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## Mental mechanisms

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MENTAL MECHANISMS

by

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Senior Thesis

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1932

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INTRODUCTION

With the advent of the modern scientifically minded specialist it has been claimed that much of the art of the old practitioner has been lost to the profession. The familiarity of the old family physician with the patient, his life history and his environment was a decided advantage medically as well as morally. Ever increasing pleas for the return to the old relationship indicate dissatisfaction with the cold impersonal attitude now in vogue. To my mind the solution lies not in retreat but in advancement along the lines by which we have arrived at our present state. With the development of psychoanalytical methods science now offers an even closer bond between patient and physician than has ever before been possible. It is within the realm and indeed the duty of every physician to sound out the mental as well as the physical health of his patient for truly the two can not be separated. The biological unity of the organism can not well be disregarded especially in this day and age of specialism. It is my purpose, therefore, to present in this paper a few points on the physiology of the brain and some of the mental mechanisms motivating behavior. Behavior results from the interaction of many mechanisms which, however, for des-

criptive purposes must be analyzed singly. Perhaps a better understanding of human nature may win back that large group who, thru the inadequacies of medicine, have turned to osteopathy, chiropractic, Christian Science, and other cults for relief.

THE BRAIN

The central nervous system may be looked on as the organ of integration, for it is here that the various functions of the body are brought into relationship and harmony. Developmentally and anatomically the central nervous system is most clearly pictured as a pyramid. The spinal cord forms the base and the apex is represented by the cerebral cortex of the frontal lobe of the brain. We will start at the bottom and climb up. Primitive forms of the central nervous system as in the worm consist of central chains of ganglia thru which simple reflexes take place, mostly of a local nature. One ganglion surrounding the pharynx at the head end serves as a general integrator for the whole body. This primitive "brain" dominates the rest of the body and ever since has remained the controlling center of the organism. Behavior at this stage is largely reflex. The counterpart in man is the spinal cord and medulla which mediate such primitive activity as the knee jerk and automatic respiratory control. As the vertebrate class came into existence, there arose the need for a center of skeletal and muscular coordination. Likewise the more highly developed distance receptors had to be integrated with the rest of the organism. The structures discharging these functions are respectively, the cerebellum and mid-brain.

These are the highest centers in the fish whose behavior again is predominantly reflex and automatic. Along with the development of the higher forms of vertebrates, namely reptiles and birds, two new centers were superimposed on those lower down, the thalamus and the corpus striatum. Coincident with this the species predominate in two new types of behavior, emotional and instinctive. In mammals the cerebral cortex of course comes to dominate all lower centers. The corresponding change in behavior is from one of instinct to one of insight and reasoning as we know it. Man has the additional development of larger "silent" areas and a more extensive frontal lobe. With this there is increased reasoning power, adaptability to the environment, and adjustment to one's fellows or society.

I have purposely digressed to sketch briefly the development of the central nervous system and the accompanying behavior manifestations. It is largely from this type of evidence plus a few scattered experiments and pathological observations that I have formed the following concept of the brain.

The human brain consists of successive layers of integration and coordination. At the bottom is the medulla oblongata in which reside such automatic reflexes as breathing, coughing, and vomiting as well as lower

types of muscular coordination and balance. Next comes the cerebellum with a higher type of skeletal coordination including muscle tone. The third layer is the mid-brain whose function is to coordinate the distance receptors with the rest of the body below this level. The fourth layer is the diencephalic centers which are now being recognized as integrators of metabolism such as sugar balance, obesity, water balance, and sleep. Just above these lies the thalamus, the seat of the emotions and the main integrator of the sensations. The fifth layer or corpus striatum has much to do with instincts especially on the motor side. The sixth layer, the cortical centers of speech, vision, audition, motor volition, smell, etc., has to do with conscious recognition and orientation of the body both to its parts and to its surroundings. The last layer, well developed only in man, the so called "silent" areas and the frontal lobe cortex are now conceded to be the seat of our higher intellectual powers. This includes such functions as education, reasoning, planning, and moral control of the instincts for the sake of social adjustment. Each successive center, I believe, is engrafted on a lower lying center as an integrator for some newly acquired function. In this way the harmony of the body as a whole is preserved. As such, each center is more complex and inclusive in its



function than the immediately preceding lower layer. It is not only influenced by the latter but conversely controls the latter. This interrelationship prevails between all the different levels, for example the diencephalic center for sleep may wipe away the cortical function of consciousness. Inversely the cortical function of will may nullify the desire to sleep. Only in this way can the profound effects of emotion on bodily functions be explained, or the equally important effect of emotions on reason.

Another ramification of this concept more theoretical in nature leads me to a reclassification of mental troubles. It is based on the physiological anatomy of the brain itself. I would divide these disorders into three main groups. The first group, those due to deficiency or abnormality of the thalamo-corpora striatum complex, would manifest themselves as disturbances in the emotional and instinctive life or the Id of Freudian terminology. Under this group would come such clinical entities as anxiety states, fears, preoccupations, and the severer forms of emotional upsets, the manic - depressive syndromes. The second group, those due to cerebral cortex dysfunction, would manifest themselves as disturbances of the intellectual sphere or the Ego of Freud. Under this heading would come mental deficiency, aphasias, fugue states, psychasthenias, and the severer form, schizophrenia.

The third group would be combined disorders of the preceding two groups but would include only those in which the intellectual and emotional — instinctive levels were about equally involved. Many cases are artificially classified as schizophrenia or manic — depressive when in reality they present the symptoms of both diseases. All levels are indirectly involved in any disturbance of the mind because of the interrelationship of the brain centers. The disorder, however, may be classified usually as either intellectual or emotional — instinctive in its manifestations.

