

# **Fundamental States in Psychoneurosis**

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Read before The American Psychological Association,  
Harvard University, Dec. 28, 1909.

*Journal of Abnormal Psychology*, 1910, 5, 321-327.

**[See also Ernest Jones letters re this article.]**

In the investigation of psychoneurosis the psychopathologist is confronted by some strikingly characteristic features. The symptoms are not isolated or disconnected, but appear in connected groups, in well-associated systems. The symptoms are logically related, being grouped round a nucleus which seems to guide and control the rest of the morbid manifestations. The disease, in spite of its manifold variations of symptoms, really presents a well-told story, with a central plot running through all its ramifications, with a hero and possibly a heroine round whom the main interest gravitates. Viewed from another standpoint we may say that we have here the evolution of a low form of parasitic personality. This parasitism is well brought out in the attitude of the patient towards those morbid mental states. He regards the whole system-complex as foreign to his personality.

Another important characteristic is the *periodicity* of the system. The morbid system runs in cycles. The patient tells that during the time of obsession the mind works in a circle. There is a sensory nucleus, a sharp attack lasting but a short period, followed by a long period of depression and worry. In most, if not in all cases, the origin of the obsession is unknown to the patient. The morbid mental state flashes lightning like on the patient's mind, keeps him spellbound in terror, and then suddenly disappears, to reappear on some other favorable occasion. Other states persist in consciousness for some time, but even in such cases periodicity of remissions is quite marked. This characteristic of periodicity is so marked that some writers describe such cases by the term "psycholepsy," while others classify them under the misused term of "psychic epilepsy." In order there should be no confusion with epileptic states I describe these morbid states as *recurrent psychomotor states*. These states do not belong to the patient's normal associative life, but appear to the patient himself as opposed to his usual normal life-activities, they appear to him as dissociated from the rest of his interests, from the rest of associations and psychomotor adjustments. He does not understand those dissociated states, wants to extrude them from his mind. Under certain conditions he is not even aware of them, since they either appear subconsciously, or swamp his

personality during the whole period of their activity. The states are essentially subconscious, dissociated states, they come in attacks, in seizures, and manifest themselves, like volcanic upheavals, with extraordinary violence and emotional disturbances. As pointed out in former works: "One general characteristic of these morbid psychomotor states is the fact of their recurrence with the same content of consciousness and with the same almost invariable psychomotor reactions. The patient thinks, feels, wills, and acts in the same way. Subconscious dissociated states belong to the type of recurrent moment-consciousness, a type characteristic of the lower forms of animal life, a low type that responds to the external environment with the same adjustments, with the same psychomotor reactions. From this standpoint we may regard the recurrent psychomotor states as a reversion to lower forms of consciousness. The suddenness of the attack, the uniformity of the manifestations of the symptom-complex, the uncontrollable overpowering effect on the patient's personal consciousness are all due to the same underlying condition,—the dissociation of the patient's subconsciousness.

The nature of the subconsciousness, whether it be physiological or psychological, or both, we may leave to the speculations of the philosophical psychopathologist and metaphysical psychologist. Our present object is to note the clinical facts,

describe them accurately, correlate them into generalizations, and use provisionally limiting concepts, much in the same way as the mathematician uses space or the physicist uses matter and ether. By the subconscious we simply indicate this fact of dissociative activities characterized by their recurrence and automatism, of which the person is often not directly cognizant.

During the predominance of the recurrent state, the sense of reality is affected, since the subconscious or dissociated mental states come with an insistency and intensity of the sense of their reality almost directly proportional to the insistency of the recurrent mental state which is truly delusional or even hallucinatory in character. This is especially true of the highly developed and fully systematized complex recurrent mental states. This sense of reality is still more enhanced by the suddenness and violence of the subconscious eruption.

The attacks can be traced to mental trauma, emotional shocks, and especially to experiences of early childhood. This generalization was developed in my various works, especially, in my *Studies in Psychopathology*. These subconscious experiences of early childhood are not based on sexual trauma as claimed by some German psychopathologists and their enthusiastic adherents.<sup>1</sup> Where present the

early sexual experiences can be shown to be ineffective and inessential.

Feldsmann in his paper on psycho-analysis,<sup>2</sup> and in my own work, find that early sexual experiences are on the one hand present in many healthy individuals, and on the other hand absent in many cases of psychoneurosis. Sexual experiences may become exaggerated in the patient's mind by the suggestive importance ascribed to them by Freud, Stoeckel, and their followers. Such sexual psychoanalysis is often extremely harmful to the patient. It is but another aspect of the pious quack literature on sexual subjects.

