

PRIMITIVE MENTALITY AND THE RACIAL UNCONSCIOUS.*

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The subject I want to discuss today is the constitution of consciousness from some points of view that are somewhat more recent than those that have been definitely formulated in former literature. I am going to diagram consciousness in an exceedingly simple way as a triangle with the base down. I am going to refer to this part of the triangle (indicating apex) as the region of awareness. It is not necessary to discuss it; we are all familiar with it. Then beneath the region of awareness, right down here (indicating), is the region of the fore-conscious which contains all sorts of material, but that material is characterized by the fact that it is available and accessible at any time by the individual and so to use Jung's language it might as well be conscious, and might as well occupy this region. It is available whenever the individual wishes it. Beneath this region lies the territory we are particularly interested in today. In the first place there is the upper part of this region which is designated as the personal unconscious and which is called the unconscious by the Freudians, and contains the material, which, in a psychoanalytic sense, has once occupied the upper, conscious region and then been repressed or shoved back into this region which is called the psychoanalytic or personal unconscious. You are familiar with it. Then there is the region here, which is also unconscious, lying beneath the region of the personal unconscious which Jung calls the collective unconscious, but which is better designated as the racial unconscious and constitutes the philogenetic background upon which the rest of the psychic material is erected, so to speak, as a superstructure.

Now, we therefore have two regions, the personal and the racial unconscious, which can be collectively designated as the unconscious. Just a few words about that unconscious region, even if I do not split it up any further. That unconscious region

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you will say is composed of two separate types of experiences; certain material here which has once occupied the foreconscious, and has been experienced within the life-time of the individual; and certain material down here which has never occupied that position within the life-time of the individual, but has only occupied such a position within the life-time of the race. It is to me quite as obvious that there must be this racial psychological background as that there should be any other kind of developmental background, functional or anatomical. Take, for instance, an example from the language of savages. They do not count by units, but they count in collective fashion using as the measure of number an expression which means the hand and which if we translate it would be the number five, and so when they see any group that corresponds in number to the number of fingers on the hand, they use the word which corresponds to hand to designate the number in that group, and so five would be expressed by one hand; ten by two hands; fifteen by two hands and a foot and twenty by an expression meaning the whole man. Now the interesting thing is that we have projected into our present civilization precisely such methods of counting. We have it in the expression four-score and precisely that method of counting is preserved in the French *quatre vingt*. We have also the same method of counting preserved in the Roman numerals; five, if you will, or one hand; ten or two hands; fifteen two hands and the foot and twenty the whole man. Here are the hands and here are the feet. (Indicating on the blackboard Roman numeral XX.)

Now, of course, it might seem that this is personal material that was transmitted from parent to child, but it seems quite obvious to me that that is an incomplete explanation. We can only reach a complete explanation of this conscious phenomenon by interpreting it in the history of the development of counting through the race and the translation of the words which the savages used. So here in the use of Roman numerals and in the use of the method of counting by twenties, we have preserved in language two components, neither of which belongs in the individual experience of the person so counting, one handed down to him through the parents, which is the personal component, and occurs in this region of the consciousness and the other an unconscious component from the racial experience which is a part of the racial inheri-

tance. So I believe that in any end result of activity, either thinking, feeling or acting, if we had time and opportunity we could trace two components; one, the component that was in the experience of the individual and the other the component traceable to the experience of the race; and one of the points I want to make is, that only this personal material is analyzable and that the racial material cannot be analyzed. It can only be interpreted by methods of comparison. That is one of the aspects of what I believe is the new method that needs to come into psychiatry, viz., the comparative method I have talked of recently. So much for that.

There is another feature of the situation which I wish to call attention to in this connection and that is that in most of our recent psychiatry, whether descriptive or analytic psychiatry, the method of investigation that has been used is based, perhaps not exclusively but nearly so, on the perceptual components of consciousness to the exclusion very largely of the projicient or motor, expressive or emissive components. In other words the method of study has been based upon content very largely rather than upon process.

