, or to regain it when we have lost it, or when it has become impaired, is at the very core of man's spiritual and cultural Odyssey. When we put our quest in these terms we can begin to think about it usefully. Yet, most of these questions remain unanswered today, because they have never before been asked in this way. But it is essential to ask these questions insistently, especially those that we cannot answer. The quest for the answers to the unanswerable is our greatest moral and cultural imperative.

How is this freedom to change impaired? Here, we have to stop to describe for a moment what the essence of our psychological process consists of. It consists of a continuous processing of experiencing. The input from life, whether it reaches us via the distance receptors (the exteroceptive organs), or by the proprioceptors which bring us cues and signals from muscles and bones and joints and tendons and ligaments, or from interoceptive organs which bring us news from the inside and supply the raw material of experience, furnishes a continuous supply of data which must be processed, with or without conscious participation and without words or visual or other representatives. This is the imageless thought of the old Wurzburg School. It is a continuous process which goes on throughout life, whether we are awake or asleep, in mental health or in sickness. Samples of it must be taken; and then these samples must be represented. This, too, is a continuous process of

symbolic sampling and whenever there is any disturbance in the process by which we select representatives from this continuous internal stream, or whenever there is any impairment or distortion of the symbolic processes by which we represent these samples, the freedom of the stream itself becomes distorted and impaired. Unhappily, this can begin in very early life, which is why a progressive imprisonment and distortion of the preconscious stream can start so early as the stream becomes trapped between the restrictions imposed by conscious symbolic representation on the one hand, and by the impact of unconscious distortions on the other. It is this which imposes on us that obligatory repetition which is the essential ingredient of the neurotic process.

Here, again, we face the destructive effects of certain of the entrenched and respectable techniques of drill and grill, on which unhappily our educational mores depend so largely; and this in spite of the fact that drill and grill contribute to this loss of freedom by merging with the automatic repetition which is inherent in the neurotic process. Indeed, it is in this way that the educational process itself tends so often to entrench and reinforce the neurotic process. This is not a happy situation, yet educators have never devoted adequate thought to it. Nor have they designed experiments in efforts to break up this unholy alliance between the early steps in education and the early manifestations of the neurotic process. This is a strange oversight when we consider the fact that this challenge has been confronting

us for generations in the educational problems of even the most highly endowed children.

My purpose here will not be to allocate to genetic, biochemical, or psychosocial variables, nor even to variables in intrapsychic conflicts, any specific separate or interdependent roles in the genesis and development of the neurotic process, but rather to make clear its extraordinarily subtle complexity.

All illnesses, whether somatic, psychological, or a mixture of both, are evolving processes, in which a chain reaction is established of secondary consequences which derive from the *primary symptoms,* plus the new symptom-clusters which the secondary consequences generate in turn;- followed by additional distortions which feedback tertiary symptoms into this stream of cumulative and progressive distortions of life. This is one of the many complications which make it difficult to trace the development of a process of neurotic illness to its precise origins and equally difficult to isolate the essential core and nature of the primary illness, or to select points in this continuous cybernetic chain at which invariable biochemical, genetic, or psychosocial correlations can be determined. A further result is the seemingly paradoxical fact that the secondary and tertiary consequences of an illness, whether somatic or psychological, can be so destructive to the pattern and quality of a life that the life which evolves can be much '"sicker" than were the

initial deviations with which it began. This is true not only in psychopathology but in somatic illness as well. A man who is still paralyzed in all four limbs because of an attack of poliomyelitis which may have occurred many years before no longer suffers from active infection by the polio virus, but he still leads a sick life because of his paralyzed limbs. A comparable anomaly can occur in psychopathological processes, although the interrelationships are subtler and even more complicated.

