

## Chapter 27 — Complex-hunting

of *The Mind at Mischief:  
Tricks and Deceptions of the Subconscious and How to Cope with Them*  
(1929)

by  
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### Sources for Chapter 27, in the order in which they first appear

- (1) Edmund S. Conklin, *Principles of Abnormal Psychology* (New York: Henry Holt and Company, 1927)
- (2) Paul Bousfield, M.R.C.S., L.R.C.P., *The Omnipotent Self: A Study in Self-Deception and Self-Cure* (London: Kegan Paul, Trench, Trubner & Co., Ltd., 1923)  

[Note: Sadler probably used the American edition, published by E. P. Dutton & Company, New York, in 1923.]
- (3) T. W. Mitchell, M.D., *Problems in Psychopathology* (New York: Harcourt, Brace and Co., Inc., 1927)

### Key

- (a) Green indicates where a source author first appears, or where he/she reappears.
- (b) Yellow highlights most parallelisms.
- (c) Tan highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.
- (d) An underlined word or words indicates where the source and Sadler pointedly differ from each other.
- (e) Pink indicates passages where Sadler specifically shares his own experiences, opinions, advice, etc.

- (f) **Light blue** indicates passages which strongly resemble something in the Urantia Book, or which allude to the Urantia phenomenon.
- (g) **Red** indicates either: (1) an obvious error on Sadler's part, brought about, in most cases, by miscopying or misinterpreting his source, or (2) Sadler's use of an earlier text of his that contained time-bound information which he didn't revise when presenting it in *The Mind at Mischief*, resulting in a historical impossibility, or (3) Sadler's use of an earlier text of his which he revised in such a way as to contradict that earlier text.

Matthew Block  
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X: DISCOVERING THE COMPLEX  
 (Conklin 191)

[contd] In the preceding discussions of both the psychoses and the psychoneuroses interpretations have been made, often tentatively, in terms of repressed or forgotten material.... Obviously the cure of such disturbances, even temporary, depends upon the discovery of these repressed complexes or disturbing traces of former experience (C 191).

The methods in use may then be divided into those which are indirect and those which are direct.... The direct methods seek to arouse as immediately as possible a detailed recall of the complex (C 192).

Of direct methods there may be listed three:

## XXVII — COMPLEX-HUNTING

27:0.1 Over and again we have asserted that

the mischief-making complex must be located and disposed of as a part of the speedy and permanent cure of so-called nervous disorders—the neuroses—

and so this chapter will be devoted to describing the methods which are employed in locating and disposing of these trouble-makers.

27:0.2 1. *Direct methods of complex-hunting—*

Sometimes the medical psychologist feels impelled to employ one of three direct methods in endeavoring to locate trouble-making complexes—that is, when such methods are possible of employment.

These so-called direct methods embrace

1. **Crystal gazing**, or scrying, a high state of abstraction in which through visual hallucinations the repressed material is permitted direct expression.
2. **Automatic writing**, which is also a state of abstraction in which the subject achieves direct expression of repressed or dissociated material through the writing mechanism.
3. **Hypnosis** (C 192).

[See 17:7.2, 20:1.2, 20:6.9.]

[Compare C 203-04.]

What have been described above as the **direct methods** for discovering the complex or disturbing feature in psychoneurotic cases

have been **much less used**, although one or two of them may eventually prove to be quite valuable (C 202-03).

**crystal-gazing**,

**automatic writing**,

and **hypnosis**.

In my opinion it is seldom necessary to resort to any of these,

and except in the more serious manifestations of double personality and hysteria, I seriously doubt the wisdom of resorting to hypnosis as a part of the effort to perfect the diagnosis. I have no desire to question the possibilities of hypnotism, both in diagnosis and, to a limited extent, in the treatment of some of these disorders; but I believe that we have equally good, if not more efficient, methods of exploring and training the human mind, which are at the same time entirely free from the objections which may be attached to hypnotism.

27:0.3 Automatic writing, of course, along with crystal-gazing, can be employed only in patients addicted to such anomalies.

It would therefore appear that

the so-called **direct methods** of searching for the complex

are **not those which will be most commonly used** in our every-day effort to help the average nervous sufferer.

SOURCE

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The indirect methods seek only the probable nature of the complex (C 191-92).

27:0.4 2. *Indirect methods of complex-hunting*—

Of the indirect methods

Of the various indirect methods of looking for complexes,

dream analysis (1) has figured as one of the most prominent.

the one we are probably most familiar with is the study and *analysis of dreams*;

and while I cannot go all the way with Professor Freud in his claims of ability to get to the bottom of most cases of emotional suppression by the analysis of dream-life, I believe that we would do well systematically and painstakingly to inquire into the nature of our patients' dreams.

We often get valuable hints from the dream-life of these nervous sufferers, particularly from dreams that are recurrent.

In the relaxation of sleep the inhibiting mechanisms are assumed to be less active;

It is highly probable that the inhibiting mechanism—the so-called censor—is much less active during sleep,

consequently repressed material can the more readily achieve expression in consciousness.

But it is not assumed by the psychoanalysts that the inhibitory processes are entirely relaxed in sleep, consequently the distorted nature of the dream and the necessity for an elaborate technique of analysis of dreams

so that if we can penetrate the symbolism and the conglomerate confusion of dreams,

in order to discover the disturbing complex or complexes behind them (C 192).

we are often able to possess ourselves of invaluable information as to the basic nature of the patient's trouble.

SOURCE

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Others which must be discussed here in greater detail are the method of **free association** (2) in which the subject is asked to relax and then to give free expression to all which comes to consciousness, and the method of arbitrarily stimulated free association (3) in which the free associations are stimulated by carefully selected stimulus words (C 192).

[Critics of the method of free association] have pointed out that it is at least not a process of free association at all (C 193).

[These critics] argue that the instructions given to the subject, to talk freely of everything which comes to mind no matter how silly or insignificant or personal or disagreeable or delicate or apparently irrelevant it may seem to be, ...

set up an attitude which directs the association process to bring to mind that which is intimate and personal and disagreeable. [Etc.] (C 193-94)

In the method of **free association**

the subject is placed in a **comfortable** position and told to relax completely, to close the eyes if it is of any assistance in achieving the relaxation,

27:0.5 Another indirect method of complex-hunting is what is commonly known as the **free association test**—

altho it is oftentimes almost anything but free association,

since the very suggestions given out by the doctor

so many times influence the patient in carrying out this program.