A few words as to the possible factors producing abnormal brain physiology. It is conceivable that primary aplasia of the brain or any of its parts may occur as in the rest of the body. On the other hand the plasticity and adaptability of brain tissue must make such congenital defects even more rare than those occurring in other organs. Secondary aplasia might result from atrophy of disuse, the various centers having never been developed by education. This is obviously true in the intellectual sphere and is probably a larger factor in emotional maturity and balance than has hitherto been suspected. Acquired organic defects are frequently incurred in birth injury, encephalitis, chorea, petichial hemorrhages thru

out the brain during infections and septicemic states, head trauma, the diminished blood supply of arteriosclerosis, and other physical diseases. Toxic products circulating in the blood stream may exert temporary or permanent damage to brain tissue. The two facts that brain substance is the most susceptible tissue in the body under adverse conditions and that it never regenerates when once destroyed suggests that pathological changes might be rather common. The most important cause of mental disease, however, is the environment. As in other diseases the individual resistance can be delt with only partially. The main attach is on the environment especially the early training of the child. The development of a wholesome attitude towards life and the not too solicitous guidance of well balanced and well adjusted parents are the best safeguards we know of against mental disease. I shall now proceed to describe a few of the mental mechanisms which I believe operate in both health and disease, the difference being one of degree only.

PAIN - PLEASURE AND REALITY PRINCIPLES

All behavior ultimately depends on the interaction of these two basic principles of life. An individual always reacts to gain the utmost pleasure and the least amount of pain possible in the face of existing realities. For our purposes at least, pleasure may be considered as the absence of pain. The avoidance of pain therefore constitutes the elementary desire of the organism. The pursuit of this desire would ordinarily lead to inactivity and death had not Nature utilized this very mechanism to ensure the continuance of life. She created in the organism internal tensions which unless satisfied give rise to pain even more severe than that inflicted by the environment. To preserve the race Nature developed the sexual drive which has been magnified on by Freud. To preserve the individual She created the desire for success as described by Adler. The organism therefore seeks in its own particular way to avoid the internal pain of sexual and individual tensions as well as the external noxious elements in the environment. How successfully this is accomplished depends largely on the individual's ability to face the reality of the limitations and possibilities of the environment and his own capacities. From birth on reality becomes more and more an element to be reckoned with in the attainment of increasing needs. The ability to face reality one might say, is almost a direct index of mental health.

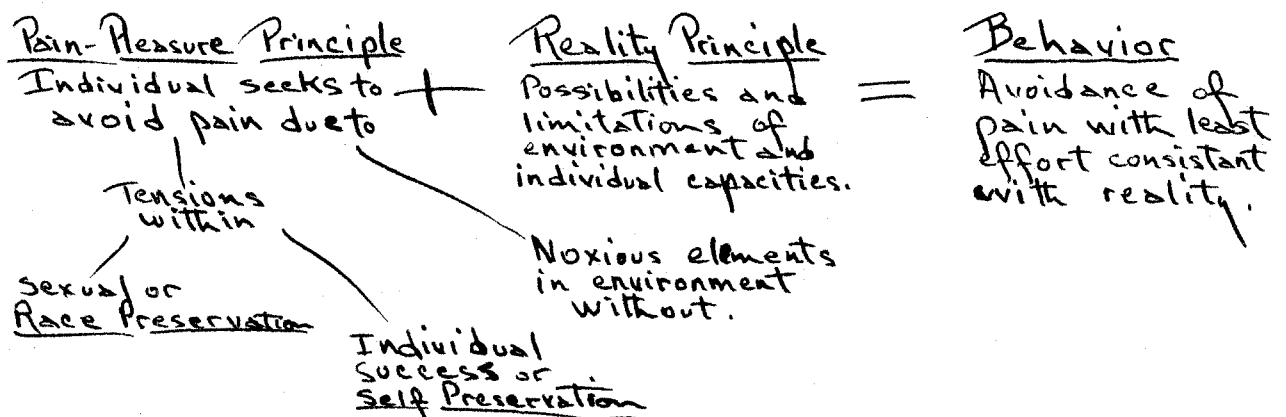
In Every Day Life — Day dreaming or phantasy plays an important part in everyone's life. By means of this mechanism desires are partially appeased releasing much tension and protecting from too raw a contact with reality. Situations are made bearable and immediate gratification of appetites can be withheld until a more opportune setting arises. Ordinary dreams are an expression of internal tension and a partial wish fulfilment not associated with reality. The desire to avoid painful contacts with the environment has always motivated the mechanical and material phases of our development. It is as true sociologically as it is biologically that organisms tend to seek the lowest level possible commensurate with the avoidance of pain. This is why, when the environment has been conquered, degeneration occurs. The satisfaction of the sexual drive includes of course all such activities as courtship, marriage, home building, and the parental care of the child. The satisfaction of the individual desires towards success and power is attained by such things as work, social prominence, growth and development, and the value placed on one by his associates.

In Disease — The outstanding example of failure to meet reality is of course the schizophreniac. Here the patient withdraws entirely and satisfies his sexual desires on such low levels as autoeroticism and homosexuality.

His individual importance is maintained by excuses of persecution on the part of others or paranoid delusions which are so common among the insane. Phantasy is given free play and becomes reality to the patient. Lesser degrees of withdrawal are encountered by the psychoneurotic.

There is excessive indulgence in phantasy life and inability to face failure and painful frustrations without such unconscious excuses as nervousness, insomnia, illness, or worry. Sometimes because of failure to eliminate pain of a sexual, personal, or environmental nature the individual escapes the pain of reality by suicide. The main criteria in labeling a patient mentally diseased is his ability to meet reality especially in the social sphere. It matters little how one avoids internal or external pain so long as he does not become a detrimental burden to society.

### Diagram



MENTAL CONFLICTS

Mental conflicts arise when two or more complexes battle with each other for expression in the activity of the individual. A complex is an emotionally charged group of ideas or experiences which have been deposited during life around one of the primary appetites or desires. The basic appetites or instincts may be classified at least for working purposes as a basic hunger for:

1. Self preservation.
2. Sex or race preservation.
3. Self expression of inner drives.
4. Social harmony.
5. Growth towards maturity.