In psychopathological illnesses a seething turmoil of conscious, preconscious, and unconscious conflicts occurs, out of which several kinds of distortions precipitate. These distortions, which are usually called "symptoms," do three things simultaneously: They express the underlying conflicts in symbols, they hide the underlying unconscious conflicts, and they express veiled compromises among them. All of this takes the familiar forms of organized symptoms, i.e., the usual array of obsessions, compulsions, phobias, hysterical conversions, concurrent affective and somatic disturbances, etc., plus many, varied but recurrent, distortions in patterns of behavior. These include antisocial behavior, obligatory expressions of perverse libidinal impulses, disturbances in relationships to other people, dislocations between affects and their original precipitants, etc. Each of these in turn has its own distorting consequences. Uniquely human and important are the disturbances which arise in the relationships of the symbolic representatives of bits of the perceptual input to the samples of the

preconscious stream which the symbolic process is supposed both to sample and represent: in short, disturbances in symbolic processing itself. These symptomatic behavioral disturbances may take the form of acting out the unconscious conflicts, either impulsively or deliberately, or the form of direct expression of instinctual needs in perverse forms, or of disturbances in the affective coloring of all such experiences, or of disturbances in the relationships of symbols to their referents, i.e., to what they are supposed to represent. All of the ingredients of the neurotic process have two essential qualities in common: Each involves some degree of dissociation among their many ingredients, and each component in the neurotic process is subject to automatic and obligatory repetition.

Clearly the neurotic process is an extremely complex phenomenon. Most descriptions of these, whether in classical or in psychoanalytic psychiatry, have been flagrantly oversimplified.

The tendency to simplify is inescapable and even necessary in all scientific investigation and theory; yet it causes confusion. This is true not only in the “soft” sciences, but in the “hard” sciences as well. It is impossible to conduct any experiment without limiting the number and range of variables, in order to isolate other variables sufficiently to make it possible to test their influence one at a time. The theoretician has to do the same thing. Yet, in doing this both the theoretician and the investigator impose on

complex natural phenomena an artificial simplicity. Actually, this is one of the essential functions of the scientist, whether in his armchair or in the laboratory. As long as we realize that we are doing this and that we *have* to do this, and as long as we never pretend to ourselves that the theoretical or laboratory facsimile is identical with its prototype in nature we will not be led too seriously astray, particularly in the study of clinical phenomena. Of course, as human beings we are fallible and often cling to the illusion that the simplified model and its prototype in nature are interchangeable. This leads to trouble; but I want to underscore the fact that these considerations are equally true for the experimentalist and for the formulator of hypotheses and theories. At best, these are metaphors, figures of speech, allegories if you will, efforts to find a verbal graph or diagram to serve as a working facsimile of the natural phenomena. I repeat that this is something that we have to do, but again that in doing so even the greatest scientific thinkers are in danger of becoming trapped in their own oversimplifications. It happened repeatedly to Freud himself, as it has to Linus Pauling.

This is not a criticism, an apology, or a defense. Whether these simplifications occur in the laboratory or in the armchair, they are necessary steps in the progress of science. They help us to visualize the problems which we are trying to describe and ultimately to explain. Dangers threaten only if we pretend to ourselves or to others that they do not exist.

A Bit of Personal History

This brings me back to my original purpose, which is to try to spell out the enormous complexity and the wide range of the variables that enter into all processes of psychological development, both normal and neurotic. My own realization of this came slowly, over a period of about thirty years.

Naturally, to trace in detail the historical development of my own ideas would be of interest to me, but it would hardly be of general interest to others. Nevertheless, because I want to indicate how much more complex the problem is than the customary psychoanalytic formulations of it have allowed us to realize, I will have to make a brief resume of the steps in my own thinking.

These began with the concept of "circus movements" in the brain. The description of this was a happy accident which made me the midwife at the delivery of the concept of cybernetics. The real obstetricians were three, far greater, scientists, Jonas Friedenwald, Warren McCulloch, and Norbert Wiener, followed by many others. That reverberating circuits constitute essential steps in all psychological development, *both normal and pathological,* is no longer doubted. Yet, they raise many questions that are still unanswered. We know that under the influence of certain drugs and especially certain mixtures of drugs (such as barbiturates, alcohol, and others) some people become automata and develop a stereotyped and

unvarying repetitiveness. We know that with the same medications and under apparently similar circumstances the psychological processes of others scatter and never become trapped in obligatory repetition. What we do not know is how this difference comes to exist. We do not know whether some brains are so organized anatomically as to be more vulnerable to automatic repetition than others, and some less so, or whether this is due to differences in their chemistry, or in both. We know only that the difference exists and that a study of its nature is of critical importance for the clarification of any so-called constitutional factors in the development of neurotic illness. Adequate studies of these differences are so difficult that actually they have not yet been made.

