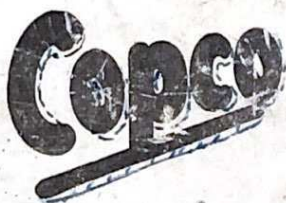


Notebook #2

Sci. Music Art. Psych. History. English. Exp. E.

30



— COLLEGE —

NOTE BOOK

17 Mill

Sperry, Roger W. - White House - Oberlin, Ohio

Thurs. Ab. Psych

Fri Shakes more

Sat. Music more

Mon Ex Psych more

Wed Milton more

For Review

Get facts of neurax + hyst + rest of
im. and learn. Then learn
different theories.

Take facts from class notes
first. + prep

Abnormal Psychology

Text Pillsbury - 'Abnormal Psychology' + Ass. readings (Sem. permits)

Psychiatry - poor standing in America.

Theoretical basis for abnormalities in this course.

Classification

A Mental condits normal 'functional'

1. Neuroasthenia - 'nerv. prostration' posture reeducation
2. Hysteria ties, stammering, fits, separation diagnosis
3. Maladjusted (omnibus word) queer, eccentrics, perverts,

B Insanities mental non-normal 'organic'

1. Chemical - manic-depression medicine
2. Degenerative - dementia praecox meagre syphilitic

C. Defected development 'organic'

1. Subnormal - imbeciles, idiots
2. Sens-not. defects blind-deaf crippled - not pathological but special probs

Functional treated regimen, not medicine or surgery, reeducation

Organic medicine or surgery ideally possible. (Tho neither manic depression or dementia praecox are at present curable by medicinal or surgical means) Cure possible by lens operation

Functional - no 'lesions', no discontinuity, machine is there but it doesn't go right, has to be adjusted. misformed levers

Organic - poisoning or breaking of tissues, a defect in the machine, in its parts, lesions in tissues, broken

Chemical - toxicated condition, drug, or chemically modified protoplasm in system. They can be got rid of, reversible process tobacco, morphine etc.

Degenerative - cells are broken down

Terms

Neuroinstability - delicate organism, lack of self-control, 'weak nervous system', system sensitive but not weak probably, also no reserves in nervous system. - description of kinds of behavior - not causes.

Etiology - study of causes.

Diagnosis - determination of difficulty

Prognosis - look forward, predict

Therapy - cure, treatment

"Syndrome" - group of symptoms isolated and named, maybe basis for two diseases. ^{except} scarlet fever - a convenient term for classification, might have disease or not. = a syndrome

Ans. for Neurosthenia & Hysterics

Standard Ab. Psych. tests.

- * Bianchi (old)
- * Church & Peterson (up-to-date incidental)
- * Mendel (briefer not so satisfactory)
- * Stearns (incidental)
- * Mercier: Psy. Test. & Mark. (from mentalist pt. view)

Read Chur & Peter &

Mercier for Hysterics & Neurosthenia

References on Hysteria & Neurosthenia in particular

- * Jacob Sympt. of Hysteria
& Ment. Treatment of N.D.'s (Neurosthenia)

Clark: Neurosthenia

White: Ab. Norm. Psy. (Freudian)

Know position of your author for BB. Lecture does not cover a whole lot of outside reading. Get outside reading, textbook, and lectures, as separate informations.

You name syndromes into diseases after a while.

DuBois - Psych. treatment of Nerv. diseases Hysteria

Munsterberg - Psychotherapy

White - "Ab. Psych." "Meth. of Char. Formation"

Jacob - Neurosthenia

Clark - Neurosthenia & Hyster

Text - 1st 5 chapters

Text - 4-11 inclusive

Read Jacob, Chur & Pet., Jacob.

Hysteria in text pretty good tho simple

Neurasthenia

(Syndrome?) or disease
Hyperthyroidism (once included syndrome of neurasthenia now stands alone)
comes from excess thyroid secretion, but we don't know why what causes.
Eye strain - can cure, from reading, eyes are primary factors, possibly
as a syndrome or disease Inclination to treat both of these as
diseases.

Neurasthenia or nervous prostration is a syndrome covers series
of things (upper two were first called nerv. prostration, there may be more
included still in Nerv. prostration)

All above equals idea of syndrome vs disease.

Nervous prostration

Divide age periods 1 - 14 - 23 - 48 → three types of nerv. prostr.
Young people - has rapid onset (3 mon - 12 mon) older type much
slower. One common factor = inability to do one's work -
person is incapacitated. So called 'nervous' prostr. Apparently
in good health, must be nervous (plain theory) but one does have
to separate nervous from ordinary prostration (laying flat)
ordinary = physical prostration. before exams etc. Nervous prostr.
does not show symptoms of anything - but he doesn't accomplish
anything - worry plays an important part. Things to do, yet you
can't do them. You start work, but can't go on, no use.

Indigestion, constipation, drinks little, can't sleep, wakes early,
worries increased, some of symptoms he reports. + eye strain,
headache, etc. Flushes, chills, sweating palms, changes blood
pressure + headaches (migraine) sleep disturbed, trouble with teeth
He begins to get hypochondriac, talks about symptoms - has to
stop work within 3 months to 6 months. (Disturbing at 25 - 30 yrs old.)

Friends may think it pathological, a kind of insanity.
Fellow research, couldn't take train home, vacation, recovered in a year
usually they recover in two or three months.

Nervous prostration not confined to great workers or too weak
people. From doing endless line of duty (with no point) (?) why?

A matter of having a good deal to do and coming to point
where it won't go.

Takes a longer time for middle age case to get & recover
Also there are middle age repeaters. They don't ever really
recover. So flat once a year.

Prognosis for person after 50 - not very good - increasing seriousness
of results of n. prostr. with age.

Keep in mind Primary & Secondary traits, symptoms + sequelae
 disturbed digestion. — constip. anis. fluid.
vascular disturbances — rapid shift blood pressure — headaches, blushing, sweating
skin: blotches, minor infections. hair dry skin.
 most of these are secondary so are emotional depressions, worries, etc.
 perfectly natural in the situation.

Theories of Cause of Neurasthenia

Tendency to divide in two general theories contrasted

1) Specialized fatigue Eye-strain, posture fatigue both show

2) Glandular disturbance (no part. gland as yet) hypert thyroiditis

[This means pathological — hyper-excess.] [Endocrine & Digestive glands + toxication]

Tendency to throw hyper thyroid + posture fatigue out of neurasthenia.
 You can generalize on either one + exclude others

Since we don't know which, we must treat both, Stetson thinks probably the first is the more important.

② Specialized fatigue — fatigue means a reversible process in which person is incapacitated — efficiency, — and then turns back to normal — nerves, reserves, then depletion to bring back. (Watson wouldn't deal with concept) Physical & mental fatigue of mind, brain, central nerve

[nerve fatigue — brain cells depleted, repaired too quickly or not at all well]
 [drug chloroform etc. break down nervous system, coffee, tea etc. a little is O.K.]

What & where is fatigue? Only certain thing we know so far is muscular fatigue. Peripheral nerves, nerve fibers, do not fatigue, probably no fatigue of CNS. nerve fatigue not muscle
 of specialized fatigue — eyes worn out, piano arm etc. special muscles fatigued.)

[nerve system last tissue to fatigue. Hunger etc. weight & function remain normal for long time. Fasters after 2 wks do not lose

away 'mental' abilities. Fatigue of large muscles.

Fatigue also possible / neuro-muscle junctions [Thinking concerns muscles to very small extent — goes back & forth in nerve system without much tax on muscles.]

[The electricity of nerve system, need muscles for complete circuit]
muscular fatigue may be neuro-muscular junctions

Difficult to shade any metabolism in nerve system — a little heat and CO₂ shown in last 2 yrs. changes are very slight.

wave motion and wire theory of nerve motion impulse.

There is great loss of energy in the musculature. However, skeletal & visceral — we are talking about skeletal red, striated, very rapid

as high as 250 per second for single fiber.

Wings of wasps etc. wings beat 200 - 300 per second - invertebrates
cold-blooded muscles - blood is largely to supply with fuel.

all symptoms of fatigue are muscular symptoms. A continuous tension which finally relaxes - dilated pupils, lump, prone, sagging effect = relaxation. All these symptoms show in muscular apparatus. Fatigue entirely in muscular apparatus.

Where & what is the fatigue in neurasthenia?

not in large muscles not in small detailed muscles. (piano arm fatigue is usually in shoulder) is appears in 'inferior posture' convergence eye muscles. sh. girdle in piano & accommodation or

(S for will power in the posture? does S become adapted & as muscles die or do)

This a posture fatigue. results appear in sore aching muscles eye, headaches, ^{stiff} lumps in chest, base skull, ^{tension} ^{muscles}

caused by continuous contractions. focusing, adjusting mechanism is tired. Rather difficult to correct these postures. Reeducation of piano arm, writer's cramp etc. It has been learned - it is the way you do it. Hard to relearn (?) possible (?) - The Con. Prof's book - if you can get at posture early and 'relearn' it, you can correct it.

Spec. fatigue = attention process, posture & adjustment, trunk & 2nd ary contractions
eyes and all muscles involved fine adjust.

[moral = get good postures in all your work] (a posture fatigue is natural - in nervous prostration it is the posture fatigue, but the posture is complex & not easily got at so it looks like nerves or slump or else.) constant pain - constant contraction (piano arm, typing, micr, draughtsmen) pain leads to contraction leads to pain etc. person can't let go. contraction may lead to deformity - due to pull of muscles in response to stimuli.

Spec. fatigue certainly is responsible in many cases - but in many others you can't get hold, locate, the fatigued attention muscular apparatus (weak pt. of theory)

The loss of will power, urge to work, comes after, as result of breakdown of posture. A long continued strain of attention muscles.

[2] Glandular disturbance no parts, gland known yet.

excess thyroid, digestive toxication (fecal matter result of constipation) gastritis

[athletes live in their muscles, hypochondria, notions, food etc. waiting] affects iris eye, metabolism, + other glands are disturbed along with it pituitary, thymus, liver-creatin,

A Thyroid, pituitary, thymus, liver, adrenals B + digest. toxication
Sometimes these are secondary, sometimes primary but certainly these are often secondary

Glands affect visceral disturbances; nausea, intestinal discomfort (digestive) & then (vascular) ① blood pressure; headaches flushing, ② sweating, ③ fainting

III Metabolism: ^{result of glands more than digestive tract.} low weight, skin defects, eruptions, acne, chaps (skin peptic condition calloid bit & so or sun p. in) hair & nails affected. low muscular capacity - lack of fuel (creation sugar supply - adrenals [reduce wt. by spurring up metabolism by taking drugs of thyroid and adrenalin])

Many of all these certainly occur. excess thyroid is certainly primary. Stay not particularly interested in this theory of neuroethics.

The adrenalin etc. may possibly affect the nerve system itself.

Mental Hygiene & Therapy

Therapy usually consists some sort of rest. Relaxation, leave work change scene & climate, comfort & minor diversions necessary. All exercise mild & diversional - patient shouldn't mope around or become fatigued. Physical fatigue does not relieve mental fatigue. Eye work (if any) should be cut out. A light occupation about which patient doesn't care is good. Something novel, or minor skill.

Three months off for younger people, at least year for older. Recovery has ups & downs patients often very low & discouraged. When work taken up again, should be done differently. Does not mean walking on eggs, but means a slightly different routine. Must not take work home etc. cut down hours & worry (Some people have conscientious belief they must go somewhere & be uncomfortable for the summer & autumn)

Regimen should not be too well regulated no program of day out & so on year. Should be more variety not scheduled. Work should probably be arranged in periods of intensity and relaxation. The absolute minimum of appointments can be carried thru all time. Don't try to even off humps, cause then there is no rest, relaxation.

discussion headed towards hysteria
neurasthenia an important thing & shows kind of thing can occur
from fatigue - background.

Hysteria always was handled by hypnosis.

Charcot ←
Janet ←
Freud ←

Charcot 80's developed treatment by "salpetriere"
Janet - psychiatrist

two important points started from these two

- 1) James' doctr. of self from Charcot
- 2) Freudian psychol. " " (also from salpetriere hospital)

Charcot identified hysteria and treated it.

James' chapter on the self in large work

Hypnosis as method of treatment not so good, but best explanation
of ~~hysteria~~ ^{neurasthenia} still. Small hypnosis still. Clark We still
lack a behavioristic work on hypnosis

Hypnosis - mesmerism) worked with it.

Hysteria - treatment & diagnosis may be wrong - but cure possible

Hypnosis - you induce a condition of lowered physical activity.
breathing, heart beat, blood pressure slow down & skeletal posture
relaxation, reduction of control. ∴ simplification of behavior
lose organization, capacity, focusing which holds all together.

These all vegetative metabolic changes - don't need as much air
or blood.
" " exactly what happens in sleep - might call hypnosis light sleep.

Sleep = a variety of stages of gradual posture. Skeletal relaxation very evident relaxed
breathing follows (no contraction in expiration) waking, the
abdominal muscles = diaphragm diaphragm can't act less rib cage
is fixed. = continued contraction of abdom. muscles in
fixating rib cage, which relaxes in sleep. loose head posture &
lose grasp paper, bk.

Hypnosis mesmerism

induce lowered states of activity
light sleep { breathing, heart beat
blood pressure
skeletal post. relaxes
intell. blur

man wakes up, half-awake
= the hypnotic state

a man can learn to get up
go cross room, turn off alarm
& go back to bed sans waking

breathg. abdom. muscles - diaph. fix
rectus firm
obliques rib
transverse cage

cont. contract. of
abdom. muscles.

(better to have alarm awake you than are catnap habit)
sleep doesn't mean you don't respond, the posture has relaxed
in light sleep but you can still respond to outside S.
Waiting for person come home, don't really sleep, light sleep.
Town gets going rapid earlier on bright morning.

hypnosis makes this light sleep posture - stable against
waking & against sleep. - nurse can learn to sleep and yet
respond to certain S. patient's breathing etc.

(You don't want to go deeply asleep in daytime - require an hour
(or hour + 1/2 to reorganize.) The nurse is maintaining this
stable posture much like hypnosis.

(Mesmer popularized hypnosis and used it in medicine. Not
believed in cause. Mesmer was sort of Chelatan. -
+ spirit.)

Identified hyp. with l. sleep. posture, vas. changes, ner. changes, fixed condit.
normally light sleep not fixed.

Hypnosis - you have physiological condition of light sleep. ↑ (blood to skin etc.)
a definite physiological change from normal. That condition becomes
fixed in hyp.

Still disputed as to how sleep is induced. (what actually goes on)

Symptoms - disturbance of rational process, thinking, studying etc.
you don't get thoughts straight. can't concentrate on new ideas, old ^{ideas} come
distortedly, loosely. Intoxicated and drugs stupor you're constantly slipping,
sometimes you can contract, get hold, of something, then it slips. You lose
posture control that is right on slipping edge (year etc.) skeletal acts may be
disturbed but it is easily organized again.

Judgment process, "mechanism", breaks down. attention & posture
both physiological terms. Physiol. changes make it impossible to handle
detailed work. It's possible to do simple processes that may seem
skilled and intelligent. [Posture refers to large movts, tension to
smaller focusing all up(?) thinking posture is a feeble posture,
the muscles don't have to work as hard in maintaining posture for
thinking as for muscl. movt. The thinking posture does involve
the large muscles - the muscles of adjustment to environment set up
posture muscles.]

(Old age tremor)

What induces sleep? absence or elimination of judgment process
→ variety of things

Drugs lead to it - alcohol, morphia, other drs.
as toxins of fatigue - narcotics & stimulants, chem compounds,

2) Habit - pass three time zone & don't realize it. very close to 'suggestion'
have tried to get a patient ready to go to bed. The nurse, preparatory gradually
this, that, & other thing until she gradually puts patient under.

3) Monotonous stimulation - vital in hypnotism. monotonous labor in
factory etc. driving.
& response

The common method of producing hypnotic trance. Don't know
why it works but does.

Not theories

Hypnosis process - process of inducing light sleep.

If you keep attention posture confined to narrow, limited, process of S. person tends to slip into sleep.

Methods of Hypnosis

Manst. S gradually pulls down, drains out, other going movements.

1. Monotonous S.

Rain, Run, Sea, Sleep.

2. Habit (veteran hypnotist goes sleep on signal) Children in dark rooms, & clock etc. have formed habit, some in hypnosis.

[pupils open when subject goes to sleep.] probably, vascular and postular changes also in hypnotic trance as in sleep, but simplest cue is eye-blink iris reflex.

Set of symptoms of this state. Hypnosis.

("adaptation", "diff. threshold")

1. Separation from waking experience. - a memory chain built up of light sleep experience. Can have a systematic chain thru-out several experiences which will be remembered definitely in the hypnotic experiences - one to another. (writing, for example)

[Have typewriter tracer, realize just why you put it there after you find it. Can forget almost instantly afterward. Typing is what you're interested in, one line, the cross experience not connected, but after you find it it comes back clearly. - like hypnotic separation.]

Attention is centered on some narrow field toward which all is focused and these other breaks are not at all connected with it before or behind, have no place to go on in connection with following experience. (Many habit go on without attention)

The hypnosis this experience is very definite and a "self-subconscious" is built up which takes care of lower processes - they said - subcon processes taken care of by sub lower centers. Two languages - French - everything goes French & Sr. likewise. Bilinguals do not translate. Interpreters give hazy impression of general idea. Structure, syntax of a language does not change under foreign influence.

Experiences of everyday which get so they run themselves, become isolated, so-called automatic process. Very separate - so called sub-conscious

2. Physical peculiarities

① elimination of pain; tho you have the pain process. ② physiological effects - (postage stamp - tell going to blister)

(tell tip of pencil is hot followed by well) a vascular effect. definite. go length of lesson, roughness, sore. ③ imitation, acting, hallucinations.

Delusions - acting good, give sugar call it genuine differences of reaction of it all quite definite. - boy and match. These are very striking no & especially. Dentistry etc under hypnosis - wear & tear comes in ^{of pain} muscles

pain is only an arbitrary thing - use it as a help only. These are abnormal all right. Children also do this

Comparison Child and hypnotic - separation languages etc. and even pain. laugh if parent does, cry, faint if they do, cry over hot potato. They also act so it is hard to tell how real the whole thing is hand over wall flowers. Imaginary companions, doll, etc.

Imaginary children like hysterics - the large part mere suggestion plays. Won't cry if you attract their attention. (child master's operation, parents copied in) a dentist is careful about suggestion. (1st thing you do with pilot in wreck is to get him into the air again.) (Pitching, batter, stick in back in right away.

Thus the imagination's influence on all things) Imaginarily child playmate. Imaginary companions in older people - Hysterics dead people come back. Man believed his wife come back. take attention away diff. than

Hypnotical suggestion [Often pained in excitement etc. and don't notice it -] Suggestion = a S or S pattern gets its simple direct action (not inhibited, corrected, modified, but judgement process)

For example, an immediate answer to leading question - don't stop to think + judge. In hypnosis, person responds to S pattern without any judgement (not much variability to posture - let it go its way.)

Question of how judgement process drops out - alert, modifying, attention not possible! The judgement process 'elsewhere' or in abeyance (i.e. sleep, hypnosis) ^{temporary inaction} you can't depend on answers of a person in light sleep.

(In education, the value of recalling the course subject under different conditions from that in which you learned - connect all of them up with our everyday life)

The post hypnotic suggestion (stronger than future judgment?)

Two ways it may be carried out - accidentally or in a momentary light sleep or hypnosis. The suggestion may last over a year. You can inhibit it, but it causes trouble. As when you go to book shelf - are interrupted - forget what you went for, but have to go on yet don't know what. Heard an umbrella, you have a contraction in your arm that persists.

Explanation is a tension, a persisting contracture. Person telling story forgets name, you tell him forget it, but no, he can't, has got to

1. Contracting posture
2. Simultaneous process. automatic handwriting. put subject to sleep start him writing - wake him & he keeps right on going. Subject looks at hand curiously as at an outside thing. Can have subject read aloud something different & she would keep on writing what was dictated. She couldn't transcribe her own notes afterwards a mistake, but could do it perfectly when put to sleep again.

Text analogy post hypnotic suggestion { 'concern' } separation we have called it - (inhibition of judgement) - (attention physiological process). Ills. ignore attention as a physiological muscular focusing. Janet dominates hysteria explanation.

Best return Char at
Beaunis pupil Bernheim doctrines come more nearly from Bernheim than P. Janet - head of school Charcot. Janet established doctrine of dissociation He meant separation of self, complex, or constellation it might be small or large as in hypnosis-hysterics [S not attended to don't get a response often, pain, type. cases, + little things.] intensity of S + tension of attention

doctrine of association of ideas, of sensations. an aggregation = a self, a complex, a constellation. These aggregated into one normal self - but if you fall apart into another self you get the sub-consciousness - that also in normal persons but there is also possibility of many such sub-selves. A little aggregate of processes that get running - one of these as selves.

Normal assoc. of one self. "dissociation" = sub-consciousness as 'selves' - ^{excited cell earthworm} ^{M. J. = No explanation of how this complete alert posture: happened. doctrine of mental tension of m.t. high person will assoc. Dissoc. due to reduced mental tension.}

Thus you trace J's doctrines backward.

1st sub-consciousness proved (automatic handwriting) J. showed these sub. con. might be as quite minute. He found some sort of self-complex which rise up to block stammerer. Man comes to be afraid certain sounds - he can't talk. level of a sub-conscious self.

Stammerers - singer had to write out instructions for accompaniment but could sing all right. stammer consciousness didn't persist in singing set up. These other selves might grow up and do damage as in hysteria. In normal persons these selves help the main self, automatic, fairly separated, prec. 2 languages, piano & typing activities are independent, don't interfere. Primary course is unitary, is going all along. James' split-off so if you have extensive & they you limit primary consciousness. For Janet it's a question of reassociation to heighten mental tension

James accepted Janet's idea of self. - a series of mental processes that became organized. but these separate selves within one body. but possibilities equal one whole and you can't sacrifice one for other.

* Janet looked at m.t. as a mental state, then he came over to physiological terms. (neurological)

Pills - sympathetic with Janet - that you can't show much about what happens when dissociation occurs. He tries to take attitude of reducing everything to physiological terms. Pillsbury would probably be a Unit in philosophy, a behaviorist in psychology. Pills is largely brain psychology.

The brain psychology greatly influences most of Amer. text they have tried to make over from behaviorist viewpoint somewhat. Betterer - Paus - Fitchner (?) Pills attempt to maintain physiological terms.

James 2 volume work series of chap's on consciousness, two
volumes that are full of hysteria & hypnosis gives good idea of what
was afloat in people's mind at that time

neurosis = physiological / psychosis = mental
psychasthenia = low mental tension / asthenia = weak
feebleness = neurosis, psychasthenia = psychosis
blindness + deafness = neurosis

comp. J's treatment aggregate of slves - all we have proposed
is the physiological (judgment) in place of mental tension.

attention process ^{into} dissoc. mental - what is gain of translation
from mental dissoc. into muscular attent. process.

coexist / no self & self " two indep
posture - attention processes running what is the

gain? Pillsbury saw no gain - he thought of dissociation
and connections of synapses - a neurological problem.

synaptic dissociation in brain presumably in cerebral cortex.
- because this neurology is speculative. psychic lesion
in terms of neurology. Jane's purely mental. Pills.
comes down to objective physiological terms + neurological.

We (lectures) bridge in muscles, set up neuro-muscular apparatus
two attention postures in same organism at same time.

That says something gained, tho many facts unknown.
You can show shifts in posture, in blood pressure, in both
skeletal + visceral tensions, which are in physiological changes.

* I visceral changes (two) vascular

II skeletal (clawing eyes < hand grip coarse
fixed posture + certain details gross + finer adjustment
massaging relax.)

These changes due to nerves (?) or to muscles. The muscles relax, the
nerves don't get $\frac{3}{2}$ from receptors, muscles relax more, etc $\frac{3}{2}$

How get sleeping and waking condition in organism at same
time? automatic handwriting? One part of body is asleep,
rest is awake. The automatic hand is so independent it looks
as tho a spirit had entered it. The sleep condition of an automatic
hand - the blood pressure of writing hand is lower than left
hand, also differences in grip (this may be suggestion) the automatic
writing slows + looser (larger, no tension as usual) different type of writing than that of
same person's normal. Shawman is like a child's, simple, pre-
occupied style. (Sheil hypnotized take notes in imaginary lectures, Miss
Grace Lawrence saw. Sheil one who replied in P.O. some years later.)