Now a study of both the personal and racial unconscious gives us the data for supplementing this work upon the perceptive and receptive aspects of consciousness by corresponding work upon the emissive side. There has been very little work done along this line, but I would like to call your attention to one discipline that has been engaged, particularly in the study of the expressive side of conscious now for a century, which is not recognized by psychiatrists; that is the discipline of comparative philology. Philology has been a well-recognized discipline now for a hundred years and it has very many interesting and important deductions and conclusions which are valuable, I think, to psychiatry. Just let me indicate along this line some of the things which philology suggests as being of significance: We know that the distinction or one of the distinctions between the child and the adult; one of the distinctions between the defective and the person not defective; one of the distinctions between the savage and the civilized, is that in each instance the more highly developed individual tends in his thinking to be more abstract and less concrete; tends in his thinking to differentiate unrelated and to relate analogous situations more accurately than do those of less development. Take,

for example, in the language of the savage, the expression meaning, "I am washing my face." Here is a definite sentence composed of several words. Vary it a bit and say, "she is washing her face," and they have to use an entirely different sentence made up of entirely different words. Here is a primitive language situation which corresponds precisely to the manner of language of the more primitive types of people.

Take for example a little girl who is asked "what is a wagon," and she answers, "a wagon is, you take a whip, you pick up the reins, hit the horse and away you go." What the little girl is doing here is expressing the entire situation as she sees it or the only situation in which she has become familiar with the wagon, and so when asked what a wagon is, she tells the whole situation. If asked what a horse was, she might say the same thing. There would be no relationship between the two but it would be a corresponding situation. Every concrete situation has to be definitely expressed by a concrete series of words formulated quite separately from every other situation. You see how different that is from the more developed inflectional languages with which we are familiar. Language, just like thinking, has developed from this undifferentiated state into a highly differentiated one. Take for example the word "cut." It can be used almost like a letter; it can be used as a noun, an adjective, a verb; it can be used in the present, past and future tenses; the subjunctive, imperative or indicative mode. The different modes and tenses and parts of speech are all expressed by the same word.

Take for example, if the primitive wishes to speak of groups of different types of animals; a group of birds, a group of oxen, he would have to use entirely different words to express them. There is a remnant of this method left us to this day. We speak of a flock of pigeons, a covey of partridges and a herd of cattle, etc., but in more advanced language, we no longer have to resort to such concrete processes of expression. To distinguish between male and female we no longer use different words. We say count, and add "ess" for countess, so we do not have to use entirely different expressions. We have here differences in the process of thinking which are exemplified in language which correspond to the process of thinking in savages, children and so on.

Now on the motor side I would like to call your attention to the fact of the increasing interest of general neurology in the motor aspects of diseases of the nervous system. You have recently heard Dr. Goodhard give his paper in which he analyzed a lot of the post-encephalitic disturbances. You are familiar with Wilson's disease which has only in recent years been described and which is a motor disease. You are familiar with the extra-pyramidal syndromes which have only recently been stressed. I might mention a number of neurologic conditions which have been differentiated in recent years which testify to this increasing interest in the motor as opposed to the sensory side of the nervous system.

When I went to medical college, the only motor disturbances described were the motor disturbances of pyramidal lesions. Now we have all these and a host of extra-pyramidal motor disturbances so that there is in the general neurological field, a tendency to devote more time to these aspects of the motor system and we find philology itself has certain suggestions to make. For example, if we would understand something of the development of language, we will find that if we study carefully the way in which the different phonetic sounds have come into use, they can be compared with the past history of the material involved. The psychologists for example, are telling us that presumably the almost universal early appearance of such words as *mama* and *papa* in the child's vocabulary is presumably related to the fact that these labials are used because the child first used his lip muscles in sucking, and so the psychologist is able to throw some light upon the development of certain emissive tendencies of the infant.