Environmental difficulties or personal limitations often preclude the fulfilment of all of these desires. They then battle with each other for expression in the activity of the individual. The tension and pain aroused by an unfulfilled desire piles up till the situation becomes unbearable to the conscious mind. The energy then is either discharged in activity regardless of reality and other desires, or else is repressed into the unconscious mind by the conquering elements.

It is impossible for an individual to attain mental equilibrium and freedom from tension or pain without his fulfilling in some way all of the basic instincts. Com-

pleteness is a primary need of the mind as shown by Gestalt psychology. Complexes and drives are most satisfactorily harmonized by being centered around a common goal. In this way free floating instincts are brought together and given direction by a dominating principle or ideal, whether it be philosophical, religious, or material.

In Every Day Life - Mental conflicts are arising constantly in every individual. The greatest source of trouble lies in the restrictions society places on the direct expression of primary desires. Altho a few people find complete satisfaction of the sexual urge in married and family life, and of the individual desires in successful accomplishments, most of mankind is not so fortunate. The socially ostracized modes of satisfaction are always struggling against the desire for others men's approval and the fear of social disapproval.

Another source of conflict is the incompatibility of many desires with one another. Personal interests of self preservation often conflict with the self sacrificing principles of race preservation. The same desire may also come into conflict with itself on a higher level. When neither of two powerful complexes can overcome the other, both may alternately occupy the conscious mind in rapid succession. This known as ambivalence and is illustrated by the rapid displacement of love by hate, or visa versa.

The equanimity and freedom from conflict exhibited in

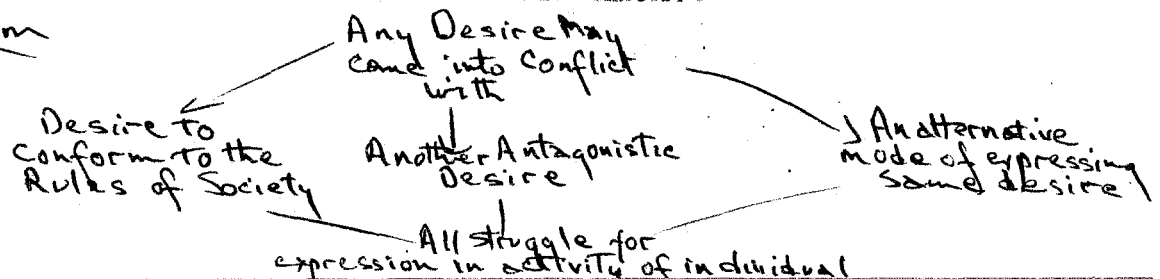
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people dominated by a powerful religious motive or ideal demonstrates the ability of a guiding principle or goal to bring together the various desires into a harmonious expression of completeness. Conversely the lack of such a guiding motive creates a state of mental bewilderment and confusion of desires. There develops that numb feeling of a paralyzed spirit.

In Disease - Mental conflict is the basic mechanism behind the psychoses and psychoneuroses. In the first, the more primitive desires have the upper hand over the idealistic and social side of the personality. There results an unrestrained display of erotic, self centered, and asocial activity. Primitive racial and even an intra-uterine type of behavior may be revived depending on how much social sense there remains to repress these purely self gratifying forms of conduct. In the psychoneurotic the social self is still holding down the more primitive antisocial desires. The battle, however, is about even and there is a constant fear that the socially unacceptable instincts will win out in the end. This leads to states of anxiety and neurotic types of behavior which are unconscious attempts to build up a protecting buffer between the individual and his environment.

Diagram



REPRESSION

An unpleasant or painful idea is ~~dis~~spelled from the conscious mind by the mechanism of repression or forceful forgetting. The idea or memory is not really forgotten but is disposed of in the following way. There is first a splitting off or dissociation of the idea from the rest of the conscious stream. It is then shoved down or repressed into the unconscious mind and held there by a figurative censor. Great resistance is encountered in again expressing the idea because of the attending pain involved. Repression, however, does not satisfy the emotional desires always accompanying such ideas. The tension still exists in the unconscious mind but may be discharged by altering the method of expression. This is done by the displacement of the energy to activity more in harmony with the rest of the personality and reality. Or, satisfaction may be deferred to some future more opportune date. Because the process of displacement is unconscious, no association is made between the accepted forms of expression and the original repugnant idea. Often the repression is incomplete and the idea is kept submerged only by constant attempts to forget it. This conscious type of repression is termed suppression, true repression is unconscious.

In Every Day Life - The first stage of repression is encountered in the dissociation of an idea into a logic

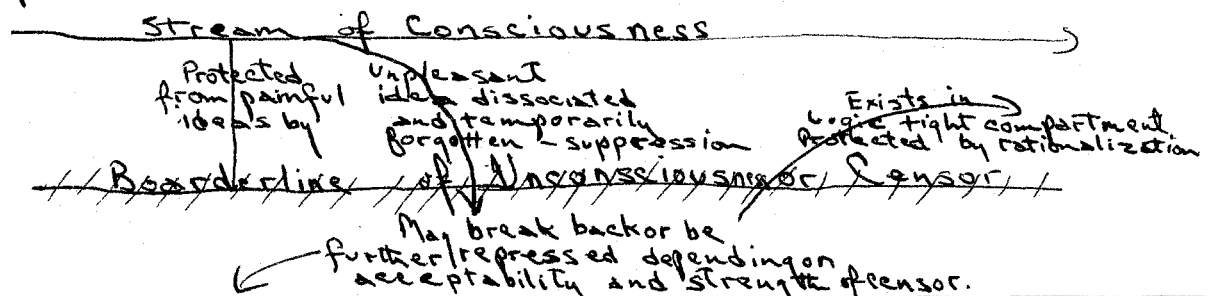
tight compartment. This gives rise to the contradictory and incongruous behavior seen in biased and emotionally controlled individuals. Such a person may preach kindness yet be extremely cruel in his relations to other people. He may vote for prohibition and yet keep on drinking himself. The dissociated idea lies along side the conscious stream which it occasionally occupies when the associated desires become stronger than those ordinarily controlling behavior. More deeply repressed complexes give rise to biases, prejudices, and sudden outbursts of emotion seemingly without basis. For example, one disappointed in love becomes a woman hater, or one failing to understand a certain phase of medicine will attempt to depreciate it.