Distinct lack of tension, change, skeletal changes between autom.

sleep a circular affair (3 - nerves - muscles) can begin by cutting off any and the others will thus be inclined to follow. [Don't suppose there is a secretion from some internal gland or ^{some other} glandular ^{reaction} ^{muscular effort?} ^{secrete} it would take

"L. S. wouldn't write poem on spring, ^{secrete} it would take both of us" wrote when asked what second self was doing that it was watching me. Used terms no. 1 & no. 2 of selves, they became quite real. Imaginary paddle - "what shall I do with this paddle" presented the questions in red ink. She went to sleep in 10, 15 secs looking at fingers crossed. Subject doesn't wake sometimes because person becomes almost like waking person. (With practice awake, but isn't. Wake by counting or slowly some way.

L. S. see ghost really scared, probably went into trance again, pulse excited. a real shock (post hypnotic trance) she wouldn't talk about it any more. Fear got her. The power and process of fear.

No. 1 & no. 2 are two separate physiological processes at once. developed in same organism. ^{two diff. focus diff. processes.} split-off's like this develop in normal person often - machine feeding - person falls asleep. to work, yet alert to other processes going on. did not give it his attention, driving fell asleep

Post Hypnotic suggestion & simultaneous personalities Two selves Independent mechanisms in differ. conditions one awake ^{writing} ^{asleep} ^{asleep} automatic habits, ^{reading aloud etc. - awake} ^{some problems not} solved by this, ^{how is separation caused?} ^{(no explanation as}

yet. Many processes tend to go to sleep - driving, machine work. automatic processes tend toward sleep level & tendency in normal is to have only one focus. In hyp. they tend to

Keep separate rather than fuse as normally. You should not say there are in the least pathological. Anyone can be hypnotized (Mrs. Steno spontaneous writing - free assoc. between directed & automatic) process

You have merely turned problem into physiological terms & justified cause you can have differences.

1) You don't know how, why, they are independent
2) They do have many common processes. Automatic hand & no. 1 self both use eyes etc.

Adults say they don't dream, but ask them to keep tract & they do report them, but children who haven't learned to forget 'em, remembers 'em.

Total loss of memory in accidents. You can have hypnosis remember their trances or in this case hypnosis and still remember dreams

Does common process sink sleep level or intermediate or what? You've shown it's physiological & not a matter of lesions but a matter of habit formation.

Is it just habit that causes separation? A child remembers his dreams but as gray older he gets in habit of forgetting them. Hyp. like sleep, the two selves have been conditioned to forget, to separate?

L. L. at Dama 142 surprisingly independent.
She read and wrote. Could question, and have her do all kinds of things yet the automatic hand goes merrily on. If gets too difficult in either self, the other self plays for time or something. So they do share a common mechanism. "This isn't so abnormal, people can learn to add figures while doing other things. Any instance of doing two things at once."
But you don't show how they get & stay separated.

Hypnosis & hysteria much alike

In hysteria, strong self or complex is perverse, interferes with normal self, parasitic.

Secondary may be simple - tic, stammering,
or an elaborate well-defined "personality," a "passion"
which harmless = spontaneous acts - handwriting helps + cools
of perverse - hysteria (merely automatic habits, which are "passions")

Text 4 - 11 inches - Pills sympathy toward Janet

Identifying Post-Hyp. suggestion - a dissociation (physiol. - not in synapses) but in habits, auto-matic habit processes, neuro-muscle system - sense organs - CNS - neuro-kinesthetic cyclic sets. keeps self going!
called lack of mental tension. Pills - synaptic condition in C.N.S. in brain,
too limited, speculative. doubt as to whether defin. syn. connections.
where argument is & how contrived, we do not know, do what you will with physiological examination - playpiano or not, connection between synapses yet to be demonstrated.

Dissociation & Post-Hyp suggestion are not pathological - the pathological thing consists in rise and persistence of a disturbing relatively independent system of habits. - maybe connected or due to some physiological condition, lesion etc. disease etc. digestive, vascular food etc. groundwork of hysteria, maybe ill health, disease, usually people who are not in the best of health the their ailments may be actually imaginary that they complain of. often gastric disturbances, weakness, not strong. Examples of tumor, acute dentist extracted 7 teeth at once - prostrated 3 or 4 weeks, hospital, examined showed constructive stomach, hysterical upper class. so basis in ill health tho it has nothing to do with it, it may be basis of hysteria. College graduate, learned he was hysterical at 25, said you can't tell a real pain from an imaginary pain, because it can't be shifted. "he was very perturbed over his diet!" He has suffered from anemia all his life. The background of ill health that weakens the system. People who are near hysteria show periods of activity and dullness. Suicide reports show suicide unusually briefly just the night before. People who put on body show then come in from and cry it out for an hour afterward.

Imaginations are people who are on whole the hysterics - may be either cause or effect or both of hysteria of ill health.
Stammering usually starts in emotional situation and then persists
ill health is not essential probably however bad environment

Hysteria & lowest terms, tics & those which are speech defects, food aversions - these are very simple cases - (30 out of 1000 usually stammering) distinction then people can't take certain foods cause it disagrees with em and those they have personal aversion get history of food aversions, following members of family, has once made people sick. Sto's brother & pudding.

Not focused on, don't get response - is it cause rest of organism outside attention tension is relaxed? The receptors are not relaxed, must be muscles relaxed or in some way repulse nerve currents to them, or do they get the impulses but just don't react to them? Do muscle tensions bring nerves in contact?
The focus of attention becomes separated - and fixed so. Something keeps the eye focus from shifting to other. The support is confining or there is lack of strength to take all in.

In hysteria, the organization, confidence, purpose of whole organism goes haywire - difference between meaning of stigmata + accidents? accompanying + evident temporary disorders

Trendl's explanation of neurasthenia, distinguish from hysteria?

Neurasthenia (C & P), (Bavill) (syndrome) (theories)

Hysteria major symptoms

Difference between neurasthenia and hysteria

Just: theory of hysteria (C & P)

(A hypnotic tends to become like a normal person after much practice?)
* if so, set up as business feelings, with personalities would the hypnotic develop into the primary personality?

Food dislikes explained by conditioned reflex - food associated with some unpleasant responses. They can be reeducated, but it is pretty difficult. Find source and development. Principle gets connected with nausea, in one afternoon - takes long time to break it down, year or more. Other smell is very pleasing to those who haven't had operations, post-operative nausea.

The simplest kind of habit formation (no conscious or unconscious) as another step - smell of blood in mouse, (imaginary) so on border to hysteria - hunger of a bell, vacuum cleaners.

As all hysteria a matter of conditioned reflex? (atom posture cond. to idea) or vice versa
(cure drunkenness by hypnosis? food dislikes etc?)

Tic (Fr. word for jerk) clearing throat

Hypnotism will cure stammering for a while, but if he blunders in again he'll have no recourse. Would smoking for 6 months (weeks?) but you have to get cooperation of subject afterward. Reeducation ought to be handled by patient himself.

Stammering admitted a hysterical thing hard to cure. The tic occurs in certain circumstances, a mechanism arises in the habit systems and persists after the immediate set up. May be emotional background or not. Tic often has a vice. muscle process with it, may be reeducated.

hysteria may be ordinary habit sans judgment - but if so, why not found in ordinary people instead of in breakdown, delicate ones?

Hyst. condy perm

(reduced to simplest terms)
(get notes)

P. Janet
W. James
S. Freud

buried idea
of the
objection

persistence of habit.

no memory
buried scenes
sub. conscious

psychanalytic a cause which) both use reeducation
remembers.

Doctrine of persistence of habit reaction which lasts thru thick and thin wherever you go. Learn, for. forget, and relearn, yet it sticks. Since and here? a German post-consciousness which they have? no. It is merely the habits persisting. Will take a reeducation procedure, cannot remove by merely locating the idea that started it, have to reeducate, not merely expel idea.

Catharsis not much good in stammering.

Sharp contrast between these two pts of view. (Freud's sex emphasis is has nothing to do with the fundamental theory.)

not confined to abnormal psychology (Freud) but a general psychology Janet's "psychic tension" - + James doctrine of "Self" - "kinship"

Psychoanalytic vs. Conditioning idea In conditioning explanation you can ignore the history of the case. History is only of value to convince there is no reason why the person should not be cured. Treatment same whether know history or not, but you have a much better set up if you can show the cause and get in a neutral or favorable attitude. Treatment - you teach words over like a foreign language.

Inability to find words for something you know = incoherent stammering. The attempt to deal with stammering may become as bad as the stam. itself.

[Freudianism = mythology - (st) a cult] England
About 3/4 of psychiatrists in Amer. ^{Switz^{pr} +} are Freudians. France ^{Aspetia.} are Janets.

In Freudianism, you teach your theory of cure to those whom you treat. Patient has to subscribe to Freudian cult also.

Idea that children should not be repressed is wrong. Danger of 'buried fear' is not substantial belief. No system should stand on fall of it is.

(Sleeping sickness?)

Sickness much more than habit formation. Sexativeness, have development

Freudianism - myth - general psychology

4-12 Treatment in text is good. Pills. state material on Freudianism fairly.

Pills - a nervous invalid, stammered once.

Treatment in class supplements Pills.

[The hysteric's 2nd personality like child - has to learn all habits over again - find out what he has lost and you will be, well on way to a complete psychology]

People say there's "something in" "psychoanalysis". Coriat in Boston practices on Freud system - says it's only one's brain made to work. Dr. Jung & Adler et al. 'outs' with Freud many psychoanalysts say they aren't Freudian but the whole psychoanalytic movement as we know it comes from Freud. It has profoundly influenced psychology in America. put science of psychology back some 20 yrs in popular circles. Psychiatrists use Freud cause it's easy and bears directly on their work! Casey, medical men use it easy to apply. 1. Reason why it is popular. 2. Deals with sex. Anglo Saxons just making up to fact that sex is interesting.

Certain simple types of hysteria - post exercises, stammering - simplest habit formations. Character is result of condensation of that kind but don't imply a particular consciousness. the habit persists but no particular consciousness?

Why is a bad habit so persistent? stammering?

Ans. = They're self-reinforcing forms coffee - go without & get headache eat & get nauseous & you get sick and dislike more. finger nails over slate, & shovel on sidewalk.

(drink beer - sip is better, a whole mouthful will deaden bitter taste)

[If you can get thru 1st fog of Limburger cheese, the cheese itself is O.K.]

[34 men ate potatoes - 2 believed in bad. Those two men got sick that night. Great power of posture supports own condition of organism.]

stammering - your fear causes you to tighten up and continue stammering self-reinforcing - re-education consists in forcing reaction in spite of self-reinforcing character - take fogels till nausea wears out. take words that give trouble till finally you get behavior in spite of - many agree for theory of Freud in looking at issues re-education is one

Explained in terms of actual habit formation, not memories etc

Re-education is primary - history & incidental. Catharsis does not help. stammering, lies, food aversions

Then came to more complicated, unusual cases - 3 cases of agaphia: agaphia (can't write tho can use hands otherwise) child, window fell on hand, and after an aversion to writing arose till 20th year. physical + a hysterical element. next case, pure hysteria - child punished just before writing lesson couldn't write, thereafter couldn't write when angry. secret accounting led to dislike and inability to write signature - thru invaded rest of his writing. = a stark hysterical case. As whole arm would tense up and he couldn't do anything about it. All these cases knew their history

Hysterics are people of tremendous drive - have a kind of control others don't have. often people of this type will come thru in an emergency, will rise to occasion

How explain these? Complexes? Complex with simple ideas ideas, subconscious. The complex is there doing its work. Explain by a "devil in the hand", "spirit", "something got into her" subconscious.

Advantage of knowing injury, history, is to remove inhibitions so that person will know there's nothing matter with arm.

The sameness between spasms arm and agraphia. In both, there is this contraction, tension. But they aren't the same, altho, you use reeducation for both. Can imitate one - not other (neuro-hyster)

[Get thorough physical exam before reeducation]

In case 2 above, you have an attitude to deal with. Takes willpower to be a hysteric. Christian Science built by a hysteric, Mrs. Cady, she suffered from persistent hysteria as child, she determined not live comfortably. a problem, a nuisance. A person (Dr?) started her to controlling herself & gave her a mission in life. She did remarkable reorganization of Church in Massachusetts. showed extraordinary capacity. Did nothing up till 25 years old.

Attitudes - you deal with a person who has habit held, lost control. You have to change attitude, so religion helps, those saints tombs etc. You have to live up to your cure, when you come back to excited townfolk - You must have some sort of conversion. You may say you do have two people, the calm & the hysterical.

Will her it's her subcon. that comes up & spoil her life? Sounds well. Goes well. Has an advantage. Get a process going to drive out this subcon.

Three examples agraphia

- 1. Act. injury how hands these two ↑ cramp when write
 - 2. Punish. & scribble no direct conn. tension - - - connection for conditioning practically inevitable
 - 3. Sign. & initials writing & punish fairly direct
- Danda. keep no partic. reason why can't more generalized
Domest. & relatives should take place here case here
 couldn't bring well with right hand.

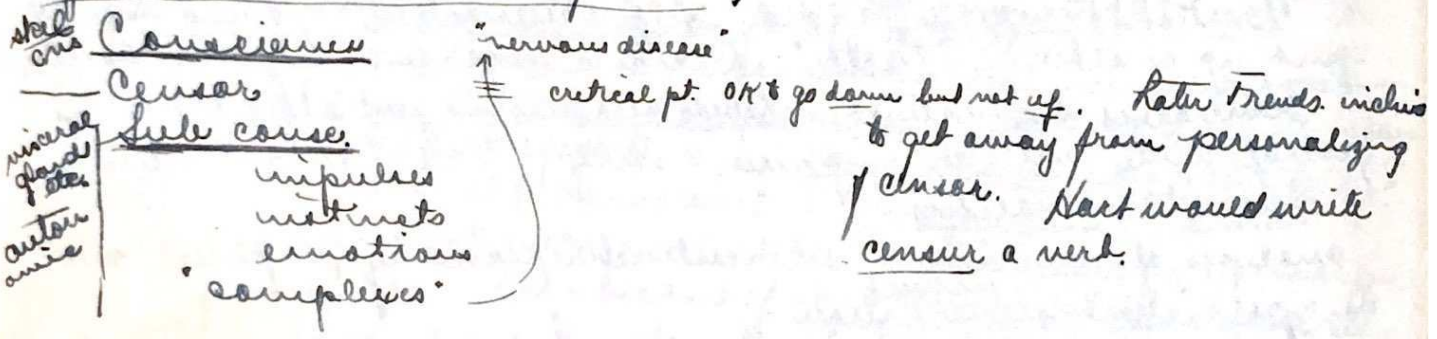
Other lines, the 3rd case might have become conditioned. Many were blocked by habit - found his hand become pretty tired in his bookkeeping. Under tension, attention attracted to his hand & arm. Signed secret vouchers etc. emotion highest here. Had a whole list of secret figures signed by initials. finally couldn't sign his name, or write well.

More generalized than 1st two cases. How treat. afraid it would grow into a complete agraphia. Got no advantage from it. It was much worse when he was depressed and discouraged come to all stammers, food aversions etc. Bank situation is over, the domestic situation isn't, Freudian would have extracted this material in their 6 months = 3 yrs catharsis. Would have

unearthed a complex - if could get him believing now that he knows it all, it is isolated & the case go ahead & write, he might be able to shake it off & write again.

This is OK, but a lot of filler and unnecessary elaboration. Freudian:
 Tell him he's learned this habit & will have to relearn it slowly. Just same as a stammerer. Take about 3 months to 6 months for such reeducation - ups and downs in learning. Nothing matters with arm, just have to relearn a habit.

Reeducation is virtually routine - ignore other aspects. So the difference between the two methods. He has a bad conditioning, a bad set of contractures, - but emotional situation which arose is outside whole thing, incidental. Could work with both emotional side and skeletal side but it's hard to change the emotional situation. (A way to work at relation of visceral & skeletal in posture)



Subjunctive a pleish. form of mental. Instincts essential terms so have 2 doctrines been dismissed from psychology for long time.

Instincts - a fundamental drive, / visc. the doctrine has been criticized idea that visceral muscle is primary to skeletal is grotesque. Autonomic nervous system is not fundamental, just instinct not a drive or impulse - you have reflexes that drive in no particular direction - lead to interests, habits.

instincts = mass of reflexes, habitual reactions in reference to situations. can't define emotions. have to name in reference to environment. year sub. & rage subject same criticism as instincts. (which are descriptions of human conduct in a particular situation) emotions in early stages are reflexes, that respond on certain S, a 'drive' - a persistent S which arise in hunger (children have to be made to eat & drink enough) Darrell's "tissue need" the bunk we take too much or too less.

All wants are learned. [People in N. South who swallow blue clay in which there's no organic matter. called clay-eaters. There are the most extraordinary food tastes] Feed reptiles 2 or 4 times a year. probably you can learn to like pain. easily enough. enjoy it. enjoying a thing is different from getting satisfaction from it. (All part calls instincts)

Afflux from viscera to skeletal system. Freudians picked out one particular (sex) drive and called it Libido. Sex well of course be involved in many cases. You have a persistent stimulus from physiological organs. & you learn responses to it.

Many are repressed. Charman social importance of social matters. Family life. more important to women. She has mass of interests consistently denied. Much of it all is conventional. Freud went further and said all behavior was from this particular sex drive. Libido expanded so now it means most any kind of drive or affection. Is of no advantage in end.

British Freudians added "Self Preservation" & Freud himself put up another in "Death". Death is negative & Self-Sex, positive.

Centralizes sex instinct - Libido also becomes generalized till means general drive, instinct, impulses. subject to all instinct criticism

Sex abnormality

analysis of sex interest by persistent stimulation - instincts replaced by impulse drives, physiological mechanism reflexes. ∴ habit behavior = interest all must be developed on basis of phys. mech. & reflexes.

no definite sex pattern in man. no general type of sex behavior peculiar to human being. sex pervers & inverts = idea of a part. normal pattern.

Sex interest - reflexes come from physiological changes which look toward and include orgasm. "Orgastic reflexes" mass of behavior is built on this, reflexes have no social reference. thirstiness of organs, stimuli a mass of them that look toward an orgasm. persistent 3 leading to orgastic reflexes = phys basis for sex habits & interests.

maturation of sex organs not necessary for orgastic reflexes so they often appear without reference to social conditions of the persons

I Physiological basis

III Individualizing

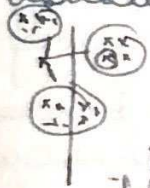
II - Directing of sex experience to other persons - no specific socializing of sex interests, affection physiological reaction involved in "humans" - but is in animals. Not always case sex reaction developed toward other organism. Fish male fertilizes the eggs & not body of female. Afterbirth it is a dirty thing in animals, shells in rutting etc which

attract directly. sometimes vision & hearing. But in man there is no specific S to lead sex habits right. ^(tendency) ^{(one not blind and} ^{drugs would} ^{soon} ^{kill}

Habit plays a decisive part in socializing. What does love have to do with sex, affection? social attitudes developed in other connections and applied to sex habits. Whole social fabric arranged to make opposite sex attractive to each other. curiosity, contempt. This (clothing behavior) leads to direct interest in each other. Sex reactions need not be based on affection. According to our ideals we should like to have it a matter of affection. Pom. Chur. made a love ideal. Romans have it a temporary thing - a series of love affairs. The Romantic have ideal wholly wrapped up in the family institution. so civilizations have differed greatly in time & space.)

Pom. have a tonic ideal mainly. A divorce - a contractual thing in family institution.

We make sexes different and assume that difference will make them attractive. difference complementary. ideal built up somewhat usually limited to opposite sex. Conventional ideals built up.



S - bisexual & homosexual - & heterosexual. which natural, which inevitable? heterosexual is normal for family life. But because of no specific physiological S.

It might go in any direction. Contrast when sexual differences attract may go for or can, or indifferent (in bisexual) when child begins to appreciate other humans - a matter of accident which the development of ideal will come.

From strictly psychol. bi & homo are not pathologic merely don't fit our society, not even abnormal unless you define abnormal in social sense. Trends are foolish. Can say any individual might become any of these depending on experience. Greeks went in for homosexual habits. Platonic love first meant homosexual love.

Permanence of such attractions - attitude once developed, its seldom changed. What do with homo? just as difficult to make heterosexual, homo.

As matter of hygiene, it's vital that heterosexuality develop OK case in college - but vitally important that teen 10-14 & thereafter you should have co-ed so they will form right habits. Can't change a homo! (P). Individualizes later on, but of course not necessary.

1. specific reflexes require cases

2. Attraction complex habit form social attitude promiscuity

3. Individualizing love affair permanent sedition, masochism

Some higher animals show pairing tendency. because it's a absorbing, intense, exclusive experience it tends to end in pairing. Lot of other experiences that tend to center in one person but not like much as sex. Polygamy.

Relation to Freudianism - "infantile sexuality" quite common and meaningless - no part. significance. - Freud says practically all emotion is of sexual nature. No particular meaning unless sex experience organized in certain way. So does not influence seriously the person's life later on.

"fixation" = permanent affection: "parent fixation" or nurse or guardian, not necessarily in oppos. sex, of even same species, or same category. Parent, nurse, dog, doll, etc. Oedipus complex = indecisive as far as having any specific sex factor in it. Mothers make in touch with family, give way to children more

sex attractions + repulsions very easily established. No reason why brother + sister shouldn't take sex attitude - but it doesn't occur in life cause of deeply ingrained inhibitions.

too bad for child to have to devote life to aged members of family. The case of the Wrights, bro. + sister! jealousy not confined to sex relations. Animals get jealous very easily. Jealousy transcends sex, species etc. Opportunity for jealousy in

The parents viewpoint of sons + daughters love affairs.

(Look at jealousy as a backward reaction which spurs on to more activity - a useful thing like fear etc)

(You can condition most any emotions ^{feeling} ^{attitude} into the specific organic reflexes.....)

Mal-adjustments of personal attractions. Libido a tremendous sex force. That must have an outlet. Instinct must have outlet - "stained experience, repressed desires" idea that young people must save wild oats, - so endless doctrines of sublimation, substitution, symbolic outlets (dolls) hobbies

(see a Freud work for these) Emotion adjustment occurs when you die. Peace all strains cease tensions

We have a perfect right to maladjustments + inferiority complex. Hope that you can teach them to handle themselves! Hope not for innocence but for ability to handle self-temptations.

Delayed sex - + infantile failure to learn to control self.

Treatment of Hysteria

Rec'd.

Wonder if soc. work: don't get dependency, rather than independently?

Freudian method

F. concept consists of 'Analysis', get 'Catharsis' going to rid of difficulty, get complex into the open, into the primary consciousness to be worked out in practical life. So 'Analysis' last by month & by year. (Five year treatment example) This open times means that F. is reeducating his subject in a way, tho a lot of grotesquerie about it. But you have a dependency on the operator/physician. Its practicality exists much in this reeducation. Hysterics often don't have self-control and need another, to control him. is dependent on some outsider to get his cure. have his cure directed (this is not true of minor hysteria, like stammering) tho stammerer can not usually cure himself. Dependence in major hysteria. He'll have to come to understand self as others see him ("socialization") an essential point. Many are catered to by members of the family. Must tell family what the matter is, they must learn another way of life. But family want cooperate and will cater to the hysteriac. Begin to pick the artistic temperament. Best to pluck him out of family and put him in sanatorium. "Mr. So & so in room 14 is now having spasms" comes into a different environment.

One of difficulties of patient is that he has set up his own social system within which he lives so - socializing. Often times a personal interest or a religious interest, some problem that person can get hold of and help him to new attitude, new pt. of view is essentially important. So they want have time to play their little games. Hysteria is one hardest things in world to cure.

You hope they'll come to understand themselves and make the effort, socializing conversion wrong attitudes etc.

Christian Science is OK for this sort of thing - but it's practically criminal in cases where it interferes with necessary medical treatment

(most sects a religion give you a new set up, inspiration, etc)
Catholic Confessional often does what socializing does, unburdening of self, bring it out into a social situation, face it & see it as other people see it. French are mostly Cath. French tho more frank, straightforward, socialized, than America

Reeducation (new habits to break old) inhibit-facilit.

A process by which you break up some pretty fundamental conditioned processes and replace them with different habits. Takes a pretty long time.

Going to war, school, etc. change of life! Homelessness is a kind of hysteria. Reeducation not an easy process

You set up such bits of habits that you hope he can achieve. You have to go very slowly. Tell him he'll be rewarded occasionally but not to worry about it, go thru with it. you have to work persistently at it. Reed. consists in setting

a problem which you hope that he can handle and you expect frequent lapses. Keep him at it. Keep perpetual interest, make him understand he can and will do it.

People apt to try harder in a sanatorium. Visit relatives.

After you get person reeducated, you have to put him on his own. He had reformed with your control & help - and now you have to set him off on his own so he will not again fall into his old difficulties.

The psychiatrist has to be a gentleman, a "large man." must have money, so he won't need further interviews.

See Dr Bois Mental Healing reeducation.