There is another aspect of this whole situation which I will designate by a cross down here (indicating) and that cross I will call the intrauterine period. Now you know that the psychoanalysts have always talked more or less about dreams and fantasies of the matrix as a desire to get back into the past, into the uterus, and many of those who have not devoted a great deal of thought to psychoanalysis, have thought it was pretty wild talk and a long ways from home, so to speak. We are beginning to get some light upon what happens in the foetus during this intra-uterine period. I know perfectly well that in this region we must still resort largely to speculation. I have not the slightest

quarrel with speculation, however, so long as when we use it we know what we are using, because we cannot find out anything without thinking. When we do know about it and begin to think, then slowly certain elements appear to either correct or supplement our speculation and we get at new ideas. Now in this whole uterine period, there is a great deal of what the Freudians have already speculated upon, viz., skin stimulation. They believe that the skin region receives a good deal of stimulation naturally because it is exposed to the environment. There is good reason to believe that practically all the special senses, as hearing, seeing, taste, smell, all receive stimulation in the uterus and there is experimental material upon which these conclusions are founded. There is also a considerable amount of new material being added to our knowledge with regard to what may happen in this intra-uterine period which is coming to us from a new source—comparative anatomy. The neuroanatomists believe that the true function of anatomy is not solely to show the actual concrete relation of one part of the body to another, but only in connection with function. A lot of light is being thrown upon the time period at least when functions may first become active. For example, of the five special sense organs, it is obvious their function cannot be postulated until the structure has been laid down in the embryo.

In the method of Dr. Kappers, in studying what he calls neurobiotaxis, there is a very definite correlation between the anatomical situations and the actual functional probabilities at least which can be reasoned from them.

We have, therefore, these several regions of consciousness all of which are specific and are proper matter for study. The field of awareness, the foreconscious, the personal unconscious, intrauterine and psychoanalytic and the racial unconscious, and I call attention to the fact that these lines are not intended to separate these one from another, but merely to indicate, in general, the regions about which I speak because I believe, as I told you about language, that consciousness must necessarily contain components that come from all these sources. I think of them as being related to each other much as the strands of a rope are interwoven and as the rope is twisted like the chromosome threads in those pretty pictures Professor Morgan shows of the relative position of the determiners in his fruit flies. I would suggest, therefore, as a

legitimate subject for thought and investigation, the possibility of differentiating material in the end result which is contributed as personal experience of the individual, that which is beneath his personal experience, which is unconscious and is contributed by the race.

In some of our most malignant psychoses, particularly of course præcox types, we find material which suggests this region from here down (indicating) and I prefer to designate all of the material from here down that goes into the psychic picture, the intrauterine and racial unconscious, as archaic and I think the prognostic significance of things which we do not understand, we will begin to understand when we understand what archaic material really is. For example, on the motor side of the situation, I cannot be unmindful or cannot consider as unimportant, the fact that some of our præcox patients occupy motor attitudes that have given rise to the term, Egyptian attitude, because we see this same attitude in the figures of Egyptian sculpture, and I believe that such a motor attitude must be deeper seated than the personal experiences of the individual, that have taken place since birth.

I could give you a considerable number of illustrations to prove this is not wholly speculative, that there is a lot of material upon which we might make a beginning. I am reminded of some papers we had the other night. I recall to your mind the more or less generally conceded explanation of our sense of time as probably having been generated in this intrauterine period by the fact that the child in utero is constantly and for a considerable period in reception of auditory stimuli from the heart beat of the mother, and I can perhaps close by telling an interesting story about one of the writers of jazz music. Dr. Jelliffe was speculating in a discussion at a medical meeting upon how he had developed such an unusual time sense, and he suggested that his mother might have had cardiac disease. (Laughter.) You have done what I wanted you to, you have laughed. He made this suggestion in a meeting such as this, and when he sat down, a physician arose who said he had been the physician who had attended her, and that she had had a chronic heart disease; and that he had treated her for it and she had died of it. I refrain from giving any more examples. I will close by re-emphasizing the various regions of consciousness and emphasizing in addition what I have expressed

before, viz., that the psyche is necessarily as old as the body; it has therefore its comparative anatomy just like the body and it is a no more difficult matter to think in terms of its history through its different levels than it is to trace anatomical formations back through various types of related species to their origins. I think until we are willing to look at consciousness in this sort of way we will not fathom the deeper problems of mental disease and then too, when we do, we will also begin to understand some of the phenomena which take place at the several levels, and can correlate descriptive material way up here with other material and reach certain coherent conclusions. One individual may perhaps describe something at one level and another at another level and it sounds exactly as if they were talking about entirely different things and yet the two things may be related in all sorts of ways which very frequently some of the speakers have not the remotest conception of, and a lot of apparent differences in thinking may be smoothed out in this way by showing that we are really expressing ourselves at these different levels.