The relevance of the concept of reverberating circuits to the phenomena of affective processes was not formulated until nearly twenty years later, in 1952, at one of the Macy Foundation Conferences on Cybernetics, in a paper called "The Place of Emotions in the Feedback Concept." Other psychophysiological ingredients to which I find early experimental and clinical references in my own work had to do with the conditioned reflex in connection with analytical technique and also with analytical theory. Here, again, we face many unanswered problems concerning the role of potential variables which determine the ease of conditioning and its persistence.

The next ingredient that challenged me was the role of the general

process of symbolization. For the first time, I discussed the importance of any distortion or interruption of the link between the symbol of an intrapsychic event and that which the symbol was supposed to represent. In all normal psychological processes it is essential that the link between the symbol and its referent not be disturbed. This is especially true, because in the development of all symbolic processes, the symbolic representation of internal and external experiences, the symbolic representation of the near and the far, of the present, the past, and future, of changes that occur within the body and those which have their origins outside of the body, all provide multiple linkages, by means of which every symbol serves as a bridge between the past, present, and future, between the near and the far, and between the internal and external worlds, the "I" and the "non-I" worlds.'' It should be clear that any disturbance in these representations will provide a basis for different kinds of dissociation that can lean to both neurotic and psychotic disorganizations of human mentation.

This work was followed by and interspersed with a long series of studies involving the use of hypnotic processes for the artificial induction of dissociations that could lead to neurotic disturbances, to the induction of a brief acute psychotic storm under hypnosis, to the phenomena of automatisms in general, and to dissociation of personality units into latent or manifest dual personalities, the larval existence of which has been previously sometimes suspected or recognized, and sometimes not.

In 1945, in reporting on experimental work with the hypnotic process, Sydney Margolin and I pointed out that dissociations of various kinds play a role in all psychopathological phenomena. If this is even approximately true, it forces us to challenge the idea that a dissociative process is in any sense unique for any given neurotic or psychotic process. Thus, the very term "schizophrenia" is a misleading misnomer.

After the use of hypnotic processes for the experimental induction of various forms of dissociation leading to neurotic disturbances and regression came the use of hypnotic processes, sometimes combined with drugs, in a more general study of the phenomena of regression, dissociation, and repression in the evolution of the neurotic process. This led to a further study of the interplay of hypnotic phenomena in both psychonoxious and psychotherapeutic processes. These studies were originally begun in close association with Richard M. Brickner, then with Milton H. Erickson, one of the most gifted students of hypnotic phenomena in this country, followed by a long series of experimental studies with Margolin.

Shortly after World War II (and in part under the influence of the opportunities provided by the war for the study of both acute and chronic disorganizations and fragmentations of psychological functions), came the study of what I then called the "universal masked neurotic potential and the problem of adaptation," followed in 1951 by a paper which separated these

phenomena into a universal, masked, neurotic potential, the neurotic process, and the neurotic state.

In some respects, I would formulate matters differently if I were writing those papers today. Nevertheless, they marked a turning point in my conceptions of the nature of the problem which confronts us.

A Criterion of Psychological Illness or Health

Nothing in psychiatry and psychoanalysis has been characterized with less precision than the basic nature of the difference between health and psychopathology. I hope that through their cumulative effects my repeated efforts to clarify the problem may at least provide us with a few useful leads, as these successive formulations have shifted to a greater emphasis now on one, now on another aspect of the neurotic ingredient in human life. These shifting emphases are complementary and not inherently contradictory. Inevitably, my thinking did not follow a straight path, but wandered back and forth among these several components. I will try here to bring them into harmony as the basis for a consistent hypothesis based on clinical data.