Another mechanism aiding in repression is rationalization. Man being presumably a reasoning animal has to account for his activity however inconsistent. In order to avoid facing the real motive and connotation of his actions, he smooths over the issue by adventitious reasoning or rationalization. Many dreams are the direct or indirect expression of repressed desires. During sleep the censor is partially deaded and subject matter is allowed to get thru which would be unacceptable during waking moments.

In Disease - Sleep walking and cases of double personalities are pathological forms of dissociation. Here the repressed part of the personality occupies the conscious stream and controls the individual's activity for varying

lengths of time such as in Dr. Jekyll and Mr. Hyde. The energy needed to repress an especially painful idea or memory is sometimes so wearing as to produce actual illness. No strength is left to carry on the primary functions of living and the patient literally worries himself to death. The process of breaking down the resistance to these repressed ideas causes a great deal of pain. Like in surgery it is necessary however to drain off the noxious substances if the patient is to be freed of his load. The delusions of a diseased mind are not meaningless but are the expression of material which in health would be repressed by the contact with reality. Obsessions and compulsions are due to the repeated effort of a repressed thought or memory to satisfy itself in activity. Altho most of the productions of the insane are apparently meaningless, careful analysis will almost always show the behavior to be initiated by complexes which are repressed in health. The experiences of the patient are real to him and no amount of argument will convince him that they are imaginary. As always, he rationalizes his conduct and it is remarkable to what an extent this may be carried in the face of gross inconsistencies.

Diagram



PROJECTION

A repressed complex or idea may escape the censor and again enter the conscious mind not only by displacement to more acceptable activity but also by further displacement to other individuals. This mechanism is called projection. The distasteful ideas are simply regarded as belonging to some one else. Since the association is unconscious, the formerly painful thought may now be considered and criticised by the conscious mind without any feeling of conflict. The repugnant characteristic having no apparent connection with the projector may be condemned or justified in the other individual thus releasing much internal tension. Here again rationalization is used as always to save the individual from too painful an analysis of his attitudes towards other people.

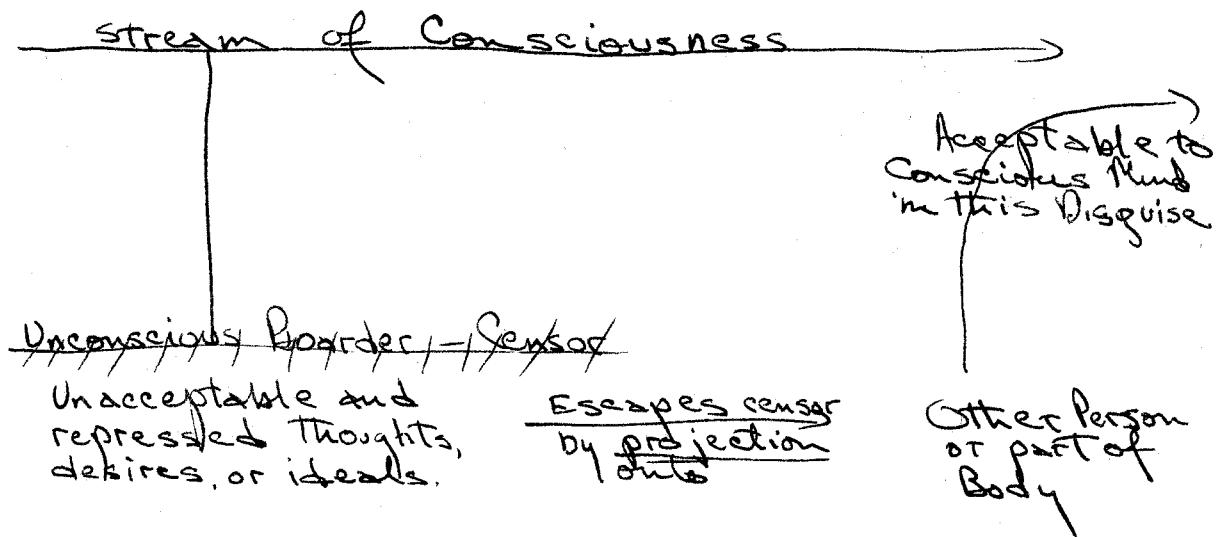
In Every Day Life — Everyone is unduely sensitive at times to meaningless remarks or actions of other people. This is because repressed feelings are projected onto other persons who are considered by the patient to have the same attitudes as he himself is hiding and fighting against. He can not bear to tell himself the unpleasant truth and is always on guard lest others may suggest it. Everyone also is at times unduely critical of other people and will attack them unmercifully. Usually the individual is really attacking some unacceptable side of his own personality which has

been projected onto the accused person. Much relief is obtained by the unconscious bawling out of ones self, however it is at the expense of another ofte innocent individual. Idealistic love is a good example of projection. The poet or artist sees the unattainable beauty of his own soul personified in the beloved one.

In Disease - The paranoid attitudes so common in mental disease are merely exaggerations of the normal sensitiveness to criticism. The psychopathic individual has always failed to live up to his ideas of what he should have been. The gap between his real behavior and his ideals has become insurmountable and the realization of his failure is painful. The ideal is therefore repressed but by means of projection is reborn again in other individuals. The patient thinks everyone is talking about him behind his back and criticizing him even to the point of persecution. In reality it is the repressed side of his own personality that is so bitterly blaming him under the guise of another person. Often the nurses and attendants are accused of having thoughts which in reality are projections of the patients own repressed ideas. Delusions and hallucinations are often projections of the patients own ideas which are tormenting him thru the medium of imaginary persons and voices. Conversion hysteria really belongs to the group of projection mechanisms. Here the repressed complex expresses itself in physical symptoms such as pain in the abdomen and or a paralyzed leg. The painful sense

of failure is repressed and projected onto one of the parts of the body. It is the weak leg or the palpitating heart which is a failure and not the individual himself. Intolerable self criticism is evaded by this mechanism of unconscious conversion of mental personality weakness to physical weakness.

