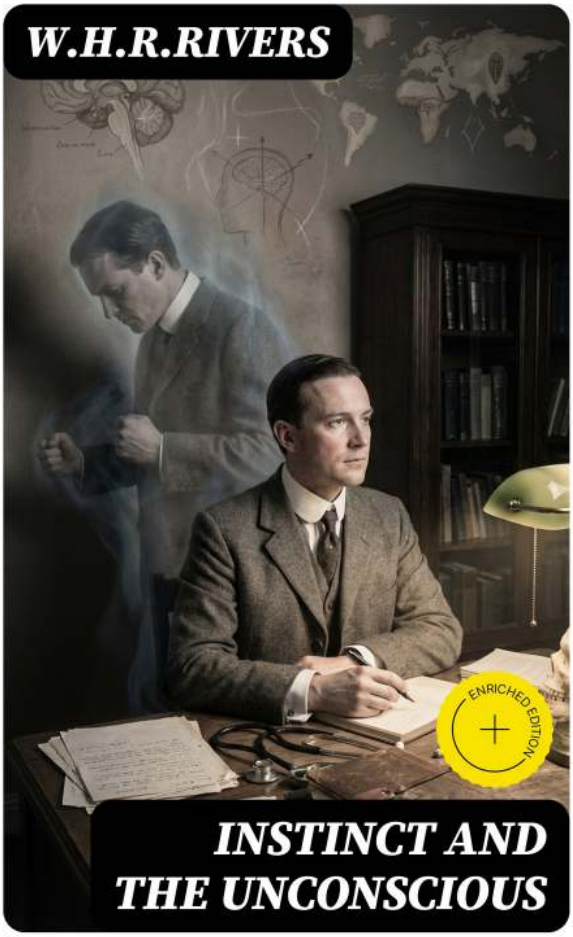
W.H.R.RIVERS

INSTINCT AND THE UNCONSCIOUS


W.H.R.RIVERS
ENRICHED EDITION
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THE UNCONSCIOUS

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Instinct and the Unconscious

Enriched edition.

Introduction, Studies and Commentaries by Adrian Foxley

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Introduction

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Balancing the restless urgencies of instinct against the shaping pressures of society, W. H. R. Rivers explores how the mind’s concealed operations, formed by bodily inheritance yet schooled by culture and circumstance, can both safeguard the individual and generate disabling conflict, a tension he pursues through disciplined clinical observation, reflective analysis, and compassionate attention to sufferers whose troubles surfaced in wartime and in peace, showing how unconscious mechanisms transform impulse into symptom, and how understanding those mechanisms can reopen pathways to adaptation without surrendering the grounded rigor of biology or the moral complexity of lived experience.

Instinct and the Unconscious is a work of psychological and psychiatric inquiry written in early twentieth-century Britain, shaped by the clinical realities of the First World War and its aftermath. Rivers, a physician and anthropologist whose medical practice extended to the treatment of war neuroses, draws on bedside observation and reflective theory to propose a biologically informed account of mental disorder and mental health. The book belongs to a tradition of sober, evidence-oriented medical writing rather than speculative manifesto, yet it is attentive to cultural context and individual experience, locating its arguments in hospitals, consulting rooms, and the wider pressures of contemporary social life.

In these pages Rivers advances a central premise: that instinctive tendencies, when obstructed or diverted by

circumstance, may find expression through unconscious processes that shape symptoms, conduct, and recovery. He articulates this premise not by polemic but by patient accumulation of clinical examples and disciplined inference, engaging critically with prevailing psychoanalytic ideas while refusing both dogma and reductionism. The voice is lucid, courteous, and cautious, favoring clear definitions and practical consequences over theatrical claims. Readers encounter a measured progression from observation to concept, a style that invites participation in reasoning and leaves space for uncertainty where the evidence does not yet compel.