An early formulation highlighted something which I will develop more fully here, namely, that the sine qua non of all psychopathology is *obligatory repetition.* Whenever any constellation of physiological and/or psychological processes which together produce any moment of thought, feeling, and/or

action, predetermines at the same time its obligatory and automatic repetition, that moment of psychological behavior is pathological, and the underlying processes are ipso facto neurogenic or more generally psychopathogenic. To this early characterization an additional consideration must be added, namely, that whenever any thought, feeling, action, drive, instinct-serving impulse or purpose, or conglomerate mixture is itself subjected to obligatory repetition this fact alone will also have basic and inescapable (although variable) consequences for the evolving neurotic process itself. The primary symptoms might be called a first order of variables which have their own effects upon the patient's life. As they produce fresh consequences, these constitute a second order of variables, the nature of which will depend upon what specific ideas, actions, feelings, drives, etc., are subjected to obligatory repetition. For example, height phobias, claustrophobias, agoraphobias, dirt phobias, may have remarkably similar origins, and yet may have diametrically opposing yet equally disastrous consequences. This nuclear component in the neurotic process presents us with a new focus for both psychological and organic investigations, as I have pointed out in detail on several previous occasions.

But, are all repetitions pathological? Obviously not. Indeed much repetition is essential for survival of the inpidual and/or race. If we did not repeat breathing, eating, drinking, and many other things, we could not survive. It is not abnormal to repeat anything as long as we retain the ability

to change and to stop. It is only when repetition becomes so obligatory that not even total satiation makes it possible to stop that difficulties arise.

The questions that arise at once are, How does obligatory repetition become established? Are there many ways or only one? What determines its focus and its duration? Can psychological processes alone produce patterns of obligatory repetition? Or organic variables alone? Or both operating synergistically? And what is the role of intrapsychic conflict, whether conscious or unconscious, in the production of obligatory repetition?

Here we must note that obligatory repetition can also be induced by electrical stimulation of the median surface of the hemispheres of the brain, or of the deeper layers of the temporal lobes, or by alcohol, or by combinations of alcohol and barbiturates, or by cerebral concussions, or by encephalitis lethargica. What role then do conscious and unconscious conflicts play? The answers to all such questions demand precise and sustained clinical and experimental investigation. Furthermore, how early in infancy do these obligatory repetitions become recognizable? And how do they vary?

Symbolic Distortions

Quite naturally, the next focus was on the vulnerability of the symbolic process itself to different types of disturbance. The ability to draw statistically

adequate and representative samples from the continuous preconscious stream of inner experience, and then to represent these samples by symbolic condensations, is certainly essential for the development of all psychological processes that are uniquely human, whether sick or well. This capacity is essential for our highest creative abilities. Yet, because of their high vulnerability to various kinds of distortion, the same symbolizing processes play an equally essential role in all human psychological illnesses. The two are linked in a direct fashion. Originally, I pointed out that if anything occurs to disturb the relationship of a symbol to that which it is supposed to represent, the symbolizing process becomes instead a misrepresenting, masking, misleading, and distorting tool. In place of accurate symbolic representation we have misrepresentation and then dissociation. If there is either a distortion or an interruption in that relationship, the symbolic process loses its ability to represent and ruminate and communicate about samples from the inner stream of preconscious mentation, along with its ability to test its relationship to reality. Thus, any distortions of the relationship of the symbol to what it set out to represent lead to increasingly complex further distortions in human psychology. And, where there is an interruption in the relationship of a symbol to its referent (i.e., to that which it was originally intended to represent), a discontinuity is introduced into psychological processing, which in general psychiatric language has been called “dissociation.” In psychoanalysis, it has also been called “substitution,”

"displacement," "reversal," "repression," etc. All of these terms are metaphors. They do not indicate *how* it happens, but only *that* it happens, and that those important forms of symbolic distortion result which play such an essential role in the discontinuities that characterize all neuroses and psychoses. Yet, all such dissociations of linkages to time, space, objects, and persons produce secondary and tertiary dissociations in all other linkages of symbols to their referents.

Again, further questions confront us. How does the relationship of a symbol to what it is supposed to represent (i.e., to its roots or referents) become distorted or obliterated? Certainly, as I have said, there are distortions in time and place relationships. But are there others? Can distortions occur through the influence of organic as well as psychological processes? What is the role of conscious and/or preconscious conflict in such disruptions? Note that these are precisely the questions that have already been raised about the mechanisms by which obligatory repetition can be introduced into human behavior.