The **free association** method consists essentially in

a program of first getting acquainted with the patient in a succession of conferences, and then encouraging him to talk out his thoughts and troubles fully and freely.

The sufferer is allowed to rest in a **comfortable** chair

and is asked to talk about himself, his fears, his worries; he is told to be unsparing of himself, to lay all pride aside,

SOURCE

then to give free expression to anything which may come to consciousness (C 192-93).

Then the subject talks freely and is encouraged to continue to do so and of course the analyst **makes a careful record of what is said** for subsequent study (C 193).

This procedure, sometimes called the **“talking cure,”** is famous as the basis for much discussion. Its advocates argue for it on the basis of their **successes** in discovering repressed complexes, and their claims for cures thereby (C 193).

The method of free **association to arbitrarily selected stimuli**, a series of **stimulus words**, has proved very fruitful and, while it is now undergoing a thorough overhauling in the hands of the experimental psychologists, the result seems likely to be not a rejection of it but a very great improvement of its technique (C 194).

For the ordinary routine of examination the **stop watch** is sufficiently accurate (C 196).

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and tell the doctor all that enters consciousness respecting the subject under discussion.

27:0.6 This method is, on the whole, very **successful**; if the physician is wise and experienced,

and is **careful in collecting and classifying this material,**

in time he comes to possess himself of a fairly complete picture of what has been going on in his patient’s mind.

It is in reality *the **talking cure.***

27:0.7 Then we have the method of **arbitrarily stimulated association,** the employment of various **stimulus words.**

The technique of this procedure consists in getting the patient comfortably seated in the office and then,

with an ordinary **stop-watch** in hand,

testing him with a list of specially selected words or with some standardized group of words, such as Eder’s list;

he is asked to say the word which comes up in his mind, the very first word which is suggested to his consciousness, when he hears one of these test words.

It will be found that

Ordinarily the average association reaction time will be found somewhere about 1.5 or 2.0 seconds with considerable individual difference (C 197).

the average person will develop an individual reaction-time, which ordinarily runs from one and one-half to two seconds;

but when a word comes up which is in any way associated, directly or indirectly, with his buried complex, he is liable to delay the reaction-time;

An increase of a second or more should be noted as possibly indicative, although the reactions indicating a complex are likely to vary from the general run of reactions so noticeably as to give little trouble in their selection.

the delay is usually so marked that it calls immediate attention to the fact that this word is probably associated with the seat of his troubles.

27:0.8 A few days ago we had a case in which the patient was running right along on average time—1.5 seconds—and when we struck the word that was associated with his undiscovered complex

The failure to respond, No. 4 [*see 27:1.2, below*], may seem incredible to one who has never used the method, but it sometimes happens that the sitter will remain quiet, as if thinking, for fifteen or twenty seconds

he became paralyzed, as far as speech was concerned—

and then suddenly exclaim that he is unable to think of anything (C 197-98).

in fact, could not think of anything for half a minute.

It was a very marked demonstration of the value of this method, especially in certain types of patients.



SOURCE

Of the general diagnostic lists one of the best is that made by Eder. This is an adaptation from Jung's famous list. Alterations of Jung's selection was necessary to avoid certain difficulties which grew out of translation problems. Eder's list follows:

1. head
2. green
3. water
4. sing
5. dead
6. long
7. ship
8. make
9. woman
10. friendly
  
11. bake
12. ask
13. cold
14. stalk
15. dance
16. village
17. pond
18. sick
19. pride
20. bring
  
21. ink
22. angry
23. needle
24. swim
25. go
26. blue
27. lamp
28. carry
29. bread
30. rich

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The standardized list of one hundred words, which we so often use for this purpose (Eder's List\*), is as follows:

- 27:0.9 1. head
2. green
3. water
4. sing
5. dead
6. long
7. ship
8. make
9. woman
10. friendly
  
11. bake
12. ask
13. cold
14. stalk
15. dance
16. village
17. pond
18. sick
19. pride
20. bring
  
21. ink
22. angry
23. needle
24. swim
25. go
26. blue
27. lamp
28. carry
29. bread
30. rich

## SOURCE

31. tree  
32. jump  
33. pity  
34. yellow  
35. street  
36. bury  
37. salt  
38. new  
39. habit  
40. pray

41. money  
42. silly  
43. book  
44. despise  
45. finger  
46. jolly  
47. bird  
48. walk  
49. paper  
50. wicked

51. frog  
52. try  
53. hunger  
54. white  
55. child  
56. speak  
57. pencil  
58. sad  
59. plum  
60. marry

61. home  
62. nasty  
63. glass  
64. fight  
65. wool  
66. big  
67. carrot  
68. give  
69. doctor  
70. frosty

## 27: THE MIND AT MISCHIEF

31. tree  
32. jump  
33. pity  
34. yellow  
35. street  
36. bury  
37. salt  
38. new  
39. habit  
40. pray

41. money  
42. silly  
43. book  
44. despise  
45. finger  
46. jolly  
47. bird  
48. walk  
49. paper  
50. wicked

51. frog  
52. try  
53. hunger  
54. white  
55. child  
56. speak  
57. pencil  
58. sad  
59. plum  
60. marry

61. home  
62. nasty  
63. glass  
64. fight  
65. wool  
66. big  
67. carrot  
68. give  
69. doctor  
70. frosty

## SOURCE

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71. flower  
72. beat  
73. box  
74. old  
75. family  
76. wait  
77. cow  
78. name  
79. luck  
80. say

81. table  
82. naughty  
83. brother  
84. afraid  
85. love  
86. chair  
87. worry  
88. kiss  
89. bride  
90. clean

91. bag  
92. choice  
93. bed  
94. pleased  
95. happy  
96. shut  
97. wound  
98. evil  
99. door  
100. insult (C 195-96)

71. flower  
72. beat  
73. box  
74. old  
75. family  
76. wait  
77. cow  
78. name  
79. luck  
80. say

81. table  
82. naughty  
83. brother  
84. afraid  
85. love  
86. chair  
87. worry  
88. kiss  
89. bride  
90. clean

91. bag  
92. choice  
93. bed  
94. pleased  
95. happy  
96. shut  
97. wound  
98. evil  
99. door  
100. insult

[1. This list is used here by permission of Dodd, Mead and Co., Inc., publishers of "Studies in Word Association," by C. G. Jung. This list appears on page vii of the introduction by M. D. Eder.] (C 196)

[\*From *Studies in Word Association*, by C. G. Jung; published by Dodd, Mead & Co., Inc.]

