People have always found it easy to believe that life in their time was much more stressful than that of previous generations. As far as physical stress is concerned, today most of the killing diseases of early adult life, as of childhood, have been mastered. Many more of us now can expect to survive into our sixties and seventies; but, surprisingly, in the last hundred years there has been very little prolongation of the limits of our active life. Even now, among working men in their early sixties, one man in ten finds himself incapacitated by sickness for three months out of each year. For more than a century many writers (both medical and lay) have attributed the increase of mental illness in our society to the ever-increasing pace of modern life. One hundred years ago, for example, a writer to *The Times* confidently ascribed the increase in the number of the insane to ‘the rapid and frequent railway travelling of this age’, which, he argued, ‘must be injurious to the brain’.

**Mental Illness**

As yet, however, careful inquiries have not been able to demonstrate a real increase in serious mental illness, at any rate in persons under fifty, during the last century. Whether the minor forms of mental illness—the neuroses, obsessional states, and personality disorders—have been increasing we cannot say with any confidence because we have no reliable estimates of their prevalence in earlier times. What we can say, however, is that they have become much more widely recognized and discussed, and that patients are now much readier than before to seek help for these complaints. Many more people in Britain consult psychiatrists today than ever before; but this is partly because never before have there been so many psychiatrists to consult. It is also true that general physicians are re-discovering the importance of emotional disturbance in the origin of many minor physical complaints. I say re-discovering, because these concepts were well known to some physicians of the seventeenth and eighteenth centuries. George Cheyne, who gave his name to Cheyne Walk in Chelsea, maintained that a third of all his patients were neurotic: in his book *The English Disease*, published in 1733, he wrote that the English were especially prone to nervous disorders.

Neurosis, therefore, has long been prevalent in our society—as it is to some degree in every society. In times of rapid social change many people find a need for reassurance, which traditionally has been met by invoking supernatural help through the agency of priests or witch-doctors. In the developing towns of West Africa, for example, magical cults and healing shrines have multiplied in the last few years. Here in Britain we are more sophisticated: we take tranquillizers—but we often take them with magical expectations. Before discussing these drugs, however, I should like to draw attention to two allied conditions, namely suicide and depression. These present
an especial challenge to society because each represents an individual’s sense of despair of life’s having any meaning.

**Durkheim on Suicide**

Suicide has for many years been of special interest to sociologists, not only because it is such an unequivocal repudiation of social values but perhaps especially because it expresses a social phenomenon which can be counted. For well over 100 years it has been known that suicide rates are different in different societies and that they persist with remarkable regularity from year to year so long as no big social change occurs. Durkheim, the pioneer of empirical research in sociology, devoted years of study to this topic. He was concerned to show why, during a century marked by great material progress, the suicide rate increased in almost every European country. His analysis still has relevance for us today.

Durkheim pointed out that suicides were sometimes altruistic, in that the individual surrendered his life for the greater good of the family, group, or community to which he belonged; other suicides were egoistic, prompted not by concern for others but by a purely individual despair; others again were prompted by what he called *anomie*, that is the loss of social cohesion, of the sense of shared social sentiments and values. It was the egoistic and the anomic types of suicide which had shown a tendency to increase. In discussing their social causes, Durkheim pointed out that as modern industrial society changed from being dominated by tradition and religion to become a rational and secular state, many of the former mainstays of social stability were undermined. It is interesting to recall his two criteria for social advance: one was the replacement of traditionalism by rational understanding and deliberate choice; the other an extension of self-interest from the individual or a local group to recognition of the common interest of a larger community.

Durkheim’s concern was exclusively with society. He recognized that social institutions must have an influence on individuals’ lives, but he did not believe that knowledge of individual psychology could contribute to a better understanding of these institutions themselves. This was perhaps because in his day there was no adequate psychology of human motivation. His influence is still strong in sociological thought today, not only because he set a pattern for empirical research but because the great issues he contended with—those of *anomie*—that is, loss of social cohesion—and of the necessity for exercising deliberate choice are very much alive today. One finds *anomie* exemplified in many studies of social disorganization; and the insistence upon choice (if not Durkheim’s faith in the triumph of rationality) is echoed in contemporary existentialist philosophy.