Among the book’s chief themes is the dynamic interplay between biological endowment and acquired habit, a relationship through which Rivers reframes the unconscious as an adaptive system that can misfire under strain. He examines how conflict arises between competing tendencies, how memory and attention mediate that conflict, and how symptoms may embody attempts at resolution. Ethical questions quietly accompany the technical ones: what counts as cure, what forms of adaptation are sustainable, and how should clinicians respect the person within the patient. Throughout, the emphasis remains on integration rather than conquest, on restoring a workable balance rather than suppressing unwelcome elements.

For contemporary readers, the book’s insistence that mind, body, and culture interlock offers a bracing alternative to polarized debates that reduce distress either to pure biology or to narrative alone. Its attention to trauma, though rooted in the experiences of an earlier generation, anticipates current conversations about post-traumatic responses, moral injury, and recovery anchored in meaning. Rivers models a clinician’s humility before evidence and a

researcher’s willingness to revise hypotheses, an ethos that resonates with modern interdisciplinary practice. The result is a framework that encourages trauma-informed care, careful language, and a refusal to treat patients as instances of theory rather than partners in understanding.

Historically, Instinct and the Unconscious stands at a crossroads where neurology, psychiatry, and the emerging schools of psychoanalysis intersected with anthropology and social thought. Rivers neither abandons biological explanation nor ignores symbolic life; instead he asks how instinctive systems can be studied with scientific discipline while acknowledging their expression in personal history and culture. The book’s method—proceeding from cases to cautiously framed generalizations—offers a model of theory building that resists sweeping universal claims. Read in this light, it exemplifies an early effort to reconcile laboratory habits of mind with the ambiguities of human experience encountered in the clinic.

Approached today, the book rewards slow, reflective reading, with attention to the ways Rivers defines terms, specifies limits, and lets clinical detail carry theoretical weight. The chapters build a conversation rather than a verdict, inviting readers to test arguments against their own observations and to consider how instinct, habit, and social demand shape mental life. Without presuming certainty, Rivers shows how disciplined inquiry can serve humane ends, a lesson that keeps the work alive in classrooms, clinics, and conversations about care. To read it now is to encounter a lucid, historically grounded attempt to think clearly about suffering and change.

Synopsis

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Instinct and the Unconscious is a non-fiction work by W. H. R. Rivers that proposes a biological account of the psycho-neuroses, shaped by his clinical work with war casualties. Rivers seeks to connect the study of innate tendencies and emotional life with the practical needs of psychiatry. He presents a program that balances respect for physiological processes with the insights of analytic psychology, arguing that neither alone can explain the disorders he observed. The argument proceeds from definitions and historical context to a systematic model of instinct and mental organization, which he then uses to interpret anxiety, dreams, obsessional states, and characteristic problems in soldiers and civilians.

Rivers begins by clarifying what he means by instinct. He treats instincts as inherited dispositions with characteristic emotions and impulses, which, when organized by experience, give rise to stable sentiments. This biological basis is not rigid; it is continually modified by learning, social demands, and personal ideals. The interplay between innate tendencies and acquired organization, he argues, allows for adaptive conduct but also makes the mind vulnerable to strain. When incompatible tendencies are stirred at once, or when habitual control is overtaxed, conflict ensues. The book traces how such conflicts, rather than simple weakness or willful avoidance, prepare the ground for neurotic disturbance.

From this base he introduces the unconscious as the field in which conflicting tendencies may continue outside

awareness. Rivers distinguishes temporary suppression from the more enduring process of repression, describing the latter as a biologically serviceable inhibition that can become harmful when rigid. He draws on clinical observation and prior theories to argue that unconscious organization is not merely a reservoir of one instinctual group. Sexual motives may be important, but fear, self-assertion, gregariousness, and parental sentiments can also be implicated. He aligns the concept with dissociation to explain how memories, affects, and impulses may be split off yet remain active and purposive.