### Diagram



INTROJECTION

Repressed desires do not always have to leave the unconscious mind to gain satisfaction. They may draw in material from the outside world as well as actually going out to seek it. The mechanism is one of introjection by which the individual incorporates certain factors or situations of his environment into his own personality. Introjection is the opposite of projection. In the latter the flow is outward and the repressions are objectified, losing all conscious relationship with the individual. In introjection the flow is inward and the patient gives subjective tone to external objects. The individual identifies himself with other people and thus shares in their successes and accomplishments. This partially satisfies his own repressed or unattainable desires thru an evasion of reality.

In Every Day Life - The main part of our pleasure in reading a book or seeing a play or a movie is the identification of ourselves with the characters. We introject the coveted experiences and qualities of the actors with remarkable relief of our own inner tensions. It is true that the substratum of a persons mind may be judged by what he reads and the entertainment he seeks. These forms of activity directly express the underlying desires and on what level they are capable of being satisfied. Many people who identify themselves with influential organizations, fashionable clubs or churches



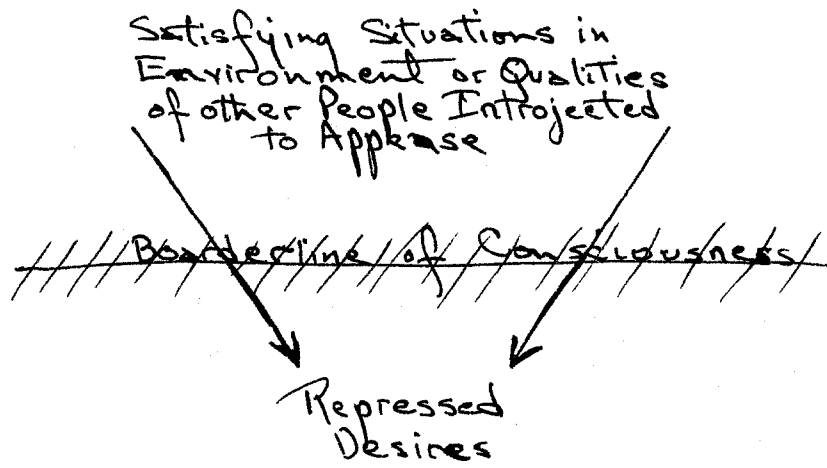
or successful and well known leaders, do so in order to satisfy their desires for success and importance. When such institutions fail, people drop away because there is no longer any sense of power or supremacy which may be introjected. The popularity of Lindberg is a good example of how people unconsciously satisfy their secret ambitions thru identification and introjection.

In Disease - Many of the delusions of grandeur seen in mental disease are exaggerated forms of introjection. Here the patient does not stop at drawing in certain desirable qualities of another individual but incorporates, so to speak, the whole personality. He becomes a Christ, a Caesar, or the President of the United States.

The mechanism of transference encountered in working with patients is a form of identification and introjection. Here there is a transferring of responsibilities, emotions and conflicts onto the physician. He acts as a sort of crutch or helping friend on whom to lean during the trying period of getting rid of repressed material. The doctor becomes a part of the patient's personality, a part which is less critical, more tolerant, and strong enough to bear the burden of painful thoughts and feelings without becoming unbalanced. When there is complete confidence in the physician we say there is a positive transference. Later this energy is redirected to more general and more varied interests. If instead of confidence there is hatred and resistance to the physician a state of

negative transference exists. The doctor is identified with the painful repressed ideas and therefore disliked and fought against .

### Diagram



COMPENSATION

Whenever there is a weakness of some part of the body Nature endeavors to overcome this by some sort of compensatory activity. The same mechanism of compensation prevails in defects of the personality, real or imagined. If one is not able to function at least as well as his associates in either the fields of sexual or individual endeavor he feels decidedly deficient as a person. The inferiority complex thus developed is painful and therefore repressed. The motive of compensation is to make up for these personality defects and regain the esteem of ones fellow men as well as ones self. Defects are compensated for in one of two ways, by increasing activity along the lines of the original defect, or by increased activity of other faculties. Feelings of inferiority calling for compensatory activity often rest on a deeply repressed inferiority complex established in childhood. Since a sense of inferiority is derived thru unfavorable comparisons of one's own capacities with those of others it is easy to see how a child might often feel inadequate. If he is made to feel inferior frequently and strongly enough, either thru lack of proper encouragement to meet problems, or thru actual incapacity, he may develop a conditioned attitude of failure towards all problems, even before tackling them. It is therefore important as a prophylactic measure to see that the child enjoys enough success to keep him stimulated in attacking newer and more difficult problems. Some other factors

leading to a feeling of inferiority are physical or mental defects, an inferior economical or social status, deficient personality assets, racial inferiority, or disappointments associated with a sense of failure.

In Every Day Life - Defects may be attacked directly such as when a one armed man excels in athletics, or a poor man accumulates great wealth. One may compensate for deficiencies by excessive activity in more promising fields of endeavor. For example a woman may be blocked in her normal sexual expression by her unattractiveness for men. To compensate for this she engages in welfare work or develops her talents. This mechanism of diverting repressed desires to other lines of activity beneficial to society is called sublimation. Often capacities tolerated by society but not beneficial may also be utilized to cover up a defect as in the elderly matron who devotes her love and care to a poodle instead of a baby. Belittling others compensates for one's own feeling of inadequacy. Belittling one's self strangely enough often serves the same purpose by implying that one could do much better. Such an individual is greatly hurt if anyone else agrees with his own opinion of himself. Bragging about parents, influential friends, material possessions, one's own good qualities, lineage and the like are compensatory mechanisms for some underlying feeling of inferiority. Fatalistic and cynical attitudes or religious fanaticism destroy the usual evaluations of life and are often compensatory for failure

to fulfil these normal values.

