Circular note.

At the Annual Meeting, held on July 29th, 1942, it was decided to allot one scientific meeting a month to the discussion of scientific differences and a Committee of 3 members - Dr. Glover, Dr. Brierley and Mr. James Strachey - was formed to organise the programmes of these meetings. I enclose copy of a memorandum, drawn up by Dr. Brierley, for your information and shall be glad to receive from you any suggestions you might wish to make with regard to subjects, range, order, or procedure. These should be sent as soon as possible.

The first scientific meeting devoted to this discussion will be held in October 1942.

Yours sincerely,

July 31st, 1942,
EDWARD GLOVER,
Chairman of Committee.

MEMORANDUM, drawn up by Dr. Brierley.

Reference. Agenda 29 July 1942. Item 9(a) - Scientific differences
Resolution B(1) - Miss Low.

A Possible (?) Programme for Special Scientific Meetings of the Society.

The questions to be answered.

Is a theory of mental development expressed mainly in terms of the vicissitudes of infantile object-relationship compatible or incompatible in principle or in detail, with theory in terms of instinct vicissitudes? Are such theories antithetic or complementary? How far do current differences in theory imply radical alterations in technique?

The aim of the programme.

To cover the most vital issues in a more or less logical sequence, but to concentrate each meeting within a manageable and fairly narrowly defined field.

First desideratum.

To arrive at a clear statement, understood and accepted by all members, of precise points of difference, agreement, ambiguity, or uncertainty, existing at the present time and to set these out before the Society in strictly definable terms. Such a statement could be signed by all participants, and accepted by a majority vote of the Society as an accurate statement. One way of arriving at such a statement would be as follows:

- Procedure. Meetings during the first term devoted to simple and concise explanations and re-statements of views on the development of the psyche from infancy to the close of the Oedipus phase - roughly the first 5 years. These meetings would conveniently fall into three groups:
  1. The mental life of the suckling and the weaning period - 6 - 9 months
  2. Mental life from 6 months to 2 or 2-1/2 years
  3. Mental life from 2-1/2 to 5 years of age

Second desideratum.

Having achieved a clear statement of views, and possibly established certain differences, the Society should then follow up both the theoretical and the practical implications of such differences, paying special attention to all relevant evidence.

- Procedure. Meetings during the second and third terms to be devoted to the pursuit and evaluation of these implications, i.e., to the assessment of our scientific position. The theoretical and practical implications are here stated in sequence but could be taken concurrently if this seemed more desirable. The risk of the latter alternative would be that both would be less fully discussed and might be confused. The theoretical implications fall into two categories: (1) general, concerning the structure and functions of mind (pure psychology), and (2) specific, concerning the etiology of mental disorder and the conditions of mental health (medical psychology). Such a division involves a certain amount of repetition, but this should help clarification and diminish risks of oversight.

P.T.O.
At least one term, i.e. the second term, could be fully occupied in considering theoretical implications, e.g. as follows:

(a). General.

(1). Ego development, ego differentiation and super-ego formation.
(2). Mental mechanisms, their relative importance, onset of operation, etc.
(3). Anxiety.
(4). The role of phantasy and of environment in infantile life.
(5). Stages, phases, or positions, in infantile development: Progression and regression. Instinct modification.

These lead naturally on to:

(b). Etiology. The psycho-neuroses and psychoses seriatim.

(1). Hysteria.
(2). Obsessional neuroses.
(3). Paranoia.
(4). Manic depression and melancholia.
(5). Schizophrenia.
(6). Conditions of mental health.

The third term could be spent enquiring into the modifications of technique following on differences in theoretical approach. They are also general and specific.

(a). General.

(1). The aim or goal of analysis.
(2). Type, indications for, and criteria of, interpretation.
(3). Transference.

(b). Specific.

(1). Technique of child analysis.
(2). Handling of specific disorders, e.g. manic depression.

A further statement embodying the results of this comparative study would answer the question of compatibility between object and instinct theory, and would provide a cross section of present day theory and practice which could serve as a basis for (1), solution of the training problem, and (2), tentative research programme for the immediate future.