On this view neurotic symptoms arise as compromises between blocked instinctive tendencies and controlling systems that cannot safely relax. Rivers shows how anxiety can develop when fear is aroused but not permitted an appropriate discharge, and how conversion symptoms or compulsive rituals may express forbidden aims in altered form. His wartime practice supplies many illustrations, not to dramatize individual stories, but to clarify how duty, danger, loyalty, and grief may provoke conflicts that persist after overt peril has passed. The resulting states are neither malingering nor simple exhaustion; they are structured, with recognizable motives and memories shaping the course of distress.

Dreams receive special attention as a means of studying the workings of conflict without relying on speculation. For Rivers, dreaming shows how repressed material finds symbolic or indirect expression, yet he cautions against uniform interpretation. The same principle of compromise applies to everyday slips, inhibitions, and intrusive thoughts, which are treated as orderly reactions to strain rather than curiosities. Instead of reducing problems to a single motive, the analysis weighs the relative force of several instincts in each case and considers how memory,

habit, and social standards channel them, sometimes allowing relief, sometimes perpetuating the very tensions that provoke disorder.

The therapeutic chapters translate this theory into method. Rivers advocates careful exploration of the patient’s history and current conflicts, fostering conditions in which repressed material can be acknowledged, emotionally worked through, and reintegrated. He emphasizes rapport, clear explanation, and the graded return of difficult memories, warning against coercion and premature exposure. While he adopts techniques that overlap with psychoanalysis, he grounds them in biological concepts of inhibition and discharge and insists on practical aims: relief of symptoms and restoration of capacity. Treatment, as presented here, is humane and collaborative, neither purely suggestive nor narrowly interpretive, but oriented to realistic readjustment.

By uniting a nuanced psychology of instinct with a careful account of unconscious processes, Instinct and the Unconscious offers an alternative to one-sided theories of neurosis and a template for clinically grounded interpretation. Its synthesis helps explain how trauma, duty, and moral feeling can embroil multiple motives, and it delineates techniques for restoring balance without pathologizing ordinary defensive processes. The book’s lasting value lies in this balance: empirical sobriety joined to therapeutic tact. It remains a touchstone for understanding conflict-driven symptoms and for integrating evolutionary, social, and psychodynamic perspectives, while leaving room for later readers to test and extend its proposals.

Historical Context

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Instinct and the Unconscious, first published in Britain in 1920, emerged from W. H. R. Rivers's dual career as physician and anthropologist and his wartime service in the Royal Army Medical Corps. Working with officers suffering from "war neuroses" at hospitals such as Craiglockhart near Edinburgh, Rivers sought to explain breakdown and recovery through a biologically grounded psychology. Writing in a Britain grappling with massive psychological aftershocks of the First World War, he framed the book for medical readers and educated publics alike, combining clinical observation with theory to address how instinctive tendencies and unconscious processes shaped the new syndromes of modern combat.

The immediate setting was the First World War (1914–1918), whose industrialized artillery barrages, trench stalemate, and relentless stress produced unprecedented psychiatric casualties. In 1915 Charles S. Myers introduced the term "shell shock" in The Lancet, crystallizing debates over whether symptoms were organic, psychological, or moral. British authorities improvised specialized wards and hospitals while confronting disciplinary questions involving desertion, breakdown, and return to duty. Rivers's work took shape amid this contested terrain, where clinicians observed nightmares, tremors, mutism, and paralysis without visible lesions, and sought treatments that addressed both the individual soldier's experience and the military's demand for order and efficiency.

Craiglockhart War Hospital, housed in a former hydropathic institution outside Edinburgh, became a focal British center for officers with war neuroses. Rivers served there during the war and became noted for humane, conversational therapy, encouraging patients to face traumatic memories rather than suppress them. Among those he treated were the poets Siegfried Sassoon and Wilfred Owen, whose writings publicized psychological injury. Rivers's 1918 paper "The Repression of War Experience" distilled methods he would elaborate in Instinct and the Unconscious, contrasting thoughtful psychotherapy with contemporaneous coercive techniques, including punishment and electrically induced responses, that circulated in some military and civilian hospitals.