In my cases of recurrent mental states, especially of the phobia type, I find on the soil of a sensitive nervous organization the presence of a fundamental state of primitive fear of the unfamiliar and the strange, an instinctive fear characteristic of all animal life, and rooted in the fundamental impulse of self-preservation. In most people this primitive animal and child fear is inhibited by training and familiar environment, but in our psychoneurotics this instinctive fear is not inhibited, in fact it is even over developed. Under certain unfavorable conditions of training, especially religious, this primitive fear may be combined with a developed sense of the mysterious, and the result is *fear of the mysterious*. The two, however, are often simply associated and do not form a composite fear

state. This association of the instinctive primitive fear and the sense of the mysterious and the unknown constitutes the soil on which all forms of anxiety and phobopsychoses grow luxuriously.

The fear instinct and the sense of the mysterious when trained by religion, morality, and accompanied by deeply rooted superstitions and prejudices of a religious and moral character may attach themselves to any sphere of life, sexual, professional, or purely personal, and give rise to the phobias or to the anxieties of psychoneuroses. The feeble personality of the child becomes the victim of fears. We have thus the fear of having committed some awful wrong act, never being satisfied, even when the wrong is made definite, "there is some mysterious wrong beyond"; there is the fear of doubt, of not arriving at what is *absolutely right and really true*. There may be the fear of having committed the unpardonable sin with mysterious communication of unseen powers; fear of eternal damnation; fear of ghosts; fear of remaining alone or clausterphobia; fear of open places or agoraphobia; fear of loss of personality or general vague fear, known as panophobia. A few concrete clinical cases may best bring our these fundamental states of psychoneurosis. I am sorry that my time is limited, and I must make the account of the cases so brief and unsatisfactory.

I. The patient is a young man of twenty-eight. Family history good. The patient is physically well developed, very able, he is instructor in one of the foremost American institutions. He is obsessed by the fear of loss of personality. The fear is of a periodic character, coming at intervals of two weeks, occasionally disappearing for a few months and even for a few years, but reasserting itself with renewed energy and vigor. During the attack the patient experiences a void, a panic which is sudden in its onset, the patient feels that his self is gone. He can carry on a conversation or a lecture during the attack so that no outsider can notice any change in him, but his self is gone and all he does and says, even the demonstration of a highly complex problem in integral calculus is gone through in an automatic way. The fury of the attack lasts for but a few moments which to him appears of long duration. He is "beside himself," as he puts it. He seems to stand beside himself and watch "the other fellow," as he describes it, carry on the conversation or the lecture. He is knocked out of his body, which carries on automatically all those complicated mental processes. For days after he must keep on thinking of the attack, feels scared and miserable, thinking insistently, in great agony, in a vicious circle over his awful attack.

At first the patient could trace this attack as far back as his seventh year. Later on earlier experiences of childhood came to light, and then it

became clear that the attack developed out of the primitive instinctive fear of early childhood, fears of unfamiliar environment, fear of the dark, fear of strange conditions to which he had been subjected in his tender childhood. The attacks are usually induced by unfamiliar situations; strange conditions, a new location, strange towns, unfrequented places or the noise and bustle of a large unfamiliar city, darkness or loneliness in an unusual quiet place are all conducive to attacks with their intense agony of fear.

Along with it goes a highly developed sense of the mysterious which dates back to the patient's early childhood, revolving around the problem, "What am I?" He began to dwell on that problem of "*What am I?*" since he became conscious of himself as a thinking living personality. This question of "What am I" accompanied with intense fear and anxiety keeps on coming to him in his present attacks. He felt the fear and the overawing mystery of the problem of "What am I?" As the patient puts it: "It is the mystical fear of the attacks which overpowers me." In other words, the patient suffered from the persistent primitive fear of the unfamiliar, and from an over sense of the mysterious. With the disintegration of these states the attacks were the first to disappear and then the general depression of the after-effects gradually faded away.

II. Another case is that of a lady of forty-three. Family history is good, Patient has always been in good physical health. Eight years ago she married and had two children, both well. She distrusts and fears her husband, suspecting him of some heinous crime. The attacks come in waves, in seizures of brief duration with intense excitement, agonizing fear, palpitation of the heart, chattering of teeth, followed by a long period of depression and worry. When near her husband she is excited and full of agonizing fear. She feels her husband must have committed something awful. "There is an insurmountable obstacle between us; what it is I do not know," When finally her husband confessed to her to some escapade of his youth, she was for a time quieted, but soon the fear of the mysterious sin or crime once more arose. The confession did not satisfy her. "There must be something more beyond." This thought keeps on coming to her mind. "It turns like in a circle," as she puts it. She herself is conscious of the predominance in her of the sense of the mysterious. "Even if my husband," she tells me, "should confess to me the most awful of crimes, I would still suspect him of worse ones. There is something mysterious. Nothing definite can satisfy me." We may add that the patient and her family have been Christian Scientists for years. She suffered from fears of telepathic suggestive influences and from fears of receiving telepathic death thoughts,—suggestions given by Christian

Science. As a child she was dreamy, had a love of the mysterious, and was possessed by a well-developed fear of the unknown.