Closing discussion of functional disorders we take up after the relation, Neuroasthenia, Hysteria, and maladjusted people

Maladjusted (psychopathic neuropathic - nervous invalid) they prove to be masters of habit formation, way they're lived. wrong-mindedness, out of joint with society, spoiled people not always young. These maladjusted are a parasitic type on whole.

Spoiled, but favorably placed - more common are the recluses, live by self - don't agree with anyone, "eccentric." you become more odd by living by yourself - become known as a "character" with hobbies, sometimes gardens, geology, cabinet making, ship models make something that they can cherish.

Often comes about from some sudden wrench - and they don't undertake to get back in original world. Sometimes it's a second hand thing, when young person takes care of old shut-in. Keeps things going for older person and shares experience pretty much.

They are they result of situation - no disease, no particular treatment. They may come back into life again.

Opium eating in China. use of cocaine & other drug addictions
Anemic eating, clay-eating, tobacco tea coffee excess
The opium & opium derivatives often become pathological and are a medical problem. sex perversions belong here also.

On the whole these are not a medical problems. They are not primarily associated neurosthenia, hysteria.
These are practical social problems, some under head of personnel adjustment.

They are victims of their own ways of life habits. Usually they are not "touched"; maintenance sometimes a problem.
It is a problem of reeducation. They are easy to reeducate, because they have a system of habits (outside) society while hysteria's system is (society proof)

Freudians would say an emotional upset that must be cathartized. Some affair withdraws, learns - can't recover old habits. Subject may laugh about it, but he goes right on living as he is. "hid druther as hid druther". Motivation

Some old bear lives alone 40-50-60 yep old, neighbors have to take care of him. When times of change come, he usually rationalizes - when got out of his habit, he proves fairly plastic - trouble is to find something for him. otherwise a desultory, witable person to deal with.

Everybody expects recluse to live as he has for last 15 years, so hard to make him get out of rut. need a drastic change.

Oberlin newspaper man crowded self out of house & home with local newspaper collection. Asked all is limited income \$,000, 05. He was perfectly sane and intelligent - if he had been freed into current of society again perhaps he would have come out it.

Reeducation has to be forced by some obvious exigency!
pathological - physiological change - disease capable of medical treatment.
psychopathic - insane, some lesion, or chemical change that might be treated. neuria. hyst.

XX

Organic These people are all socially responsible, held so by government, yet the insane are not socially responsible. Insanity is a social & legal concept. It is medico-legal - its determination come to be a medical matter.

now how determine between insane and other weak people. sick, delirious, incapable of social responsibility. So long as person is

himself and can talk, can prohibit operation etc.
If unconscious or delirious is can be operated on.

The distinction lies in fact that it is Temporary.

~~Insane~~ wait Temporary = a suspension of responsibility
a drunkard, or sleeping person is not socially
responsible but it is only a suspension of
responsibility - legal aspect hangs in fact that there
has been no shift of personality. It will come back.

Insane which like imbecility. person is
permanently irresponsible, congenital
(1) Insanity (2) feeblemindedness & senile These two class
together in legal cases

Take 2 stock insane	Bianchi Cher + Peterson	Blue book on Friday 19 th on material up to this point
Semi-insane + " Responsible <u>Gravel</u>		
note borderline cases		

Insanity, practically a social definition. Delirious,
intoxicated, sleeping person are irresponsible but it is
Temporary - can be restored, so no need to provide guardian.

Insane people have perfect self-control sometimes under
ordinary circumstances but they may have delusions.
"systematized or fixed delusion" may be the difficulty. A
surgeon insane, but still best surgeon in town. Engineer in
mch. asylum insane - OK as an engineer, but he had idea
because that he had a radio set in his chest, threatened to kill
surgeon if he wouldn't remove it. Sometimes the insane
person seems more sane than people around him.

They have, however, an organized & systematized "belief" which
is in opposition to those around him, ^{society} situation. Insane
beliefs of one generation are firmly normal in another
and vice versa. Superstitions of one epic may be a
delusion of another epic. Devils, etc. So depends on
direct society (and environment) in which he finds himself.

Devout Polish attend mass Sunday - take next to a medium on
Monday in N.E. Chicago. take him to be "spoke over" so that
people aren't crazy, insane in their case.

Sometimes you can put finger on point where a man's
belief becomes insanity. Man thought he always smelled fresh
paint, moved from new bldg. to old ^{decided to clear} ~~down~~ his residence
in order to get rid of it - his family interfered at this point.
Phy. told him he'd always have it. At this point - whole question is

whether he will agree with those about him - phy. & family -
This man decided to agree - a man a bit more headstrong who
would defy whole neighborhood as well as family probably would
have been judged insane. He refuses to believe he is suffering from
hallucination.

Usually there must be more extensive basis for insanity than
hallucination of smell. Joan of Arc - had her voices.

People may learn to live disregarding their delusion, yet they
still have their delusion, their self fixed, settled belief.

Queen of Sheba's woman could have lived at home, but people
wouldn't have let her.

Legal question is as to this set belief at odds with society and
(whether he can handle himself & without disturbing other.)

Insanity is always acquired. A person who has never
been normal, can't be called insane, insane etc.

Delusion is constructed out of material at hand, immediate
environment. Content of delusion is independent of the

insanity and is drawn from environment, from milieu.
You have to look for source of delusion.

An organized belief - a systematized set of concepts [these
arise just the same as a normal belief] usually arises

from some physiological source, mass of new stimuli,
sometimes directly from sense disorders. alcoholic insanity.

these abnormal cold shiny skin sensations.
paresthesia = false sensations - of heat, smell, taste, skin &

usually an emotional factor.

Young insane - mass of new ^{it grows} false, + emotional
excitement and out of a change in belief which is built
up and systematized and persists.

Inherited - epileptoid are counted inherited
manic-depression - is disputed much evidence against
dementia praecox -

Last 15 years - a great change of belief in inheritance of
insanity. They called greenitis, eccentric, hysteria, etc.
as an inherited factor.

We don't know much about what goes on in epilepsy
we don't know what to trace, & look for to determine inheritance
may be due some physiological situation which may
sometimes cause insanity sometimes not.

Geniuses don't often happen no connection with insanity
careful study of family tree is only possible means of detecting inheritance
of epileptoid insanity.

A whole lot of famous insane families - low caste, many of em,
successful ones change their name.

Question of rise of (delusion) (on which insanity depends)
"Belief" systematized (a conceptual framework on which a way of action is built. you have a ^{based on facts} set of principles and a program on them. The program is where danger lies. It is antisocial - question his property, social interference - and so is non-responsible and must have himself taken care of - (have to be sane to become insane)

Rise of false belief - same as a sane belief rises.

the word false must be taken as relative to community

Rise of Belief (which is different from those others get)

Begins mass of new experience, new stimuli (sensory & emotional) ① parathesia: false smell, skin, ear, visual, taste, +

② emotional mass S, organic sense organs where does belief come - you don't go crazy over a happening - next step. conduct affected by mass of stimulation.

Queen Sheba once had case where she felt and acted like a great queen. She sits straight wears crown, says she felt funny & thought she ought to do these things - no insanity yet - but when she comes to explain to herself and neighbors what it is all about. It is in that explanation that real delusion, conceptual system really develops - rationalizing. after you have done something you try to work out - make reasonable what you have already done.

Mass New S

1. Parathesia "merged organs"
2. Emotional ^{stimulations}

Action affected by S.

Explanation

(You may not believe yourself the first day, but after you've been saying it for two weeks it becomes part of you, and you spend next 10 years doing it)

In trying to explain why you do something foolish after new S. you lose your head, but then belief grows up. [Is a person accepts beliefs and is no longer "aphor-minded". Such occurs after teaching a long time & some old stuff - get formulas you state emphatically which when you first built 'em up you accepted only with many reservations.] Everybody has their minor 'delusions', it's only when they are extreme and don't fit in with surroundings - that they must be locked up.

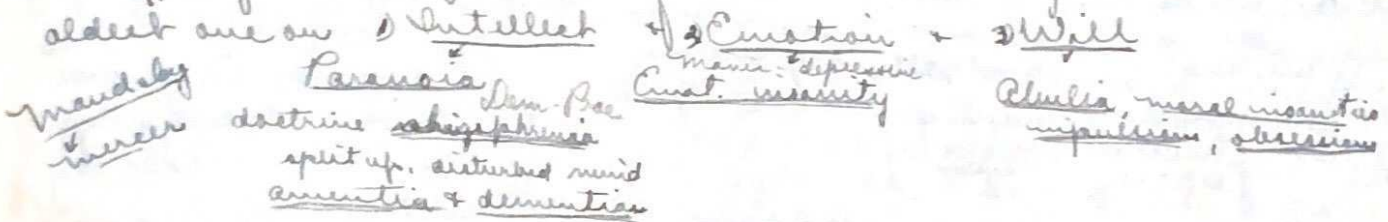
(Condt. reflex is simplest form of learning - beliefs are complex learn)

People do recover from delusions after five years or so
Dementia praecox is also based on effort at rationalizing.

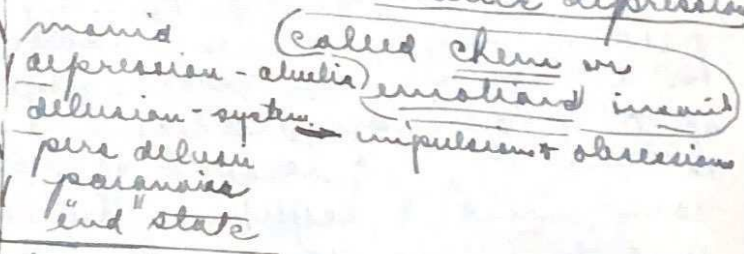
Facts are misinterpretation of stimuli. In her ear, she called them voices. as to whether she was to be called insane or not, she fitted in very well with middle of time. Today she would be called "crazy" - chances not good.

Facts and principles became basis of further action! It's come to be your acting creed, firmly fixed so it probably won't change - will be very slow. [Terms functional and organic must apply only to cause] Daughter wants grandma to see some moving picture - Grandma never has gone - Vaill might show on Sunday. or Grandpa - he has principles, is endlessly tolerant but others don't want go himself! [Terms functional and organic are very relative] gambling beliefs - etc. etc. when these beliefs were formed may have had good basis

Types of Insanity - Classification



present class. drops these old ideas. paranoia diff. you have mania, depression etc. emotional disturbance. madipis experience. delusion systematized + delusion persist this is called paranoid stage. Depressive is often called emotional or chemical insanity. mania depressive form classed in Emotional Insanities so in mania depressive you may have all these types



Then you have the

② Degenerative Insanities
organic changes
lesions

schizophrenia
alcoholic-dementia (end states)
"moral insanities" dropped out - there is no such thing.

Our classification uses lot of old words but they appear as totally different terms. English school + Merrell use old class. Int. Emot. + Will - later based on?

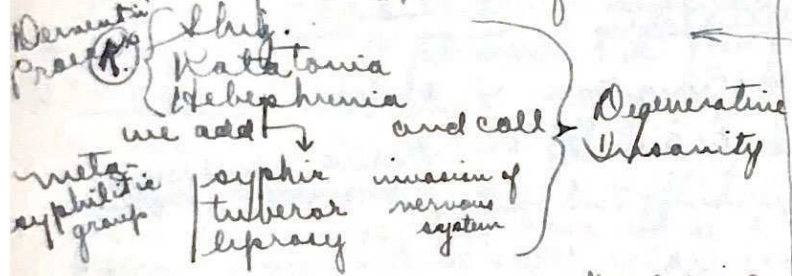
(Kraepelin, a continental use more) physiological background
chemical - curable - reversible processes. toxins, possible to bring back to normal
degenerative - irreversible, changes can't be shifted - may arrest but can't cure changes already occurred.

habit - person find self acting funny - rationalize - systematizes his delusion vs. reality.

reeducation minor matter in insanity, can be used only in paranoia, loco-motor ataxia, of insanity - hang-over, end state of delirium, paranoia.

Definition manic depressive group - difference not perfectly recognized yet. English contrast Mania, melancholy, circular insanity, confusional insanity - X
manic depressive mania chron melancholy " Acic. uson. Confus. septic infection

English separate and would not add the meta-syphilitic - very conservative.



We owe good deal to Kraepelin - head of insane hospital. showed a large no of mania preceded by melancholia - that they alternated. He laid a curse from mania to melancholia

exalt + melancholy circular cases never get well. mania + melanch. are chronic forms that is don't tend to get well. Possible man to say there are many people who never become insane who suffer from hysteria - depressive psychosis. Periodic depression people suffer "nervous breakdowns" lose wt. recover slowly - a type of man-depress psychosis - person may be capable spite of periodic depression - usually the exaltation is taken as normal. A large % of manic-depress cases are not committed to asylum. They don't develop delusions. Family avoids telling, naming the trouble.

Kraepelin, after observing these alternating periods, at 1st analogous with narcosis of locustation, delirium of fever (personality of delirium) drugs alcohol ether, chloroform, morph. - We know people who use these have both stages. Alcoholism the exalted stage noticed. Ether + chloroform - think of as depression, morphic sedative, sleep producing, depression. yet the other phases are present in all. Delirium leads to dead drunk (depression) living drunk used for operations of nausea vomit keep frank taking enough. People sometimes arouse, depressed, hang-over for 48 hrs. says never again. Then in about 48 hours another swing up toward exaltation sans drinking (the original meaning of hangover) to. absent the 9 hrs

good hangover - delusion systems might arise - once called alcoholic insanity. An alcoholic insanity of men who drink hard, and develop delusions. John + Hunt + Barn

Relationship concept mani depression + narcotic - and the relation of delusion of exalt + depress type and - - -
General set up of alcoholic memories may become a delusion thing.

The two stages of narcotics - [ether in war "having pictures"]
Alcohol has very prominent exaltation Δ In ether + chloroform have rapid ex. with deep depression Δ morphia.

Best illustration = interaction of narcosis & delirium of fevers. Here are insanities based on em. Alcohol insanity - abscess.

+ delirium fevers - the septic or conjugal insanity which is the organization of delirium of lung fever. Man with fever high enough to disturb his personality. "ordered things" impartial comments on friends had one systematic delusion of giving morphia make all promise they would not take morphia.

up systematic delusions - how you come to organize and build up systematic delusions - dangerous or otherwise, or normal (A mass of such data lead to inference man - dep due to some internal drug. leading to exaltation + depression - the resemblance to narcotics the fact that you can get insanity from them + delirium is like it - also the history of disease, makes it seem like it. The process is reversible. \therefore and prognosis is favorable.

$Hg. + Pb.$ compounds which have poisonous secretions in nerve or protein molecule. metal- and organic compounds tea, coffee, alcohol, ^{nicotine} opium - the "alcohol group". All are habit forming drugs - come to be part of protoplasm - coffee people, tea, becomes habit which has to be had or get weak or faint or headache. nicotine also.

They are mildly necessities - then morphia is a major type morphia became essential part of working apparatus. ones + addicts are unable to recover - You withdraw the practice very slowly in reversible process - arsenic ^{saliva} radium ^{not habit forming}

So you have basis for the theory of insanity frequently a person who gets over morphia will fall into alcohol habit in the recovery. Best to give tea, coffee, fly tea, salt solution, to set them up till become normal.

Morphia sanatoriums - people trying to hold up till last minute before next dose - can have if they ask best idea is to hold up as long as possible. (man Michigan, sanatorium, cured, analysis, couldn't work, buffed, given)

The drug gets in system, but is excreted in the urine - got out of system some perhaps for deposits in the bone.

Mad brick case England, 1840s approx. He died as poisoning. ? whether he or his wife had taken or given Ps. Judge what insane 2 yrs, months after delusions of wife killing husband. - Case reviewed, released.

So manic-depress. often called chemical insanity

So much for etiology, cause

Level of Delusion - then manic-stage mania means a buoyant or favorably toned excitement - most cases show prodigious excitement that is not even recognized.

An Abbot under Baker produced good drams unusual energy all of a sudden - it was good work, he showed unusual capacity - 2 yrs. of exalted stage then reaction treatment + rehabilitation. In case of many cases who never become insane - must always be doing something hard to live with, bubbling over with enthusiasm and surplus energy. often means extraordinary achievement. many great creative workers, spasms + depressions, Schuman's spasms of creative songs, all his songs written during 1 1/2 year during his courtship of Wick - so may have been a manic depressive type - but no connection between genius and insanity at all - Bach, very level headed.

Manic-depressive syndrome closely related delirium and intoxication - so you have group of psychoses known as manic-depressive states - have the two phases - you may have mere mania or depression alone - or rarely the circular type alternating with normal between - these are chronic, then you have the manic-depressive in which might be no delusions

- { mania chronic
- { melancholia chronic
- { circ. insanity chronic
- manic-depressive "psychosis"
- 1) normal - no delusion

I. - 2) insanity - syst delusion

(chemical reversible, intoxication insanity - no guess as yet as to what the exact chemical disturbance is. - working on it now)

metabolic disturbances in both so-called phases and insanity. distinct indications

1) Person losing weight - abnormal processes. In depressive stage you have a slowing of all vital processes. Sometimes striking loss of weight. [manic phase of psychosis]



losing gaining wt. in position of phase
glandular changes but nothing distinct shown
congestion in eye

2) also specific tissue changes.
skin, and eye (retina - extension of nervous system)
skin - thickening coarsening, nails hair pigment change - like old age in some respects increased growth of hair, + pigmented skin spots.

These physiological disturbances return to normal when the person's insanity, psychosis does. These metabolic changes are primary - pretty surely. All glands been suspected.

Recovery possible - 3 months to 3 years - manic-depress
if no recovery 3-6 months probably not an ordinary case
manic-dep. delusions not bothered with - go insane over
whatever is at hand. people are shutting you up. the
two sides of house on asylum question. (whos. x to hospital)
Reason for committing patient @ dangerous @ treatment
not cause family can't stand it any longer - prognosis is favorable
and after something can be done for person. Very difficult
mechanical optimism of nurses and doctors. (the obvious
normal person who's to have no delusions - it's better to
give him hospital, sanatorium treatments even tho no possibility
of insanity. Family usually take manic stage for normal.
Extreme enthusiasm & lack of sleep etc. just as abnormal as
depression.

Confusional insanity - Septic insanity (better term) blood
poisoning usually have long run and so person loaded with
products of this poisoning. ^{insanity} Diphtheria during childbirth is a
common one. Cases common 50 yrs ago. child taken
care of by others. mother sick - remembers an invalid -
comes back to house and finds child means nothing to her
child treats her as stranger - all responses are to nurse betwixt
family shocked. tell her it's unmotherly - mother may make it
her principal note toward child for year or so. delusion
of mother. [Dickens liked children but not till 9 months or year old]
[Ophelia's diet these days requires great attention?] This attitude wears out
with time. 3-5 years of kind of confusional insanity and delusion
that have grown up.

Delusion that arises is germane to situation & surroundings
(delusions aren't delusions & merely conditioning)

"Paranoia" - you have few rare cases where you know
what's happening & is - syptic & alcoholic -
(term used in class & in texts BB) instead call it a syndrome
it's merely end situation, a persistent delusion - that persists
beyond the chemical delusion that started foundation of it
The elaborate behavior that followed on chemical disturbances
from man, woman mother & Queen Sheba = paranoia = persistent
beliefs that are out of line but which person may never be rid
of. If delusions developed shortly may fade soon also.
So question that of having excitement enough but with so
much that he can't work out systematic belief.

so that it remains long after - question of time is quite important. Paranoia retains inconsistent beliefs.
 The Italian grandmother who retains old Rom. Cathol. believ. yet knows children O.K. she lives a Paranoiac life.
 [humor quick ruining of viscera or contracted let go or some for other]

Degenerative Insanities diff. classif. Pills. does not use the one used in class. uses paranoia diff. as a partic. type.

Degenerative [Insanities] (Conditio) - usually turns down-proceed or markis-depress in 8 of 10 ordinary insane cases - cause of both unknown

2) Dementia-Pracox (syndrome)

micro-organ invasion
metahyphallic 95%
T.B. and leprosy

general paralysis of insane, or parietic insanity (insanity of gen.)
as Hebetic

we know etiology of this; tho. mechanism is not known

3) Degeneration of old age (vascular sclerosis) (hardening thickening)

dementia senilis - (loss in old age) common and may lead to insanity - synt. delusions

don't know exact mechanism

two or 3 brands old age - ① thin silver, feeble but very alert + alert (good type)
 ② full-bodied plenty hair, adipose tissue, purple mouth person looks young + then early shows distinct signs degeneration emotional dist. becomes forgetful. Turn to something other than their profession. physics - theology philosophy - the last heart, persons at end of career - he's there so does that, cause spirit do much himself. [lot of material in Theol. Grad. for abnormal class - but can't draw on it] a human vegetable may exist year after year (Voltaire animal all his days); chronic diseases kill you if you live long enough

treatment 4) Neurological lesions - often don't lead to insanity but still are weakened organism - abnormal cases
locomotor ataxia (inability to walk) not paralyzed. sypphil tubis of spinal cord
 || Polio-myelitis - glandular hormone
Pellagra - food deficiency

most of these not at all reversible - hope they may be arrested. Treatment leads to arrest, not cure - some reversal possible in Pellagra at times nos 2 & 4 may be treated.
treatment = arrest of disease + possibly rehabilitation - so degenerative, destruction of tissue, no reverse - contrasted with valerianal group.

Dementia-Pracox (or as British say Schizophrenia) (wreaking of mind)
 most common + importance of group, a "disturbed mind" insanity of early life - between 15 and 40 years old. chronic advent is very slow. years before suspected.
 normal level - degenerative stage - exacerbation usually a group - 2 yrs? hebetic catatonic - expect another ()
 comparatively brief run to man. - resting stage for years.

nobody knows what the disturbance stage is - explain as heredity but doesn't run in family. possible, however.

[Let us. heredity as a catch-all] Early symptoms - persons get inefficient. doesn't measure up to what you might expect of them. Larry history often, poor fellow, quarrel, unreliable, irresponsible. general no good, good work high school, then dropped out to conservatory then to business college, shiftless, can't get work. feels depressed, abused. so a wretched history.

Dementia-Precox - advent slow - run down accomp. - run down accomp. - usually 1st disturbance will be matter of years 2 yrs - 6 months. a degenerative process. many cases of dementia precox never diagnosed - person shiftless put in hospital or prison or sanitarium - marks for a long time merely self-much at odds with things - Then comes time when patent fits of delusion is often very gradual - usually not irritable - equal. pronounced till you get delirious - but till excitement is unmeasured, incoherent, irritable, out of sorts, dissatisfied. an emotional disturbance and delirious arise in this period - the person has conducted actual experience to explain.

He is out of usual occupation, lost job, falling work, fails in various jobs, unreliable, not very strong - has a mass of experience to explain & in setting up explanations the systems of delusion arise. Finds certain people interfere with him. for vague reasons, employer, family, dissatisfied with everything. then falls into "flight-of-ideas" random ideas, no drive, can't keep to point, disconnected, dodging, hopping about, but going no-where - lack of goal idea. Indication of person's general inability to handle himself. (A child may sit and squirm but he will always keep track of what he wants and come to it finally.) 2 yr old can be sidetracked, but not 5-7 - flight of ideas = a general inefficiency - like a three year old - of a person very tired, tremendously excited. You're slipped back to childhood or fatigued condition - general inefficiency.

(A person in train accident) shocked, huddled, asked foolish questions - was technically demented for time. Dementia precox, letters show the incoherence of the person in state flight-of-ideas. Showing helplessness, excitement, a few ideas may get going together and delusion may develop. simple, has to be kept together from holding out ideas. persecution, plot no him, vague schemes simple childish schemes with adult terminology. (Planetism) explications on gravity, radio, etc. @ delusion systematized only under excitement - but under pressure sometimes a demented precox patient can pull self together. (Boy in court examination)

Freudians have a marvelous systematized vacant delusion - maybe (they could be committed in a society of behaviorists). No one Pottle could give good answers in emergency effect of emotion on audit coming - on reasoning - what it all about

Onset dem-prae insanity. - capacity of temporary restoration comparatively late in degenerative process. obvious, definite physiological changes. sinuous wasting of tissues. asymmetrical disturbances. A physiological degenerative condition - no restoration of capacity is interesting - on which delusion depends - majority in favor of lesions, yet it's apparent the mechanism is stupid where the disturbed. These lesions can't be of large cell groups, affect only parts of cell - or else in cells that don't figure. (Can remove 2 cubic cm of brain but not anywhere else without serious consequences) There are no anaesthetic areas, no paresis, lesions might be in non-essential pts of brain - but would be discovered if so. Other alternative is slight lesions in individual cells. The processes of cells been affected. Don't know whether a chem. poison, or glandular, or bacillus if to this. Injury to nerves in trauma is out of question, disproved.

