

COLD, DISEASE AND BIRTH.⁽¹⁾

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It is only appropriate that a paper written as a contribution to the Festschrift prepared in honour of Dr. Ferenczi should couple on to one or other of his characteristic views, and the present one will do so in several respects. It is to Ferenczi more than to anyone else that we owe our dawning realization of how subtle are in the interrelations between psychical and physical disorders, an important realm we are only beginning to explore. He has shewn that both mental and bodily diseases may sometimes be due to the same factors, to unsatisfied cravings, a mechanism quite different from the familiar hysterical conversion. I propose to indicate a still more indirect way in which certain mental tendencies may lead to serious bodily disease—namely, through false associations of a symbolic kind concerning the idea of disease, associations leading to conduct which unwittingly exposes the person to the danger of contracting disease through infection. (N del T)

The class of infective disease here referred to is that acquired by the respiratory route, about the scope of which something will be said later. This kind of disease is acquired by simply breathing infected air, and the chance of its happening is immensely increased by inadequate ventilation in the presence of infection. Nothing, therefore, could better favour the chance of acquiring the infection than the prevailing belief, or superstition, that such diseases have an ætology of exactly the opposite kind, i.e., that they are due to the malignant influence of cold air, or what are popularly known as draughts. Since this belief still lingers even in medical circles, something may first be said about it from a purely pathological point of view. Without taking up the extreme position that the popular belief is entirely superstitious and untrue (though I personally consider it to be so), I will maintain here only that the pathological importance commonly ascribed to cold air is enormously exaggerated.

Three sets of considerations seem to me to make this conclusion inevitable: (1) Experimental work in both human beings and other animals, (2) skeptical reflection on the nature of disease, and (3) recollection of the history of the belief in question. I will begin with the last of these. When a popular belief on a given subject fades in exact correspondence with the growth of precise scientific knowledge on that subject, one may suspect that the function of the belief had been simply to fill a gap in lieu of definite knowledge, particularly if the subject was one of great psychical importance to humanity. One need only instance the enormous restriction in applicability that religious explanations of natural phenomena undergo when these phenomena are investigated by both others means. The huge mass of folklore on the subject of health shews both how important man has always felt this matter to be, and also how impossible it has been for him ever to tolerate ignorance in this sphere. This hiatus he was always compelled to fill. Knowing practically nothing about the causation and treatment of disease, he invented more or less fantastic explanations to remedy his ignorance. The way in which these false explanations are determined will be illustrated later. In this series one of the ætological agents most believed in, and one that was supposed to account for a vast range of diseases, was cold air.

In the medical literature of only a century ago it is quite astonishing to find what an extraordinary number of diseases was supposed to be brought about in this way. Even in the last generation of medical textbooks one finds this ætology given for a variety of such bacteriological conditions as peritonitis, tuberculosis, hepatic abscess, pericarditis, pleuritis gastritis, and a large number more. Many obviously irrational elements in these beliefs indicate their superstitious nature. Thus night air was thought to be peculiarly deadly; malaria,

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for instance, was thought to proceed from the inhalation of this noxious substance until the impossibility of acquiring it in absence of the necessary kind of mosquito was demonstrated. It is interesting to note that cold air striking, like an enemy, in one localized direction (i.e., “draughts”) is especially dangerous, notably if it strikes from behind. This also applies to cold air reaching certain particular areas of the body, such as the feet and the back of the neck. Air entering through an aperture, most of all through a keyhole, is more dangerous than other varieties. If we consider one instance only of the ætology described fifty years ago, we will see how out of accord it is with our present knowledge of pathology. I will select the teaching that oöphoritis might follow the wearing of unsuitable nether garment during menstruation. If these garments were open instead of closed, the dangerous air might penetrate into the vagina, ascend the patent cervical canal, circulate in the body of the womb, and work its way along the tortuous Fallopian tubes until it reached the sensitive ovary itself. Naturally the advent of bacteriology was bound to exercise a powerful modifying influence on these beliefs, but so implanted were they in the human mind that recourse to some rationalization proved necessary. So it was maintained that cold air, though not the specific cause of these diseases, acted by lowering the resistance of the organism to ubiquitous infective agents, and thus determined whether the patient was to suffer from the disease or not. So in practice the new knowledge altered little, and people guard against this supposed source of disease almost as carefully as they did in the days before Pasteur and Koch. Yet experimental research on both human beings and other animals shows that it takes an inordinate degree of cold, a degree which is never approached under civilized conditions, to lower the body temperature of the organism, and that nothing short of this makes any appreciable difference to its resistance against pathogenic infection.