III. Patient is a young man of twenty-seven years. His parents, though slightly neurotic, have reached a good old age. Patient is physically well. Since his early childhood, as far back as the age of eight, he suffers from intense melancholic depression, often reaching a state of agony. He is obsessed by the fear of having committed the unpardonable sin. He thinks he is damned to suffer tortures in hell for all eternity. He keeps on testing any chance combinations and if his guesses turn out correct, he is wrought up to a pitch of excitement and panic. For it means to him a communication coming from an unseen world by unknown mysterious powers.

"The omen testing," he writes in his account to me, "had a monstrous growth. The tests have been concerned with the letters in my reading, with people walking on the street, with carriages and automobiles, fire alarms, sounds of all kinds, the sound of the voice and of birds, hymns in church, the weather, the arrangement of letters in conversation, etc. The general principle has been the same throughout, which is briefly this: If the normal course of events is interfered with in a special way that I arbitrarily arrange in my mind before the happening, I infer, or rather fear, that it is a signal

from some extraneous intelligence. As to a signal of what, that also is arbitrarily arranged beforehand. For instance, I considered it was not the normal course of events to be able to predict on what day of the week several people would arrive at the hotel and still I predicted it. I feared either that I had a supernatural power of prediction or that the people themselves were in some supernatural way forced to fall in with the day I predicted."

The attack proper comes in pulses of brief duration; followed by long periods of brooding, depression, and worry. The primitive fear of pain, of danger and death, and the sense of the mysterious cultivated by his religious training, reached here an extraordinary degree of development almost paranoidal in character. Among the earliest memories that have come up in the hypnoidal state there was the memory of an old woman, a Sunday school teacher, who cultivated in the patient, then but five years of age, those virulent religious germs which, grown on the soil of the primitive instinctive fear and the highly developed sense of the unknown and the mysterious, have brought forth those poisonous fruits which now form the curse of his life.

Let me read to you another paragraph from the patient's account: "It is difficult to place the beginning of my abnormal fear. It certainly originated from doctrines of hell which I heard in

early childhood, particularly from a rather ignorant elderly woman who taught Sunday school. My early religious thought was chiefly concerned with the direful eternity of torture that might be awaiting me if I was not good enough to be saved."

I can bring many more cases, but these will suffice as illustrations. In all my phobia cases I find as the basis of the morbid condition the primitive instinctive fear of the unknown, of the unfamiliar, a fundamental fear instinct rooted in the impulse of self-preservation, and an over-developed sense of the mysterious. The recognition of these fundamental states by the psychopathologist and their disintegration by treatment are of the utmost importance for psychopathology and psychotherapeutics. The educator may possibly find here some important hints in regard to the bringing up of the young. The Holy Scriptures claim [Greek text], but from our present standpoint we may paraphrase the biblical statement by saying that *the fear of the mysterious is the beginning of phobia*.

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1. Die Theorie der Psychneurosen behauptet mit ausschliessender Sicherheit (?), dass es nur sexuelle Wunschregungen aus dem infantilen sein können welche in den Entwicklungsperioden der Kindheit die Verdrängung (Affectverwandlung) erfahren haben in späteren Entwicklungsperioden dann einer Erneuerung fähig sind, sei es in folge der sexuelle Konstitution, die sich ja aus der ursprünglichen Bisexualität herausbildet sei es in folge un-günstiger Einflüsse des sexuellen Lebens, und die somit die Triebkräfte für alle psychoneurotische Symptombildung abgeben. (S. Freud, Die Traumdeutung, p. 376, 2<sup>te</sup> Auflage, 1909.)

In other words, slippery and mutable as Freud's statements are, he clearly

declares in the last edition to his *magnum opus* the far and wide reaching generalization that all psychoneurosis is based on sexual wish-impulses (Wunschregungen) coming from infantile life. Suppression of sexual experiences can be easily observed (by competent observers, of course), in infants of a few months old. If you miss the process of suppression in the baby, you can easily trace it by means of psychoanalysis to the early recollections of tender infancy. It is certainly lack of comprehension that induces Ziehen to daub Freud's speculations as Unsinn.

Some of Freud's admirers, with a metaphysical proclivity, are delighted over the theory of suppressed wishes. The wish is fundamental and prior to all mental states. This piece of metaphysical psychologism is supposed to be based on clinical experience. If wishes were horses, beggars would ride." The Freudist manages to ride such horses.

2. Sovremennaja Psychiatria, May, June, July, 1909.

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