It is irreversible - actual regeneration, something being destroyed - don't know for sure. Deterioration in dementia seems similar, temporary recovery of capacity possible (Old men retain certain skills in spite of old age - Strumar etc.) not mass lesions but call them lesions cause irreversible. paranoiac, catatonic stage, resting, delusions continue - delusions are paranoiac: person now able to control self - appears back to normal save less himself - demented. steady situation may last rest of life but probability will fall again and may come to amnesia (complete loss mind) can't say what brings on the attacks. - the restoration can occur anywhere but more probable in early stages.

The drops, run-down stage may be called hebephrenic. The delusions are intelligible delusions. stereotyped conduct, phrase, expression, amuse themselves, fill in time. develop a mass of "ties".

Prognosis quite unfavorable, hope for rest.

Treatment careful regimen, avoid dist. S sedatives given, apparently no way of avoiding hebephrenic stages, ought to protect him. Hard to understand man who thinks it's a joke and will make sport of an insane person or infirm. cottage treatment. intractable in heb-stage - resting period, content reasonably normal. Dem-prae. - the unpleasant form

metasyphilitic group (syph. bacillus, I.B., leprosy)
Onset related to syph. or T.B. attack but doesn't appear
early - not part of early disease. I.B. form very rare
and occurs leprosy. One of stages of 'syph'.

1st slight anesthesias & paralyses, (parisis), often times these
are not noticed. (They are in neurasthenia) no serious im-
pairment of function as yet = General paresis - not confined
to any particular part of body. (used to be called soften-
ing of the brain, Mad brain) You have lesions you
don't have to guess. You have scattered groups of cells,
Effect of syph is not to disturb large mass of cells, but
small scattered masses of cells involved - shown
easily in autopsy. Cells are actually destroyed, no
doubt about actual condition.

Can see person slightly incapacitated, gait + other mental
writing etc. speech. Man can control them with an
effort - starts well, then slurs, blurs. [He can control with
attention the posture muscles are affected weakening of
posture muscles gives a weak, dead voice the fair articu-
lation.] In insanity you have difficulty in articulatory
apparatus.

Emotional disturbance also - always on favorable tone.
Megalomania placid optimism. high exuberance. [Mark Twain
predicts death of man - insane Taylor].

Invasion microorganisms. emotional \leq which give favorable tone
& anesthesias paralyses, mad. s. situation systematic delusion
of which he builds up the delusion. gets to feeling he is the lord
himself or owns everything, nothing getting or specific about
it. His conduct is extremely simple. Chummy, slurring speech.
shred up. has to explain his conduct explanation like
that of the child. person gets to point where practically helpless
but of vast feeling of well-being.

Emot. B. Jan tone
ans. papally
s. situation
syst. delusion | simple
conduct | childish

Also called gen paralysis of insane
should be insanity of gen par.
softening of brain
degeneration + circ.

All stages. degenerate slow - usually result complete
amnesia, vegetative existence, dementia \rightarrow amnesia.
Sometimes' arrest possible, many will respond to treatment.
[Thinking is a matter of associations & the nervous system is what
associates]

usually 'syph' detected early - there will be fewer & fewer
it is preventable by medical treatment. Person who has
slight paralysis may live on if can arrest. Syphilis is quite
prevalent & runs high as 10% in most sheltered classes.
10% 15% in upper middle class - is transmitted from generation
to generation. paresis & insanity is often the result.

Another form. Locomotor Ataxia - due 95% to syphilitic
infection so not called 'loc. atax.' any more - called now
tabes dorsalis. affects sensory column of spinal cord. - an
inability to get about - (sensory affection) it is not paralysis
the motor muscles & nerves are not affected as in paralysis.
In paralysis, the motor muscles atrophy, wither, degenerate.
Loc. ataxia shows no wasting of muscles - still quite strong
well nourished - but don't have control from sensory
side. Destruction of sensory cells, so lose regulating control
stimuli. Kinesthetic stimuli can be very clearly demonstrated.
muscle tone & posture reflex due to S. from sense organs in the
muscles. - have location in posterior spinal column. cells
whose endings in muscle spindles, are destroyed so don't get
the S from pressure of contracting muscle. Muscle spindles
are sensory endings in muscle. And so the person can
not walk. He can't keep track of them at all. Starts lower
part spinal cord and progresses slowly up cord. Balancing
mechanism is first detected (eyes closed) [Equilibrium due
to ① vision, ② touch ③ semicircular canals & strain which come to that
canal from muscles - cooper sem. canals with muscle
spindles.] semi-circ canal & muscle spindle affair disturbed and
the man may fall - this test works when system not as yet
seriously affected. gait gets more & more uncertain till person
gets quite hilly - it may affect shoulder girdle also.

Can sometimes arrest the attack - but what do with
him. Re-education train him to walk in response to new
set of S. Right elastic bands put around limbs - and man
taught to respond to these bands & pressure on skin.

It will be clumsy but better than none at all.
(Call the new set of S. kinesthetic also.) Many cases they are
partly cured - treatment for 'syph' + re-education. No treatment
for 'syph'. If allowed to run - person will be killed or may
later get 'syph' insanity. [The importance of sensory control in
these months] majority of patients have no mental symptoms
whatever.

If of this. with destroyed semi-circ. canals. Person quite able to get
about when he can see - but quite helpless in dark.
confusion - dizzy in a side street topy turny houses

(house called in, one still - 10¢ to go in and get dizzy)
 Leprosy + I.B. insanity + a group undetermined - manic-dep., dem-pr
 but - court place, a large no. still that are not clear, we
 don't know much about.

Alcoholic metasyphilitic + drug addicts, only ones we
 know about.

Next time we take Feebleminded.

But covers enormous range

Feeblemindedness

The Sub-Normal

concept is practical - not scientific or maybe even psychological - people are incompetent.
 compare to a child - different from child however, but general
 sense of incompetence - they are inadequate, no lesions,
no distortions - often handsome, likeable, quite intelli-
 gent. many of them quite admirable characters + nothing to
 prevent one from being a gentleman. So is bulldog,
 may have good command of language - and good feel
 for words, ordinary habit, speaks well, careful language
 sometimes. [High grade track man repeating freshman] High grade
 feeblemindedness is not at all evident at
 first sight. border cases - incompetence you depend on, much
 of their behavior may be quite adequate socially.
 It is a practical social matter for definition. Three grades
 used in class.

- 1) "border cases" - failure to detect in.
- 2) high grade imbles - unable to handle affairs under guardian, can learn thing
- 3) middle grade imbles - not able to earn living need supervision
- 4) low grade imbecile - little or no work, get over to primary problem. (grading made on means of

1. border cases	- not detected	estimates of age	
2. High grade	- can work with guardian	- 12, 13 years of age	(5-12) general idea
3. Middle grade	- institutional cases	- 8, 9	(3-8) range
4. Low grade	- language primary problem	- 3, 4	(5, 6 men - 3)
5. Idiots	- do not reason, speech impossible, can be trained like other human animal, reasoning - non-human in character.		human animal, depend on tests for word memory

Causes + nature of difficulties

no single form - all kinds - is a catch-all term, incompetence
 possibilities as far as conceptions
 1. Normal distributions of race from low to high - high grade imbecile + genius
 are arbitrary lines different from civil - to civil and culture to many people would put high grade in this group

I 2. older heredity plan - not so popular.
Different stocks of people + inheritance by stock
some mutation (2) persistence of a primitive stock, understood
strain that comes out once in a while. A specific imbecile stock
in this case - in germ plasma. (A very common assumption)
mutation method! - a possibility that there is a
definite type of this sort, but not of primitive stock. None of
crossings of human races produces this thing. better for
stock - like dogs.

II 3. Transmission - leprosy - syph. certain diseases affect the
next generation. (one of English groups put in colony became normal.)
Colonies of shun dwellers in Canada - revert to normal English type
Immigrants to this country have different shaped skulls
after a generation or two - different nutrition, body care etc.
Amer. conditions better - so skulls revert to normal type.
better here than back in foreign native country.
- a feeblemindedness due to a degenerated parentage.

III 4. Early experience of child - a malnutrition, abuse, neglect.
This would change attitude - contrast between one & three.
One group says you can't improve feebleminded thing
experience must get at heading. Fernald's idea you can
train a feebleminded back to normal. Mrs. Wealey also.

IV 5. Due to disease & accidents - (latter two fully accepted)
the traumatic group.

6) Unknown group quite large.

Types causes - 2 groups - hereditary factors & environmental factors -
Classifications - social matters.

General problem of intelligence level and training

Border cases & high grade - first shown as retarded cases.
2 1/2 - 3 yrs of age retardation in school system shows feebleness.
Illness must be taken into account and omitted. tests are
used given ordinary experience. Such is only indication one
has. Often said can tell by appearance, eyes opaque or dull.
& you get that impression in dealing with them. But these
can't be any sort of appearance that shows feebleminded-
ness. Nothing in appearance, it is his actions that show
feeblemindedness. opaque eyes & child doesn't catch or expect
to catch what's going on. Animals have bright eyes but
don't expect to see much that goes on. feeble-minded child does
not manifest interest, curiosity etc. Feeble-minded child
quite willing to perform - interviews don't worry him one
way or other. speak = the opaque eyed look. "stone-eye"
child unable to get normal training from normal methods - rate
is too fast, & methods are beyond him. School system

has him make up in summer or repeat. After very
wisely, no mischief - amuses self with extraordinary
little amount of material. Graduated cause don't know
what else to do with him - finally graduated to get rid of him
interests of feeble minded - Johnny, no good in school, books.
but he smarts in carpentry. mechanical ability, musical
ability, gift. bad signs - drawing - modeling w/ bad signs
cause they show can't handle concrete but not abstract.
They are things in which child can excel without having to deal
in abstract, language etc. Mechanical thing is simple, obvious,
can be appreciated, got hold of by children & feebleminded -
& savage. Ask him how works - does same thing over
and over again. boxes, men's heads, soldiers, airplanes,
"Blind Tom" feebleminded - a musical genius, colored boy blind played by ear.
Better train them for some simple mechanical operations.

method of training - making more concrete, illustrative.
aid go slower & more tediously. can't learn 2+2 make four
but can that 2 apples + 2 apples make 4 apples. can handle
money all right but can't handle figures on paper. Abstract vs.
concrete. The feebleminded reason in concrete. The ape picking
up boxes for bananas - can do if he sees all three together, but can't
carry concept abstract around with them. [Reasoning with
symbols - why the concrete easier than abstract?]

In reading, must go slow & careful, word method used today, no
need for child to learn phonics, he'll pick it up word after word
must go slow enough so child can pick up these syllables
phonics, lot of drill. Even ordinary training slowed down
doesn't help so much.

methods of teaching high grade in feeble amount to showing his
type of defect. The commonest comparison between feebleminded
and children. most tests based on those normal children and say
his of such & such age.

Problem of estimating mental age. 10 years say he will remain
that way all his life. The feebleminded 10 year old can do certain skills
quite well, better than a ten year old child. But feebleminded at
15-16 and he has grown his maturity, developed, equ. extrinsic his
year level. The prediction can be made pretty well when he
9-10 yrs old. They often do unusual handwork, of all crafts.

music & manual training. Child doesn't have patience that older person
does feebleminded. so have possibility of long practice & persistence
no better judgment, responsibility than 10 year old. at 15 yr. level
may be able to drive well, but don't want him on road.
normal in feeble level. is uneven, so that they may be very good
in limited respects - class music & p.e. together - mathematics
is another one adapted to feebles.
sub-normal vs. abnormal good deal creative work done by subnormal

possible to have subnormal, ineptile genius. If person is crippled - eyes, limbs, etc. may reduce in certain directions. (Happens more to middle grade than high grade). [Camp & contr. normal child - 13] Subcile has a narrow range of whole field of interest, perception [Person 20-30 years to practice] 1-1/2 hours a day for 2 years before [can play a hymn on piano. I cannot make or fruits in our decimal system]

seem chiefly normal sometimes
Middle grade - can nearly always tell at sight - show obvious physical deformity - under or over size - sensory defects speech not clear often. use simple phrases. as in a foreign language problem of keeping their attention - they lapse easily, goes apathetic - constantly spur them on. Teachers need abundant ^{enthusiasm} optimism often not malicious but they collapse - eyes a blank.

You need great deal general ~~power~~ - ~~slow~~ - large muscle movt. activity with shifting momentary attention - idea of adaptation - shift from equilibrium. (Left hand slow reaching)

Endless repetitions - they must be handled separate from special attention - can only hope to get thru three seconds or third grade work. - usually obvious sensory defects

middle grade supposed to get some training, 2-3 years school work. 8-9 years old. hope to get sentences out of them.

Low Grade - hope to do something with language.

Their own speech in phrases - tho may understand speech. 2-3 yrs. = mental age, like foreigner - stock phrases speech, seldom taught writing. Read little very little - signs & symbols, numbers and street signs. appreciate pictures some extent - these constitute main items as far as education is concerned. - sensory defects very common, somewhat deaf usually, easy to pick them out, don't show lively attention even as child. pretty dull, apathetic inclined to lapse. Training even more difficult than middle grade. Distinguish 1, 2, 4 many, 2-6. Spch. cases somewhat parietic, defects vision & hearing. actual obvious physical defects

regimen - middle grade 4 hrs per day in school, 5-6 for high grade, 2 hrs per day for low grade. 2-3 pre-kindergarten or nursery school child.

Learn simple manipulation - dressing buttons, tying [zipper] lacing frames of different kinds [the skept. of mind about feeble minded teachers - hopeful souls] [Practical training in making training the transfer] [Carpenter Frenchman New York - men] teach them games some times. chalk, crayon, clay, feeble minded have no power of invention whatsoever. same thing over and over. feeble minded maybe 9-10 yrs old go up stairs one foot at time. have to be taught not to fall over things - all kind simple large muscle coordinations have to be taught as well as abstract fine handling tools, table manners.

Hygiene drills - common skills that will be used in everyday life and in emergencies, instead of the Cossack dance.

Mr. grade can be taught a few skilled operations - low grade can't sweep, hoe, may put furniture right side up. (Skipper McDonald - about 6-8 yrs old.) high grade!

Keep them comfortable, happy, out of others way as much as possible - often they are actually happier in institutions. - Give them special rooms in school system, environment - supervised. either in special abnormal child from normal growth by putting in "opportunity" room. fresh contrast idiot & imbecile - feebleminded covers both imbecile & idiot. idiot doesn't reason - a human animal that will never use language.

Idiocy - certain particular causes.

defect of development
reduced by disease

- 1) Hydrocephalic (fluid on brain), split spine, due failure of skull & skull to close.
- 2) Microcephalic (small heads) early closure of skull - nearest to the pure animal level.
- 3) Cretinoid: cretin * glandular
- 4) Trangloid - microorganism invasion - meta cyphosis
- 5) Myxedema - atonic type * glandular ^{shans early, apt to be late develop} usually appears among adults, may lead to idiocy.

1st 2 matter of develop - invariably idiots.
last 3 " " disease last 3 may not arrive at idiocy. may be halted before, ^{normal} may be imbeciles. Idiots potentially.

(as in infancy indeterminable classification doesn't include a large miscellaneous group)

1st 2 skull due constrictions embryonic life little known seem to be sporadic in appearance. Often find in skulls from recessive ^{traits} gene. neither could be hereditary general prevalence - 1/2 forms due to some accident in fetal life

Hydrocephalic - child never be more than infant in arms - 3/4 months - can't hold self upright - merely increase in size. no change talk, reason, or be active magnified helpless morsels humanity. much in danger of infections (expectation of life rises rapidly for normal person) idiots usually don't live longer 18-20 yrs

They are caused by rickets pneumonia, cough, and all rest of children's diseases. - never grow more than 6-months old. Question whether ought to keep alive or not? Open spine, head & open brain so can't make normal development. skull doesn't ossify, sutures don't close in, easily seen. microcephalic form apparent at birth, head is small, ossified more than normal, arrest of devel. (of spinal cord the CNS obviously defective, child is retard & gets normal muscular devel. like monkey. arms & legs long, head small - (put human glands in monkeys & make 'em reason) light, agile, climb like monkeys - not vicious if trained correctly. failure to develop both cerebrum & cerebellum - part of cerebrum develops connected with sense organs and motor area. Senses are fair, hear, see fairly well. don't perceive things like human beings. life span is short - old about 30 - life span much shorter in all imbeciles & idiots.

put in institution rarely kept in home, don't mean as much to parents.

(value of affection - to oneself only or mutual - dogs, idiots, etc. need both parties? what? essay question.)

(intermarriage - recessive genes of same kind, recessive genes.)

more common

Cretinoid - a hypothyroid - enlargement of gland, irritation - reduced in function. Treat with thyroid extract. from sheep - oxen. thyroxin. Child cured under treatment early, should become normal. - as late as 3-4 years of age 9-10 can immensely improve.

[Cretinism] - (a Crete) 1st recognized in Fri. Alps villages. extremely degenerate. 1st thought due intermarriage. Then found hypothyroid conditions. No supply (taunted few No and the people became normal again. Lack of iodine has been suspected but never been proved.)

metabolism affected. Thyroid reduces - wears out fat at a tremendous weight. So cretins don't develop stacky, abdomen (pried up) - detect by a year old. midgets - but don't develop

Cretinoid obscurus can be treated with thyroid by mouth, a standard treatment.

myxedema hypo-thyroid situation - leads definitely to a dementia on actual individual feeble-mindedness - may lead to low grade type - shows no deliriums - chemical & reversible - subject to thyroid treatment - [compare other abnormalities] secretion of the gland is lacking. called complete prostration a few years ago. after after treating a while, the gland will work O.K.

Other types idiots. hydro-cephalic
metaphyllia - Mongolian type will respond to treatment for syphilis. high cheek bones, deep eye orbits, long jaw - all due to the development - pituitary - so a glandular factor. + other infections - also amenable to treatment. same in meto-group due to leprosy.

A large group miscellaneous - indeterminate, 25-30% of cases total. bites accidents - traumatic or chemical (requisiem) no suggestion of treatment like hydro- & micro-cephalic, so small % of cases for which something can be done.

Regimen - handling of (Idiot + idiots)

test: important - animal or human? De Sanctis devised the tests in Rome - tests for simple serious papers some are form board, patterns, is 0 must have candy with paper wrapping. a dog can't do it - identify proper piece for place - a simple concept. (idiot can't pass - dog can) what's going on - listening, respond. Idiots do not pass the tests. & they are trained as animals - simple responses. - most mechanical process occupation. usually fairly docile, institutional cases, will do better in institution. Family can't treat them as a trained animal. They are not very numerous.

completes defects of development

Training of Defectives - Blind, Deaf, Cripples

Sensory + muscular defectives - blind, deaf, blind-deaf, & cripples. Fairly systematic handling - institutions, latterly psychological interest. Blind - no compensation of other senses, often weaker sense cause has affected other senses - but better judgment of S - they get their sense. Deaf can't feel sound & blind see color. Blind tried to make deaf feel speech & music by vibration. Blind child gets language as early as other children

language (Kinesthetic & auditory cues) so have great advantage over deaf. They eyes to catch gestures + facial expressions, so don't learn to screw up face + arms while talking - (lang not at all visual) laughing, like sound of voice is acquired.

- problems
1. Education - how to substitute something for use of eyes. typewriter
visual - Braille system + NY pt. [pattern of dots]: from cones, alpha
 2. Orientalism
spatial
 3. limited work occupation

difficult to get out books for blind. voluntary transcriptions by faculty for the Blind! Recordings of records - something they will be condensed & amplified so records wait weigh more than book itself.

blind usually at least a year or 1/2 retarded in school, even with best of training. A scheme for writing music, Braille modification, usually they manipulate from dictation

1) Difficulty visual education

most of our learning + recording is visual.

2) Difficulty spatial orientation - good deal can be done.

extra blind capable of elaborate spatial orientation - organs are all unlike and a blind player has difficulty. 50-100 stops + mass of keyboard + other stops to be learned. Blind man can do it. So possible to learn map of his town. Blind people have difficulty in learning map arrangements. Reps lines in town, would get lost at intersections. Blind man can't say which path to take from center of campus. Training in relief maps or diagrams should make it easier. least brail + use for cross-section in zoo, geology etc. Have to avoid perspective cause blind don't know anything about. A series of them in psych. lab. Makes much more simple than abstract descriptions. $\frac{1}{2}, \frac{2}{3}, \frac{3}{4}, \frac{4}{5}$ - some such affair. Chemistry is largely a visual science - so physics + zoology.

Blind believes a lot more could be done for orientation in large than is done. Many blind can tell daylight from dark.

Entirely blind depend on sound a lot more than we do. Ears not better, but judgment of sound is better.

Feel now not to use a cane to grope - put folded arm at angles before them. Chumey + labruice get develops from having a companion. Attitude of dependence is not at all satisfactory. pass of blind from wars - mostly in Europe. make in walk alone.

3) Matter of occupations - very limited. can live in society (not deaf) but hard to earn living. many repairs they can't make. (Blind man working at night in 'con') in music must memorize everything. Cooperation must dictate. make fair teachers. Might go in roads annoying, minor skills. simple crafts, cigar making. Most of int. have to depend a good deal on charity. Teaching of languages is a good open field for blind. A no. of em. of Europe.

Problems & psych of blind not so complicated - much better to be blind than deaf. Deaf have trouble of language. - the visual phase doesn't trouble.

Deaf are always 2 years or $\frac{1}{2}$ behind with best of training. The deaf are not essentially mute. Play, shout, & laugh audibly. Play funny expressions. extent to what language plays in facial expression. Do not without help learn lip reading.

His first language is a sign language. Nursery schools important. ^{good} At about 6 years, he begins to learn English word language. So he is way back of normal. begins language very much behind. 6 year old child actually had about 4-5,000 word vocabulary. Most families want young child to have home life.

Usually they learn manual language first, and then English is always a foreign language. Abbe de L'epay devel. manual and they were good, but now it has evidently gone by boards.

Only college for deaf in country uses manual language. Use English as written and reading language quite foreign for usual manual language. They have phrases & words in English but they can't write it.

Other plan is to start right in with English & keep to it. Deaf hard to have special practice. don't know visual.

Importance of having child under training early - contrast manual method & one hand alphabet. He'll come under " " till 4 yrs old - then 1 hand alphabet, so gets Engl. as a literary language, like a foreign language, not well learned - can read language.

Gallaudet college uses manual language.

The oral method depends on having under training early based on plan of substituting actual learned speech

a speech reading for - - residual hearing - have some hearing - used word to magnify with gadget - used in hearing to speak - an extremely important thing. "audiometer" appliances to make use of residual hearing. To carry on oral speech hearing. Can train without residual hearing, physiological + mental method. Use different methods for two types!

quite deaf - 20% 30% Teachers are prejudiced against use of amplifier get hard to hear consonants and vowel sounds to understand what they mean. Amplifiers can show good pitch. ? whether they can be trained to drop a fifth or raise at end of sentence & question. They believe it can be done for both groups. Divide groups for training. - Res. + Quite Deaf.

Laboratory here interested in deaf cause can teach phonetics and prove that your theory is correct. Phonetics in deaf schools still not very good in abetting consonants.

Lip reading can be very effectively taught. Should learn to see speech from making speech & make speech from seeing speech. Most schools have im read lips & repeat in a jargon - he should repeat in same rhythm etc. that he sees.

Oral method not so practical as yet but steadily going ground. Most countries use it exclusively - U.S. is coming along too. The oral method is to be the method. Difficult.

lies in poorly trained deaf teachers, & incomplete phonetics. Require only two years college + 1 year of training. Resistance to new methods by these teachers in "The Work". They teach deaf much better in England & in Germany. Teachers talk about the deaf and their difficulty in getting abstracts - naturally - try to get German abstracts. No more trouble than the learning in a foreign language.

The Alumni of manual method schools don't want their schools to change - it thins out your society - those who know your language. Deaf teacher's convention attended mostly by deaf people who speak your language. Gallaudet College based on manual method - preach oral method as secondary thing - should have only one - preferably oral.

Oral method should be adapted children of nursery school. Enormous reactionary force Alumni, Superintendents & Teachers - political appointees. We freed a University. to support and further research work for deaf teaching. Need Univ. depts to undertake teaching of the deaf.

They're so extremely backward because of language difficulty.

Blend not as much out of it now - as the deaf are - but, in future probably the deaf will have the better chance. (Fitzgerald speaks & lip reads very well.) She can

Speak & use manual language at same time. They don't come out same place. Interesting, good work.

Don't teach them rhythm by music for language, teach them rhythm of language directly.

Don't teach deaf to sing - plastic arts, sculpture, painting, etc. Use their time on something that will benefit them. Some deaf for certain ranges, music impossible for them.

[Finish Pills Text]

Blind & deaf

Crippled Child

doesn't make much difference whether child sensory or motor defect.