Since Durkheim died, in 1916, there has been a further development of the trends in society which he described—a further weakening of religion, of traditional values, of social hierarchies, of extended family ties. The old forms persist, but they are emptied of much of their significance: they no longer provide fixed points for the orientation of social values. Durkheim hoped that a new basis, to replace tradition and religion as the source of moral judgments, might be provided by groups of people engaged in a common occupation. This prophecy has been fulfilled, but in a way different from what he expected.
Growth of Conformity
In his book *The Organization Man*, William H. Whyte has shown the extent to which the growth of vast business corporations has come to provide a whole sub-culture, an enveloping mode of life in which conformity to the organization’s norms and suppression of individuality become matters of supreme importance. The alarming thing about this situation is the docility with which young men seem prepared to sacrifice their individuality in exchange for the prospect of financial security in an organization. Another American sociologist, David Riesman, has contrasted three types of moral systems: those which are tradition-centred (as in the Middle Ages, when religious and autocratic authority were unchallenged); those which are inner-directed, each man obeying his own conscience and claiming direct access to his God (as in the Protestant ethic); and thirdly those which are other-directed, in which the individual subordinates his own values to the expectations of the other people who surround him. The state of other-direction, which Riesman finds increasingly common in modern society, encourages feelings of individual insignificance; it also causes a spiritual emptiness which leaves men susceptible to irrational ideologies. Other-directness reflects an impoverishment of the personality.

Conformity to the organization and submission to other—direction both accept a recognition of social bonds; both are consonant with conventional, if debased, middle-class values. If the picture which Richard Hoggart has drawn for us of contemporary working-class society is accurate—and it certainly rings true—then for the majority of our fellow-citizens even these meagre values have little meaning. Hoggart has surveyed the life and leisure of today’s urban working-class in order to appraise what our nation has gained as a consequence of the relatively new phenomenon of universal literacy. His findings are dismal. Elementary schooling has taught our population to read, but it falls short of imparting an appreciation of literature or art; it develops a dim awareness of scientific progress, but fails to equip the ordinary man with the wish, or the ability, to go on learning for himself. As a result he vacillates between total scepticism towards all values which are not crudely materialistic, and extreme credulity for assertions which invoke the name of science. Hoggart reports the withering away of verbal traditions, of local activities in which working people used to take part. In their place he sees the spread of a faceless culture whose members passively imbibe the endless stream of trivial, intellectually enervating entertainments offered them by the mass media.

Loss of Social Cohesion
It is in Hoggart’s faceless culture, rather than in the more sophisticated world of the Organization Man, that we can recognize the loss of social cohesion, the loss of the sense of shared social sentiments and values in our society. In his study, as in any sociological analysis, the behaviour of groups of people provides the ultimate observation. But when one deals with people not in groups but as individuals, it is difficult to remain altogether dispassionate and detached. To encounter a fellow human being in a state of despair compels one to share, at least in imagination, his elemental problems: is there any meaning in life? Is there any point in his staying alive?

During this year over 5,000 people will have committed suicide in Britain: at a conservative estimate, another 30,000 will have attempted suicide, and many thousands more will have lived through—or be still contending with—a state of
depression in which life becomes a pointless misery. Apart from those who are seriously depressed there are many more who lead a lack-lustre existence, ‘living and partly living’; and there are others whose dissatisfaction with life bursts out in acts of violence. A smouldering sense of defeat sometimes can break out in this way. Murder is not infrequently followed by the suicide of the murderer; but this association is found more often in the suicides of poor people than in those of the better off. If there is this aggressive accompaniment of melancholia, may there not be an element of depression and despair behind the increasing number of violent crimes in our society? One of the inescapable, and still unexplained, realities of life in this island now is the recrudescence of violence which reversed the trend of the previous hundred years, and which has contributed to the almost threefold increase in our prison population since 1938. Why is it that grown men and women, no less than teenagers, are registering this unmistakable vote of no confidence in a society which has in so many ways improved their physical and material conditions of life?