[See XXXII: THE WRITING OR ELIMINATION CURE (*Worry and Nervousness* 424-44)]

27:0.10 The *writing cure* is another method which has been employed advantageously in a certain type of cases.

Every now and then I run across a patient who does not talk freely, but who, the moment he leaves the office, thinks of things he should have brought to my attention—topics which he much desired to discuss. I teach these patients to bring memoranda with them to the office for discussion, and in certain types, where there seems to be a desire to write, I encourage them to write out everything that is going through their minds—to practise thus a sort of psycho-motor catharsis. It seems to do them a great deal of good, and they sometimes write out one hundred pages of manuscript a day. While it takes time to read this material, it proves to be of immense help in analyzing the patient's emotional life. I have come to depend a great deal, in certain cases, upon the help of this writing proclivity.

27:0.11 To sum up: the group of indirect methods of complex-exploration includes dream-analysis, free association, controlled association, and writing.

### **COMPLEX INDICATORS**

27:1.1 Perhaps it would be in order to explain more fully what happens in the case of the word-association test or the controlled association probe of the mind when relevant data are contacted with. How do we know, in testing out a patient, when we have struck a word that is associated in some way with his buried complex?

The effect of an aroused complex upon the association response is known to be varied. Any effect is termed a *complex indicator*. These complex indicators may be listed as follows:

1. Prolonged association reaction time (C 197).

We have already mentioned the fact of

prolonged association-time.

We should also call attention to the fact that sometimes, when we strike a lead during this test, the subject will

[contd] 2. Mere repetition of the stimulus word (C 197).

repeat the stimulus word.

We are, for instance, using “man” as the test word. Instead of expressing the word suggested by man, the patient will simply repeat “man” one or more times. This sometimes indicates that you have struck a line of thought which leads directly to the buried complex.

27:1.2 We also suspect that we are getting warm on the trail of the complex when the patient

[contd] 3. Response with a very unusual word (C 197).

responds with a very unusual word,

especially if there is a delay in this response.

More particularly are we impressed with the close proximity of the hidden complex when the patient

[contd] 4. Failure to respond at all (C 197).

fails to respond to the test word—

at least for one-half minute or more.

We likewise suspect that we are on the trail when the patient

[contd] 5. Response with two or more words (C 197).

responds with two or more words

and seems a bit overanxious to impress us with his ability to respond to that particular test word.

There is also sometimes significance to be attached to

[contd] 6. **Misunderstanding of the stimulus word** (C 197).

a pretended **misunderstanding of the stimulus word,**

and some investigators think there is significance to be attached to

[contd] 7. **Interpolation of "yes" or some other exclamation before or after the reaction** (C 197).

the **interpolation of "yes" or some other exclamation, either before or after the reaction.**

27:1.3 When you are nearing the buried complex, some individuals show a tendency to

[contd] 8. **Perseveration in essence or in form** (C 197). [Perseveration, No. 8, refers to the **repetition** of the association reaction given to a **preceding stimulus word**, the response given to one word repeated in response to the next word (C 198).]

**repeat** the response to the **preceding stimulus word,**

and in that way spar for time to avoid responding to the stimulus word which is associated with their offending complex.

Sometimes there is a tendency to

11. **Whispered response** (C 197).

**whisper the response** to the stimulus word that is in complex association,

and in certain highly hysteric individuals there may be

10. Appearance of **laughter, crying, coughing or stammering** (C 197).

**laughter, crying, coughing, or stammering,** in the response.

12. Naming of some object in the examining room (C 197).

At present it must be treated as little more than a preliminary probing or method of exploration, **valuable** as it has been proved to be for that purpose (C 200).

Since [the Kent-Rosanoff experiments] Gardner Murphy, by using a slightly modified form of the Kent-Rosanoff list has proved that the notion of a **dementia praecox** type or a manic-depressive type of association is a myth (C 200-01).

We also notice in some cases, when we strike a word that has to do with a hidden complex, that the patient will look around quickly

and **name some object that is within sight in the room,**

obviously a word having no connection whatever with the stimulus word.

27:1.4 This method of going on the trail of a complex and endeavoring to locate it by word association is not altogether easy, and is not invariably successful, especially in the hands of a novice;

but it is **of great value** in many cases, and is a part of the technique which every psychotherapist employs in his effort to run down hidden and mischief-making constellations and complexes.

One thing we should emphasize, and that is that there is no standardized pattern of reaction for different sorts of nervous disorders.

There is no typical method of reacting for hysteria, **dementia praecox**, etc.

27:1.5 All these methods of exploring the mind are limited, not only by the skill and experience of the operator, but by the suggestibility and temperamental type of the patient.

Hypnosis is the great method of abstraction, but it was long ago abandoned by the psychoanalysts as a means of discovering the repressed material behind a psychoneurotic symptom....

[The hypnotic state] is a state rather of greatly increased suggestibility peculiarly responsive to the wishes or commands of the operator (C 205).

Analytic methods, especially the indirect ones mentioned in the earlier part of this chapter, might be supplemented by using the apparatus familiar in the psychological laboratory for the methods of expression in the study of feeling (C 205-06).

[?]

One of the reasons why hypnotism has fallen into the discard as a method of exploring the mind is that

its very technique contributes to the suggestibility of the patient.

You are liable to get what you are looking for—to find what you expect—because you have made the patient more suggestible; he has to be amenable to suggestion to be under the influence of hypnosis. So in all these methods there is to some degree this tendency on the part of the patient to give the doctor what he is looking for—thus yielding to suggestibility.

27:1.6 I have found it very valuable to

check up all this work in the psychologic laboratory with as many tests as possible, using instruments of precision.