Intellectually, the book appeared as British medicine engaged continental psychologies. Freud's psychoanalysis had drawn English-language attention before the war, and Ernest Jones founded the British Psychoanalytical Society in 1919 to promote training and debate. Yet many clinicians favored alternative frameworks. Rivers drew on evolutionary biology and neurology, invoking figures like Charles Darwin and John Hughlings Jackson, and on William McDougall's 1908 social psychology, which linked emotions to instincts. He also acknowledged Pierre Janet's work on dissociation and memory. Instinct and the Unconscious sought to integrate these strands while interrogating the universality of Freud's libido theory for war-related psychoneuroses.

Rivers's prewar scholarship at Cambridge combined laboratory psychology with field anthropology. As a member of A. C. Haddon's 1898 Cambridge Anthropological Expedition to the Torres Strait, he developed systematic tests of sensation, perception, and attention and later produced classic studies of kinship and

social organization. His clinical training at St Bartholomew’s Hospital and work in neurology grounded him in physiology and careful observation. That interdisciplinary profile shaped the book’s ambition: to connect instinctive patterns, learned responses, and social contexts, using case material from wartime hospitals to argue that the mind’s adaptive and protective mechanisms could be studied within biological science.

During the war, British services created specialist centers for functional disorders, notably at Maghull in Lancashire and Craiglockhart in Scotland, and adopted administrative labels such as “Not Yet Diagnosed (Nervous).” Treatment practices ranged from rest and graded activity to hypnosis, suggestion, and abreaction. Rivers positioned his approach within this clinical repertoire while criticizing purely disciplinary measures. Instinct and the Unconscious recast “repression” as a biologically useful, often acquired, process that could become maladaptive, and described conflict among instinctive tendencies rather than a single sexual drive. The framework offered physicians a vocabulary to manage symptoms without abandoning empirical restraint.

In the immediate postwar years, Britain confronted pensions policy, hospital overcrowding, and public anxiety about lingering war strain. Committees and inquiries, culminating in the Southborough Committee’s 1922 report on “shell-shock,” reviewed organization, diagnosis, and treatment across the services. Rivers’s 1920 volume circulated amid this evaluation, contributing to professional discussion about humane psychotherapy, the limits of punitive methods, and the role of education in preventing relapse. Medical journals reviewed the book as part of wider debates over training psychiatrists and integrating psychological medicine into general practice and military

planning, as the country sought to stabilize institutions and care for veterans.

Instinct and the Unconscious thus records and critiques its era’s search for scientific and humane responses to mass psychological injury. It reflects a British moment when evolutionary thought, neurology, and emerging psychoanalysis were being reconciled with the exigencies of total war. Rivers’s synthesis offered clinicians a practical lexicon for conflict, repression, and recovery while resisting reduction to either moral weakness or a single motivational principle. By grounding therapy in observation and biological plausibility, the book captured the unsettled transition from Victorian medicine to modern psychiatry and helped orient subsequent British work on trauma, personality, and the ethics of treatment.

Instinct and the Unconscious

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Preface

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This book has two parts. The first gives the substance of lectures delivered in the Psychological Laboratory at Cambridge in the summer of 1919, and repeated in the spring of the present year at the Phipps Clinic of the Johns Hopkins Medical School, Baltimore, under the direction of Professor Adolf Meyer. The second part consists of appendices in which are republished occasional papers written as the result of clinical experience gained during the war. A few alterations have been made in these, chiefly in order to bring the terminology into line with that adopted in the body of the book, and in the second Appendix the original paper has been amplified. A few of the opinions expressed in these appendices differ in some respects from those of the lectures, but have been left as originally stated because they present alternative points of view which may possibly be nearer the truth than those adopted as the result of later deliberation.

The general aim of the book is to put into a biological setting the system of psycho-therapy which came to be generally adopted in Great Britain in the treatment of the psycho-neuroses of war. This system was developed in the main at the Maghull Military Hospital under the direction of Dr. R.G. Rows, to whom I owe my introduction to this branch of medicine and my thanks for much help and guidance when serving under him as medical officer.