I believe the answer is to be found in our loss of conviction in any supra-personal system of values, which would lend significance both to the existence of our species and to our individual lives. Until this century, for the majority of our race the ultimate criterion of man’s significance was held to be his direct relationship with God. ‘What is man’s chief end?’ asks the Scottish Shorter Catechism, and gives the reply: ‘Man’s chief end is to glorify God and enjoy Him forever’. This theme is reiterated in other Christian teachings, and in many other religions.

In our society there are still some people who sincerely believe in the teachings of the Christian Church, but the Church’s own statistics show that they have become a minority group—a rather small minority. The rituals of the Church persist—some of them, such as the practice of infant baptism, with remarkable tenacity— but one suspects that they are often mere forms, as empty of significance as the habit of touching wood for luck. Most people today lack religious conviction: in its place there persists a left-over jumble of ethical precepts, now bereft of their significance, and the widespread habit of occasional private prayer to a God in whom most people only half believe.

The confusion which prevails in popular thinking about the concepts of determinism and personal responsibility contributes to this partial eclipse of moral values. By showing how often our apparently deliberate actions are in fact determined by motives of which we are unaware, psycho-analysis has undermined our confidence in the reality of free will.

**Freud’s Teaching**

It is a curious anomaly that Freud both postulated complete determinism in man’s psychic life and at the same time made it his aim in treatment to extend the area of conscious control over one’s own activities. In fact, however, Freud’s teaching was much more successful in exposing former illusions of free will than it was in helping ordinary people to come to terms with the problems of existence. It seems somehow paradoxical that the virtues which were manifested in his personal life were the legacy not of his own discoveries about human nature but of his tacit acceptance of Hebraic morality together with the traditions of stoic philosophy. Freud had the moral stamina to remain completely agnostic; but he was sustained by the unreasoning conviction
which enabled him to say: ‘I consider ethics to be self-explanatory…Actually, I have never done a mean thing’. Few people can sustain this double burden of agnosticism and rectitude.

At this point it is necessary to pause for a moment to ask whether these problems of violence and unhappiness and feelings of insignificance can properly be regarded as of medical or psychiatric concern. We were all indeed compelled to pause three years ago when Lady Wootton threw down her challenge in her clearly argued book Social Science and Social Pathology. In her view, the uninformed public was becoming too readily persuaded that psychiatry held the key to the understanding of anti-social behaviour. She poured scorn on psychiatric social workers who, in the absence of irrefutable evidence, appear to believe that psychotherapy will have a good effect upon delinquents. Yet, being scrupulously fair, she presented the positive evidence (so far as it goes) which has been advanced in support of theories about the psychological origins of crime and abnormality. For example, after demonstrating flaws of logic and of research method in several reports of the ill effects suffered by children deprived of their mothers’ care, she concluded: ‘Now and again their deprivation seems to express itself in a well-marked pattern of indifference to everybody except themselves, of which one of the expressions is repeated stealing. More than this however we cannot say’.

Research workers in this field would acknowledge that her remarks are just, and expressed with true scientific caution; but they are engaged in further studies which will, they hope, enable them to say a little more about these phenomena.

Uncertainty in Psychiatric Theory
I believe it is important for us to be clear in our own minds about the limits of psychiatric competence. A great deal of medicine has to be practised on the basis of purely empirical discoveries, or of hypotheses which have not yet been definitely proved. It is the doctor’s responsibility to keep in mind the tentative nature of much of his knowledge of disease, but it is certainly not his business to share this intellectual uncertainty with his patient: on the contrary, he must impart the conviction that he is treating the disease with the most effective means available. He knows that his conviction of the appropriateness of what he is doing is itself an important part of his treatment, because it arouses the patient’s confidence and his will to recover. Owing to the large areas of uncertainty in psychiatric and psychoanalytic theory, this weighing of intellectual doubt against therapeutic assurance is particularly important in this field: therapies which rely upon the active involvement of the personality of the therapist demand his unreserved commitment if they are to prove themselves effective; and yet the therapist must be able periodically to withdraw from his involvement in order objectively to assess and to evaluate what has been going on, if he is to succeed in turning this art into a science.