Must have senses + motor organs for response - [old stock idea S-R.] Normal child. musculature of eye + vision involves posture + semicircular canals. That musculature normal child has. musculature of hand (arm + posture) musculature of speech + that is locomotion - all 3 above involve posture factor.

- 1. Musc. eye involves posture
- 2. " hand // vision meaningless, less you have horizontal + vertical fields
- 3. " speech
- 4. " locomotion // in reference to vision

Dev. eye comes early - hand is worked into system, later, speech comes in 2 years - 12-18 months talk. Normal child's intelligence evaluated out of these elaborate musculatures.

What if one of these deflected? Loss or paralysis of eye not as serious as a defective hand or arm. No compensation must have substitute - foot + mouth. speech, becomes substituted hand gestures. Locomotion failures more common child does not get about - his understanding of world affected - some other plan of getting about, automobile, or carried about, wheel-chair.

Use foot + mouth transition made easily if child's hand defective. Writing, etc. can be done with mouth. many look on as a fair device but these practical skilled mutes are essential for his intelligence. Having normal experience - difference may make an imbecile or a normal person - these minor devices should be encouraged to help them to get normal experience to become sane already.

Serious accidents to hands themselves. Boy write good spengerman hand with both stamps at once. Use substitutes + defective limbs! Training of fingers striking. Imp. to teach mute child - sign language early. must learn

to handle language. need a subst. for articulatory speech
(Public schools place for child to learn social side of things)
Typing can be taught - short hand typewriter. shorthand w/gram
is not good as a reference after a few months when lost for
familiarity. so if larynx removed - can give him an artificial larynx
Locomotion - child can't get about - what difference it makes
if he can do things sitting etc. Child has to learn to recognize
things a distance off. 1st Perspective - child doesn't recognize
an object over 100ft. away! They learn their perspective
by moving about - can do for few meters short cuts.
But locomotion most important to get perspective
at greater distances. - Better to let him make himself
do it carry him. draw & push him about but don't pick
him up. Sense spatial relations developed. Important to
get child out of door also. variation, experience. Health, recreation
This training can't be postponed. even tho he seems immobilized
give him as much as possible of normal experience - don't let
them form backward habits toward environment. Interests
are built and strongly persist at early age. Children don't
want to have institution of themselves.
Can't get a definite regimen for cripples (as far deaf & blind,
must individualize in cripples' education. Each one has
his own problems.

All educational problems of defective children has a
sociological bearing, worth consideration.

Management high-grade imbeciles - argument that they
should be at home. That blind should be taken from home
so early - cripples also. Question of special schools,
training, speech defects (stammering ab psych) (persistent
infantile speech) physiological difficulties cleft palate, liping
curvature of teeth. Argument that these kids need home care,
cold outside school, special school, stigma feeling, special room
etc. Two problems (1) Advantages of special schools & (2)
what do when no local provisions possible. High grade imbeciles
are always very happy at their school, often the only life
they feel adequate with them. Question of home place when
there school. Assurance will come from those who have
been there. High-grade imbecile often a problem child. Child
can be taught self-control. But ordinary family will pet him
and not train him well. Training more satisfactory in school
So if want child well-bred, systematic training. The

only child is sort of out of luck - kindergarten offers situation
as refuge for only child. An imbecile is always an only child.
As much attention, teased by others, needs controlled environment
means a boarding school for imbeciles. High grade imbeciles
needs outright regimen. Sometimes you hear "can't afford" Ohio
schools full - have to be middle-grade to make it. Remedy is
community of the kind might be joint experience between
family and school. You can make a high grade
imbecile well-bred. - A true gentleman or lady.

They do work in schools, can't be handled at home, I buy new
teachers. Send to special school, get parent-teacher in the bell.
David craved a prodigal child thru school - just teach him extra
stuff along side - so he gets a lot more done than average
a couple of languages, shop work, music. A lateral spread
Blind and deaf of course, will get special training, recog-
nized. Nursery school for deaf is a problem - will have
to boarding school. A tremendous advantage to start train-
ing early. Parents hesitate to send poor deaf child from home.
Few families can hope to do anything with oral speech.

John Keller had tantrums at first - a teacher brought down from
New York to the Southern plantation - finally they gave her a wing
in the house, finally a quarters all to herself. Child didn't know
anyone else about. Went to well to draw H₂O, child plunged her hand in
orally. - So you can't deal with em in household. She now speaks Fr. + English

Can wait till boys for bringing blind child under training
Cripple child - special training important. Intelligence is
as intelligence does - you have to make skilled movements,
to understand - you do what you know - and you know
what you do.

Cripple children often need individual training.
Many cripples high-grade imbeciles that might have been
normal with proper training.

(In m. do images become more of sound than sight after blindness
[Bayou = bi-yoo] [born gifted? - Rhythmic capacity.]

Speech defects - very few that can not be corrected. cleft palate.
possible. Soft & hard palate closed. Teeth can be corrected
dental work. Bad foreign accents can be handled. Detroit Los Angeles
But what do in smaller villages - Oberlin - grade teacher can't do it.
specialized training out of school hours. Results extremely

encouraging. 2 hours to 1 hour a day with stammerer, for
- marked improvement can be made. Isolated from
speaking in school. This training would not be as difficult
to handle as drawing, music, P.E. One person could handle
it. Debating, psychologist, teach language also. Problem of
psychological advice important in Stokes. Testing & surveying
at least ought to have county provision for such work.
The problems ought not to be ignored.

Heredity & Abnormal Psychology (vs. transmitted)

heavy ground. Some things can be said. Everything
once called hereditary. Hysteria + Neurosthenia once
said to run in family. Neuropathic tendency, diathesis.
These given up - matters of habit-formation & environment
Even inheritance of a neuropathic tendency not inserted
in these cases.

manic-depressive group often been called inheritable
and dementia-praecox also. Metasyph. group & siph.
& drug toxic insanities are not inheritable - can have
transmission but not inheritance. Still carried as
ideas of manic-dep & dem-prec as inheritable.

Epilepsy counted now certainly inherited.

Feeblemindedness cannot be called inherited. An
ambiguous term - some forms, might be. Cretinoid group
are not inherited. Villages & intermarriage - proved fatal
(Cretinism in N. Hamp. farms near Dartmouth.) (A matter of gland)

Inheritable is defined - germ plasma alcohol can be
transmitted & "syph" also but not matters of germ plasma.

Strong belief some forms of feebleminded are inherited
Mongolian form are not inherited + Cretinoid by common
causation - figures in books differ greatly depending on
author's prejudice about inheritance.

Question of inheritance of deafness. Town ear trumpet
being used for three generations - transmission deafness -
due to a bacterial invasion of middle ear - say they inherited
a common bacterial flora?

? Say family inherits a tendency to bacterial infection.

Suberit conditions that make bacterial invasion easy.
Deafness inheritance in geriatric. Blindness is not at all hereditary. Cataract might be called in question but doesn't occur often enough to say so. (One of old age changes) (Old age is inherited) [Commonwealth of Mass. A state of mind]
Inter-marriage difficulties - highly disapproved, extraordinary inbreeding has caused no insanity, or feeble-mindedness perhaps if pick up defective genes, might get a heightened effect.
Eugenics

Feeble-minded do not make good parents - tho they have good children. An objection to feeble-minded bearing parents. Something of same for insane - manic-depressive insanity & others - a serious matter in a family. [often can't tell manic-depress from circular insanity till try to see if it can be cured] may kill people - may form poor environment - burden of insanity has social stigma. Marriage should not be for insane.
Inheritance

These things called inheritance are always the things which are as yet unknown. Entirely possible that as soon as these are understood they may be seen un-inheritable.

Inheritance of disease & hormone or endocrine defect or excess only possible type of inheritance. defect must in this case be a matter of structural defect. None have been found as yet.

[What possibilities are there in germ plasm?] [Lillie thinks heredity must be proved - most psychologists are agn. heredity & are steering environment] medicine people opposed - Psych is the study of habit formation - any environmental & somatic prob. sociologists interested in what you can do for people. improvement of conditions - not nature so fall in with psychs.

Physician & physiologist don't realize how much of humans are formed by things etc.

People dealing with mendelian theory have been primarily the biologists & physiologists, so inheritance bias. Mendel. theory been making very good progress lately.

Before long we may have some idea of organized mechanism of heredity. Left-handedness is undoubtedly inherited - but can be changed by environment. so can cross the bias.

habit-formation may mask definitely. perfectly definite
inborn traits.

Review Relations All Psych. Related fields

Drawn up twice medicine + theoretical psych.

Medicine furnished whole field psychiatry,
concerning of clinical diagnosis + therapeutic treatment
Thought of psychiatry in terms of brain^{disorders} + nervous
disorders (same dist. of consciousness)

Orbit in Charcot's school (Janet) from which came
the Freudian psychiatry (by nature a psychology) would
have explained normal experience and does not as
Freudianism in Amer. + England. (mainly)

Medic. also furnished discussion of emotions. (Ribot)
one of things on which James' famous doctrine of emotions
was based.

So medicine important in Freudianism + in James
theory of emotions. (J. said emotions due not to ph. ideas
but to physiological disturbances.) Lange said blood stream
affected + he also a medical man.

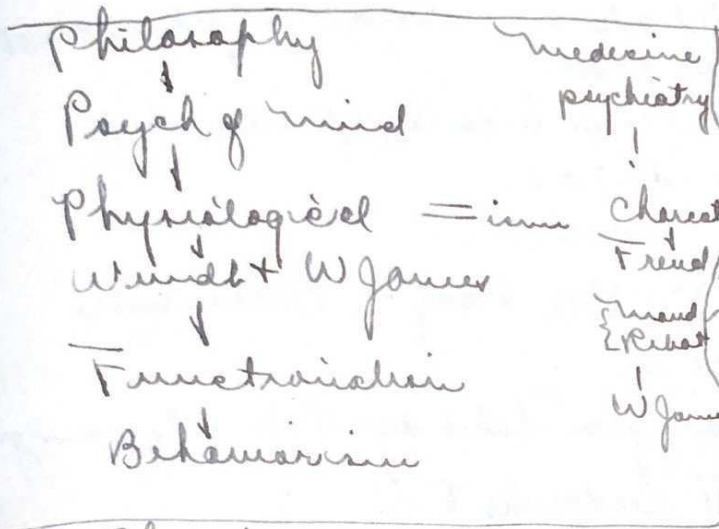
Enormous emphasis in medicine on suggestion, power
of mind over body. beside personality. Dr. says
psychology import. in medic. He meant the personal
influence of Dr. over patient + effect of patient's attitude
toward his affliction. [use of psychology this is slang.]

[a slang use of "psychology" as a bedside counselling in.
ideology + psychology entering into dictionary soon.]
[You must know your patient before you try to work
any of your bedside psychology. more an art than science
Freudian would have become the psychology.]

a branch of psych came out of philosophy, at first
dealt with mind, then became physiological - (brain +
mind parallel) then might expect disorders of brain would
affect mind. - Then James + Dewey laid out the
foundation of the psych. that we know - psych of
S-R; of habit formation, of coordination of instincts.
Psychology must account for psychiatry

Freud. 11 to work of Wundt + James.

Physiol. psych devel. from Wundt + James became functional (~~behaviorism~~) ~~objectives~~ and later became behaviorism.



The psychiatry + neurology fields taught the bias that brain is office of control. Mentalists esp in Freud form. John Hopkins is only dept. where this isn't true. Use not center - but tract Abroad

Thus the opposition between amer. medical school + psych dept. 9 out of 10 of medical people dealing with abnormal patients are Freudians, mentalists.

Dewey's functionalism treated thing process as fundamental instrumental, transactional affair from environment to environment
Functionalism - (paradox)

James is certainly a brain psychology

Parallelism is O.K. if you keep mentalism away from physiological. Mind like a shadow to physiological mnts. (as are they layers of language?)

Stevens making behavioristic interpret. of Freudianism.

Dept. of medical - abnormal psych. needed in "medi school"

What are behavioristic bases of ab. psych.

neur. + hyst. dealing with format. of habits
work in neur. regimen parasitic hts, ties, complexes in Hyster.

Insanity - fund. thing = systemat. delusions which is basis of behavioristic. Interpret. of insanity reorgan of personality

in reference to mass of many stimuli. Syst. delusion
explained terms new S. ^{behavior} + reorganized adjustments

These two doctrines cover fundam basis of behav
psych in Ab. Psych fund psych. problem

Feble-mindedness + defects = normal psych variations
turned over to normal psych.

Don't go more over relig. because of relig. but
content of delus is incidental.

Delusions will depend on environment.

Old devil - has become a complex today - Behavioristic
simplifies problem of delusion

Feble mind - not suffer from habit defects - merely lower grade

Delir. delus comes too suddenly to



Have Miss B. send over to J.
Mr. Myers Canton, Ohio Y.M.C.A.

Dick 3
Rogers 10
Kelley
Wilbur 5

Dr. F. H. Ewerhardt
✓ 5917 Cnright Ave.
St. Louis, ~~Mo~~ Mo

Camps 3 Lakes Wisconsin
Minnehonkas
Minne-Wonka

Island Lake, Camino Mich.

✓ H. P. Amstutz 3559 Antisdale Ave, Chgo. Mich. Chgo

Kamp Nee-Mo Sah-Be, Mullet Lake

H. Chas. Yeager 3624 Hurlburt Ave. Det. Mich

Instr. Hall
Educat. High school,
Four swimming
tennis golf.
staff 10

Camp Al-Han-Genian Alanson Mich

H. H. Twining 705 1st Nat'l Bldg Ann Arbor, Mich.
126 6-15 staff 35 for 2002

Ohio Perry

b

Exper. conditioning + recalling - effect of emotion

Abnormal Psych - Oberlin - #2

Class notes

Text notes

4-18-35 Blue book exam

5-11-35 " " "

Report (draft) of work done on lab
problem "Coordination of
muscles in a circular motion."

Penal notes

fading badly

how are they saved?

NAME Sperry, P. W.
DATE 8/10/35
SUBJECT Ab. Psych.

Oberlin College

Blue Book

Tests and examinations in Oberlin College are conducted under the Honor System; the students have assumed responsibility for the elimination of dishonesty from such exercises.

Students must refrain from conversation in the examination room, and from leaving the room before handing in their papers.

The Honor Pledge must be written by the student at the end of the Blue Book and duly signed:

" I have neither received nor given aid in this examination. "

P. Sperry

Exam

A. exam.

7

1
"15"

Two theories of neuroasthenia

1. The specialized fatigue theory - a fatigue of the attention, concentrating posture. Not the detailed musculature or the large posture tones but the particular supporting, concentrating, focusing posture. This is easy to show in cases of plain arm writers' cramp etc. but hard to get at in the ordinary case of nervous prostration.
2. The glandular theory - abulia and loss of capacity to work, concentrate due to a defect in the internal secretion, or endocrine glands. To support this theory one can point to hyperthyroidism, but it has not been proved generally for the whole neuroasthenia syndrome. No particular gland is pointed to yet as the cause.

x eye strain

(assuming that a neurosthenic writer's cramp or
pains and etc. is organic rather than functional.)

note

II

Paralysis and Anesthesia

1. Organic - in paralysis there is a wasting of the muscles, reflexes disappear, there is no shifting it from place to place. It is anatomical and can not be imitated. (The last two points apply to anesthesia also)
Concentration on the affliction will make it worse. One can imagine lifting a paralyzed hand to the mouth.

2. Functional - the paralysis and anesthesia can be shifted from place to place. The geographical area covered is "ideational" not anatomical. There is no wasting of the muscles. The part is forgotten, she cannot imagine lifting a functionally (hysterically) paralyzed limb. Concentration ^{on it} may make it better rather than worse. The sensations in an anesthetic part would reach ^{brain} ~~brain~~ but would not be perceived. Person would say "no" when touched with pin. These phenomena

are 'involuntary' in a sense and can be
imitated.

Agoraphobia - a psychasthenic fear of open spaces - creep along wall, don't dare cross street.

Aphasia - a functional 'ideational' trouble with perceiving things that are heard.

Astasia-abasia - a functional trouble found in hysteria in which a certain organized system wants function - ~~walking~~ ^{walk} ~~breathing~~ ⁺!

Catatonia - the ^{resting} stage of dem-praeox (lectures) characterized by stereotyped ^{action.} monob. delusions, placid, normal but demented.

Cerea-flexibilitas ^(?) - a characteristic of the catatonic stage of dem-praeox. The limb assumes a waxen flexibility. Moves very gradually, slowly.

Claustraphobia - psychasthenic fear of closed in spaces, rooms etc.

Cyclothyme ^(oid) - a characteristic type of abnormal ^{normal} people charact like the hysteric and circular insane - extroverts characteristic objective thinking (no subjectivity)

Delirium tremens - a stage of alcoholic insanity - characterized by extreme tremors of the limbs.

Catholalia - found in catatonic stage of dem-praecox - repetition of simple words and phrases, ^{& other words.} over and over.

Fugue - one form of hysterical attack. person suddenly wanders off as a different ^{normal apparently} personality - wakes suddenly & returns.

Hebephrenia - the exacerbation stage of dem-praecox. characterized by excitement, irritableness, flight of ideas, delusions develop.

Hypochondria: found in neurasthenic attacks and depressive stage mania-dep - the belief that one has troubles, diseases, looking for them - no real disease as imagined.

Racomator-ataxia - a form of micro-organic invasion due to 'syph.' = takes-dorsalis. The sensory cells in muscle spindles affected so kinesthetic stimuli for leg-movement are lost.

monoidic - used to name hysterical attacks usually - characterized by ^{localized} concentration on a single idea. (vs polyideic).

vegetism - used in connection with suggestion in hysteria and hypnosis.

Tell ^{patient} subject a man in the room is not there and he ^{thinks he doesn't} want see him. (he may see his hat)

Opisthomanus - a characteristic symptom of hysteria - a long-continued contraction of some limb - foot wrist etc. scalp - soles protrusion

Polyideic - an hysterical attack is poly-ideic when the subject concentrates on not only one idea, but goes on to another and maybe more before his attack subsides.

Schizophrenia is the British name for dementia - praecox - disturbed, shattered mind.

Schizothyme - (vs cyclothyme) characterized by intensive subjectivity, introverted thought concentration inward - the paranoid (text)

the degenerative - process cases are schizothymes

Trauma - a sudden shock or jar, injury -
~~used as symp~~ cause of some hysterias, and
insanities. blow on head, ^{auto} accident etc.

Behav. subst. for psycho-anal. subconscious
 In the sub-consciousness are the instincts
 which are primary and fundamental in
 the psycho-analytic theory. In place of
 the subconscious the behaviorists substitute
 the original reflexes which point in no
particular direction but are 'conditioned'
 by experience, habit, into the course which
 they take. The instinctive desires etc.
 which the Freudians talk of are merely
 learned ^{visceral} emotional reactions - and they
 are not primary. The Freudians say
 the subconscious gets control in sleep.
 The behaviorists say that the organism is
 relaxed, - unfocused, physiological
 judgment process is in abeyance and then
 certain processes get running without any
^{posture} control or ^{post} guidance. Repressed desires
 in the subconscious according to the
 behaviorists are merely habits, possibility
 of action, continuing tensions, persisting

postures which may get going when the higher posture is relaxed, in abeyance.

A "buried idea" in the subconscious is merely a learned habit, a possibility of action, that the organism has learned at some time and which may be set going again with right stimulus.

In general the behaviorists substitute physiological conditions and possibilities of the organisms for the mental concepts of the subconscious.

Soc. legal definition of insanity.

A person is insane according to this definition when there is a mental abnormality which makes the person incapable of adjusting himself to his particular society, a definite shift of personality which makes him irresponsible. He is dangerous to those around him, often because of his 'delusion'. Insanity is characterized by the belief, delusion, which the person has which does not agree or fit in the society in which he lives and therefore makes him ~~an~~ irresponsible in the eyes of that society. It is when the person determines to act on his belief, to uphold it against the opinion of society, - that he no longer fits, but must be declared insane & irresponsible.

Rise of Delusion (Cont.)

1. There is a mass of new stimuli^① usually physiological such as parasthesias, + plus an^② emotional disturbance, excitement in which the person does some 'queer' things acts, responds to these new stimuli^③. Then he has to explain his action^④, he rationalizes and builds up his belief, systematizes it. It is in this rationalization of his actions, of his feelings, that the belief arises and becomes systematized. Then he goes ahead on the system and continues to act on it. It is in this program of action based on the "delusion" that the danger lies and ~~which~~ it is his insistence with that determines his irresponsibility. If he would admit he had a delusion and not act on it, he would ^{not} be harmful.

Rise of delusion (Mercier). - My outside reading didn't include Mercier - but he probably would consider most the same steps same that he would probably not put the emphasis on the conditioning aspect - that is that the delusional content has nothing to do with the psychosis.

Mercier makes it
matter of ^{of} false ideas
discusses shift from
improbable to ^{or} certain
in belief.

Classification insanities:

Intellect

- Paranoia
- Dementia-praecox
- Hebephrenia
- Catatonia

Old classifications
museur, maudslay
etc.

Emotion

- Manic-depressive
- mania melancholy
- Circular

Will

Abulicis, phobias, moral insanities

Then those of known cause were called by their separate names Epileptic, Cretinoid, ^{etc.} ~~may~~

Then Kraepelin came in and ~~unified~~ unified the manic-depressive syndrome, and contrasted it with the dementia-prae group.

The lectures put the meta-syph group in with the dem.-prae group and call them degenerative insanities: as follows (over)

Insanities

Chemical

Manic-depressive group

morphia, cocaine, arsenic, alcoholia, syphilis,

Degenerative

1. Dementia praecox

hebephrenia & catatonic stages

2. meteo-organic invasion

metasyphilitic, Paralytic, Epileptic.

^{I.B.}
depressy

3. Dementia senilis, old age.

4. Neurological lesions

Tuber sclerosis

Polio-myelitis

Pellagra

Pillsbury divides the insanities into the
functional - man-depress, & dement praec.
⁴ organic - known causes metasyph, ^{alcoholic} delir. etc.
and call Paranoia & Psychopathic Personality
separate forms.

Feeblemindednessdefects
development

Cretinoid - due to lack of thyroid secretion, treated with thyroxin by mouth, prognosis is good if treated early. Detected early in lack of growth, old dried up appearance, & general dullness. First thought respiratory ^{thyroid} gland due to supply & function of gland.

Margaloid - due to syphilitic bacteria. treated with sp. treatment for 'syph' may respond to treatment - but a degenerative case and arrest in all can be hoped for. If arrested, regimen depends on stage arrested.

Microcephalic - due to early ossification of skull & under-development of cerebrum and cerebellum, ^{possibly} an idiot from the start. good example of human animal. Motor & sensory development little affected so it grows up and develops well save for small head and unusually long arms - very like monkey.

An institutional problem.

Antecedents of psychiatry
 started from medicine in treatment of
 clinical cases, Salpêtrière hospital -
 Charcot. Then the ^{Sanet} Freudian group branched
 off from the James group. The Freudians
 became most popular and constitute
 the main body of psychiatrists today
 especially in America.

Abnormal psychology as a branch of
 psychology started from Philosophy -
 upon which the Freud psychologists
 evolved, the Parallels, James Whist
 then Psychologists and Behaviorists
 and Ab Psych a dept. of Psychology

Kretschmer's types

Cyclothymes +
extraverts & subtypes
stereotypes

Schizothymes

introverts hypersthetic

hysterics
manic-depressives
objective thinkers

paranoic neuroses
neurasthenia
dementia praecox
subjectives
introverts

also

pyknic
broad head
narrow shoulders

athletic +
broad
shoulders
narrow
hips

asthenic
narrow long
head
narrow
shoulders
no muscular
devel.

NAME Sperry, R. W.
DATE 4/18/35
SUBJECT Ab. Psych.

Oberlin College
Blue Book

Tests and examinations in Oberlin College are conducted under the Honor System; the students have assumed responsibility for the elimination of dishonesty from such exercises.

Students must refrain from conversation in the examination room, and from leaving the room before handing in their papers.

The Honor Pledge must be written by the student at the end of the Blue Book and duly signed:

" I have neither received nor given aid in this examination. "

R. Sperry

*Class notes
Textbook notes
Expon*

A.

I

Syndrome - ^(neurosthenia) a whole group of symptoms which have been isolated and may be the basis of several diseases. ^(scarlet fever + syph eye strain + hyperthyroidism)

Prognosis - prophecy as to the future course and chances of the disease and patient's respect.

'Organic' - a definite defect in the structure, some lesion or poisoning of the tissues. ^(parasitosis, insarties)

Functional - the structure is all there, no break merely doesn't work correctly - bad habits formed, needs adjusting. ^(stomach)

According to J. In neurasthenia there is a condition of specialized fatigue or a glandular disturbance which weakens and incapacitates the subject. These patient is aware of his difficulties; there are not the "dissociations" of hysteria. (Cham & Pt. say there are no anesthetics for example in neurasthenia.)