My thanks are also due in especial measure to Dr. W. H. Bryce, who was in charge of Craiglockhart War Hospital while I was working there. That hospital gave an unrivalled opportunity for gaining experience of the psycho-neuroses of war, and any use that I was able to make of that opportunity, [p. vi] in spite of serious difficulties, is due to the never-failing help a~td encouragement of Dr. Bryce.

I am greatly indebted to the Medical Research Committee (now the Medical Research Council) for the assistance which made it possible for me to work at Maghull and with the Royal Air Force. I am glad also to express my thanks to the Medical Department of the R.A.F. for the opportunity of acquiring experience in the varied psychological problems presented by Aviation in time of war, and to my colleagues in that Force for their help in making use of this experience.

I am indebted for permission to publish the appendices to the editors of the Lancet and Psychoanalytic Review, to the Royal Society of Medicine, the National Committee of Mental Hygiene of the United States, the Medical Research Council, and the Medical Department of the Royal Air Force.

W.H.R. RIVERS.

St. John's College, Cambridge, July 15, 1920.

I. Introduction

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In the secondary title of this book I have indicated that one of its main aims is to give a biological view of the psycho-neuroses. My purpose is to bring functional disorders of the mind and nervous system into relation with the concepts concerning their normal mode of working, which are held by the biologist and the physiologist. It will, I hope, help my readers to understand this purpose if I sketch briefly the conditions out of which this aim arose, and the general lines of the process by which the study of a certain group of the psycho-neuroses has led me to the views here set forth.

One of the most striking features of the war from which we have recently emerged -- perhaps its most important feature from the medical point of view -- has been the enormous scale on which it produced those disturbances of nervous and mental function which are grouped together by the physician under the heading of psycho-neurosis. The striking success in coping with the infectious diseases, which in all other recent wars have been far more deadly than the weapons of the enemy, shows that modern medicine war prepared for this aspect of the war, and had ready for use the main lines of treatment which would take the sting from these scourges of warfare. Surgery also was forewarned and forearmed for its task of dealing with the wounds inflicted by modern weapons. Any increase in the deadly power of these weapons is due to the greater number they can reach rather than to the greater

deadliness of the injuries they inflict upon the individual. Though surgery has made great advances during [p. 2] the war, these are only developments for which the surgeon was prepared and involved no radical alteration in his outlook.

The case is very different when we turn to the field presented by psycho-neurosis. Though the Russo-Japanese war might have led physicians to expect psycho-neurosis on an extensive scale, the medical administration of our own and other armies was wholly unprepared for the vast extent and varied forms in which modern warfare is able to upset the higher functions of the nervous system and the mental activity of those called upon to take part in it. Moreover, before the war, the psycho-neuroses had interested few practitioners of medicine. Common as these disorders are in civil life, they are left almost without notice in medical education, while those who had paid special attention to the subject were torn asunder by fierce differences of opinion, not only concerning the nature of these disturbances of nervous and mental function, but also in regard to the practical measures by which they might be treated or prevented. The outbreak of the war found the medical profession with no such common body of principles and measures as those which enabled Medicine and Surgery to deal so successfully with the more material effects of warfare upon the human organism.

In accordance with the general materialistic tendency of medicine the first stage of this branch of the medical history of the war was to ascribe the psycho-neuroses of warfare to the concussions of shell-explosion, an attitude

crystallised in the unfortunate and misleading term "shell-shock[1]" which the general public have now come to use for the nervous disturbances of warfare. It soon became clear, however, that the great majority of the functional nervous disorders of warfare are not traumatic in the strict sense, but occur in pronounced forms either in the complete absence of any physical shock, or after exposure to shell explosions of a kind very unlikely to have caused physical injury. It became evident that the shell-explosion or other event which forms the immediate antecedent of the illness is only the spark which sets into activity a morbid process for which the mental stresses and strains of warfare have long prepared the ground. Once it is recognised that the essential [p. 3] causes of the psycho-neuroses of warfare are mental, and not physical, it becomes the task of the physician to discover the exact nature of the mental processes involved, and the mechanisms by which these processes are so disordered as to produce the vast diversity of forms in which the morbid state appears.