In Disease - Altho flag pole sitters, human flies, marathon dancers and the like can not be classified as insane, their behavior is hardly normal. These individuals compensate for deficiencies by activity in fields where competition is slight and success, such as it is, comes rather easily. In the mentally diseased compensation is excessive, such as the development of sexual exhibitionism and delusions of potency and power in a patient previously afflicted with a feeling of sexual inferiority. One patient compensated for a deep feeling of inferiority by hysterical epileptic attacks. All his life he had been unfavorably compared to a brilliant twin brother. In order to maintain his own importance in the family he unconsciously developed these attacks as a compensatory mechanism.

Diagram:

Defect of Personality  
due to -

1. Physical or mental inadequacy.
2. Inferior social, economical, or racial status.
3. Unattractiveness.

leads  
to

Failure to fulfil  
individual or sexual  
sides of life.

gives rise to → Painful inferiority complex.

repressed  
into

Compensatory Activity as ← results in Unconscious Mind

1. Over evaluation of successful traits.
2. Identification with successful groups.
3. Belittling others.
4. Distortion of usual values by cynicism, fatalism, and fanaticism.

MANNERISMS, FORGETTING, AND SLIPS OF THE TONGUE.

One of the fundamental laws of science is that of determinism. All phenomena result from previously interacting sets of conditions, which if brought together again in the same relationship the same phenomena invariably occur. Mental phenomena do not proceed haphazardly but likewise are the outcome of definite psychic processes. Psychoanalysis has shown that much of apparently meaningless, spontaneous, or accidental behavior is in reality determined by unconscious processes and repressed motives. Because of this, individual mannerisms, a slip of the tongue, errors in writing, lapses of memory and the like are valuable to the physician in estimating what is occurring in the patient's subconscious mind. Our confusion and exaggerated attempts to explain these temporary inadequacies of normal functions certainly indicate an underlying significance which we try to avoid. Freud says, "In the future, reason will be used to explain these things. At present it is used to explain them away."

In Every Day Life - Mannerisms arise as the symbolic expression of an unconscious wish or tendency. These may later become dissociated from the exciting cause and exist as habits which however are still significant. One may smoke cigarettes when emotionally disturbed in the attempt to express calmness. Another may continually shift his gaze signifying uneasiness and unwillingness to meet persons or issues squarely. Still another may stutter because of an early acquired sense of in-

security. A careful analysis usually reveals an underlying defect in the personality which is being covered up by these peculiarities of behavior.

Nietzsche once wrote, "I have done that says my memory. I can not have done that says my pride and remains inexorable. Finally memory yields". Forgetting may thus result from an unconscious desire to withhold an unpleasant idea from the conscious mind. That is why one forgets one's failures and painful experiences even when the attempt is made to recall them. That forgetting of names may be due to an unconscious desire to slight the involved individual is often recognized and resented by the recipient. One authority even suggests that those who generally forget names unconsciously do so to magnify their own importance by disregarding other persons as worthy of remembering. The mislaying of objects is one form of forgetting directed against the use of such objects which in some way have become distasteful thru association. Other types of forgetting may be explained in the same way, as forgetting dates or appointments, forgetting to write certain letters, and forgetting to return things borrowed.

Many slips of the tongue or pen are simply manifestations of associated ideas which have just recently been occupying the mind. Others have deeper roots and may express ideas which one would rather not recognize as existing. The embarrassment attending these involuntary confessions suggest that they are more than accidental lapses of attention.

In Disease - The mannerisms of a schizophrenic are fascinating in their symbolic expression of inner desires. They often closely approach primitive savage rituals and suggest that there lies within our unconscious minds vestiges of primitive racial memory. In dealing with psychoneurotics one often runs up against a blank wall of amnesia. Later on when the resistance has been broken down the incidents will be found not to have been forgotten but simply repressed so deeply as to have become inaccessible.

The interposition of foreign words occurring as slips of the tongue may be so marked in disease as to jumble up sentences into unintelligible masses of words. Words may even be split up and the syllables associated into new words which thus combine many trains of thought into one expression. This gibberish of the psychotic is called neologism or new language formation. Altho meaningless to the listener it has definite significance to the patient which in some cases can be analyzed and interpreted.

### Diagram

Associated train  
of thought or  
Disturbing idea or  
Desire.

↓  
Interferes with  
Conscious Stream  
by

→ Paralled symbolic  
activity or Mannerisms

→ Blocking of Conscious  
Train of Thought  
- Forgetting

→ Apparently Senseless  
Interjections - Slips  
of the Tongue



THE GUILT MECHANISM

The sense of guilt is a feeling of impending punishment which accompanies an antisocial thought or act. It arises as a mental mechanism to protect society from the more primitive instincts and drives which, if turned loose, would soon destroy the social structure. The sense of guilt is not present at birth. It is gradually acquired thru identification with parents and others and the introjection of their attitudes concerning social and asocial conduct of thought symbolized as good and bad. The child early learns that by doing what those around him consider wrong he is liable to punishment by actual infliction of pain or by denial of love. On the other hand conformity to what is considered right means security and the love of those around him. The individual is thus unconsciously conditioned to obey social laws rather than the powerful antisocial instinctive urges which have governed his behavior up to the dawn of civilization. Society is further protected by the intelligent acceptance of its value and by the external authorities of law. So strong are these safeguards of civilization that even the thought of yielding to antisocial conduct is enough to create a sense of guilt and anxiety.