The effects of false beliefs have usually been very mixed. Mankind has often suffered severely from them, but has often received compensatory benefits in the form of comfort and happiness. In the present instance the balance has gone heavily in the former direction, for here incommensurably greater suffering has resulted than from any other single belief, true or false. It has been computed that, when all the immediate and remote complications and sequelæ are taken into account, quite three-quarters of all physical disease and death originate in respiratory infection -one of the most gigantic facts in the history of human suffering.

Can psychology throw any light on the origin and meaning of this fateful error? The first possible explanation that occurs to one may be mentioned to begin with, though it is evidently a superficial one. It has to do with a pure error in logic. A prominent symptom of the acute stage with most of these infections is shivering and sensitiveness to cold (the well-known stage of rigor). This initial phase of the illness is commonly mistaken for the pathogenic chill supposed to be the cause of the disease. Further, it cannot be chance that the belief in the danger of cold air has lingered longest in respect of purely respiratory disease, and is held most strongly of all in connection with the mild infection that actually goes by the name of “a cold”. Here there is an additional reason for confusion over ætological agents. Cold air (just as bright sunlight) can stimulate the respiratory and ocular mucous membranes to such an extent as to produce many of the less important, though striking, manifestations of this familiar condition; thus, running at the eyes and nose, nasal tickling, sneezing, and even coughing. Although it is fairly easy to distinguish this short-lived state from the genuinely toxic condition called a cold, it is likely that the superficial resemblance between the two furthers the ætological confusion in question, and makes it easier to ascribe the second one also to the physical agents that obviously produce the first.

No modern psychologist, however, would for a moment be content with this purely intellectualistic explanation, apart altogether from the fact it is applicable only to a certain class of disease. We know now that formal errors in logic are due not to intellectual deficiency, but to the operation of emotional factors. As Ferenczi⁽²⁾ well say: “One was formerly inclined to believe that things are confounded with another only because certain motives for this are present; similarity provides the opportunity for these motives to function”. We have, therefore, to search further for more complete explanation of such a strong and deep human characteristic as the one we are considering. The only writer I know of who has attacked the problem psychologically is Trotter⁽³⁾. He suggests that man’s discomfort and fear in the presence of cold

2.- Ferenczi, “Contributions of Psycho-Analysis” (Engl. trans.), 1916, p.237.

3.- W. Trotter, “Instincts of the Herd in Peace and War”, 1916, p. 31.

air may be related to the danger of being isolated from the safe warm herd, so that the belief here under discussion would be a direct manifestation of what the terms the herd instinct. If we translate Trotter's "herd" psychoanalytically into terms of the family, ultimately the mother, his suggestion may prove to be related to the one that will be propounded here.

The assistance to be expected from psycho-analysis will naturally be sought by determining what contributions could have been made to the belief in question by the unconscious. We have to consider what ideas in the unconscious correspond with the elements of the statement "cold air causes disease". The unconscious equivalents of the lastmentioned idea are familiar to us from numerous psychoanalyses. Though the wishfulfilment mechanism of the unconscious may occasionally connect certain forms of disease with agreeable ideas -such as in the well-known association between the ideas of cancer and pregnancy- yet there is little doubt that the commonest and most fundamental unconscious conception of disease is that of a crippling injury. The injury is instinctively imagined to have been inflicted from without, either with a sadistic or with a hostile intent. The records of primitive folk-lore and superstition teach us how constantly the supposed infliker of the disease (and also of death) are figuratively personified (Róheim). The injury, like all injuries, ultimately signifies castration (Rank).

From the latest researches we have learned that the idea of castration has a much wider connotation in the unconscious, particularly in its genetic aspects, than used to be thought. In addition to ideas directly concerned with the loss of the penis (threats, fears of retaliatory punishment, etc.), there are three other important sources from which this complex is fed. They are: removal of fæces, identified with the penis (Jones), weaning from the nipple (Stärcke), and loss of the mother's body at birth (Alexander). It is to Ferenczi's⁽⁴⁾ imagination that we owe our first proper appreciation of the psychological significance that the act of birth must have for the infant, and he has traced the consequences of this in the later development of the individual. From his work, and of course from Freud's, we have come to realize how great must be the suffering and resentment experienced by the infant on being expelled from paradise, and how strong is the perennial desire to return there. After the painful act of birth has been gone through, the most prominent demonstration to the infant of the "castration" it has just undergone -in being deprived of the nest it formerly owned as part of its total self- is certainly the sensation of cold air. The uncomfortable stimulation produced by this change in temperature betokens the revolution in its state of being, and on its (unwilling) response to it its very life depends. Small wonder that the dominant impression thus received on the threshold of life remains for ever after connected with the ideas of discomfort, insecurity, danger, or even bodily harm.

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4.- Ferenczi, "Entwicklungsstufen des Wirklichkeitssinnes", Internat. Zeitschr. F. Psychoanalyse, 1913.