In civilian practice cases of psycho-neurosis fall into two chief groups set up by very different conditions. One of these groups, usually called traumatic neurasthenia, is especially known as the sequel of railway accidents, and since this form of neurosis closely resembles that due to warfare, our knowledge of war-neurosis might have advanced more rapidly if this had been taken as a guide. Owing, however, to its comparative rarity, the traumatic form of psycho-neurosis was less known than that arising out of the stresses and strains of ordinary life. Progress in

our knowledge of this second group was hindered by wide differences of opinion concerning the nature of the factors to which its various forms are due. Many failed to recognise that, though the essential pathology of war-neurosis must be the same as that of civil practice, the factors concerned in this pathology might be very different.

The situation was especially complicated by the existence of a definite theory of psycho-neurosis which, though it succeeded in bringing into a co-ordinated scheme the vast diversity of form in which functional nervous and mental disorders become manifest, had yet not merely failed to meet with general acceptance, but was the subject of hostility exceptional even in the history of medicine. This hostility was almost entirely due to the fact that the author of the theory, Sigmund Freud of Vienna, found the essential cause of every psycho-neurosis in some disturbance of sexual function. Further, the process of psycho-analysis, which formed Freud's chief instrument, of inquiry, led him to the view that these disturbances of sexual function often went back to the first few years of life and implied a sexuality of the infant which became an especial ground for the hostility and ridicule of his opponents. At the beginning of the war the medical profession of this and other countries [p. 4] was divided into two sharply opposed groups; one, small in size, which accepted the general principles of Freud, either in their original form or as modified by Jung and other disciples; the other, comprising the vast majority of the profession, who not merely rejected the stress laid upon the sexual, but in setting this aside refused to attend to many features of Freud's scheme

which could hardly have failed to appeal to them if they had been able dispassionately to face the situation.

Among the laity Freud's views met with a greater interest and a wider acceptance. In some cases this acceptance was founded on observations furnished by the study of dreams or of such, occurrence of everyday life, as had been so ably used by Freud to support his scheme, but inability to study the main line of evidence upon which the Freudian system was based prevented the interest of these students from being more than that of the amateur.

The frequency of the psycho-neuroses of war brought the subject within the reach of many who had hitherto taken no special interest in this branch of medicine, while in other cases, those whose interest had hitherto been of an amateur kind were now brought into contact with clinical material by which they were enabled to test in detail the Freudian doctrine of psycho-neurosis. The opportunity thus afforded to independent and unbiassed [sic] workers had certain definite results. Freud's work, in so far as it deals with psycho-neurosis, has two main aspects. As in every scheme of a pathological kind we can distinguish between the conditions or causes of the morbid process and the mechanisms by which these conditions produce the manifestations or symptoms of disease. In the heat engendered by differences of opinion concerning the conditions of psycho-neurosis, the pathological mechanisms had been neglected and had aroused little interest, a neglect which is readily intelligible, for few will find it worth while to study the details of a structure resting on foundations they reject.

The first result of the dispassionate study of the psycho-neuroses of warfare, in relation to Freud's scheme, was to show that in the vast majority of cases there is no reason to suppose [p. 5] that factors derived from the sexual life played any essential part in causation, but that these disorders became explicable as the result of disturbance of another instinct, one even more fundamental than that of sex-the instinct of self-preservation especially those forms of it which are adapted to protect the animal from danger. Warfare makes fierce onslaughts on an instinct or group of instincts which is rarely touched by the ordinary life of the member of a modern civilised community. War calls into activity processes and tendencies which in its absence would have lain wholly dormant.

