PSYCHOTHERAPY IN GENERAL PRACTICE

by

ISADORE CASH

A THESIS SUBMITTED FOR THE DEGREE OF

DOCTOR OF MEDICINE

UNIVERSITY OF WISCONSIN

1934
The Darwinian conception that Man has ascended from some species of the primate is freeing humanity from countless confusing dogmas and fancies as to the origin and destiny of Man and has enabled the student of human behavior to begin to approach his problem as a biologist. Freud's discovery that the wish is the dynamic factor in the personality, as one feels it in himself, did as much for psychology and psychopathology as Darwin's theory of evolution did for biology. The next logical development is to account for the physiological nature and origin of the wish. James and Lange, before Freud, taught that the emotions had their origin in the peripheral activities of the viscera, but James seems to have had no clear idea of the existence or dynamic influence of the repressed (forgotten) wish as later discovered by Freud. On the other hand, Freud has given us a conception of the physiology of the repressed wish and how it continues to exist in the personality after the individual has succeeded in making himself "forget it", that is, has prevented the wish or affective craving from causing him to be conscious of its influence and needs. Freud's conception that the repressed wish (energy or libido) becomes converted into physical distortions or symptoms, a concept now freely used by some writers on the "conversion mechanisms" in hysteria.

The contributions of the psychoanalysts have greatly clarified the explanation of how the personality as a unity works. Particularly the work of Freud and Jung, and others, on the activities of the repressed wish working against the egoistic resistance and the use of symbols to avoid the fear of failure or of being censured, and Adler on the com-
pensatory strivings because of fear of being organically or functionally inferior to the competitor for the love-object, and Bleuler on the compensatory value of autistic thinking; have been of decisive value in developing a better understanding of the personality. But none of these contributions get us on a truly physiological basis, and no conception of the personality or any of its attributes is sound until it is so formulated and clarified as to be readily understandable in terms of the integrative functions of the nervous system.

Watson's work on the behavior of animals and infants has been of value in teaching the psychiatrist to see his cases as problems of behavior, although his explanations of abnormal behavior are wholly inadequate. The psychiatric student must be trained through the study of animal behavior to be able to recognize the movements and postural tensions of fear, anger, love, shame, sorrow, jealousy, etc., because only in this manner can he learn to study his cases from a truly biological point of view. So far, practically nothing is taught the medical student about the principles underlying human and animal behavior.

By psychotherapy is understood the use of mental powers for healing. Its technique presented at one time little difficulty. It was confined to exhortation, to promises acting suggestively, and to hypnosis. As Lowenfeld justly remarks, all therapy is really psychotherapy. No less than 2,000 years ago there were "soul doctors". Thus Plutarch was a renowned soul doctor who was sought out from far and near by people who wished to pour out their hearts and to beg for his advice. Our psychotherapy, however, represents a great advance on all
the methods previously practiced. Whereas formerly the psychic causes of the illness were not investigated, or only superficially investigated, and one only sought to confirm in the patient the certainty that his trouble would soon be at end; our therapy seeks out the roots of the disease.

The subject of psychotherapy is one of great importance to the physician, but this truth has only been realized in very recent times. As a science it was unknown and untaught a generation ago. The science of psychotherapy being a comparatively modern one still labours under many disadvantages. The classical conception of disease adopted in all our textbooks is entirely based upon a materialistic or solid pathology. The symptoms of disease generally receive a physiological explanation. The treatment of disease is mainly confined to the use of chemical reagents or drugs. It is very necessary to investigate and treat disease from this standpoint, and such knowledge is essential. It is, however, equally necessary that disease should be studied from a totally different standpoint, a mental one.

The scientific practice of psychotherapy has passed through the following developments: First, that of suggestion in the hypnotic state, second, that of suggestion in the waking state and third, that of persuasion and re-education.