I could not possibly express anything at this level (indicating) that would be understandable at this level (indicating). If I talk of something at this point, the man up here knows nothing about it, and the further down we go the more difficult it is, and after all our whole problem of descriptive psychiatry is largely one of translating the language of the psychoses. In this way of looking at things, we have some conception of the history of the psyche, the psychiatric situation and the racial background of consciousness.

DISCUSSION.

DR. BRILL.—By contrast, I cannot help thinking of some of the jejune stuff we heard here yesterday about the psychoneuroses. I cannot understand how physicians who endeavor to treat mental ailments can ignore everything below the level of consciousness as represented in Dr. White's diagram, and confine themselves to a mere fragment of the whole material; that is, to the conscious elements alone. Listening to Dr. White afforded me much pleasure. I wish we had at least a dozen more talks by Dr. White, who presented to us a viewpoint which clearly explains the fundamental workings of the mind. I feel this way particularly after I heard some of the papers here yesterday. I am very grateful to Dr. White for his excellent presentation and clear viewpoints. I, too, have worked for many years in just these regions that he describes and I cannot see how anyone who makes the slightest efforts to understand can possibly miss all the material

that Dr. White and others working in the same field find in the fore-conscious and unconscious.

DR. SULLIVAN.—Of course, I would hesitate to consume time solely to offer further encomium to Dr. White; I am sure that is not necessary. Like Dr. Brill, I must express my assumption that you all do accept the concept of the unconscious. The thing which I have in mind, particularly, and the reason for thus taking up your time, is the matter presented in my paper to The Psychoanalytic Association, to which the speaker so kindly referred.

The gist of it is that our efforts to understand motivation, and particularly motivation in schizophrenics, have tended towards a higher evaluation of ontogenetic factors; and raises doubts regarding the phyletic. Taking Dr. White's examples, the counting to which he refers from comparative philology: Actual experience with infants fails to substantiate the matter which Dr. White mentions. By actual observation, we note that they start counting not with five or a number divisible by five, but with the number "one." "One" is simply a symbol for a single thing; something else which they adopt, as, usually, "two," is the symbol for more than one thing. That does not pertain to a racial unconscious but to the individual experience of the child.

And so it seems to be with the motor and psychic symptoms in catatonic schizophrenia. For those, like myself, who encounter resistance to such a hypothesis as that of the racial unconscious, I would like to offer the alternative that many of these manifestations can be shown to be ontogenetic. Perhaps, when sufficient work has been done towards elucidating the mind of the child, we will find in the vast wealth of experience acquired by the infant, that which will explain, *in toto*, these psychotic phenomena. Some very archaic manifestations we already see revealed as the reactivation of prenatal but intrauterine experience.

In other words, while we accept the racial unconscious when endorsed by Dr. White, the need for it in explaining catatonic content and behavior is not yet demonstrated, as the ontogenesis of these can often be proven from study of the infant. As Dr. White has mentioned of his, this, too, is largely speculative, but it is speculation from known data to hypotheses which are methodologically correct, as the simplest inclusive concepts.

DR. WHITE (closing discussion).—The question of the counting by infants is one of those debatable questions which Dr. Sullivan has hit upon and upon which the philologists are not agreed. I have no doubt numerous material which was originally thought of as archaic can be explained by purely personal experiences, but I don't believe that explanation is complete any more than we would believe to be complete an explanation from descriptive anatomy of a structure. Embryology and comparative anatomy would have to be called upon. So we have to go into the question of the racial unconscious in order to get complete explanations. For those complete explanations we must go beyond individual material into the racial material.