Subsequently, a third question occupied my thinking, namely, how do distortions occur in the affective components of experience? Out of these considerations came the hypothesis that everyone higher than the lower grades of defectives has a "neurotic potential," out of which an enormously variable yet inescapable neurotic process evolves, which, in turn, can lead

either to the development of all manner of neurotic personality disturbances, to the precipitation of a neurotic state, or, under special circumstances, to the occurrence of psychotic disorganization.

It became my thesis that there are several primary ingredients in the neurotic process, and that under certain circumstances the obligatory repetition is the initiating disturbance, whereas in other instances the distortion of symbolic processes may be the first step in neurotic development. In still others, the first step is the imposition of a central emotional position (or central affective potential), which leads thereafter to a central affective state to which that inpidual always tends to return, and which, in turn, can be set off by one or more triggers. These central affective positions can vary from terror, rage, depression, or euphoria, to various mixtures of these.

The Role of the Cybernetic Chain in the Continuation of the Neurotic Process and in the Distortion of Life

An understanding of how trouble starts is important for theoretical, practical, nosological, experimental, preventive, and therapeutic purposes. Yet, this alone is not enough. From the moment that the repetition of anything has become obligatory, the inflexible and insatiable repetition itself has consequences that vary with the nature of the repeated symptom, the situation, and the responses of those around it. These consequences, in turn,

give rise to fresh deviations, which instigate new symptoms and new distortions of life. The examples that come to mind are literally endless. A child may develop a trivial repetitive pattern of behavior, such as getting out of bed and coming out to join the family, an insatiable need to be with the grown-ups, a need for their presence. This pattern may be linked to fear of the dark or of a sibling, of his own nocturnal impulses, whether conscious or unconscious, or of a fairy tale, but it can also arise in many other and subtler conflicts. The child may or may not be afraid. It may be a wholly natural impulse, as for instance to see what is going on, to feel close to others. But, whatever the reasons, once the pattern becomes one of obligatory repetition, an insatiable and repetitive necessity which he has to repeat endlessly, irrespective of rewards, punishment, teasing, joking, appeals to common sense or reason, loving, cuddling, or other substituted satisfactions such as a song or story, we know that a mechanism has taken over to produce the automatic repetition of what may have started as an intrinsically natural bit of behavior, thus converting it into a neurotic symptom. This launches a chain reaction, the nature of which depends upon many factors extrinsic to the initiating source.

In the past, when many adults lived under one roof in many families, the adults competed with one another in demonstrating their special talents for dealing with such disturbances. Today, on the other hand, there is usually only one senior person in any household to take care of such matters. It may

be an anger-breeding burden to one person, but where it can be spread out among several, it can usually be handled with more patience. This is one of the profound differences between the old umbrella-shaped home and the conical family of today.

Further consequences depend not merely upon how many people there are to take turns in meeting the challenges of neurotically repeated demands, but also on the variable inner moods and feelings of those adults, specifically, the feelings about children in general which these demands evoke. These can range from rage, terrifying punishment, and humiliation, to bribery and excessive rewards in the form of over-cuddling and overindulgence. In these ways, the feedback from the environment to the symptom plays a role in shaping the further feedback from the primary symptom to the evolution of further symptoms. The child, as well as the child's family, pay variable prices for even so banal and nearly universal a neurotic moment in childhood as this, and the prices will vary widely, in ways which mold the development of the process. Thus, there is a wide variety in the chain of neurogenic experiences which can evolve out of even one single symptom, and wide differences in the consequences for an entire life which results from these differences. All of this is obvious; but the intricate complexity of the network of consequences which can evolve from the simplest neurotic symptom is something that even modern psychoanalytic psychiatry has tended to overlook.

Clearly, no neurotic symptom exists in a vacuum. It is set in a matrix, not only of people, but also of inanimate objects, which interact with the neurotic symptom and thereby play a role in the further evolution of the neurotic process. Therefore, the neurotic process depends not only on the nature of the initiating moment, nor on the focus of the initial obligatory repetition, nor on the point at which the symbolic process becomes strained, distorted, or disrupted, nor on the nature of the central affective potential which is imposed on the developing personality. It depends on all of these, but also on the nature of the complex network of their consequences, and on the feedback from these consequences which often establishes new conflicts (conscious, preconscious, and unconscious), which produce new neurotic symptoms secondary to the first, which, in turn, generate new secondary and tertiary consequences secondary to the new symptoms, to a third and fourth order of events.