Originally Freud employed hypnosis in order to penetrate the unconscious mental life of his patients, and it is an interesting fact that there are followers of Freud who even at the present day prefer
this quick and convenient way to the laborious method of psychoanalysis. Freud says: "It is the disadvantage of hypnosis that it conceals the resistance and prevents the physician from gaining an insight into the play of psychic forces. But it does not do away with the resistance, it merely evades it and secures only a temporary understanding and transitory results." Nevertheless, there are adherents of the Freudian theory, such as Muthmann, Frank Bezzola, and others, who give hypnosis the preference. Brodmann, indeed, turns the tables and prefers hypnosis because in his opinion the cathartic procedure in the waking state mostly has no enduring results.

Suggestion as a therapeutic procedure was introduced into psychology in 1843, but did not actually take an important part until 1880 when Charcot seriously began his investigations. It is the belief of Dr. D. A. Thom that those psychoneurotic conditions which have an abrupt onset, usually found in patients with a rather mediocre type of intellectual equipment, with symptoms of a physical nature, representing a very immature way of meeting particular life situations, can be most effectively helped by treating the symptoms by suggestion and the residual by analysis or re-education. Cases of general nervousness increase to the attacks of anxiety and behind such a nervousness there may sometimes be discovered distinct neurotic mechanisms.

Suggestion is ineffective in dealing with psychoneurosis, since it deals with symptoms as such and not with the genesis and evolution of symptoms or their psychological significance. It aims to effect a change in the patient's life by mere removal of troublesome manifesta-
tions and not by psychologic reconstruction of patient's emotional life.

Dubois introduced the method of persuasion which consists of heart to heart talks with the patient on the whole subject of his nervous symptoms. This, of course, presupposes an intimate knowledge of psychology, psychopathology, and human nature on the part of the physician. Dubois states that persuasion should be honest, logical, and rational, a combination of argument, explanation, and education. He thinks that a direct appeal should be made to the intellect, but one cannot get away from the psychological fact that all degrees of belief are essentially effects. James has accordingly said that "a person may even sweat with conviction without knowing what it was about."

Persuasion, therefore, is to some extent the form of suggestion that is suitable for a patient in the waking state. However, persuasion may not be of any use until the hidden and unconscious origin of his mental or nervous symptoms has been uncovered, brought into the light of day and found out. The process by which this can be done is known as psychoanalysis. Many discoveries which has revolutionized our conception of the constitution of the human mind have come from the practice of psychoanalysis. It has introduced us to many new ideas, such as those complexes, conflicts, repression, resistance, the unconscious symbolism, conversion, etc. and these have undoubtedly been of help in understanding mental and nervous symptoms and in their treatment. Methods of examination have been introduced to probe the unconscious mind:—

"The word association test; the method of free association of ideas; the analysis of dreams."
Every practitioner and student of medicine must be taught the paramount part the mind plays in the chief symptoms of disease, and he must employ in the treatment of these, mental suggestion, persuasion, and re-education, not unconsciously as in the past but with a set purpose and with confidence. His success will depend on the depth of his conviction.

There are those who have approached the treatment of the psychoneurosis by placing greater emphasis upon altering certain physiological states than solving definite psychological situations. Janet draws no close line of distinction on the basis of method between psychotherapy and physiological therapy. It is the purpose of the treatment about which he seems to be concerned. He states:

"One practices psychotherapy every time he applies the laws of psychology. If I give a cathartic to a patient simply because I have in mind the action of the cathartic on the fibers of the intestine, I am practicing a physiological therapy; if I give the same cathartic to a patient affected by mental confusion because a large number of studies have shown a constant relationship between the intoxications and psychic disorders of this kind, because I hope by getting rid of the intoxication to make the patient's thought more lucid, I am practicing psychotherapy. In a word, psychotherapy is an application of psychological science to the treatment of diseases." (4)

In this country perhaps Myerson has stressed the physiological approach to the treatment of the psychoneurosis more vigorously and courageously than most psychiatrists. I quote in some detail from a recently published article on this subject by Dr. Myerson. After discussing the effect of various physiological phenomena upon the mental state of the individual, he makes the following pertinent comments:

"This approach (referring to the physiological) to psychiatry and its
problems must go logically even further. It must state that there is no separation between the organic and the functional diseases, except as a matter of convenience. If I experience fear and as a result, I become the victim of a psychoneurosis, there is no phase of the experience which cannot be rigidly linked up with the organic world. The object of the situation which evoked the fear is organic. Physical agents of well defined type, such as light waves, sound waves, chemical emanations, which evoke the sense of smell, are organic. Emotion is largely the thalamic, vaso-visceral, motor reverberation of an event. All the past experiences of the individual have been organic, and their effects, whether transitory or permanent, were organic.

Even though we gain no insight into the actual causation of a psychosis or a neurosis by the study of the physical symptoms, which accompany it, we are enabled to understand the clinical picture better. We may ask of a mental state, in how far does it disturb bodily function, the great organic machinery of the body? And since it is true that a mental state may alter digestion (by this theory it is in part altered digestion) it is perfectly conceivable that by altering the digestion, we may in turn change the mental state, or, at least, hasten the resumption of equilibrium. In the circle of events which is the relationship of mind and body, therapeutics applied at any point may alter the entire circle." (5)

It is not the function of this paper to enter into any detailed discussion of the controversy between the psychologically-minded therapists and those who confine their interests and efforts along the purely psychological lines, but it is sufficient to say that the majority of those working in the field of psychotherapy do not look upon the two methods as being in opposition one to the other, but rather as supplementing each other.

The interest of the modern practitioner in the functional disturbances of psychogenic nature is usually very superficial since it is not based on systematic knowledge. Courses in psychoanalysis do not belong to the official curriculum of the medical student, and only in his practice does he come in contact with them. The physician takes cognizance of it mostly when his patient gets cured of his stomach neu-
rosis or hysterical aphonia by a neuropath or a Christian Scientist after he was treated for a long time unsuccessfully with drugs and the whole inventory of official methods. However, it must be admitted that at present it is not easy to get acquainted with the results of modern psychopathology; its systematic presentation is almost entirely lacking and a bit confused representing an especially difficult study for which the medical student with his exclusively somatic knowledge is not at all prepared.

Only a few years ago no medical schools taught psychiatry. Now all medical schools give required courses in psychiatry, and some of them do more than teach students the names of the major psychoses. Some of them present personality defects, the nature of adjustment failures, problems in "child guidance", and the mechanisms of personality break downs. Of very recent years, the vast bulk of psychiatric treatment is done, not in state hospitals and not by privately practicing psychiatrists, and not by the various free and pay clinics, but by the general practitioners and family physicians. It is they who have the constant contact with patients who minor nervous ailments, whose infelicities and inefficiencies, whose psychologically produced aches and pains bring them to the doctor for help. The majority of these he can benefit and very often does. Here and there will be an exceptional case which is too severe, to complex, too resistant for routine treatment, which must be referred to a specialist, just as major surgical cases are referred to a surgeon. Minor psychiatry, like minor surgery, the general practitioner can and must do. Some day it may be considered just as heinous for a family doctor to neglect a case of melancholia as it is
now for him to neglect a case of appendicitis.

It seems that the introduction of psychologic details into etiologic thinking has provoked the greatest resistance on the part of medical practice. Under the pressure of empirical observation, modern medicine takes account of the influence of psychic factors on bodily processes, but it still is disinclined to go into the detailed investigation of these factors. There is a tendency to be satisfied with general terms such as nervous excitation or the pressure of the difficult life situation; but at the same time one refuses to take cognizance of the finer analysis of psychic situations and problems of personality.