In this respect, psychiatry is not alone but shares the obligations common to all the social sciences, and especially those which are involved in social planning. It is easier to recognize social evils than to fathom their origins or to treat them. Where our understanding is imperfect, treatment itself should be regarded as an experiment, and this is where I find myself at variance with Lady Wootton. Certainly psychiatrists must be modest in their claims, knowing the limitations of their sure knowledge; and
yet, confronted with the scale of human mental suffering we have no right not to try such techniques of healing as we possess. Here it is surely legitimate to act upon a promising hypothesis, provided that we do so in such a way that the results of our treatment or intervention will contribute towards the confirmation, or the rebuttal, or the modification of that hypothesis.

A Neglected Field of Study

In my opinion, the most neglected field in medical science today is the psychological study (along experimental lines) of mental disorders and their treatment. In saying this, I am well aware of my professional bias. I am aware, too, that psychotherapists have been making similar assertions since the beginning of this century; and yet, in Britain at all events, little attention has been paid to them—least of all in our great schools of medicine. But during recent years many physicians and even more general practitioners have become aware of the size of the medical and social problems presented by patients with troubled minds, and have begun to lend support to the call for more research to be applied to these baffling complaints. All too often, however, they seem to think only in terms of brain disease, as though a person’s mind could be treated as simply as his liver.

Perhaps nowhere in contemporary society can we see such clear evidence of the persistence of magical thinking as in the doctor’s willingness to be persuaded (perhaps half persuaded) that the drug houses have newly discovered the elixir of life. In recent years extravagant hopes have been centred on the psychotropic drugs, drugs which will relieve agitation and depression, and others which calm the turmoil of the acutely deranged. These drugs are often effective, if only for a time; but they have been used so intemperately that we still know remarkably little about their scope and limitations and their possible dangers; and yet they are being prescribed today in their millions. I do not want to deny the help that these drugs have brought to many seriously ill patients, but only to point out that when they are taken to relieve the emotional distress caused by problems of living they are merely an anodyne, and offer no lasting solution.

Even considerable physical discomfort becomes bearable when it is found to have a meaning and a limit. On the other hand, neurotic distress is greatest when it appears to be incomprehensible. To allay the symptom while failing to explore, and if possible eradicate, the cause has always been bad medicine. Why then have we tolerated it so long where neurotic illness is concerned?

Some people assert that psychological methods of investigation and treatment have been justifiably spurned, because they have never been objectively tested and proved to be superior to simpler remedies. This is a legitimate criticism, and one which is now being met; but one cannot help noticing that similar considerations did not prevent doctors all over the world from employing costly, laborious, and sometimes dangerous physical treatments like insulin coma and brain surgery upon many thousands of mentally ill patients, only to discover many years later that these procedures were of very limited efficacy indeed.
Outstripping Human Imagination

No, it is not on logical grounds that medicine has so long resisted psychotherapy. I believe that here we have another instance of events (in this case the series of discoveries about the workings of the human mind which were initiated by Sigmund Freud) that outstripped the grasp of human imagination. We have been living in an era dominated by discoveries in biology and in the physical sciences, discoveries which have brought tremendous changes in our material surroundings. Medicine too has profited from these discoveries, and is even now on the verge of acquiring new knowledge about the origin and transmission of life, the processes of aging and of cancer, and, we hope, of the biological processes involved in mental illness; but I believe that as a result

it has become too exclusively preoccupied with material techniques, techniques which are appropriate to biochemistry or pharmacology or experimental biology, but which are far from being the only valid means of studying the human mind. Even in the practical realm of treating the sick, it may be that the great upsurge of biological research has already made its major contribution. Meanwhile we are neglecting some of the greatest health problems of our contemporary society, the problems of faulty psychological and social adjustment.

In the history of human thought key ideas have sometimes been seized upon at once, at other times have had to wait for centuries before they could receive practical application, Democritus’s theory of the atom is a case in point. Freud himself, surprised by the vehemence with which his theories were at first denounced, said that this was because his ideas disturbed the sleep of the world. I believe it is time that our society awakened to the need for clearer self-knowledge as a means to remedying some of the current disorders in our private and our public life.