Writers cramp for example is known by the patient at all times, whereas a tic or 'chorea' in hysteria is involuntary not in his consciousness ^{separated process learned} always. You might say neurasthenia is more organic in that the difficulty is confined to anatomical structures writers cramp, pains arm etc. while in hysteria the difficulty is functional obscure apnea etc.

(Trend would say neurasthenia ideas all repressed, hysteria "got loose in the censor" off guard.)

- Concentrating attention on writers cramp or on focus of attention in neurasthenia will make it worse whereas it would make it better in hysteria, anesthesia, paralysis etc.
- can imitate hyst. tics but not pains arm.

sp

An hysterical anaesthesia or paralysis is "functional" that is it is confined to geometrical areas as they are organized in habit, ideas, and not to anatomical areas. The patient receives the "sensations" but they do not come in the field of his attention, he does not perceive them. The deeper reflexes are often present. There is no atrophy, and the in an organic paralysis or anaesthesia it is impossible for someone else to imitate it. It is confined to anatomical areas, to the neural and physiological structures. There is a defect in the structure the patient does not receive the "sensations".

An organic paralysis of leg is very irritating to the subject, an hysterical paralysis does not come into patient's attention. he drags it after him without taking notice of it. The organic trouble is not at all separated from the gang processes in the organism whereas a hysterical tic or paralysis is a separate process.

due to long maintained
attention driving tension

Specialized fatigue - (a reversible process) fatigue of a minor posture in skilled mounts or of the attention, focusing, driving contraction - very complex and hard to get at. - treatment in repletion of reserves, relaxation of tension, releasing bad posture, new attitude set up.

Glandular Disturbance - a disturbance due to defect in secretions of glands - no particular gland ^{known} - but hyperthyroidism known to be due to thyroid as primary cause. affects visceral reactions, vascular, metabolism.

Some cases due primarily to first: poor arm, eye strain, and some due primarily to second: hyperthyroiditis. - a syndrome surely in many cases the glandular disturbances are secondary.

Janet's dissociation - Janet believed hysteria was due to a lowering of the nervous energy - mental tension, from which there was a retraction of the field of consciousness and then these localizations were 'dissociated' as in amnesias, double personalities, tris, anesthetics, etc. The dissociation takes place on a vertical plane according to the patterns of habits, ideas, movements, grow up in patterns thru habit and it is these systems, 'series', 'constellations', 'complexes', which grow up together that are 'dissociated'. Janet would explain this dissociation as due to a lowering of mental tension, which to him ^{was probably} ~~was~~ a disturbance of some kind in the higher centers of the brain, the cortex, or dissociations of synapses thru the nervous system.

Hysteria as post hypnotic suggestion -

The hypnotic state is in many ways like the hysterical state, and the post-hypnotic suggestion furnishes ^{an} even a better analogy.

The post-hypnotic suggestion ~~stage~~ take place in two ways. (1) The person may temporarily slip back into the trance condition or (2) The process may go on ~~simultaneously~~ ^{by} with the waking state - automatically like the automatic handwriting in which case the process seems to show many physiological conditions and characteristics of the trance state. (lowered blood pressure, sleep, relaxation, etc)

This post-hypnotic suggestion is very like hysteria in that there is the separation of the two processes within the organism, - the "dissociation" as Janet calls it - . The patient looks at his arm in surprise as at something outside himself and beyond his control.

There are the two separate processes running

in the same organism - somehow
separated, yet sharing many common
elements. Janet

VII

Freudian censor - Between the conscious and unconscious states which I liken to two rooms, there stands on the threshold a watchman, the censor, who passes judgment on the thoughts which will either be "suppressed, repressed, submerged" in the unconscious or will be "sublimated" "substituted", "compensated" "symbolized" in the conscious - or will be allowed to pass if they are acceptable. He is the taboo of convention, or the social attitude.

Later the Fri got away from this personification of the censor and would it a verb 'censor' which acted on the principles and ideas and taboos of society, convention.

went to fast 10:38 o'clock

covers essentials, however

Class Book
 no. 6
 74.
 A month
 5.
 Reference

1. Define diagnosis, prognosis, syndrome, etiology, therapy, neural instability; functional and organic; neurosis and psychosis; pathological vs. a-normal, hereditary vs. transmitted.
2. Symptoms of hysteria: pseudo-paralyses and anesthesias, apnea, amnesia, double personality, fugues, opisthonus, aphasia, negative suggestion, tics, phobias, obsessions.
3. Dissociation as theory of hysteria. Janet's "lowering of psychic tension."
4. "moral" factor in hysteria; false attitudes, need of conversion.
5. Differential diagnosis of hysteria and neurasthenia and other "nervous" and pathological conditions; neural and muscular geography with illustrations; attitude and emotional reactions; "ideational factors"; in what sense are all hysterical phenomena "voluntary?" Suggestion * ? "judgment" = ? "Judgment in abeyance" = ?
6. Tics, origin and treatment; stammering, types, diagnosis, re-education. Theories as to cause, left-handedness, mal-adjustment.
7. Freudianism: primary conscious, sub-consciousness, and censor. Physiology for the sub-consciousness (Shempf and White)
8. Conservation and correlation of the instinctive energy as phases of the F. doctrine.
9. Fundamental instincts, later Freudian position, later British position.
10. Adler's Inferiority Complex, Jung's egocentricism = will-to-power; and how these are to explain the individual's conduct.
11. Fixation, repression, suppression, compensation, sublimination, symbolism. Oedipus complex, infantile sexuality, castration complex.
12. Relation of the "censor" (censure) to social situation.
13. Sanity and insanity: responsibility, social and legal aspect. Relation to reasoning.
14. Development of the delusion in some detail. Relation to James-L. theory of emotions. Source of the content of the delusions.
15. Classification of the insanities, class + 2 authors.
16. Manic-depressive syndrome; K.'s analysis and data. Comparison with narcotics. Why chemical? Why emotional?
17. Degenerative insanities: Why matter of lesions? Dementia praecox; define and show stages. British Shizophrenia. Catatonic and hebephrenic phases.
18. Known causes: metasyph. insanities; paretic insanities, locomotor ataxia as sensory defect; septic insanity. Eye-strain and hyperthyroidism for neurasthenia.
19. Classification of the feeble-minded; bases and systems, class + 1 author.
20. Classification of the feeble-minded as a legal and social problem. Use of tests and their limitations.
21. Types and causes of f.m. so far as known: imbecile, idiot, hydrocephalic, microcephalic-mongoloid (meta-syph)
22. Cretinism: cause, symptoms, prevalence; probl of heredity as worked out; treatment.
23. Mal-nutrition: symptoms and possibilities in extreme forms.
24. The education possible for the various classes of f.m.; rate at which training proceeds; general character of methods.
25. Therapy for f.m. in so far as known.
26. Training of the deaf: language difficulty and methods.
27. Training of the blind: spatial problem and reading methods. Occupations.
28. The muscular cripples and relation to intelligence; skilled-muscle sys.s, and prob. of locomotion.
29. Aphasia and its various forms. Relation to the speech of the child, and of the f.m.

schizophrenia - div. consciousness - but def. physiol. & in brain

Fugue - hyp. somnambulism

Suggestion - causing any idea to penetrate into mind of subj. by any means whatever - suggestions, signs, or speech. (Really sugg. people seem to see the obj., not just have an idea)

"lowering of psychic tension" - disappearance of higher functions of the mind - strengthening of the lower - which takes form of a retraction of the field of consciousness

Descriptions of activities with regard to what is wrong

Delusions - child's dream
 out of uniform field
 imagination

no. a soc. + judic. prob.

1) 3/4 gr. by 17-18
 2) 3/4 " " " " " " " "

Hebephrenia - restless stage of dem. proc. } schizophrenia?
Catatonia - quiescent stage

Memorize

- 1) Symptoms of Neurosthenia
- 2) Symptoms of Hyp
 English Inst of Self Preservation
 Fixation
~~Force~~
- 3) Risk of Delusion
- 4) Classif of Insanities Class + two authors
- 5) Classif. of Feeble - Minded

Conklin's Classif. of F.M

- Bodinease
- Imbecile
- Moron
- Idiot

look up J.-L. Theory of emotions
 Aphasia - forms
 Stammering - types

(emotion eclipses reason
 " gives wrong idea
 do + think afterwards)

(action causes emotion)

insanity is acquired - a-normal = not so strongly abnormal

Price of Belief

- 1) New stimulus Parathese
- 2) Emotion
- 3) Action
- 4) Explanation Rationalization System
- 5) Act on the Program, principles - suffer for it

m+h
 teach
 patiently

l+c
 train animals
 signs - list with language

Manic-depressive - metabolic changes nails, skin, hair, fat, glands 3 men 3 years become

Commit - dangerous, treatment

Semi-insane + too good to look up, better look up (2 reasons)
 Dem-Proc - no delusions till excitement - hebephrenic stage expectation
 Pull self together in stage of degeneration - raises? are they sleeping - how think?

Catatonia - stereotyped conduct - speech, play
 Paralysis of means - amentia happy, hold himself
 locomotor - ataxia = tabes dorsalis sens. cells in muscle spindles destroyed

Causes of Feeble-mindedness - hereditary + environmental groups

1. Normal distribut. of race N.
2. Different stocks - 1) mutatain, 2) primitive percent
3. Transmission
4. Early experience - 1) malnutrition, abuse, neglect
5. Disease + accident
6. Unknown

certains particular causes idiosyncrasy
 dis. { 1. Hydro + 2. Microcephaly
 3. Chetivoid
 4. Mongoloid
 5. Myxedema
 6. Unknown

Comparison normal + subnormal abilities, possibilities etc.

Regimen - 5-6-4-2 for h, m, + l. hrs. in school.

Myxedema - no delusions.

Blind education, orientation, occupation - Deaf language education,

Crippled child - posture to get meaning from eyes, ears, etc. individualize
 substitute - get mits made sense of spatial relations. early

Aphasia: - 1) ataxic (can't express self art), 2) sensory (can't recall acoustic image) - amnesic
 associative, auditory (can't comp spoken words), motor (can't utter, but recollects etc)
 optic (can't remember name anything seen) visual (can't realize meaning of wr. or print. words)

I Mental conditions normal (functional)

- A. Neuroasthenia
- B. Hysteria
- C. Maladjusted

II Insanities (organic)

A. Chemical

- 1. Manic-depressive & circular - alcohol, morphia, ^{diff. parietic + parathion} cocaine, coffee, tea, arsenic
- 2. Confusional, 'septic' insanity

B. Degenerative

- 1. Dementia - Proceca
- 2. Micro-organic invasion
 - a. Metasyphilitic
 - b. T. B.
 - c. Leprosy
 - d. Paretic
- 3. Degeneration of old age
- 4. Neurological lesions
 - a. locomotor ataxia
 - b. Poliomyelitis
 - c. Pellagra
- 5. Unknown

III Defective Development

- A. Sub-normal
 - a. Imbeciles (3 grades)
 - b. Idiots
- B. Sensory & motor defects
 - a. Blind
 - b. Deaf
 - c. Cripple

IV Heredity & Abnormal Psych.

V Relations Abnormal Psych to Related Fields

<u>Not inherited</u>	<u>Question</u>	<u>Inherited</u>
Neuras.		
Hysteria	Dep. - Prae	Epileptic
Cretin	manic - Dep.	
Blind & Deaf		
Cripple		
Metasyph		
Drug abuse		
Septic		

Classificat. Insanity

(A) Cher & Peto

1. Mania
2. Melancholy } man-dep.
3. Circular
4. Epileptic
5. Dementia Praecox
6. General paresis
- * 7. Paranoid
8. Idioey, imbecility, & feeble-mindedness.

Features

Chemical

man-depression
 alcoholic
 morphine
 cocaine etc.

Degenerative

dementia praecox
 more by women
 old age

Defect development

Imbeciles
 Idiots
 Cripples B-D

Paranoia feat = persecut. delusion

" CoP = a whole course of disease
 " text = prog. psychosis - hered. basis

prodomal, persecutory
 several stages. expansive

(B) Kraepelin

1. Infectious Psychoses
2. Psychosis of exhaustion
3. Intoxications
 acute
 chronic - al., morph., cocaine
4. Psychogenesis - mixed + Organic
5. Dem. Praecox - heb. cat., & para
 phrenia
6. Paralytic insanity
7. I - with cerebral disease synth'
8. F. of period of incubation
9. Manic-Dep.
10. Paranoia
11. Epileptic
12. Psychogenic neuroses, mania kept
13. Constitutional conditions
14. P. Personalities
15. Deficient devel.
 Imbecil. idioey

Classific. feebleminded CoP idioey, imbecil, feebleminded upon
 degrees of intelligence - Idioey } degenerative.
 } adventitious } gestational
 } } postnatal
 } } } postnatal

possible bases - symptoms, psych, etiol.
 craniology, teratology, pathology.

Goddard - idiot, imbecile, & feebleminded.
 " - 2 yrs, 3 → 7, 7-12 = moron

Chap. XV (cont.)

Chronic Alcoholism: deterioration from long continued over-indulgence. emotional instability & deterioration of ethical self, memory intact, lowered judgment. - must abstain.

Korsakow's Psychosis: men 40-60 yrs most lasting disintegration, exaggerated memory defect for recent events, begins del. tremens passes to prolonged psychosis, badly orientated, memory disturbed, illusions, hallucinations, frequently paralyzed lower extremities, leso-stasis widespread inflammation of peripheral nerves, polyneuritis, dual passing course - al. degen. - del. tremens ^{few days} - memory defects - gradual recovery with abstinence, 3 mos - yrs. incapacity left. - Cause = (Pills) changes in brain & peripheral nerves induced by alcohol, deterioration in cells structure & peri-nerves & blood vessels affected - small hemorrhages.

Chap. XVI Causes of Insanity - working of unfortunate

environment upon a constitution ^② predisposed in advance to mental disease. Heredity limited application to organic psychoses (alcohol etc)

Hereditas is a factor ^① Periculus ^② more so - Progressive family degeneration & purification theories - Mendelian law doesn't apply.

Conditions of greater stimulation and of strain increase insanity ^{more in urban than in rural} mental conflicts a cause ^{married people less}

Freud's theory: homosexuality complex. Periculus is an object loved in homo sense & later becomes transformed into a hated or feared object. Love & hate

Scheler's theory - type of neurosis, identifies world with own body influence ^{from}

Manic dep. as consequence of sadism "oral sadistic libido" canibalistic (frustration sex element transferred to mouth)

Meyer & Hoch on dementia-prae - 2 instincts conflict - or instinct & convention conflicts of adjustments both heredity & environment

Crusoe as factor - Overwork not proven.

Chap XVII Mental Hygiene

- prevention, not cure. Freud's theory on incestuous to m. h. Keep moist for m. h. & magazine. Psychiatrists in hosp. schools courts. Superstition important. Must begin with child. Avoid strain, keep happy. Eliminate fear. Shock, Churches important confessions. Healthy life.

.Bunk.

Text

Insanity - (incapacity for social adjustment)

A) Functional
Circular or Manic-Depressive

Causes.

- 1) Organic - deterior, trauma, poisons, infections, degen., endocr., nature.
- 2) Functional - deviat. from normal So. = delusions, false judgment, p.p. (circular, dem-prae, paranoia).

Course - manic + depres. stages + characteristics.

Involution melancholia

II Dementia-Pracox

- 1. Dem.-prae. simplex mild. no delusions
- 2. Hebefrenia " "
- 3. Catatonia delusions(?)
- 4. Paranoid dement-pracox delusions

Causes - Freudian + 2 factors = org. + environment

III Paranoia

delusions, one topic only. emotions approp. of delusion true

Cause - Fr.: frustrated homosexuality, + 2 factors.

IV Psychopathic Personalities

decisions, emot. attitude toward life - no drive

Kleptomania compulsion thie.

Cause - seems to be hereditary.

B) Organic (destr. of brain tissue)

- I Paresis
- II Alcoholic-psychosis
- III Chronic alcoholism
- IV Korsakow's psychosis

[E] Mania & Insanity (35)

Introverts Schizothymes "oids Dement-prae Paranoiac Athletic Asthenic	vs.	Extroverts Cyclothymes Cycloids Circular manic-depress. Pyknic
---	-----	---

C) Causes (text) vs [Causes (Leib.)]

- 1) Environment
- 2) Constitution - heredity
- 3) Homosexuality complex - Freud
- 4) Narcissism - Schelder
- 5) Sadism (man-dep) - Freud
- 6) Conflict instincts (2 or 1+emvi) Hoch + Meyer
- 7) Emotion

D) Mental Hygiene

Chap. XVI Feeble-mindedness

Intelligence on scale of development of child. Binet's tests to measure age mentalities, 1-15 yrs old.

(A) Binet (idiot) = 0-2, imbecile 2-7, moron 7-12,

idiot - can't be left alone

imbecile - can " " " , but can't earn living

moron - " earn living, " (1) competes on equal terms, (2) use ordinary prudence.

(B) Pearson took fraction of both ages. I.Q.

less 70 = feeble-minded

70 - .50 = moron & below 30 = idiots,

50 - 30 = imbeciles

In progress over child holds his own quotient while extremes drift farther and farther from norm.

Army group tests over adult = 13 yrs.

Causes Feeble-mindedness: credit brain tissue, injury brain,

infections, syph., cerebro-spinal meningitis, thyroid deficiency (cretins),

Mongolian Idiocy - skin yellow dry, ^{tongue thick protruding} eyes slant & range from low degree idiocy to average imbecility. happy, easily cared for. Causes: brain slightly developed, exhausted parents, endocrines thyroid, thymus, pituitary.

Pills - it is in large measure hereditary. At first thought, could do nothing after birth, sterilization, birth control. Now realize training can help some of them.

Specific defects must be taken into account. Remedy the defects. Morons may earn living in industrial society. Pills seem to think a relation between crime & mental deficiency. Speech defects common but no definite correlation. Major writing 8 1/2% are deficient.

Epilepsy - sudden fall, unconscious, cramp-like contractions in most muscles. Jacksonian Ep - from irritation of motor area of cortex. accident causing depression of skull. Cured by removing irritation. blood from crushed jaws. The fall is uncontrolled in Cp (hysteria) Cp recovers disturbed & disoriented. Spontaneous convulsions & ep. - foreign protein bodies cause uncome confused with ep.

Schizophrenia or true Ep - confusion before attack - no memory. attack violent - classed with insanity in this phase.

Deterioration in Cp - questionable. - Causes & treatment questionable. theories - degen. nerve tissues, metabolic changes, toxications (alcohol) little success treatments - diet - not hereditary? Pills.

Chap. XVIII Analogies from Abnormal in the classification of the Normal

Classical temperaments - sanguine, phlegmatic, melancholic, and choleric. = unscientific.

(A) Introversion & Extroversion: Jung - classes difficult to ascertain. Types in professions - Temp initial skills & social outlook contrasted well but no difference.

Questionnaire to determine Intro & Extro. Intro & Extro in insane - paranoiac & dementias = intro-oculars = extros. = hysterics, (Campbell) something in common with these two diseases, types. " in Problem Children - no distinction.

(B) Cyclothymes & Schizothymes - Kretschmer: pyknic, athletic, & asthenic. Endocrines & insanity & body types. Inspection confirmed by measurement.

Normal individuals are cycloid or schizoid (athletic or asthenic) borderline cases = schizoid? cycloid - perfectly normal = schizothymet cyclothyme.

Subtypes under Cycloid individuals: objectivity

Cyclothymic: hypomaniac (impulsive) syntomes (realistic humorous) call blabber practical. Schizoid: hyperesthetic (nervous) moderate cyclothymes (calm, logic) anesthetic (unemotional) subjective - emotional Wilson, Woodrow Intelligence - asthenics, athletic, pyknic respectively high - low. Nationalities Ireland, Gr. Brit, Ger & Slavic. Introvert resembles schizoid, extrovert cycloid. (the evidence of bodily resemblances lacking as yet)

A theory still, has to be proven, remains to be demonstrated

Chap. XIX Genius & Insanity

Lombroso said all geniuses insane or potentially so. Kretschmer modifies somewhat. Schisms in spite of, rather than because of insanity. Some works of genius because of insanity, some because not influenced by insanity. Kretschmer believed capacity necessary, but a touch of insanity. Necessary to pull man out of ordinary track - to inspire them - to emotionalize. Palmist always present in men of genius. + added touch similar to insanity needed. Genius with degeneration of a family? Goethe 7 year mania. Cyclothyme Schizoid = Rousseau.

Is genius a high I.Q. 150+ more memory, more associative, etc. or is a difference in quality, not merely degree? (both, either, etc)

Chap. XII Insanity - Circular or Manic-Depressive

neuroses, psychoses = more serious mental disturbances. Insanity a matter not of special symptoms but of incapacity for social adjustment.

History - the discovery of brain Pinel Saltpeitre
by 1750 treatment in hospitals supplanted imprisonment in most countries.

Classification not agreed - cause, symptoms, course

- 1) Organic causes ^(vs. functional) + physical causes: deterioration, trauma, poisons, infectious disease, degenerative changes, endocrine glands, metabolic disturbances.
- 2) Functional causes ^{chem & degen} - (no known bodily changes) - studied from symptoms & conditions of origin. circular insanity & dementia praecox or schizophrenia deviations from normal responses. del. paranoia (all marked by delusions, false judgments, psychopathic personality). (this part functional)

Kraepelin's Classification

1) Manic-depressive or circular

2) Dementia praecox (early dementia) + meta-typh class

catatonia (rigid postures, stereotyped B.)

Course of circular insanity (common 16-20% of asylum cases) swings manic phase - quick motor Ab, free flow ideas, euphorancy, activity, uncontrolled, depressive - manic little melancholy ^{suicide}. slow, either phase may come first and duration varies great.

No deterioration - well oriented in space & time. few delusions, hallucinations rare, aware of abnormality, recovers normally. (1) Degrees of Mania hypomania - milder of excited forms, not noticed often, (acute mania - more severe delirious mania - interest mania, constant activity) (2) Degrees of melancholia simple retardation (acute depression - delusions hypochondria (fear of disease) depressive stupor). Also mixed states - agitated depression & maniacal stupor alternation between opposed forms of bodily activity, in rate of mental activity, and in emotional mood.

Involution Melancholia - Kraep - depressed stage of unnoticed circular case but recently called a separate disease - women 40-55, men 50-65 lasts 9 months. depression sans retardation, anxiety, unreality, hypochondriac delusions.

Chap. XIII Insanity - Dementia Praecox or Schizophrenia

common 15-25% of asylum cases. - but they seldom recover so hosp. full of ins. Schizophrenia - early age - chronic, adhesiveness, bashful - predisposed.

- 1) Dementia simplex - mild lack interest or emotion, no delusions or halluc.
- 2) Hebephrenia - also simple, deterioration, more severe incoherence " & "
- 3) Catatonia = peculiar motor symptoms, postures, waxen flexibility, alternation sometimes cat. excitement + cat. stupor = fixed positions, mental changes like circular also, echolalia (repeat. emotional reactions inappropriate, false. prognosis relative by form, age).
- 4) Paranoid d.pr. - delusions in more prominent state, no contentment, little capacity for reasoning, not deeply affected by the delusions (Ab. deterioration).

Hallucinations in dem-proc. - most of senses, vivid, appropriate to delusions.
deterioration - all four types of dementia praecox have same general symptoms.

Brain changes - neurones, deter with age, glands, heart etc.

Psychological theory - queer introverted, introjectivist type seeks relief
forms delusions which become reality Freudian

Predisposition vs Specific Cause - whether it's natural predisposition
or the exciting conflict that is more important in development is
still much doubt.

Chap. XIV Insanity - Paranoia + Psychopathic Personalities

① Paranoia - delusions without deterioration. mental clearness.

Kahlbaum - cases where intell. only + not emotions are affected.

Kraepelin - combine with dem. proc. group.

Paranoia - insane on one topic only, persecutory + grandeur. falsification of memories which confirm delusion. His emotions, unlike the schizophrenic who is emotionally persecuted by the delusions, are those appropriate if delusions were true.

Prognosis - progressive + chronic, 50-60 yrs old, - supposedly incurable
but some cases have been cured, untangle threads of experience + convince him - some realize delusions, but can't help.

Theories - many. (Freudian = frustrated homosexuality) partly const-itutional predisposition + partly conflict environment unethical in.

② Psychopathic Personalities = a marked weakening of the capacity for making and sticking to decisions, and in taking a consistent individual attitude toward life and its responsibilities. Has high intellectual ideals but drifts and daddles with no drive. Tramps, nomads.

Kleptomania - thief - usually finds relief from some compulsion.