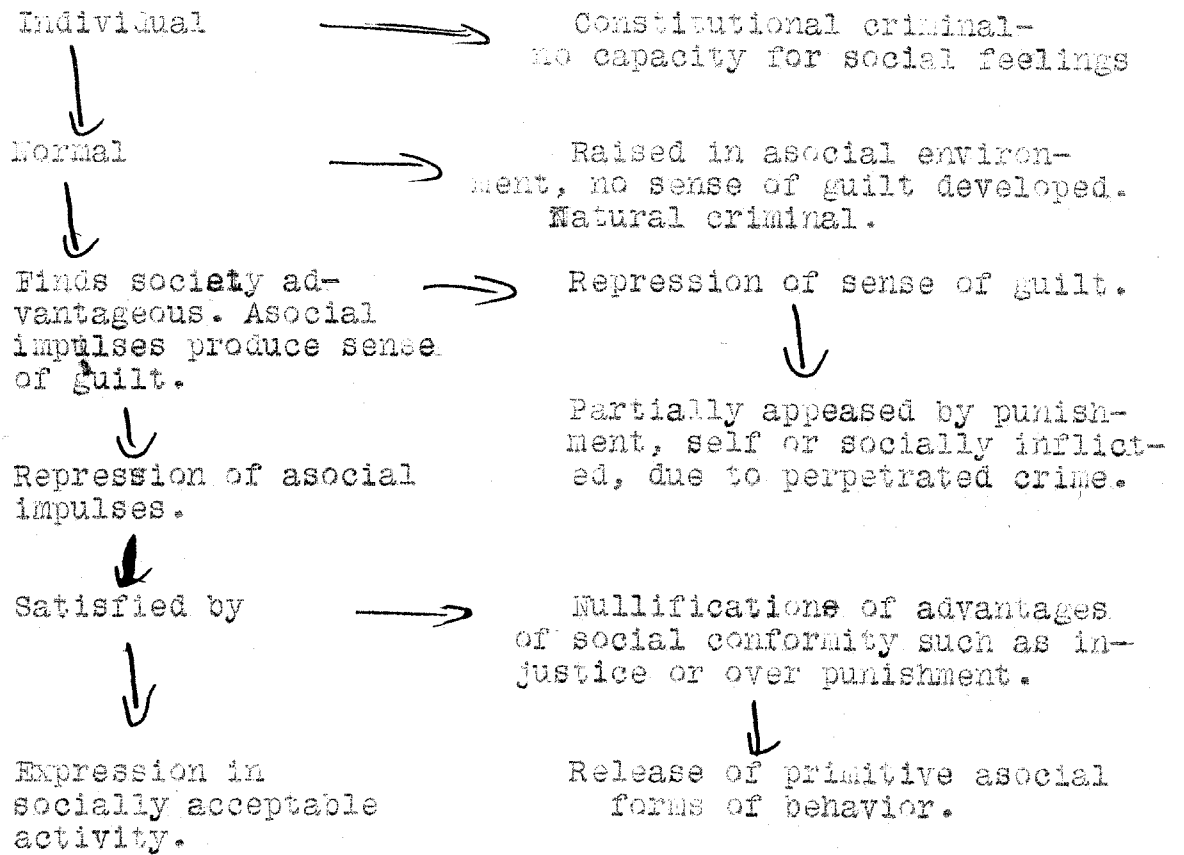
In Every Day Life - The guilt mechanism is an important factor in criminology. An overly punished individual, criminal or otherwise, soon loses all sense of guilt because society becomes a menace rather than a benefit. He may engage in antisocial conduct just to even up things. Underpunishment

lessens the sense of guilt not only in the criminal but in others. Society almost seems to sanction the misdeed. It has been estimated that about forty percent of all crimes are committed with the single object of obtaining punishment. With punishment comes expiation of social sins which have given rise to an unbearable sense of guilt. The sense of guilt may be appeased by the rationalization that others do the same things or by punishment such as penances, martyrdoms, and other atonements. Injustice may also destroy the sense of guilt. Social conformity means the sacrificing of many instinctive desires for the mutual benefit of all members. When the advantages of social adherence are lost the more primitive methods of meeting life are resorted to without a feeling of guilt.

In Disease - The delusions of persecution so often found in the insane are frequently projections of a repressed feeling of guilt which accuses the patient in the form of imaginations. In the psychoneurotic an excessive capacity for guilt, that is a strong conscience, may cause undue repression of instincts resulting in an unhealthy state of nervous anxiousness. A well developed conscience may on the other hand be compensatory for strong basic instincts which threaten to break thru into asocial actions. The deep need for punishment which is manifest in many psychoneurotics and psychotics is a mechanism by which painful feelings of guilt are partially appeased. This gives rise to all kinds of self inflicted physical and mental torture and lies back of the walls, lamentations, extreme depressions, and washing

of hands seen on the psychopathic wards.

Diagram ÷



REGRESSION

When an individual fails to obtain expression of his desires at a certain level he may drop back to an earlier form of behavior which he knows to have been satisfactory in the past. This resorting to more immature forms of gratification is known as regression. At birth wants are few but as the child grows older his desires blossom forth into more and more complex inner needs till in the adult it becomes almost impossible to enumerate or analyze them. For general purposes development may be considered as taking place along two lines, individual and sexual. How this development is directed and molded by the contact with society has been discussed under the guilt mechanism. The more immature the stage of growth the more primitive and asocial is the behavior.

The individual side of development deals with self preservation and protection from the environment. At birth the infant feels omnipotent. He soon learns however that the outside world limits the expression of his desires and urges. Omnipotency is then transferred to the parents especially the mother for they not he have the power to satisfy his needs. The individual next discovers that neither his parents nor any other people have power over certain dangers and frustrations arising in the environment and he appeals to mysticism, spirits and Gods for satisfaction of his desires. In the last and most mature stage there is the realization that the greatest security and most favorable medium for expression of desires is afforded by civilized

society. Power, success, and accomplishments secure the cooperation and backing of one's fellow men, the most powerful factor in self preservation today. These attributes therefore are the goal for fulfilment of the individual side of life.