In other words, the neurotic process is a continuously changing and evolving process, a reverberating or cybernetic chain reaction. All of this must be kept in mind when we ask what the effects of our therapeutic efforts are, whether they are somatic, pharmacological, psychotherapeutic in general, or psychoanalytic in particular, and with or without the introduction of organic adjuvants. Whatever techniques we use, we must ask what the influence of each of these ingredients is, not only on the originating or primary conflicts, but also on the affective components, their symbolic representations, and

then on the chains of events which lead to all of the later consequences. Frequently, these later consequences can be interrupted with great benefit to the patient, yet without modifying the primary initiating ingredients in the neurotic process. Although symptomatic relief can be of great human value, from a scientific point of view it should never be confused with an attack on the heart of the matter.

The Universal Neurotic Potential and Process—The Less Frequent Neurotic State

Finally, I would like to say that before I understood any of this clearly, and particularly before I understood the role of the preconscious processing of human experience, which constitutes the essential continuum in human psychology, I wrote of a neurotic potential, a neurotic process, and a neurotic state. At that time, this formulation was in a sense premature, and contained elements which I would modify today. Nevertheless, in its essence it has validity.

There is a neurotic potential in every human being who is capable of affective processing, of generating obligatory repetitions, and of symbolic representation of these experiences. In my original formulation I laid primary emphasis on the symbolic distortion alone, because this is the characteristic which is unique to the human neurosis, whereas affective distortions can be induced experimentally in animals in many different ways, without

necessarily involving the other two ingredients that are essential to the human neurosis. Such disturbances which can be produced in lower animals by special conditioning maneuvers have been called “an experimental neurosis”; but the late Howard Liddell said to me that this is not truly an experimental neurosis at all, but the “experimental production in lower animals of the affective concomitants of the human neurosis.” Liddell said further that he regretted that he had fallen into the then popular fashion of speaking and writing of the “experimental neurosis” in sheep and other animals, because later he became convinced that there were better and less confusing terms to be used instead, to refer to the use of the techniques of conditioning by which emotional disturbances could be induced in laboratory animals.

On the other hand, the experimental superimposition of a fixed affective position is possible in the lower animals, in forms which are equally characteristic of human psychopathology. Whether or not we can induce in animals the other two ingredients of human neurosis is a challenge to which the animal experimentalists must soon turn their attention with greater specificity than they have done in the past.

However, there is surely in man a universal neurotic potential, out of which evolves inevitably, but with endless and infinite variety, a neurotic process that need never manifest itself in formal symptomatology. Thus, the

obligatory repetitions, the fixed affective positions, and the symbolic distortions, may express themselves not through a symptom (like a counting compulsion, or a dirt phobia, or a conversion symptom), but rather in skillfully disguised and rationalized over-emphases of some special pattern of life, such as in overdrives or under-drives, in rushing or dawdling. One need only think of the all-too-familiar compulsive work drive which may be highly productive, creative, and valuable from the point of view of society, and for which a man may receive honors and many rewards, until the day comes when the tax collector catches up with him and he goes into an involutional depression. This is the sad fate of success which was described long before the modern era of study of dynamic psychiatry and psychopathology.

The neurotic process may express itself in the choice of the kind of dwelling in which one lives, or in the choice of whether one lives in the city or in the country. One ingenious woman had a thousand extraordinarily good rationalizations for always taking her family on vacations to interesting and remote cities, where they could study different cultures, different art forms, different architectures, different languages, and observe the different ways in which people live. She was doing something very valuable for them, but she was also hiding her own paralyzing phobia, which was focused on everything that had to do with rural settings of life. A witty rationalization went with this, and she developed a magnificent theory as to why cities are beautiful and the country ugly and lacking in all essential aesthetic qualities. This did not

change the fact that the pattern of her living was determined by a wholly unrecognized terror which afflicted her whenever she was in the country, hidden and protected by a brilliant, masking, counterphobic compulsion. Anyone with clinical experience could match this example with many others. These are the symptomatic manifestations of a skillfully disguised neurotic process, manifestations which may appear only as subtle distortions of the personality and of ways of living.