P.P. seems to be hereditary. (causes known)

Chapter XV Organic Psychoses: Paresis + Alcoholic Insanities

many mental derangements due to destruction of brain tissue - classed according to cause of the destruction. Paresis + Alcoh. Ins. are among most frequent, definite, and important.

Paresis - 10% - cause = syphilis 3-20 years later, destruction of brain tissue by parasite of syph. decreased int. coordination, chick speech, pupil reflexes reduced, mistake, judgment, emotional changes, personality deteriorates, chronic get worse, delusions: inferiority, grandeur, inventors, not consistency of paranoia.
always fatal before 3 years - ending in almost complete paralyses.

Medical treatment - give less than 3 yrs - seems to help - only arrests, no improvement
sometimes of congenital origin - other various syphilitic psychoses.

Alcoholic psychoses: 10% delirium tremens - tremor + hallucinations - sight + touch - animals, illusions, memory disturbances, disorientation, pleasant mood
necessitate action, occupational deliria, - attack of short duration changes
2-4 days recovery in long sleep, after delirium, symptoms of chronic alcoholism

II What is hypnosis?

of old theories + modern: (b) state of dissociation, (c) exaggeration of subconscious
a dominant tendencies on patient + experimenter. All else to make it happen or go.

Relation to Neuroses & Sleep

Frontal lobes too indefinite - non-adequate show how state induced.

There is no good theory of sleep yet developed.

Sleep related to hypnosis, but differs from it - differences in breathing

Hypnosis as Suggestion

leaves dissociation, suggest + sub. instinct to be coordinated
Suggestibility analyzed into elements: being guided or directed by another - the order
any maintained in broken down in hypnosis + not in itself are hypnosis.

Hypnosis as instinctive submission - instinct always present, merely in
marked degrees are susceptible - still no explanation.

Hyp as dissociation - experience broken up. control + repression, also reduced control

break - break in consciousness center - representational cleavage - mind control

break lines - the breaks between differ to patterns of experience in which general
control is due to interaction of one on all. (Janet)

Process of dissociation - still or assoc. connections work reversed in hypnosis.
Attention blocks off other ideas. All methods involve attention to one thing. Can recall
only after events in hypnotic state suggested. Outside events aren't connected
back to set up original attitude so this = an exaggeration of type of dissociation
which is produced for attention. Conditions tend to produce dissociation. The
pilot falling - hysteria.

Neurological correlates of dissociation - The same objects may be remembered,
but the particular setting that constitutes the particular event is not
recalled. (Gestalt + Pavlov) never sept. always shows different patterns, & that patterns
are determiners of action. Don't shape how part be attacked in one way and detached
at other way.

III Hypnotism as Presented by Janet (Hyp an illuminating mental abn. for psych)

Charcot proved the symptoms are functional & not due degeneration + injuries.

Stimulated by hypnosis + hysterical

Active stage (attack or crisis) Passive stage intervenes between attacks analogue
hypnotic partial waking state of normal some symptoms persist in hypnosis.

Active stage sometimes like spontaneous hypnosis - suddenly dominated by
old group of memories (Marx - numeros hospital pellucid - paralyzed) this domination of ideas
is the parallel for single attack + disease in general - no memory of active stage
in passive.

Multiple personalities completely different lines (girl mother died - seeing suicide)
Polychrome Hypnotism - intra = single group of events clustered about
single event - poly = general excitement, vague emotional distress but no specific event.

Dissociated or Multiple Personality + Poly-idea Hypnotism - Hypnotical consciousness
loss consciousness, perform series of queer stunts. Started by associated with accidental
emotions. As in sanctambulium there is no memory.

Fits of sleep as hysterical attacks - sleep into lethargy play dead. more + pos. I. state
sanctambulium, convulsions, and attacks of sleep all fall under head of active stage.

Stigmata of Passive Resting stage The phenomena or stigmata of resting stage.
Anesthetics: each anesthetic area (distributed with popular idea of numbers, anesthetic
Paincut hand nerve - whole side of body anesthetic + said it was hypnotic) The part of body
are forgotten. 3 affect nerves - producible reflexes, but don't penetrate to full consciousness
Fluctuations of Visual Field color blindness, one eye sometimes, reflexes maintained

But if mirrors are used, so images go to seeing up, yet he thinks they go to behind eye he sees. Yet a boy convuls on stage, narrow field of vision where he could see of the corner. Visual impressions really affect brain but are not perceived by hysteria.

Hysterics may be without any of all senses - yet in each he will receive the sensation so far as influencing the reflex goes, and will not receive them in degree as he is not directly aware of their presence. inattention is not direct method.

Hypnotical paralysis - man thinks he's going to be hit, left side paralyzed, then may be transferred by suggestion. They are different from organic paralysis, not accord to distribution motor nerve, no atrophic atrophy, diff. intensity e.g. seeing it with great difficulty, while hyst. forgets drops water from hand. Reflexes retained. Cure by suggestion. Contractures by suggestion, transferred. Panic choreiform movts. These occur without or against will. Janet explains these stigmata as persistent effects of the crisis, which last over into waking state.

Memories of crisis central in resting stage - i.e. the ideas, memories of the events still persist in visions seen in hypnosis of no recall. The ideas that seem to be dissociated are nevertheless effective in the acts. Functions affected regarded popularly are unitary such as walking, the can dance etc.

Vasomotor disturbances. dist. of automatic acts eating, breathing, Alimentary refuse to eat, vomit. Hyst. disturbs sensory & motor, volunt & autonomic functions must not mix hyst. with organic diseases. in treatment.

Dissociation. Janet's theory. similar to sleep in hypnosis. Just arise spontaneously as result of strong unpleasant emotion or patient predisposed thru basal weakness diminution of attention. barely aware others endeavor to keep self safe - but fleet in consciousness.

Hysteria shows certain characters of hypnosis. resting stages like hypnotized person in waking state in that he performs nothing of thought. After part hypnotic suggestions his disturbances in passive stage.

Suggestibility - patient ready to accept suggestions like hypnat. differ. between having an idea and being suggestible.

Hyst a narrowing of consciousness. J. did not make clear why dissociat. appear - emotion is character. he dissociates neither cause nor mechanism in detail. reduced mental energy = hysteria & psychasthenia - hysteria: cause is narrowed, psychasthenia: spread thin so does not reach full efficiency in any single function. narrowing cause explains transfers. not enough consciousness to care for all functions at once.

Psychasthenia J. signs lack of full efficiency everywhere but not special absent-mindedness or lack of any of patient's consciousness. mental lack of recognition had to dwell in shadows of mind where nothing can be assigned definitely fixed place or function. lack of will, abulia: impelling ideas (barber had to give up but throat).

Psychasthenic fears - paroxysms, agoraphobia, closed spaces claustrophobia. return to primitive stage. - J. theory - intensive energy still covers entire range of consciousness, but is at no point capable of reaching full efficiency. so that the most difficult functions cease & patient drops back to lower level of activity. Retains more primitive capacities only.

J. explains in terms of nerves 'mental tension' consciousness narrowed in hysteria & spread thin in psychasthenia or neurasthenia. condition emotion as well as other neurasthenia - not mental - positive fatigue normal emotions neurasthenia - fears conditioned reactions No!

Phen. of Neurosis - Travis Pills tries to be physiological, but 2 neural

Pills - Unconscious = active nervous processes that may control unit and receive sensory impressions without accompanying consciousness. These nervous processes may go on simultaneously with other conscious processes and not interfere with them or modify. They are dissociated when they control themselves & exert no influence upon the other, as in idea but a may know it. Dissociated ideas affect other conscious functions thru emotions they cause, or act on thought objects (that don't seem so). Also unconscious is capable of recalling later events and sensations which were not registered in the consciousness of individual at the moment.

Sleep in Relation to the Abnormal

Waking consciousness - not the separation one gets from anesthesia etc. one wakes up well oriented. Sleep & selective R to stimulus.

Course of sleep - Deepest & hour after start. However greatest recuperation comes after later hour of sleep, 2 1/2 hours = 12 hrs sleep. Sleep more essential than food to life. Relaxation would compensate for sleep (perhaps complete relax-n only in sleep). No one theory accepted.

1) Chemical theories low blood pressure, vol. blood in brain increased, blood vessels relaxed, low temperature lowest in later hours, changes in blood content.

2) Circulation theories (3) Amoeboid mit theory: withdrawal of dendrites of the neurones thruout nervous system, or macrophages in cortex. (chemical effect upon dendrites). said, how of some sleepers? But it does take a strong one, & maybe some of dendrites stay out for baby's cry, alarm clock or sumpit.

4) Toxin theories: accumulation of fatigue products prevents activity of cells.

5) Hypothetical sleep center: gray matter ^{blood brain} product of Lydrine narcotic salts of barbitals, tumors, or lesions here. Sleep = general reaction due to spread of influences from these neurones to general cortex.

6) Sleep as instinct: a response brought by S. as any general instinct reaction

7) as flight from reality - Freud upon girls bases. puts self in old carefree fetal position.

From gene to fertilize thru Christianity.

Points of agreement

1. Its nature - a response to S.
2. Physiological processes greatly modified.
3. Removal of joint fatigue.

Note Phys. processes + ^{theoretically} habit, numerous S. Relaxat. of judgment process.

Abnormal processes similar, low cause. suggestion, separation, dreams, sleep walking, use of drugs, hypnotics

Any method of inducing sleep that accentuates sleep's desirability and unpleasantness of sleepless night is apt to become in itself a matter of worry and so defeat its own end.

Sex and Mental Pathology

Advocate of James emotion theory - Jolly = that a pleasant must send nerve currents to sacral autonomic nerves & these excite contraction of sex organs, as well possess of anal region. Simultaneous excitation of two is, however, not the rule.

Freud - autoerotism, - Oedipus complex maturation of sex is an earlier stage.
masochism - the harm unknown. (subtle at any rate). However may work mental disturbances however.

Homosexuals of diff. degrees - some have characteristics of opposite sex. Theories: (1) duct glands; Freud's theory = a stage in development but both glands of both sexes in us. (2) Experience conditioning, association. Both (1) + (2) can not be disregarded.

People afflicted apt to become neuroses of anxiety neuroses.

Sadism - hurt object of affection. + Masochism - receive hurt from object of affection. Exhibitionism + Incontinence (and it is important?)

Fetichism - double chin, braids of hair, under, garters, conditioning
Sex abnormalities may be cause or effect (inhibitory causes)

Speech Disturbances and Mental Pathology

Respiratory or other incoordination in speech defects.

Causes: Immediate + remote, general and specific. - health, heredity. Perhaps its underlying cause of speech defect that's heredity.

Theories of stammering - lack of coordination extends beyond speech motor to many other motor. The anatomical theories + operations

Freud - result of complex - sufferer afraid he will utter bad word. form thus the habit of hesitating. But psychoanalysis won't cure it.

Substitution of R for L hand theory - evidence not satisfactory

Pills - speech center in L² brain for R-handed persons + L² for R-handed. in the L² that's dominant. Theory - a partial transfer of dominance from one to other hemisphere so an interference between two hemis.

Speech theory - embarrassment, maladjusted - social environment, defect varies.

Adler's say inferiority complex disappears on lecture platform.

It's not structural

Reduction - series of sounds that he can't pronounce in combination. It removes the emotional strain - practice stuttering to remove. use of distracting motor. Psychotherapy - psychoanalysis doesn't work. inherited predisposition.

VI War Neuroses and the Simulation Theory

shell shock or rather war shock. - 2/3 of neurotic cases where hysteria & hysterical physical injury - but emotion, strain etc. showed all the symptoms. One used hypnosis in Brit. army very successfully. Hypnotism by an anaesthetist chloroform, cured deafness & mutism. Remarkable results with hypnosis. Fe suggested psychoanalysis with old cases. - but - suggestion saw hyp, medical reflexes, psychoanalysis, persuasion, re-education, all brought success. Punishment plus suggestion used in war cases, Dr. Yealand Brit army cured hysterical deaf-mutism, reflexes give confidence in paralysis.

Kretschmer's theory of Hysteria

Hysteria determined by a return to early constructive reactions. Cortex - thalamus control drops to thalamus - 1st and 2nd

response either vague moods (paranoia) or projections (apparent working stuck) usual hysterical moods and constructions. He believed that hysteria is parallel to a return from genuine hysteria to state of simulation (war cases) shock removes capacity of civilized habit + return to animal stage Ward of Wisconsin graphically described of neurotic sons sex conflict. "confession of soul" said in school room, train was hit legs - O.K. then wife's death recalled the hunted feeling. no sex

VII Dissociated Personalities and theories of Unconscious

Felida - hysterical anaesthesia, lost smell, convulsions under emotion, at 16 yrs. head felt wake up another person 2nd state remembered normal - 5th experience normal only its own. The state originally dominant became subordinated. Sudden changes unharsh like a paroxysm hysterical attack, poly-ideic somnambulism. The transition state gradually became untraceable.

Blanchong Case - Sally - 2nd self remembered 1st exper. but 1st only. Both normal, one tired more easily. Change took place immediately with no observable bodily signs. A 3rd self which appeared from 6 yrs back in a Can. hospital. Broken off by extreme excitement & fatigue, hysterics. The three selves came on and off & fought with each other for 3 years. BI & BII very very different in moral standards etc. Sally was amoralistic others weren't. Selves united by hypnosis.

Pills - different selves - different organizations of experience; as of the several mechanisms. Elementary knowledge common to all 3 or 4. One knew trench, others didn't etc. The events of life are vaguely recalled at times by the other. Also ideas, experienced by one self and not recalled by other, worked under vague emotional anxiety like psychasthenia or anxiety neurosis. Sally would tell her automatic arm it was lying.

Dissociation likely to appear under emotional strain in person predisposed to it. Blanchong a very sensitive child much given to daydreaming. Overconscientious. Dissociation of patterns not of parts.

VIII Phenomena of Neuroses and Theoretical Interpretation of them

Two main groups of neuroses - 1) acts which seem to be uncontrolled, + 2) periods of dissociation = hysteria. appeared in many ways are anxiety + compulsion neuroses, disturbing emotional attitude & compelling ideas. Janet calls these psychasthenia vs hysteria. Freud " " (anx. neuroses, comp. vs) conversion neuroses



1) All schools would grant that symptoms show a loss of, lessened control in neurosis.

o Janet explains lack of control by dissociation

o Freud " " " " relations between conscious & unconscious

o Kretschmer " " " " reference to activity of vegetative nervous system

2) The symptoms not under control, nevertheless the subject shows a well marked profit from the disease that is not seen significant in the education or compensation of the disease.

Freud says its a means of escaping from conflicts

Eds " " " an unconscious wish

? Yealland " " " part of group of causative factors

Kretschmer - the advantages lead to continuing the symptoms since they have been developed simulation

3) General practitioner - hysterical patient will recover is not rewarded for doing nothing. Symptoms may be in part dissociation.

Janet - confusion & hysteria or other neurosis. Freud talk of cause & means.

Charcot & others hypnosis, dissociation.

Kretschmer - Autonomic & lower brain centers take over functions, sens cortex, which acquire to diff. nerve system patterns for normal and abnormal.

Practically all cures work once in a while. The mental forms of treatment seem to be best.

a Wm Mitchell rest cure - stay in bed weeks or months, prevent atrophy by massages, relaxation long hypnotic sleep.

b Work cures - believe relaxation result of loss of interest in life, so give him work. Believe feelings of fatigue are delusions.

c Rational cure - rest, then encouragement, recreation, lectures

d Suggestion hypnosis, Christian Science, Cole's self-suggestion.

e Religious cures - incantations, rites, charms etc. cure paralysis etc. Faith helps

the conversional cure. Treatment - sex & crime as sources of treatment. The common factor of all seems to be belief that a certain thing is cause of his disease & when it is removed his disease will go.

External characteristics of neurosis = disturbances of thinking, emotions, & volitional responses & these disturbed by strong E.

Person must be predisposed - nothing definite. nothing objective but causes either - at least it's an emotional upset.

Fear in danger, long drawn out anxiety, failure to win esteem

Common symptoms, definite dissociation of experiences - group not def known is response. yet another type, the mental content not alone responsible for effects Bruner.

So F. called it unconscious.

Emotions for dissociation - break in attacks see memory. stigmata (les comble) seem to be associated causally with forgotten events. Freud - had conversion ideas in sub become converted into physic-manifestations.

Emotions may arise when experience does not. ³ only the emotion left of whole incident.

Hills explains unconscious - recall end of series without internal link. so may get emotions some logical reason. The unconscious is merely a brain state of series of states, which serve to arouse the cerebral conditions which give rise to the emotions, the anxiety or fear. latter causation, but not intermediate processes.

Recovery comes with interpretation of experiences. The complex control stigmata without abakening consciousness (physiological terms neurologic). There is communication along the nerve paths for motor control and for reception of sensation, but consciousness does not extend to central connections. Unconscious = action unconscious processes that may control mit & receive sum of impressions without consciousness may be simultaneous.

Chap. IV Freud and His System

Pupil Charcot - popularized, complete system of mental life
Breuer & Freud's famous case of hysteria - girl, not drunk, amnesia, contractions, double personality, lost human intellect, cured by hypnosis - recalled 1st occasions of all symptoms & defect disappeared (psychoanalytic) used recall in normal state & worked as well.

From idea of recall thru questioning & suggestion as a starting point, Freud developed his method of psychoanalysis from that method a theory of nature of mind. Freud believed with Janet that hysterical patient was suffering from memory loss. Differed with Janet in assumption that if memories could be recalled by force, cure would be effected without further aids. Pressed with hands on head to help by suggestion. Emphases of sex throughout life, mostly

is theory of mind - most mental processes depend upon unconscious (group of ideas and memories broken from the consciousness that we know directly) drive element or will is furnished by libido or sexual desire in narrow sense ideas of sex repression, unconscious, leads to content theory libido & social conventions which have power to make up memories of sex taboos which finally extend the taboos to the individual's thoughts. Partly by convention - the censor. Censor in general disallows making states and sees to it that all thought about or refers to sex. Censor can't retrace thoughts altogether, all it can do is to prevent them from becoming definitely conscious. Result - libidinous thoughts and memories are retained, but retained in a region other than accessible parts of the mind. The region for repressed ideas = unconscious

The Ego & the Id - Man brings (mass of instincts) (ancestral experiences upon this original mass) "Id" When first set on this, the Ego first develops. Part of development consists in suppression of pleasure principle which originally dominated Id. As objects presented, lib. of Id attaches to em. The Ego transfers the love from objects to itself. (self love impulses) At same time, the censor begins to repress certain experiences which are pleasant to Id. Thus develops the unconscious

Struggle between Instincts & Conventions - The parents' ideals = ^{conscience} Super Ego - the sum of all ethical & esthetic impulses. The Ego = a struggle between instincts in the Id and the ideals developed in the super Ego. Other conscious - product of the struggle. The unconscious & conscious are like separate selves on different levels & between them is the censor (whose mechanism is not yet explained). It is referred to as if (were a 3rd more or less indep. self with) fear of speaking figuratively. an antropomorphic explanation

Criticisms of psychoanalysis: Doesn't harmonize with neurological structure unconscious we can never know, is it satisfactory to explain facts repressed early and stored in unconscious. Repressed experience may cause psychosis or phobias tho it is not recalled. It's all only an interpretation or explanation of facts

Dream in psychoanalysis. Censor partly off guard in sleep. F. says a dream is also related to an event of the day before that is held like a latent process till sleep. May then rearrange some old material as "unconscious mind"

Symbolic in dream - can make any dream a sex dream. Freud's suppressed desires - patient is led to recall dreams until he has to. Libido as an infantile develop - appears very early in childhood, 1st few months. Libido attaches not only sex organs, but mouth & anus also. Later transfer of libidinal - autoeroticism - homo - hetero - normal passes thru each of these. abnormal may drop to lower. All nerves support the penis.

The Oedipus Complex - learning parent of opposite sex & hating same sex one.
 Upon this theory of relations of conscious & unconscious Freud develops his notion of
 cause of the neuroses. 3 types of neuroses depending on symptoms. psychasthenia?
 1. Anxiety neurosis - vague fears of all types, phobias, open cloud space, etc.
 2. Compulsion neurosis - fixed ideas / feeling that some act which is abhorred must be
 committed by patient. (bars. cut throats)
 3. Conversion - hysterical? conflicts & symptoms translated into bodily deficiencies, the
 sensory and motor stigmas of Janet. paralysis, optic atrophy

And factor common to all - they serve an end. proffer a wish, provide escape
 flight to imagination which resolves all conflicts, seeks return to infancy &
 Kohler's loop.

Summary - conflict conversions \Rightarrow sex impulses repressed & unconscious
 conflict begins to have reference to early life. substitute references from experience - all
references to earlier self experience. Compulsions express themselves in spite of fact
no memory of aim, in vague anxieties & fears, & compulsion.

Cure of Neuroses - 1st bring back repressed memories, connect up conscious
 experience. - clues as to what they may be from dreams & other followed by P.O. Usually
 there is resistance on part of conscious & unconscious to affect conversion.
 Persistence must be used to overcome inhibitions. emotional, toward denial =
elicit ^{experience} truth. When source found hibids must be transformed to something
else rather than abandoned. Translate into some (ideal) exp. (hobby). This process
 called "sublimation" from operator to charity, religion.

Critique of Freud's theories - the uncon., censor, & reactions are long & pretentious
 & imply anthropomorphic interpretation. assumes true memory of subconscious.
better than observation reveals. Credence of Oedipus complex slight! substance
no facts for early sexuality. Few cases for one are affected. instincts

The Neuroses According to Jung & Adler
Jung followers of Freud. makes hibids less sexual (neutroism), mental ^{drive} ^{instinct} ^{energy} & libids
are one, six one of many drives, Unconscious becomes storehouse of racial memories,
compounds them in dreams & fantasy to represent aspects of daily life. Symbols are
thus; poetry appeal to unconscious which permit real meaning of the symbols.
associative method of getting complexes (- too words, a long time, close to emotion
& indicates a complex, (not necessarily sex, tho many were) all kinds of associations
& inhibitions. Introverts and extraverts. Extraverts - interest radiates outward,
interested in form in society, ^{social} ^{rehabilitating} Introvert inferior feeling, egotist, theoretical
abstract. of consciousness is Intro Unconscious in Extra

The introvert subject to compulsion & anxiety neurosis or to his psychasthenia
extravert " / " hysteria. [letter to put predicate in child's place] Pills
Adler's individual psychology. (also followed from Freud) doubted dominance of sex,
used all possessing egoistic mental. named the cause of all deviation from
the normal the inferiority complex. secondary strong cause tho gave evidence of
domination over another. Question only impulses of man is a desire for power!
The birth trauma - rejected into cold cruel world helplessly - organ inferiority. The
Kaiser and his ^{with wife} ^{arch} Spooled & repressed children get inferiority complex.
The maxilline protest of women & men. Adler claims too much like Freud (a fool)
says everybody feels inferior - so what. If all have it & only few get abnormal - can't be cure

Janet's 5 laws

1. Diminution m.t.
2. Retraction
3. Dissociation
4. Complicated /
5. Or inactivity at occurrence

constellation, complex

psychoanalytic "buried idea"
 persistence of habit, conditioning

self-reinforcing coffee get headache, mittens vomit

symbolic outlets - hobbies, dolls

"socialization" see self as others see him.

pathological + psychopathic

look up Kern's White's fixation, compensation + substitution ^{pathology}

conversion false attitude

conservation + correlation of instinctive energy

instinctive drive ^{concerned} can be repressed or ^{stopped} sublimated but not inhibited
 correlated

Freud's neuroathenia

symbolism castration complex.

Three kinds neuroathenia

1. Nervous Prostration
2. Intermittent / Repeaters
3. Incurable - writer's cramp.

fixation = arrest of a partial impulse in early development - fix of instinct
 mother fixation instead of going on to other women.

as a result, by stages of unpleas'd drives may be a temporary fixation

then regressions back to fixations or restriction
castration complex - reaction to sexual inhibition of early

infantile sexuality

abnormal - deviates from average person
 pathological - definite physiological disease treated with medicine
 neurosis - mental life not fundamentally affected - problematized, blind, deaf
 psychoses - " " profoundly disturbed - dim process

sublimation - change libido from operator - ideal end. from sexual goals to ideal in
 substitution - dream is a substitute for something else that you disavow by
 analysis. Like remember a name you've forgotten, but know you know and
 can call up substitutes.

suppression - clear, suppress desires of the Id. into subconscious
 repression - an impulse, first process without knowledge of Ego. preliminary condition of symptoms
 suggestibility - I receive direct response without any control or direction of the will.
 the attention judgment mechanism is relaxed or in abeyance.

hypnosis - light sleep state, physiolog. suggestion habits
 rapport - patient suggestible to person who hypnotizes him
 dissociation - habit patterns, controlled attentional mechanism, Janet nerves, hypnotism

Kretschmer
 * "buried idea" Freud, Janet, James (not Pills) believe memories of events persist
 in nervous system
 * mental tension Janet - believed the upper ^{brain} centers controlled the body
 & when this mental energy get low you have hysteria if it is localized + psychosomatic
 It is necessary for higher complex structures.
 repression persists ~~some~~ a thing's becoming cause. ^{sup. out}
 suppression does not get into far consciousness
 symptom - some process could not become cause. The symptoms = substitute
 for that which did not take place.