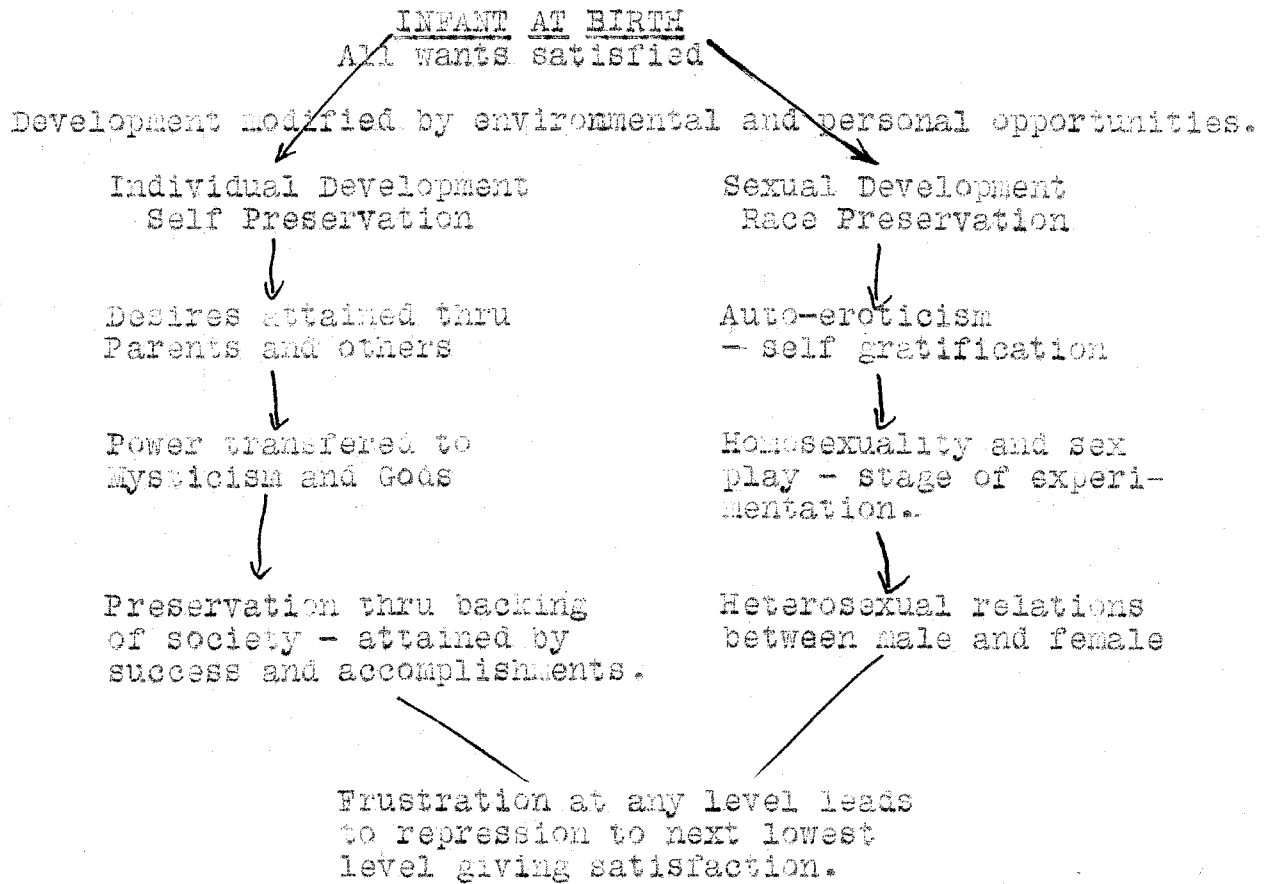
The sexual or race preservation promptings can hardly be said to exist at birth. Soon however the individual becomes interested in his body and associates certain zones, oral, anal, and genital, with sensual pleasure. This gives rise to auto-erotic play and self gratification. The next step is homosexuality with all the accompanying sex play and experimentation occurring in children groping for satisfaction of these vague and as yet ill defined impulses. The normal heterosexual relations between male and female represent the final transference and maturation of this side of life. Sexual maturity from the standpoint of society is far more important than individual maturity. This is why there is so much more external resistance to sexual regression, while individual regression is more of a personal matter.

In Every Day Life - Stages in the development which have been especially pleasant and satisfactory represent points of fixation. Any frustrated channel of expression is liable to return to these earlier levels of activity. A blocking of the adult heterosexual impulses leads to regression to homosexuality, sex play, and perversion or further back to auto-eroticism and masturbation depending on previous fixations. Blocking of the individual gratifications of success and accomplishments leads to

regression and dependence on mysticism, witch craft, or spiritual mediums for guidance and aid. Further regression leads to attachments to parents or other persons as expressed by mother and father fixations or devotions, servitude, and dependencies. Anything short of mature expression is of course incomplete and only partially satisfying. Environmental and individual limitations however often make gratification on these higher levels impossible. Repression then becomes a valuable mechanism in the compromise with life.

In Disease - In the mentally ill most of the restrictions of social disfavor are waived and free range is given to impulses. Auto-eroticism, homosexuality, sex play and perversions are very common. Exhibitionism and nudism are indulged in regression may even go so far as the assumption of the fetal attitude by the patient. Spirits and mysticism may dominate the patient. He may assume attitudes symbolizing great power and have delusions of grandeur.

The first step in retreat from reality is phantasy, mysticism, religious fanaticism, or spiritualism. The second step backwards is seen in the psychoneurotic who evades the painful conflicts with reality by repression before there has been a conscious resolution of the problem. The last step in regression from reality is seen in the psychotic who refuses to recognize anything outside of himself as important. There is a complete denial of all reality and a return to the earliest level of embryonic and infantile omnipotence.

Diagram - Regression

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