Many years ago I devised a group of tests which can be varied and which are of great value in helping us to check our observations; in this way the laboratory work contributes to the stabilization of our less precise methods of study and observation.



**EMOTIONAL ANALYSIS**

XI: THE RESULTS OF ANALYSIS  
(Conklin 208)

The formation of morbid complexes apparently takes place in quite the same manner as the formation of normal complexes, in fact a complex may at first be normal and then later become morbid (C 209-10).

Interspersed with [one's] experiences of English literature or of physics or what not there may have been many experiences with a certain girl for whom at that time there was a very active love sentiment aroused. The girl experiences, like the literature and the physics experiences, fall into their own constellation. So, too, may each have its own peculiar emotional accompaniment: love for the girl,

delight in the literature, and detestation for the physics.

If these are to be classified as complexes, and they conform to most of the definitions offered, then it must be admitted that complexes are a common experience of every person's existence, whether he be normal or morbid (C 209).

27:2.1 We must not overlook the fact that

there may be very little difference between a normal complex and a morbid, mischief-making complex;

for the normal mind is filled with an enormous number of normal associations of this sort, altho they vary in accordance with the individual's tastes and temperament.

There is a vast difference between

the complex that is built up around the love of a woman

and the complex centering upon a love of languages or a hatred of chemistry or physics.

Yet all these are normal.

We build up such mental associations in accordance with our likes and dislikes.

How then does a morbid complex differ from one which is normal in its behavior effects? At least four characteristics may be itemized:

1, for the content of the morbid complex the subject is amnesic, it cannot be voluntarily recalled;

2, although not recallable it continues to influence the waking behavior of the patient;

3, it motivates dreams;

4, artificial aid to the removal of resistance or the repressing mechanisms permits the reproduction of the content of the morbid complex (C 209).

27:2.2 One of the earmarks of the morbid complex

is an abnormal tendency of the patient to forget it;

it cannot be voluntarily recalled in a short time.

There is a definite and persistent tendency on the part of the subconscious to crowd the memory of it down into a psychic corner where, altho we cannot recall it, it can continue to exist and become more and more potent for mischief.

In other words,

while the buried complex is not voluntarily recallable, it continues to influence our psychic state and daily life,

as well as to crowd itself into our dreams.

In fact, it would seem that the more deeply and successfully these complexes are buried, the more likely they are to seek gratification and manifestation in the dream-life.

27:2.3 It would thus appear that

the abnormal or buried complex requires outside help to effect its resurrection and final elimination.

## SOURCE

Psychoanalyses have revealed that morbid complexes are always formed about certain drives or instincts or basic motivations of life (C 210-11).

As there are three fundamental human drives [1, the seeking for sexual satisfaction; 2, the urge to the continuation of comfortable living; 3, the desire for power or superiority], so would there be three kinds or groups of complexes (C 212).

It has been further argued by some that the sex drive is basic and that the others may be resolved into it. Perhaps by a species of rather exiguous reasoning such a resolution can be achieved, but the evidence therefor is not clearly present in the case histories. The war-neurosis cases seem to have centered about fear rather than about sex (C 210-11).

The desire for power or superiority will be recognized at once as that urge or motivation the checking of which results in the feeling of inferiority...

[Adler] has pointed out many of the stimuli which stir the feeling of inferiority, such as diminutive stature, poor health, defective organs or limbs, etc.,

because they appear to the individual as insuperable obstacles to the power or superiority desired (C 212).

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We usually find that these morbid complexes are associated with some of the master emotional urges,

one or another of our five so-called life-drives.

27:2.4 The shell-shock neuroses observed during and immediately following the World War afforded final and conclusive proof that not all neurotic symptoms are of sex origin;

subsequent study of this question has shown that

the desire for power, the superiority complex, may sometimes be the overdevelopment of a perfectly normal defense reaction against a pre-existing inferiority complex.

We know that

many times the inferiority complex is set up by the fact that an individual is small in stature, has poor health, or has other defects of development in limb or organ.

Someone has suggested that

The growth or appearance of assisting *defense mechanisms* is another manifestation of the morbid complex. Examples are reported of patients with an intense devotion to the cause of **antivivisection** whose devotion upon further examination proved to be but a **defense mechanism** which aided the ideals, the ordinary repressing or inhibiting mechanisms, to keep in check an unusually strong impulse to **cruelty** (C 213).

It is well known that many psychoneurotics, not all, shun the medical profession and flock to the many varieties of faith **healers** or mind curists.

If they went to a **regular** medical practitioner he would undoubtedly inquire into matters which the patients prefer not to think of, which if permitted to come to consciousness would be highly disagreeable (C 213-14).

This devotion [to a non-medical **cult** which claims to cure by supernatural means] serves as a **defensive mechanism**.

It serves as an aid to keep the disagreeable from coming to consciousness (C 214).

It might be readily argued that what is here called **compensation**

**really assists in preventing a disagreeable complex from becoming conscious**

**anti-vivisectionists** are simply an illustration of a **defense reaction** against the primitive urge of **cruelty**.

27:2.5 We observe the tendency on the part of many neurotics to seek out special **healers** and irregular practitioners

because they dread going to a **regular** and competent physician,

who will either ridicule their miseries or, more likely, tell them the plain and frank truth.

No doubt the prosperity of the healing **cults** is in a considerable measure due to this **defense reaction** on the part of neurotics,

who are trying to dodge the real truth about themselves.

**I think there is little doubt that substitution and compensation, in a certain measure,**

**really tend to prevent many a disagreeable complex from coming up into the consciousness.**

SOURCE

and as such should be called a **defense mechanism** (C 214).

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They are, after all, a subtle form of **defense reaction**.

**SELF-ANALYSIS**

X: **SELF ANALYSIS** (**Bousfield** 111)

[Compare B 111.]

27:3.1 Patients can do very much that is helpful, if they are disposed to be thoroughly frank with themselves, in analyzing their own emotional life. It is impossible, of course, for any of us to have the gift of seeing ourselves as others see us; but neurotic sufferers, if they get a start in the right direction, may go far toward solving their own puzzles.

[See 10:6.9.]