The danger-instincts, as they may be called, are not only fundamental, but they are far simpler both in their nature and their effect than the instincts which are concerned in continuing the species or maintaining the harmony of society. The awakening of the danger-instincts by warfare produces forms of psycho-neurosis far simpler than those of civil life, which depend in the main on disturbance of the other two great groups of instinct. The simplicity of the conditions upon which the psycho-neuroses of war depend makes it easier to discern the mechanisms by which these conditions produce their effects. Those who were able to approach the subject without prejudice could not fail to see how admirably adapted are many of the mechanisms put forward by Freud to explain how the conditions underlying a morbid state produce the symptoms through which the state becomes manifest. It seemed as if Freud's

mechanisms might have been obvious to all, or at least might have met with far earlier acceptance, if war-neurosis had been of habitual occurrence and civil neurosis had occurred only as the result of occasional catastrophes. The aim of this book is to consider these mechanisms in their relation to the more normal processes of the animal organism, and especially to the mechanism by which certain parts of experience become so separated from the rest that they are no longer capable of recall to consciousness by the ordinary processes of memory. Psycho-neurosis depends essentially upon the abnormal activity of processes which do not ordinarily enter into consciousness, and the special aim of this book is to consider the general biological function of the process [p. 6] by which experience passes into the region of the unconscious. I shall attempt to show that the main function of psycho-neurosis is the solution of a conflict between opposed and incompatible principles of mental activity. Instinctive processes and tendencies, and experience associated therewith, pass into the unconscious whenever the incompatibility passes certain limits. As indicated in the title, the special aim of the book is to study the relation between instinct and that body of experience we are accustomed to speak of collectively as "the unconscious." In this study the first task is to make as clear as possible the senses in which these terms will be used and this will be the aim of the following chapters.

II. The Unconscious

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The concept of "the unconscious" in psychology is one which has aroused the liveliest differences of opinion and has been met by bitter opposition. Even those who are ready to accept the vast influence of unconscious factors in psychology may well be appalled by the difficulties of treating the unconscious in a scientific manner and fitting so necessarily hypothetical a factor into the explanation of behaviour. One line of opposition has come from advocates of the older introspective school of psychologists**[2]** who have found it difficult to fit an unconscious region of the mind into their schemes of description and explanation. The aim of the older psychology was to furnish a rational explanation of human behaviour and endeavour. As the material for such explanation they used almost exclusively the happenings in their own minds, which could be directly, though really only retrospectively, observed, and made this material the basis of constructions whereby they fitted into coherent schemes the infinitely varied experience of the human mind. When their introspective method failed them, and they were driven to assume the existence of factors lying outside those accessible to introspection, they were accustomed to assume subconscious processes, or to speak of psychological dispositions and tendencies, or they would even throw psychology wholly aside, bringing into their schemes of explanation factors belonging to the wholly different order of the material world, and used

conscious imitation), i.e., automatic copying of behaviour within a group.

19 In the footnote Rivers defines "thought-reading" as the unwitting transmission of ideas between people in one another's presence, and he explicitly distinguishes it from distant or paranormal telepathy.

20 The "Nancy school" refers to a late-19th-century group of French physicians and psychologists based in Nancy (notably Ambroise-Auguste Liébeault and Hippolyte Bernheim) who argued that hypnotic phenomena are due to suggestion rather than a physical 'magnetic' force; their work was influential roughly from the 1880s into the early 1900s.

21 "Animal magnetism" is the 18th-century term coined by Franz Mesmer for a supposed magnetic fluid thought to produce 'mesmerism' or trance states; it was an early theory of hypnosis that was later replaced by psychological explanations such as suggestion.

22 A historical term for self-directed suggestion, the idea that a person’s expectations or habitual surroundings (e.g. pillow, darkness) can induce sleep; commonly used in late 19th–early 20th-century writings on hypnosis and sleep.

23 A clinical term for sleepwalking, in which an individual carries out complex motor behaviours while asleep and often has little or no memory of them on waking; it is frequently reported to occur more in childhood.

24 A late 19th–early 20th century medical diagnosis denoting 'nervous exhaustion' with symptoms like fatigue, headaches and irritability; the label fell out of general use and many of its cases would now be described using modern categories such as depressive or anxiety disorders.