Sometimes, however, these personality distortions are not so simple. The compulsive do-gooder or the compulsive do-badder are gross examples. The juvenile delinquent is another; or the senile delinquent, for that matter. All forms of so-called sociopathy, all amoral or asocial personality disturbances are gross examples of the same principle.

It is of special interest and value to note that these skillfully masked neurotic manifestations that invade the personality and its ways of life can often be far more destructive to others than are any more formal symptoms. It is usually true that the frankly symptomatic mother does less damage to her children than does the mother who has neurogenic personality exaggerations, but no frank symptoms. The former is less likely to impose her symptoms on others, than is the mother with a constellation of neurotic behavior which is rewarded (as is any working compulsion). It is extraordinarily difficult to render this alien to the patient's inner prideful

feelings of adequacy, and it is extremely difficult therefore to persuade him to focus on it for therapeutic purposes. He wants instead to protect it, just as the patient in a euphoria claims to have the right to be elated (or for that matter to be angry). “I have a right to be angry, I mean hungry,” said one woman.

Finally, there is the full-blown neurotic state, which is self-diagnosing. It is the easiest thing to recognize in all of medicine, because the patient comes in and tells you about it. “I am afraid of heights,” or “I am afraid of depths,” or “I am afraid of bugs,” or “I am afraid of dirt,” or “I cannot stop counting,” etc. Although agoraphobia can be crippling to a patient’s life, it is primarily the patient himself who is crippled. Only secondarily are the comfort and safety of the patient’s family impaired. This is less important than are the other manifestations to which I have referred; yet, a knowledge of this whole area begins with a knowledge of the neurotic state. Unhappily, all too often this is where it ends, although this ought to be where such knowledge starts. The symptom cluster is only a cluster of consequences and should never be used as the basis for a nosological system. Again, it is for this reason that a given life is so often far “sicker” than is the illness of the person who lives it.

The Relation of the Neurotic Process to Psychotic Disorganization

Psychotic disorganization may be a direct outgrowth of an ongoing neurotic “chain reaction” which has led the patient into a trap, consisting of

irreconcilable, conflicting, and unattainable drives, on which conflicting and irreconcilable symptoms are superimposed. Such a chain reaction has its roots in some of the primitive behavioral stereotypes (also called fixations) of infancy and/or early childhood.

The origins of stereotyped behavior are in an uncertain interplay among genetic, cultural, and familial factors, plus idiosyncratic experiential events, and also hypothetical somatic variables. Once established, such obligatory repetitions of any pattern of behavior produce distortions of life which, in turn, produce new, secondary symptoms, which have their own deforming consequences, which give rise to tertiary symptoms, and so on. The process is mediated by a continuous stream of preconscious processing of inner experiences under the concurrent influence of unconscious conflicts and preconscious sampling and control. As a result of the persisting dichotomy between symbolic units and their originating conflicts, these become inaccessible to conscious introspection or to correction by experience.

When all elements are conscious, their combined effect is to produce perplexity and sometimes inconsistent behavior, but not neurosis. As the years go on, however, one of the opposing pair usually attains dominant and manifest importance, the other becoming latent. At this point, the conflict between them becomes neurogenic. Its conscious manifestations will take either the form of diffuse symptomatic behavior or symbolic symptom

formations. In some instances, especially when the resultant symptoms also become conflicting and irreconcilable, there are psychotic sequelae.

Early conflicts focus on primary instinctual processes, such as ingestion and excretion, food phobias and compulsive gorging, compulsive sleeping and wakefulness. Becoming more complex as time goes on, such conflicts come to invade the processes of adult decision-making and thus may influence a person's choice of education, marital status, career, friends, etc. Perhaps the most frequent and highly charged dilemma encountered among psychotics is between gender identities, i.e., whether to become or remain a man or woman.

A woman patient's childhood had been marked by total rejection by her parents, who openly preferred her brother. As a result, she struggled throughout her life among conflicting unconscious drives to possess her brother, to kill him, to supplant him in her father's love by becoming a big blond boy like her brother; yet, she never totally abandoned all feminine goals or identifications. She struggled over whether to grow older or younger, whether to be boy or girl, or both. With each birthday, this struggle became sharper, and she became more depressed.