27:3.2 In this connection it may be observed that the technique of self-analysis may tend to make the patient introspective, to lead him into the habit of spying upon himself. This possible objection is quickly answered by the fact that neurotic sufferers are already introspective, sometimes almost to the point of hypochondria. We are merely teaching them how to think about themselves truthfully and logically instead of indulging in groundless fears and self-sympathy; we are merely substituting a helpful, controlled, and well-directed form of self-analysis for the "wild and woozy" self-consciousness they have been in the habit of indulging.

When an individual has come to the conclusion that he is suffering from some characteristic of Narcissistic nature, which he would rather be without,

27:3.3 When once started on a program of self-analysis

he should, first of all, carefully call to mind, and if possible **make historical notes** of the **situations**

you should **make a careful written notation** of all **situations**

## SOURCE

which stimulate the particular temperamental reaction to which he objects (B 111-12).

If he have an ungovernable temper, for example,

he should, in detail, go first into the type of situations which call forth that temper, and secondly, he should revise in detail the recent occasions upon which he has lost his temper,

and thirdly, *he should attempt to find out the particular moment, the particular words, the particular occasion which first began to stir feelings of temper within him before he actually began to show violent manifestations of it* (B 112).

[contd] Having all these things set forth satisfactorily, it would be well if he spent half-an-hour every day, for a considerable period, in performing the next part of the treatment.

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which stimulate or tend to bring about, or contribute to, your unpleasant and objectionable nervous reaction,

whether that reaction be temper, depression, anxiety, or what not.

Sit down and make a note of every recent appearance of the objectionable emotional reaction.

Study the antecedents of these occasions. See if you can locate what led up to each explosion, each particular emotional sprawl, of the kind of which you have elected to cure yourself.

Set down the particular words, the exact moment, and the actual situation of this pre-temper or pre-depression reaction.

Carefully study what you were doing and in just what state of mind you were at the time the undesirable nervous manifestation made its appearance.

27:3.4 If you are going to practise self-analysis

I would suggest that you spend one-half to three-quarters of an hour daily

SOURCE

He should go into a room by himself, where he will not be disturbed, recline on a couch or a comfortable chair, and allow his mind to drift backwards, year by year, remembering as far as possible, every instance on which the unfavourable symptom has been called forth (B 112-13).

He must take himself, as far as possible, right into childhood (B 113).

The patient will find himself, during this self-examination, repeatedly trying to excuse himself...

Let me emphasise at the outset, that any such excuses will be rationalizing; that he must say to himself, “Whether they appear normal or abnormal, according to accepted standards, those occurrences most certainly had their Narcissistic factor” (B 119).

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in letting your consciousness soar aimlessly while you gently guide it back into your past life

and observe what channels it seems to drift into.

Note where it pauses, observe what it tends to gravitate toward, and in this way you may gain helpful hints as to the real nature of your nervous troubles.

Look back into your early life

and frankly endeavor to recognize your earliest emotional shocks, serious disappointments, strong resentments; seek to identify your very early loves and hates, as well as to isolate your early ambitions and more profound nervous disturbances.

27:3.5 Make a careful study of your individual technique for formulating excuses for yourself—your alibis.

Become increasingly skilful in detecting the tendency to camouflage; in other words, develop a technique of fairness in dealing with yourself, in observing and classifying your psychic reactions and emotional behavior.

SOURCE

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The real secret of self-analysis consists in being wholly frank and honest with yourself, in being true and sincere, willing to face the facts and react to the demands and difficulties of a real world as a real man or a real woman.

27:3.6 Self-understanding is an indispensable prerequisite to self-treatment and self-cure.

[See 9:8.5-7 and 10.6.3-5.]

No patient can sincerely and effectively ridicule his fears unless he really and truly understands the nature and origin of these fears.

Thoroughgoing explanation must precede all attempts on the part of the patient intelligently to treat himself and otherwise to bring about those adjustments which are so essential to permanency of cure in the case of these functional nervous disorders, the so-called psychoneuroses.

**THE CRAVING FOR  
DISTINCTION**

XI: THE RESULTS OF ANALYSIS  
(Conklin 208)

27:4.1 Every human being craves not only sympathy

Some writers are now mentioning a desire for recognition or achievement. Certain as it is that this is a common desire of mankind, it need not be considered as a separate drive. The urge to recognition is but a phase of the more general drive for power or superiority (C 212).

but recognition in some line of human endeavor.



We all enjoy the idea of being distinguished, and so sometimes when we fail to hear the applause of our friends—when we find we are not distinguished in any of the ordinary channels of human endeavor, and at the same time are facing extraordinary difficulties—we are able to avoid the unpleasant realities, and to enjoy sympathy and distinction, by developing a first-class honest-to-goodness case of so-called nervous breakdown. In still other cases, disappointed and depressed individuals develop a group of physical symptoms which are more or less puzzling to the average physician, and thus they achieve a kind of distinction as semi-invalids and chronic ailers.

It cannot be doubted that

[Certain chronic worriers come to that sorry pass where they actually enjoy poor health, taking evident delight in reciting their sufferings and complaints (*The Truth About Mind Cure* 96).]

certain types of neurotics really come to enjoy this sort of poor health, and take pleasure in going about reciting their miseries to the doctor and telling their friends about their unique nervous disorders.

27:4.2 These neurotic symptoms, if properly organized and exploited, serve not only to enable their owners to retreat from the difficulties and responsibilities of real life, but provide a host of sympathetic friends and neighbors, and gratify, in some measure, at least, a trio of commonplace human desires, namely:

1. The desire to escape from reality,
2. The craving for human sympathy,  
and
3. The ambition to be distinguished.

**AUTOSUGGESTION**

27:5.1 The wise physician is always engaged in giving his patients suggestions, whether he is aware of it or not. There is suggestion value in the very attitude of the patient coming as a pupil to the doctor as a teacher.

But suggestion is only of temporary value in dealing with mental and nervous disorders;

If there is any truth at all in the claims of the [Freudian and Jungian] schools of interpretation these two schools of therapy must obviously supplement each other. The complex must be discovered as a step in the readjustment of the individual so that his behavior may be more normal.

the real cure consists in finding out the truth and facing it,

and then reeducating and retraining,

Then if there are, as in most cases there must certainly be, many other incidental and accessory attitudes and habits of an **undesirable** nature, these must be replaced by the more **desirable** (C 231).

putting in the place of these **undesirable** and unreliable reactions, **desirable** and wholesome methods of viewing life and reacting to one's environment.