Super-Ego - ideas of parents' ethical, esthetic ideals
 Conspicuous - fixed idea - socialisation
 Compensation - hysteria translated into bodily deficiencies sex - male
 British Rivers - Self Preservation
 Jung - generalizes sex symbols, complexes intro & extro's ^{ego centricism} cause + subconscious extra light
 Adler - egotism sex, inferiority complex
 Kretschmer - thalamus, 2 responses, childhood, simulation

Cures Hyst - all work - all need belief - Weir mitch, Work, Rational, Suggestion,
 Religion, Hypnosis, Pédagogie.

Unconscious - Pills. ~~name processes~~ Janet saw int., Freud storehouse, feet. sense
 judgment process. automatic hyp. + sleep.
 Instincts - persist. S. headed in no direction, habits conditioned on to them, +
 definite directions, wants learned.

Sleep - 7 theories - taxation, circulation, anaesthesia, chemical, sleep
 center, instinct, flight reality. Habit inborn + learned S.
 Sadism, Masochism, Fetishism.

Clark hyst. - dist. cortical grey matter
 Duffer psychokinetic hysteric - ties, organic parallels & anaesthesia,
 systematic
 hysteric blindness - anaesthesia.
 stigmata - unaware accompanying accident temporary troubles

Janet Trouble of Speech

Speech lost by emotion - happens easily thereafter in emotional situations.
In some the disturbance is not vocal apparatus but ^{from the personality} mental.
Some separation, the speech functions separate to another consciousness and are forgotten.

Alimentation - food anorexia, anaesthesia of stomach. Also hysterical anorexia is at bottom, a great anorexia and a great paralysis. It has become a phenomenon that can be effected only in somnambulistic state.

No. Preparation & Alimentation - suffocate, faint, process starts. anaesthesia in some anaesthetics hysterical = another consciousness. a special unconsciousness of the respiratory need.

Hypnotism - causal character from which displace springs anaesthesia, dissociation, ^{rest of} means of diagnosis @ unconscious acc. $\frac{2}{3}$ of hysterical accidents with instinctive simulation. Suggestibility ideas penetrate sans attention ^{with} @ complete development to independent of certain ideas. lack of synthesis weakening of cause & effect. (exaggerated absent-mindedness, noce suggestion). (Dissociation)

Retraction of the field of consciousness - those sensations of which we are aware at any moment (there are many we are not aware of)

Lack of psychic tension - lack of power on the part of the ^{flexible} subject to gather, to condense, his psychological phenomena and assimilate them to his personality, a lowering of mental level which takes form of contract can't focus attention on new subject, old ones run on. all over lower lack of control.

Can't mind's attention to move? No but it needs attention in certain attempts

Janet considers physiological definitions as mere translations of the psychological ideas.

Hysteria is a form of mental depression char. by retract of of personal & tendency to the dis & emanance of the systems of ideas & functions that constitute personality. - a step of localisation.

- starts by a depression & exhaustion of the higher functions of the encephalon.

Hysteria is characterized by this lowering of the nervous strength - the diminution of per. ten. may be about a general lowering of all the formation & exec. of the highest. = psychopathic neurast. hysteria suggestion abstract localisation.
③ dissoc. bears on a function that has remained weak and disturbed.
④ starts ④ function that disappears if most complicated, most difficult for subject
⑤ Bears on function that was in full activity at the moment of great emotion.

In strong emotion you lose your control, will power, and things get dissociated and you run wildly, or talk with trembling incoherence, make queer motions with hands.

Clark (Brain psychologist)

Symptoms of hysteria An 1

Janet: 1. defective representation in the cortex, 2. dissociation of ideas
4.3) narrowing of range of consciousness.

But he says also some symptoms not explained on physical basis.
Clark - disturbance in cortical grey matter.

Neuroasthenia

Break, wearing down of nervous system from ² anxiety and over-work,
constant state of excitement, ² depressing emotions, ³ traumatism, ⁴ abuse
of stimulants + narcotics, ⁵ infective fevers, ⁶ disorders of special organs,
abuse its functions - dyspepsia + ⁷ gastro-intestinal disorders.

Neuroinstability. early behavior.

Clark - nervous disorder, fatigue of CNS, loss control of higher centers
a) Antagonized by products of muscular contraction, ² cerebral circulation Dr. Hays
says evidence of fatigue in nerve cells. - Control of muscle metabolism by brain
makes types, general cerebral, spinal, gastro etc. Treatment depends on
particular cause of disease, part of body etc.

Janet

monism
Double conscious cases - catleptic fits = statue-like expressions
patient in trance will respond only to 5 that fit into this dream
of self. ~~For afterward, he will slip back into trance or not respond~~
at all.

Marcelus's memory in trance.

The loss of memory bears on trances + on the events that aroused the hysteria ^{break off.}
(the fact of dissociation)

An idea, system of thoughts developed some connection with other ideas
4. some control of consciousness.

fruges = appears in hysterical people.

Old imaginary blow on head before fruges = person forgets who he is, wanders
off and wakes up. Four points like manicoidic somnambulism only
common to both is much greater. (1) Certain idea round which all centers,
(2) other thoughts absent, (3) thoughts and feelings personality changes in fruges, (4) great
intensity of personality comes back - fruges = kinds of hysterical somnambulism.
Only idea is less intense & not absolutely isolated.

polyoidic somnambulism = one idea leads to another and person in fit
acts out two or three different scenes - yet they all come in same fit and are
in some way unified.

Double personalities = girl forgot everything, had to learn write + talk all over
Her writing one state was childish and varied from that in other, p. 77.

Dominating somnambulism = the memories last longer in one of states

Louis Vinct-Franco had 6 differ. personalities. Paralytic in some states, cure + had enter
next state.

Fits = ensemble of tics, choreic movements - Hysteria fits unlike epileptic, does not bring about a physical disturbance, afterwards. Forgets fit! The instances are more various & more, than straight somnambulism.

sleeping fits - some moral, others not.

hypnotic points - touch & recall sensations associated with emotion of fear (use hypnosis to study learning?)

Janet - doubt case or not hysteria - says can't hypnotize them. & can't hyp a hysteriac who is gradually recovering health.

tics & choreas are larger more coordinated, often rhythmic.

often, the hysteriac unaware of his tic.

* Psychasthenic tics accompanied by attention, gets worse with focusing of attention on it. no anesthesia.

Hysteria - tic impeded by attention. better in dis abstraction - accompanied at times by anesthesia.

(Why hysterics contractures that tire?) p. 138 forgets it

Hysteria paralysis - functional, exaggerated, hypotonia, atrophy, reflex, invariable, invariable.

Organic - certain muscles, move a little, tubicopos, pupils contract on a pinch - tho patient feels nothing.

Hysterics can't direct his attention well.

Hysteria (+ organic ones) doesn't know he has it. variability, shift in somnambulism.

Anesthetics will say "no" don't feel when touch on anesthesia. very changeable and contradictory. "simulated".

J. an hypn. anesthesia is a species of absent-mindedness.

dissociation of an idea that has emancipated itself from the ensemble of consciousness. anesthesia - groups of sensations of system, dissociated from consciousness. paralysis also.

Dissociation

Somnambulism
Systemic blocks @ motor agitation & @ paralysis

Hysteria anesthetics are simulated. (They feel quite well) The elementary sensation has not disappeared, it is the faculty that enables subject to realize this.

Between dissociations - somnambulism & paralysis are cases where man can't walk, whistle, sew, etc = systematic paralysis in which a certain system of movements, grouped by education, separates from consciousness and takes an existence of its own.

Can't imagine moving anesth. limb to lips. Can imagine moving organic paralyzed limb to lips.

Hysterical blindness - sometimes say can't see light, but avoid objects put in front of eye. play ball with field reduced to a point - what Janet calls the persistence of tuberculoid sensations in hysteria. The patient has two visions, the pt gets conscious attention and periphery unconscious! (Like hypnosis a relaxation of mental fibres)

Contractures, tics of eye muscles also. Elementary reflex remain & a separation of different functions united in vision which results in over-actment.

Hysteria - mental disease. weakness, cerebral exhaustion, genital demerolism of nutrition, moral symptoms - weakening of psych. synthesis, abuse of contractures of limb of cause.

mental disintegration - tendency toward permanent undoing of personality

Mechanism of different types of smut.

contraction - the fundamental thing.

change of position importance in cycle of neuro-muscular changes

muscle: fixation, slow, & rapid (a matter of preliminary set)

tremor important 10-11 per sec. = frequency \times rate of synaptic reflex discharge.
three motor nerve into muscles. (wrong) - 3-4 neural impulses for each muscle tremor.

there is a train of motor impulses for each sensory S.

Spasms does appear in limit of muscle, also a lower freq. of about 10 per sec.
tremor marks period of a unit of limit. duration of cycle of muscle twitch - 6-8 per sec.
rate of fibrillary cycle is 14-20 per sec.

Slow or controlled smuts

beginning of extension - a tremor, small smuts must consist of 2 or more tremors, & myofibrils limited by this tremor, (not sensory control)
The tremor impulses are present in larger smuts. They are speeded up to 15-18 sec. on a load or moving muscle.

progress of smut results from tremor increments in one of muscle groups, & smut can be changed at any movement element (tremor)
no neuromuscular provision made in advance for control of smut
smut due to increase in no. of muscle fibers in + group.

Fast movements

slow smut granofactor, elements stretched out, till get an entire smut - one stretched out tremor, & a smooth curve -
control depends on frequency of impulses. smuts can not be as rapid as
than 10 times per sec.
these smuts must be controlled by preliminary set.

A. fast smut under tension

started from fixation and both muscle groups are contracted thru out. started and stopped by excess + & -.

B. Ballistic smut

relaxation in second half smut. contraction of single unit to start
in 6-8 per smut at max speed, the unit contraction which checks the
one smut becomes driving force for reverse, relaxing again en route,
such a 6-8 per smut ought approach tremor rate & does 10 per sec. 14 for unit etc.
fundamental difference between ballistic + fast times (piano playing)
Ballistic smut capable of delicate adjustment in extent + inflex, the
duration is fixed.

Experimental Results

Permination of Skilled Smuts

1. About joint - tendons + passive muscles (golf)
2. Antagonistic muscle group
3. Obstacle or block

When smut must be delicately gauged in time, force, or form a ballistic smut is used.

Ballistic to 4 ft strokes show no period of standstill & no 'relaxation' period.

The highest speed to block mit there should be no pressure on the block.

Bearing on Type of mit on process of learning

1. Form of mit Ballistic ply etc
2. Speed - once mit substituted for reversal in learning
(see article for expln of a timer)

striped muscles are advanced stages of smooth
each muscle = a separate organ, comp. of contractile fibre + accessory fibrous tissue.
grouped in bundles which united by loose connective tissue - the whole in an external sheath.
connective tissue varies as well as fasciculi, maybe connections regulate contraction, exten.
fasciculi = bundles texture depends size of fasciculi, they vary in length independent of size of whole muscle
blood vessels distributed fully in muscle substance. acc. to functional activity. lymphatics also.
'and circulation' in each muscle.
nerves ramify in each " preserve tone, convey afferent
nerve branches out in attachment to muscle, enter near center of muscle.
inside the nerve twigs unite with each other or other nerves into a series of complex plexuses
The type of plexus is specific for each muscle. includes both motor & afferent fibers & distributes
twigs to tendons as well as to contractile substance.
Muscles sometimes divide at distal end into 2 or more tendinous slips

The deltoid muscle is made up of seven distinct penniform muscles multipenniform
gives powerful pull thru small space. quadric = length with less power.
Trapezius elevates shoulder tho its upper & lower fibers have opposite directions
One thinks of his movements, not his definite muscular contractions.
Different parts of a single muscle may fall into different groups producing different
movements or may contract at different times in combination of one movement. p. 10

Symptoms stigmata

Sensory Stigmata - anesthetics & hyperaesthetics.

anesthesia - hysterics themselves ignorant of it. Cutaneous & deeper parts, taste, smell, hearing affected, reduced field of vision, accommodation. normal color order changed. There is more in constructing or responding elements than in sensory.

distribution: $\frac{1}{2}$ body, geometric areas, discrete islets, outline have no reference to anatomical distribution of nerve trunks, but to functional groupings, to mental associations of functions, or to cortical representations. (reflects normal brain) despite the zones are fronable, patient unaware.

hyperaesthesia - if some such zone becomes associated with some mental storm, pressure may provoke another hysterical fit. hysterogenic zone

Motor Stigmata unknown to hysterics

1. Musc. retarded, uncoordinated (but OK under hypnosis) shows psychical character. can't attend to motor acts. weak are diminished volition & attention, contractures

Mental Stigmata - amnesia, less unconscious, systematized at times, or localized, sometimes total, begin over as children. double personality - again purely functional, aboulia has will power, impressibility, easily influenced, schizoid type. introspection & self-concentration are fatal to the grand passion!

Accidents of Hysteria

Hysterical attacks convulsions

Hysterical Convulsive Attacks - come on variously pressure on spasmodic zones.

The Grand Attack (1) prodromal stage - various disturbances of equilibrium, globe follows globus hystericus (2) epileptoid period - like epilepsy tonic phase & clonic tremor, movements (3) Period of clonus, (4) contractures & (5) grand movements, hysterical (4) period of forced attitudes (5) Period of abulic, talks, sad, sobs, tears. Whole thing from 15-30 minutes

Modified or partial attacks - see pg. 601 for diagram and stage of g.c. may occur alone.

Motor Accidents paralysis & contractures less power, rigidity.

period of meditation

Hysterical rhythmical spasms - nodding with arms, disappears in sleep. tremors may last months too purposeful character - are expression of a fixed subconscious idea.

Sensory Accidents cephalalgia, pseudomeningitis spinal irritability, neuralgias, angina pectoris.

Visceral Accidents respiratory appar. speech troubles, noises, digestive apparatus thrown up everything. Urinary apparatus substances, altered, fever

Prophetic & Vasomotor attacks blood sweats, dermatographia, eruptions, breast

Course - chronic sens. stigmata remain, after accidents mental

Prognosis - exceptional for hysteria to regain absolute health.

Diagnosis - must be distinguished neurasthenia, inst. disturbances & with depression hyst. is polymorphous may mimic all other maladies. Reliable features are mental characteristics & psychic stigmata. Among motor stigmata, contractures and ideational loss power for systematized motor while strength normal = hyst. attacks extasy, sleep, parosmia, rhythmical spasms & stigmata

Treatment - a mental disturbance so treatment psychic. deception, fixed idea regulation

Neurasthenia Charr. + Peterson

a. fatigue nervous, "irritable weakness"

Etiology - after 20 yrs old more men than women, high altitudes, extreme climatic conditions, all round, nervous strain, Scandinavian, neuropathic heredity, weakness in accidents, overwork, anxiety, worry, excitement, stales in athletes, Excesses, mental impetus often secondary to symptomatic of organic conditions.

Pathology - diminished dynamic energy - lessened reserve power in cerebrospinal and in cellular elements. (toxic states illness)

Symptoms - headache, backache, gastro-intestinal alarm, neuromuscular weakness, excess of function, not a want of it.

Motor disorders - muscular weakness, sustained effort impossible, tremor, twitchings, intermitted tender reflexes,

Sensory disturbances - not anesthesia, general tiredness + fatigue, recumbent posture, backaches, of different kinds, backache, tenderness over spots on spine, lack of vegetative

Visual disturbances - accommodative apparatus + retinal sensitiveness are promptly fatigued. motor loss + sensory deficiency. photophobia pupils abnormal.

Hearing, smell, + taste - disorders, irritate.

Gastro-intestinal disorders - nervous indigestion, + small intestine milk.

Circulatory disorders - cardiac palpitation, rapid pulse, full circulation - vaso-motor storms.

Secretory disorders - urine scant, they drink little, all fluid secretions deficient, sweat rarely abundant.

Genital disorders - lessened sexual power in male, noct. emissions, female also.

Mental disturbances - capacity for mental work abridged, mental lethargy loss of memory, spontaneous inhibition reduced, carefree, nervous, into a quiet, neurophobias, hypochondriac depression, fear, diminished affection, emotions unstable insomnia, delirium, unrepentant.

The General State - nutrition defective fat or emaciated.

Forms - cerebral, spinal, + general. all a generalized disorder of nerve apparatus secondary to + associated with other diseases.

Course - a chronic malady, onset insidious, (see traumatic etiology) it tends to persist, hard to get rid of.

Diagnosis - early only, don't overlook brain organic disease, hysteria, changes in nature of quantitative reductions.

Prognosis - good with proper care, after forty full vigor seldom regained.

Treatment - rest more sleep, less work, not hard outdoor exercise, Mitchell rest cure for women, regard for the mental element. encouragement, hope, relaxation recreational psychotherapy, don't depress, rest + nourish in drugs.

Hysteria Charr + Peterson psycho-neurosis

Etiology - puberty + adolescence, males + females, all countries + races. Hereditary + transformation from one to other neuroses + psychoses arthritis, phthisis.

Defecting Causes - emotional disturbance, traumatism, intoxication, infectious diseases, cachectic states, associate organic diseases, overwork, endemic thru imitation in some cases.

Symptoms - stigmata persistent + accidents transient two large classes.

Braid noticed lid-reflex was abolished. He began used finger to induce state
gaze caused rigidity of muscles + increase sensitivity + decrease to insensitivity.
Developed somnambulism also. (believed front part of brain was paralyzed)
later gave over theory - char of state was dominance of one idea, had sleep. said it
should be called mono-ideism.

Codolle, a follower of Braid performed his major operation with hypnotic anaesthesia
Charcot began experiment 1878 at Salpêtrière, used in curing hysteria. Induction
accepted his paper 1872 explaining hypnotism on physiological basis.

His theory in terms of nerve physiology | Charcot - nerve physiology
Induced - sudden hand, bright light, gaze fixedly at object above eyes 1st produced
Catalepsy (immobility of body, fascinated look, eyes open inconsistently com. inattention
Individual retain gross position some tremor for indefinite periods, analgesia,
reflexes abolished, irresistibility of cutaneous-muscular reflex not present.)

2nd produced lethargy - by closing eyes of patient (marked reflex-muscular instability
anesthesia of skin, muscles relaxed flaccid.)

3rd stage Somnambulism (a general suggestibility that permitted a light pressure or a
breath of air to produce a contracture - not removed by pressure on antagonists as in
lethargy, subject perform any act requested) might be brought on by gazing fixedly
by pressing head of the patient in Catalepsy.

He admitted each state might be induced directly & many varieties of his pure states
these called partial or fractured hyp. as distinguished from gross hyp.
put it on scripture plank

Nancy School Berthollet & Léprieu

Method - control of mild suggestion. patient lie down in quiet darkened room, fix eyes
of operator who told him he was going to sleep. body relaxed, eyes heavy - sleep. repetition
his stages - Somnolence, true light sleep, ls. more profound (catalepsy suggestion) Inter. ls.
(loss hear + memory) Ordinary somnambulism completely subject hallucinations etc.
deep somnambulism, will retain hallucinations on waking if told to do so.

Theory - closely related to sleep, not involuntary, suggestion. thought dominated body in all its
parts could be produced in normal individuals (No char. = experimental neurosis; history
decided in favor of Nancy some for sleep identification) Still used somewhat "stiff" as to
importance

All methods still used - both operator & subject must be confident of success.
Subject wakes a few moments after operator leaves, or at suggested signs often go
into sleep and wake up normally.

Hypnosis differs from normal state primarily in that subject more sensitive suggest
break in memory between sleeping and waking state. two or three
stages only. Recognition may be retained when recall is unimpeded recall partly
matter of suggestion. Suggestion great but has limits set at person's merch from high
standards state.

Sensory suggestions - hallucinations +, -. Not moving about unimpeded.

Recall may be more complete in hyp. than normal state.

Posthypnotic suggestions. commands, hallucinations, ideas, have been used in

Rapport - patient more susceptible to person who hypnotized him - carries over as to
facile to hyp. the second time.

- 1) fatigue of frontal lobes from eye strain & fixed attention
- 2) parahypnotism on one idea
- 3) experimentally induced neurosis
- 4) normal related sleep, condit heighted susceptibility due suggestion
- 5) dissociation (6) exagg submiss. & dominant

What Hypnotism?

Pillsbury's Text

I. Introduction

Child concern over abnormal terms, more knowledge but way out of how ^{think} about mental abnormality deviate from normal which is average.
In practice, judgment of abnormal based on general impression as it is.
Fully understood is measured by all tests, assumed that only one category is disordered.
Measure of will & emotion impossible, and anyway would not give true index of the disease.

Abnormalities composite many deviations and classified according to symptoms combined, causes and practical consequences of the disease.

Abnormal reactions may be similar to normal hypothesis - two disease entities, (1) functional, (2) diminution of mental capacity.

Intuition

Neuroses - mild abnormality

nervous system

Psychosis - apt to incapacitate individual for life in society, mind

? Neuroses - mental life not fundamentally affected but action or sensation is impaired in some way of milder, not deeply seated disturbance from usual thought or feeling. Janet divides into:

J. Hysteria + accidents out of patient's control & seem physical in cause

K. Polychaesthesia - patient subject of defects of reality & recognition

F. Compulsive neuroses

Acuity

Conversion = hysteria cause inner conflicts were converted into physical responses or defects.

? Psychoses - state in which mental functions or psychic processes are profoundly disturbed. Two great groups

Organic - definite changes in nervous system - result of trauma, degeneration, withers, infections, substances.

Functional - no change in structure nervous system, way brain functions.

- many subordinate forms & variations of these main divisions
most of symptoms we are to treat are but exaggerations of normal traits or qualities.

II. Facts & theories of Hypnotism

Primitive attitude towards disease - witches, gods, devils, spirits, etc.

Modern views in explan. devel. from hypnotism

Mesmer 1766, Vienna, fluxion from heavenly bodies, magnet, permeate person

Hasner 1774 believed he could drive out devil by commands Requiem.

Mesmer kicked out Vienna went Paris very popular, pass hands over abdomen, seated patient back to north, command to be free of ill. Patients often went in trance or convulsion. Many crowded for treatment, he used beasts.

Scientific investigators found no magnetism, only inequality.

De Puységur, developed mesmerism.

Elliottson used mesmerism as anesthetic.

Neurasthenia (nervous prostration, psychasthenia, psychasthenic neurosis) Syndrome

Facts

14-33, 45 - age periods, rapid young, slower older, "repeaters" worse with age

N. inability to do one's work, incapacitated - 3-12 months onset
indigestion, can't sleep, wake early, headache, constip, eye strain, flushes, chills,
sweating palms, blood pressure, teeth, hypochondriac! skin disturbances, worries
recovers 2-3 months + repeaters

C.P. all forms nervous energy reduced, fatigue - "irritable weakness"
gastro-intestinal atony, tremor, - never causes anesthesia, backache, tenderness
over spine, vague sensations visual disturbances, hearing, smell, taste,
cardiac palpitation, scant urine, less sex power,
chronic! phobias can be controlled. akathia

Phobias

N. 1. Specialized fatigue 2. glandular disturbance

C.P. - "irritable weakness" a fatigue neurosis, generalized disorder of nerve apparatus.

Clark - fatigue of C.N.S. + loss control of higher centers. auto interpretation hyperactive of muscular apparatus.

Janet - Psychasthenia - akathia, phobias, fears,

Janet - lowering over all of "psychic tension" nervous energy covers all - but not full efficiency
consciousness spread thin!

Hysteria (a psychoneurosis C.P.)

moral factor - weakness of psychological synthesis
disturbances nutrition, trophic + vasomotor disorders

most at age puberty + emotional disturbance, trauma, intoxics, infectious
diseases, overwork, etc.

stigmata - essentially persistent - & accidents - transitory

stigmata - anesthesia motor slackening, contractures, amblyopia, akathia,

+ impulsiveness, simulation

accidents - convulsive attacks, grand attack - prodromal, epileptoid, clonic, cardiac

passional attitudes, delirium (2 etc) contractures & paralysis, hemiplegia, ataxia or abasia system

hysterical spasms, chorea, tic, cephalalgia, pseudomeningitis, specific instability, aphonia

mutism, abasia, rhythmic crises, dyspnea, anorexia, vomiting, anuria, fibrin

resonance, ataxia, nec. digest. urinary
course is chronic.