25 A German word meaning anxiety or fear; in early psychoanalytic and philosophical writing it was used to denote an intense, often existential form of anxiety and here refers to the heightened anxiety characteristic of the condition discussed.

26 A Freudian term for what was thought to occur when psychic conflict is 'converted' into physical symptoms (hysterical paralysis, anaesthesia, etc.); coined in early psychoanalysis (late 19th–early 20th century) and now mainly encountered as a historical or diagnostic concept for somatoform/functional symptoms.

27 A historical clinical term for the persistent sensation of a lump or tightness in the throat without any physical obstruction; today it is commonly called 'globus sensation' and is often attributed to reflux, muscle tension, or anxiety rather than the older concept of 'hysteria.'

28 Psychasthenia was an early psychiatric diagnosis (used by clinicians such as Pierre Janet and in Kraepelinian traditions) describing chronic anxiety, obsessions and compulsive tendencies; the label has largely been abandoned and many of its features are now distributed among modern anxiety and obsessive–compulsive disorder categories.

29 ‘Dementia præcox’ is an older term, coined by Emil Kraepelin, for a group of early-onset psychotic disorders characterized by progressive cognitive and functional decline; the concept was largely replaced in the mid-20th century by the modern diagnosis of schizophrenia and related psychotic disorders.

30 Hughlings Jackson refers to John Hughlings Jackson (1835–1911), an English neurologist who proposed a

hierarchical model of the nervous system and used the idea of “devolution” (regression of mental function) to explain certain neurological and psychiatric disorders.

31 protopathic is a neurophysiological term for more primitive sensory modalities (crude touch, pain, temperature) contrasted with ‘epicritic’ sensations (fine touch and discrimination); Rivers uses it here to distinguish more all-or-none, primitive forms of mental reaction from finer, graded ones.

32 A local medical society in Edinburgh where physicians and pathologists met to present and discuss clinical and pathological cases; Rivers notes his paper was read there on March 7, 1917.

33 A long-established British weekly medical journal (founded 1823) that published medical research and commentary; Rivers's paper appeared there on June 16, 1917.

34 A traditional Scottish or Northern European enclosed bed set into a recess with doors that could be closed, common in rural homes up to the 19th century and designed to conserve warmth and privacy.

35 Abbreviation for the Royal Army Medical Corps, the branch of the British Army responsible for medical care of soldiers (established in the late 19th century) and active during World War I.

36 An early term for deep-level underground railways in London (now commonly called the 'Tube'), referring to the circular-bore lines developed from the late 19th century onward.

37 A First World War military psychiatric hospital in Craiglockhart, Edinburgh, used notably to treat officers with 'shell shock' and other war-related mental disorders; it operated chiefly during the 1910s–1920s and is frequently mentioned in contemporary clinical accounts.

38 A leather military belt with a diagonal shoulder strap, introduced in the late 19th century and commonly worn by British and other officers to support a sword or pistol; it is a piece of uniform equipment rather than a medical term.

39 A WWI-era military expression for the exposed, contested strip of ground between opposing trenches, typically dangerous and swept by fire; the phrase is widely used in accounts of trench warfare.

40 A specialist division or meeting of the Royal Society of Medicine (a British professional medical body) where psychiatrists presented papers; the footnote notes this paper was read there on December 4, 1917.

41 Refers to the 1906 incident in Köpenick, Germany, when Wilhelm Voigt, an impostor posing as a Prussian officer, commandeered soldiers and seized the town treasury; the story was widely cited in the early 20th century as an example of blind obedience to uniformed authority.

42 Colloquial British term for an ordinary soldier (short for 'Tommy Atkins'), widely used in the 19th and early 20th centuries and common in accounts of World War I to denote the typical enlisted man.

43 A term proposed by neurologist J. Babinski meaning disorders amenable to persuasion (from Greek for 'persuasion'), offered as an alternative label to 'hysteria' for certain functional paralyses around the World War I period.