XIII: **AUTO-SUGGESTION** (**Bousfield** 157)

27:5.2 If suggestion is going to be practised, there is no reason why

Suggestion of various kinds is a very powerful factor, and ... is for the most part an unconscious factor in determining our actions. But it is possible for us to give ourselves *conscious* suggestions which will afterwards cause us to act automatically, in accordance with the suggestion (B 158).

the patient shouldn't learn to talk to himself in this transiently helpful way.

SOURCE

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But there is one thing we may be sure of, and that is that passive and half-hearted suggestions are not going to get very far in the presence of

Apart from other things, one factor may be mentioned which is very antagonistic to suggestion, and that is *fear*, possibly fear which is for the most part unconscious (B 159).

real and long-established *fear* complexes.

[See 9:2.4.]

If your phobias and fears have reached the place where they may be recognized as a complex, if they are able to produce physical symptoms, if there is a definite emotional tone in their arousal, then you will not be able to do very much with suggestion and reasoning, whether you attempt it on yourself or whether the doctor endeavors to apply it.

[See 9:2.4 and 6:4.6.]

27:5.3 Man, after all, is ruled by his heart and not by his head.

[See 9:7.2-4.]

I have learned that I can reason with purely intellectual fears, superstitions and hoodoos—I can talk my patient out of a certain type of fear or phobia; but when the fear has been long established, in brief, when fear has an emotional consort—then it is not immediately subject to reason.

If your emotions are hooked up with your fears, it will require education and reeducation, training and retraining—in fact, there must be a radical reconstruction, resulting finally in the displacement of the morbid complex by an effectively acting normal complex.

[The only known cure for fear is *faith* (5:1.14); also in *Personality and Health* (1923).]

After all, faith is the only known cure for fear.

SOURCE

It is not impossible to improve oneself by suggestion, even though one may be ignorant of the cause of one's trouble, but I have found that it is infinitely more easy to obtain this improvement

if one has previously brought into consciousness the underlying cause, and can therefore direct one's suggestion to this rather than merely to the effect or symptom (B 160).

Effort should be avoided; suggestion is not an effort of **will**

so much as an impression effected by the **imagination**.

When an individual is giving himself suggestion, he is not fighting an active battle, he is merely allowing ideas to sink into his mind; and if they are repeated often enough, like drops of water which **in time** wear a channel in the stone, they will make their mark and produce their effects in due course (B 163-64).

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27:5.4 Of course, autosuggestion works best in those cases

where the patient most perfectly understands the nature of his trouble

and most sincerely and honestly desires to effect a cure.

And we must remember the great value of imagination in dealing with these nervous disorders.

You are not going to accomplish so much by the exercise of sheer **will** power

as by cultivating decision and utilizing the great power of **imagination**,

really acting the part of the victor for the time being;

and then, **in time**, you will actually come to enjoy and experience those things which at first you merely pretended.

**REEDUCATION**

## THE APPLICATIONS OF MEDICAL PSYCHOLOGY (Mitchell 143)

In dealing with the applications of medical psychology it is necessary to draw a dividing line between Freudian and pre-Freudian conceptions, or, as we may say, between the psycho-analytic and the **hypnotic** periods of investigation and treatment (M 144).

[See 27:0.4, above.]

## SURVEY OF THE DOCTRINES OF MEDICAL PSYCHOLOGY (Mitchell 165)

Divergence of opinion is perhaps most likely to arise concerning the nature of the impulses that are subject to repression and the content of the unconscious. This is the point at which an influential body of English psychologists part company with Professor Freud and his followers. They accept the concepts of **conflict, repression** and the unconscious, and to some extent the doctrine of **transference**;

[If **we reject the Libido-theory** and the doctrine of infantile sexuality, the whole structure which we know specifically as psycho-analysis tumbles to pieces, although we may still be left with a tenable view of the part played by conflict and repression in mental life, and with a possible theory of the neuroses (M 172).]

27:6.1 Before the days of Freud, psychotherapists depended almost exclusively on **hypnotism** to locate the offending complex.

Freud made one advance, at least, in that he got away from hypnotism, **tho in my opinion he depended too much upon dreams.**

We have all come to accept many of Freud's ideas of **repression, conflict, transference**, and so on,

even tho **we reject his hypothesis of the libido**

## SOURCE

but they do not admit that only sexual impulses are repressed or that repressed sexual impulses alone are concerned in the development of neurosis (M 172-73).

When [Jung] first put forward his views on [psychological types] he distinguished two types into which all human beings can be classed—the extrovert and the introvert.

In the extrovert the fundamental function is feeling,

in the introvert it is thought (M 176).

According to Jung, some adaptations to life require more thought than feeling, while others require more feeling than thought; and a conflict that may lead to neurosis arises when the introvert is faced by situations that demand feeling more than thought, or when the extrovert is called upon for more thought than feeling.

Thus Jung has been led to give up looking for the cause of neurosis in the past life of the patient, and hopes to find it in the present (M 176-77).

For Adler, even more than for Freud or for Jung, all the activities of life are pervaded by purpose. But while for Freud the purpose is the attainment of pleasure and the avoidance of pain,

while for Jung the purpose is adaptation to life,

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and are not disposed to believe in his theory of the almost exclusive sex nature of our psychic conflicts.

27:6.2 Following Freud came Jung with his extravert and introvert theories,

the extravert being one who fundamentally functions by feelings,

and the introvert one who is more or less preoccupied with his purely thought life.

Jung postulated a conflict between these two types,

and sought for the trouble in the present conflict and not so much in the past life,

as Freud was wont to do.

27:6.3 So we have come up through a metamorphosis in the matter of emotional study.

Freud sought to bracket everything in life as pleasure—the avoidance of pain.

Jung laid emphasis on adaptation to conditions of life, self-preservation;

## SOURCE

Adler would seem to see the whole purpose of life in the acquisition of power and superiority over one's fellows (M 179).

[See Chap. 5.]