She was still able to function when she unconsciously sought a solution to her unresolved conflict through a surrogate relationship, namely, through

marriage to a man who had been her brother's best friend. In addition, her new husband's father was a close friend of her own father; and prior to the marriage, he had always shown the patient far more affection than had her own father. But immediately after the marriage, the new father-figure turned away from her. With this repetition of her childhood pain and loss, she became bewildered and unhappy. Her husband's complete recovery from a dangerous illness came soon afterwards, and turned out to be a psychological catastrophe for her, by reactivating her buried death-wishes toward her brother and her need to replace him.

Thereupon, from having been freely active, she became anxiety-ridden and severely agoraphobic, so that she could hardly bring herself to move more than a few blocks from her home. With the passing years, and further deterioration of the marriage, she superimposed on this terror an equally violent claustrophobia. At this point, she was trapped between two terrors, so that she sometimes stood on the threshold of her home for hours, equally terrified to go in or to go out, to be among people or to be alone, to move or to remain motionless. Here, then, was a juxtaposition of irreconcilable drives and irreconcilable symptomatic defenses. This brought on the imminent threat of full-blown psychotic disorganization, which, fortunately, led her into intensive treatment just in time to save her.

One of the pitfalls in our theories about psychotic cases is the tendency

to assume that the mechanisms which are at work during the psychosis *after* it has been established, had also initiated the psychosis, an error which can be seriously misleading. The phenomena of regression furnish frequent examples of this. Although regression is one of the more consistent components of psychotic disorganization, there is no clear evidence that it ever initiates the psychosis. What it does, is to set in motion and activate a new series of fantasies and a chain of new secondary and tertiary consequences.

Furthermore, regression can mean many things. It can mean an abandonment of adult life itself, with the unconscious implication that "If I go back to the beginning, I can start over and grow up different." It can be and often is linked to difficulties about gender identity and to the desire to change sides, to be the other sex, or both, or neither, which the psychotic patient so frequently expresses in many, varied, and transparent forms. It is not surprising, then, that one of the forms which the regressive movement can take is a suicide effort, which is not in reality an effort to die but rather to be reborn.

A distinction must also be kept in mind between mechanisms which touch off the process of disorganization, and those which are set in motion during that process, i.e., after it is under way, but which sustain and complicate it because of their own highly complex secondary consequences.

To make this differentiation possible, it is important for us to begin systematically to collect examples of psychotogenic impasses which precipitate the gradual or acute decompensation of the neurotic process into psychotic episodes.

It will also be necessary to gather data on the nature of the noxious momentum, whether this consists of critical episodes or of gradual changes which cause latent double-binds to erupt into manifest forms. Sometimes, the inescapable concomitants of maturing will do it, e.g., the threat of emerging from home, school, hospital, or job; the threat of promotion, or advancement, or of loss. The conflict can be unmasked by the death of a close relative after a serious illness, or by his recovery, by pregnancies, and the end of pregnancies.

All of this will have to be correlated with the influence of drugs on the threshold for reverberating processes in the CNS, and on the organization and disorganization of symbolic processes, both in the waking state and during sleep. In some patients, the drugs with which we are experimenting today seem to terminate the psychosis and re-establish the pre-psychotic neurosis. Yet, in other patients the same drugs have an opposite effect. Sometimes, after a patient seems to have been pulled out of his psychosis by drugs, the lowering of the dosage may re-establish the psychosis. This is well-known, but another closely related fact has received insufficient attention; i.e., that during the transition back into psychosis or while it is taking place, the

patient can sometimes report the transition step by step in the changes from normal waking thought processes to the type that occur in all of us during sleep. With reduction in medication, patients have described this sensation in many different words: “I can see it coming on”; “I am beginning to think differently”; “I am awake but I am thinking as though I were asleep.”

From the point of view of psychopharmacology, this is an observation of an important paradoxical fact. It is as though a drug which is ultimately sleep-producing could also enable certain patients to think as a waking person thinks; whereas the withdrawal of the drug—which should awaken him still further —causes his *thinking* processes during the waking state to become disorganized into sleep-like preconscious patterns. A study of many verbatim samples of these transitions in both directions is an area for basic research which should illuminate these observations.

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