## XII: READJUSTMENT OF THOUGHT (Bousfield 138)

In order to get rid of [the] worrying habit, to close the channel which permits of it, a person must simultaneously cut out pleasurable day-dreams also, and thus close the channel entirely. Therefore, let us recommend the individual who indulges largely in day-dreams, to get rid of the habit as soon as possible (B 140).

[See 5:1.14, 22:13.1; also *How You Can Keep Happy* (1925).]

## 27: THE MIND AT MISCHIEF

and Adler followed with his hypothesis of the power urge.

I have, of course, made it clear in a former chapter that I have lately come to group my patients' conflicts into five grand divisions—the life urge, the sex urge, the power urge, the religious urge, and the social urge.

27:6.4 Reeducation is merely the term we have come to employ to embrace all the methods which are used in getting the patient out of the dominance of these morbid complexes and back into normal reactions and relations to life.

We find it necessary to teach our patients to think accurately and sincerely, to be honest with themselves,

largely to cease day-dreaming and get down to "brass tacks";

to meet difficulties squarely and to face obstacles bravely.

In other words, what we are aiming at is the development of stamina.

SOURCE

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27:6.5 We start out with the idea of training those wobbly, nervous individuals to

*For it may be accepted as a fact that, with proper cultivation and education, more real pleasure can be found in suitable directive thinking*

accept the idea that there is far more real pleasure in directive thinking

and actual achievement—in meeting the difficulties of life and surmounting them—

than in any amount of day-dreams (B 143).

than in day-dreaming and the shirking of responsibility.

A majority of educated people, of a so-called normal type, when they have completed their day's work, and are fatigued, require some sort of mental rest, and as a rule some kind of phantasy thought is resorted to in the evening. Also, when this fatigue is cumulative, they say, "We have worked eleven months, and now require one month's holiday." ... They throw off their adult status and responsibility, and deliberately take this regressive reward (B 146-47).

27:6.6 Of course, we all want periods of freedom from responsibility. We want our week-end relaxation and our annual vacations, holidays, etc.

They are all efforts to get away from the stress and strain of our complex modern life.

[Moreover, a certain amount of enjoyment of phantasy such as is obtained from novels or theatres may be in many people quite a useful and adequate form of relaxation (B 167).]

We also seek for relief of this nature in novel reading and attendance upon the theater.

[In others, however, in those where it has exceeded the limits of absolute control, it is necessary, for the time being at least, to attempt to cut it out as completely as possible ... (B 167-68).]

It is only the abnormal indulgence of the fantasy-life that must be combated.



SOURCE

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27:6.7 This reeducation or reconstruction consists, briefly, in training the patient in the art of

[T]he easiest and most convenient channel for us to turn our energy into is one which still satisfies the sense of perfection, that is to say, one in which we may feel that *we are, by our act, becoming more perfect in reality,*

*instead of clinging to our perfection in phantasy* (B 151-52).

getting pleasure out of the reality of performance and achievement,

in place of seeking for it in the indulgence of fantasy.

It is in connection with this desire to be enlisted in the attainment of an ideal—this perfection-hunger which is so laudable and which we all have more or less—that religion serves a great purpose in inspiring us with the ideal of infinity in our efforts at perfection attainment, inasmuch as it exhorts us to be “perfect even as our Father in Heaven is perfect.”

XI: READJUSTMENT OF OBJECTIVES (Bousfield 121)

27:6.8 As we grow up we must do something to deliver ourselves from the fetters of the more or less Narcissistic view of life, in which we were the center of things, and in which we could, in fancy, realize the fulfillment of every wish.

We must bear in mind that the Narcissist’s inability to realise distinctly the difference between phantasy and fact will often lead him to suppose possible that which is impossible in the ordinary affairs of life, and to ignore difficulties which may really be insuperable, which stand in the way of his aims and projects (B 121).

Sooner or later we must distinguish between the possible and the impossible,

SOURCE

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Moreover, not only does he fail to recognise the difficulties in the way of any particular task, but he fails to recognise the fact that two projects which he has in his mind may be incompatible with one another; or he fails to recognise that great “*Time-factor*,” which I have mentioned before, and tries to condense more work and more visible results into a given period than is human possible (B 122).

become reconciled to the actual conditions of life,

reckon with the fact of time,

formulate long-distance plans, and learn to carry on a protracted struggle to realize our ambitions.

No longer can we rub Aladdin’s lamp and have one of the genii come forth to do our bidding and enable us to realize our dreams, regardless of time, space, and circumstance.

27:6.9 One of the most important things for the nervous patient to learn is to

Most people will find on self-examination that their aims are by no means clearly defined; they have an *object in life*, but it is vague in outline, and ill-defined; it is often only a question of getting somehow through life, with enough food to eat, and sufficient phantasy thought to keep them from boredom (B 123-24).

have a real *object in life*,

to have a well-formulated plan for attaining this goal, and then to stay on the job and see it through;

SOURCE

If a person, on self-examination, finds that his aims are not clearly defined, or are in conflict with one another, or, on the other hand, that his aims or thoughts are in part phantasy and impossible of fulfilment, that person should at once deliberately remould and re-state his aims, so that they become:

- (a) clearly defined,
- (b) clearly possible.

Moreover, the aims should be of two kinds:

- (1) immediate,
- (2) remote (B 124-25).

*Now, the first thing which the individual should bear in mind is that an immediate aim should always be in harmony with the remote aim.*

Let it also be borne in mind that when we state that the aim should be clearly possible, we do not only mean that the aims should be possible from a point of view of external environment and circumstances,

but also having regard to the patient's own intelligence, will-power, education, and physical health—in other words possible in the case of this particular individual (B 125).

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of course, this aim must be one that is not only

possible but reasonably probable;

and it is a good plan for the average nervous individual to have two objects—

an immediate and a remote one—

and to lay plans for the attainment of both.

These two aims should be more or less in harmony and largely reciprocal.

27:6.10 In selecting an objective in life, get one that is not only possible,

but possible for you.

Too many heartbreaks come to nervous people because they have tried to play the role of a round peg in a square hole.

SOURCE

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If you have not been able to choose a program,

[contd] Now let us consider in detail the further course to be pursued by the person who purposes to treat himself along these lines. Let him take pencil and paper and write out in the fullest of details a list of his aims, great and small, in the first place, without any reference to their bearing upon one another, or any attempt at classification, keeping mind that by aims in life, we mean wishes which he hopes will be fulfilled (B 125-26).

write down all the things you would like to do,

then take hold of the problem in a “hard boiled” way

Now let him run through the list again, and see whether any of the aims are in conflict with one another, and whether any of them are inconsistent from the view point of his, and are therefore impossible of fulfilment. Let him put his pencil definitely through such impossible aims, and cut them out of his life,

and check off those that are impossible for you; question-mark those that are improbable, eliminate those that are conflicting, decide which you can and should attempt,

with as full a realisation as possible of the fact that they are nothing but dreams, that he need never consider them again, that he must not regret them, for that is mere infantile crying after the impossible (B 126-27).

and thus make an end of traveling around in circles and indulging in vain wishes and impossible fancies.

Get down to business, go into action, start somewhere, and, having decided what is your proper goal, keep your eyes on it until you arrive.

27:6.11 “What are you going to do?” I asked

Perhaps at this point the details taken from a case of a woman suffering from a “nervous breakdown” in which I used this method as a subsidiary form of treatment, may not only be of interest, but will also throw some light on the practical working of the method. I may mention that her chief troubles were insomnia, constant worrying, great depression, and inability to settle down to work of any kind (B 128-29).

a woman who had experienced twelve or fifteen years of failure,

tho she had a college education.

[contd] In the first place, this patient commenced by stating that she had no aim in life at all. She had to admit, however, immediately after, that she had at least the aim of wishing to get well, or otherwise she would not have come to me (B 129).

“I just don’t know,” she said.

I told her to go home, and write down her aims, in the manner I have just indicated (B 129).

I got her to write down a few things she would like to do,

[contd] The following was the list brought to me on the next day.

and she wrote—“study medicine,” “teach school,” “take up music,” “be a private secretary.”

(1) To be well.

(2) To be married.

(3) To become a doctor.

(4) And if I cannot do that, to become a masseuse.

(5) Or a psycho-analyst.

(6) Or a private secretary.

(7) And I should like to have two children (B 129-30).

[contd] With this rather pathetic list in front of me, I asked her to give as far as possible the reasons she had for these various wishes, and to examine these on the lines I had indicated, with the following results (B 130).

(3) *To become a doctor.*

“Concerning this,” she added, “I have always liked studying Zoology, and microscopic work, and diseases. Moreover, it is the only way in which one can make money in a really interesting manner” (B 130-31).

(6) *To become a private secretary...* She, however, realised at once that the immediate aim in this case should be the shorthand, book-keeping, and type-writing, and she said, “I will go tomorrow and see where I can learn these things.” ... And on the morrow, she actually did commence her studies on these subjects (B 133).

But she had no good reason for these choices.

When I asked her why she wanted to study medicine,

she said it was an honorable profession, everyone respected a doctor and if she could get hold of some wealthy patients she might make money quickly, and then she could travel and see the world.

There you go! Trying to plant a crop one day and reap the harvest the next. This woman was not choosing sanely and reasonably; she was not allowing a sufficient interval between seed-time and harvest.

Her reason for taking up music was that she had some little ability, that some rich person might get interested in her and finance her, and then she could sing in grand opera. There it is again—no real reason—just fantasy! Fairy stories lived over again in adult life.

She had more reason for selecting teaching. It was the only honest choice in the whole group.

Her only reason for wanting to be a private secretary (and she would not admit this at first)

## SOURCE

[At this point, it is very easy for the individual to suddenly find that he or she has become, in day-dreams, the **secretary** of a duke or American **millionaire**. And so the phantasy goes on (B 141).]

I have shown by this example the ill-considered, phantastic, and conflicting aims, which some persons may at first produce when they attempt deliberately to classify them. [Etc.] (B 134)

## XI: THE RESULTS OF ANALYSIS (Conklin 208)

The purely **Freudian** movement has centered upon the therapeutic value of bringing the repressed material to consciousness

and relying upon the healing effect of such a **catharsis** (C 230).

**Jung**, however, has led a branch of the psychoanalytic movement which has **insisted upon** the inadequacy of merely bringing the content of the complex to the consciousness of the individual sufferer ... What the patient needs is a **reëducation** (C 231).

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was that she might get a job with some **millionaire** or great business man who might be a bachelor or a widower, and might fall in love with her and marry her, and then all her problems would be solved. She would have a home and freedom from responsibility.

27:6.12 The purpose of repeating this unfortunate woman's experience is merely to show how not to start the program of reeducation when it comes to the subjugation of nerves.

The conquest of nerves is to be effected by real, honest, sincere thinking—by practical planning, and by persistently carrying forward these plans regardless of obstacles—until in the end we acquire the habit of successfully reacting to our environment. There is no other way of achieving what we call **stamina**—of developing a strong character.

27:6.13 This is where Jung and others improved upon **Freud**,

who thought that a patient could be cured by merely discovering the buried complex—

by what he calls psychic **catharsis**.

**Jung**, Dubois and others have more properly **insisted upon** the importance of **reeducation**,

of getting the patient away from his distressing life and into an ordinary and practical technique of living.

27:6.14 In order successfully to master these neurotic complexes, the victim of nerves must make up his mind to understand himself thoroughly. The habit of dodging all undesirable thoughts and feelings must be abandoned. There must be an expansion of the idea of the conscious grasp of the personality. These nervous people must make up their minds to become masters of themselves, psychically and emotionally. They must not allow the knowledge of defects to breed within them either an inferiority complex, or, as a defense reaction, an obnoxious superiority complex.

27:6.15 Knowing ourselves as we really are, and notwithstanding our defects or mediocrity,

[[Peace of mind] largely consists in continually recognising what **facts** are unchangeable, and ceasing to **bemoan** or phantasy about these unchangeable facts (B 168).]

we should accept the **facts** bravely and turn right around to master the situation, play the game, and not **bewail** the handicap.

We should capitalize the abilities we have and learn how to make the best of them. An important step toward that end is learning to give up all sham and pretension. Thousands of people would immediately augment both their happiness and health if they would quit putting on an artificial front, indulging in so much sham and pretense.

[See UB 100:7.2.]