It is well known to every physician that functional disturbances of a chronic nature may, in the course of time, lead to real organic disturbances. So far as treatment is concerned, naturally, in all cases in which functional disturbances have led to a pronounced morphologic change, psychotherapy comes too late, and local therapy is indicated. So far as therapy is concerned the psychologic approach is indicated only as long as the functional disturbance has not yet led to organic changes. Consequently, psychotherapy has mainly prophylactic value. It consists in giving the patient the possibility of relieving psychic tendencies in the normal way by making conscious those repressed tendencies which just on account of repression could not be expressed normally and had to find unusual, that is to say pathologic, expression.

Recently Dr. J. C. Michael of Minneapolis, Minnesota review-
ed 200 consecutive case records of patients seen as private neurologic and psychiatric patients during one year. Distribution of these was as follows: Psychoses 41 per cent; psychoneurosis 28.5 per cent; defective emotional and intellectual states only 4.5 per cent and the remaining miscellaneous or no nervous or mental disease found. What a small proportion of the whole field of psychiatry is occupied by the in-patient population of mental hospitals is well shown by the statistics of a special out-patient department in a general hospital, such as the department for nervous diseases and psychological medicine at Guy's Hospital. Of approximately 600 consecutive cases, 436, or nearly three-fourths, were diagnoses as psychoses, including for convenience and contrast in that category not only manic-depressive, involutorial melancholic, schizophrenic and paranoid conditions, and organic reaction types, but epileptics and mental defectives as well. In other words, at an out-patient clinic designed to cater for all kinds of mental and nervous illness, the psychoneuroses were at least three times as frequent as all other mental conditions lumped together. Further significance lies in this that hardly any psychoneuroses are admitted to mental hospitals; they remain as one of the sets of problems of which general practice is composed. It is extremely probable that the incidence of psychoneurotic conditions among the general population is considerably greater than the figures for a special clinic indicate. After all, the general practitioner sees in each year of his work only a few patients who are obviously psychotic — i.e. suffering from a mental illness of a type and severity necessitating admission to a mental hospital.
It is only the more obvious cases of psychoneuroses that are referred to a special department. The rest remain as out-patients in other departments of the hospital, being regarded as part of the inevitable load of cases of the more chronic kind. Perhaps the majority of psychoneuroses still go unrecognized under diagnosis of anaemia, gastric catarrh, debility, neurasthenia and the like. But enough has been said to show how important it is for any doctor to be able to recognize and, if possible, to treat conditions of such frequency and of such polymorphous symptomatic appearance.

A considerable proportion of psychoneuroses do not require a highly specialized technique. This is as well, since technical psychotherapy is essentially a prolonged affair in many instances. What is commonly described as the old type of family doctor had an insight into and a consequent ability to treat, psychoneurotic conditions because he had a profound knowledge of human nature. But such almost unconscious psychotherapy has its limitations, and there is no reason why the general practitioner of today, in spite of the preoccupation of his medical education with x-rays, blood tests and other laboratory methods, should not be more successful and just as successful as his predecessor of fifty years ago in treating the symptomatic results of life's difficulties, dissatisfactions, and disharmonies in the health of his patients.

All neuroses and psychoses which are due to uncontrollable or ungratifiable effective cravings have a common psychotherapeutic problem which resolves into a question either of diminishing the vigor of the uncontrollable autonomic tension and its cravings or of increasing
the vigor of the ego (the socialized cravings), so that the latter may dominate the final common motor paths (overt behavior) and thereby control the undesirable craving.

The psychoanalytic method is primarily interested in reducing the vigor of the uncontrollable craving, whereas the suggestive and hypnotic methods, re-education and rest cures, etc., endeavor to reconstitute and reenforce the ego so that it will be able to control the cravings which tend to jeopardize the individual's efforts to retain social esteem. Both methods have splendid merits which a prejudiced advocate of either one would be likely to neglect in the other.

The first requirement of a psychotherapist is a good knowledge of general medicine, otherwise he is likely to involve his patients in danger and himself in ridicule. Nowhere in medicine is a knowledge of the natural history of disease of more use in the diagnosis of psychoneurotic illness as a first step towards treatment. In psychological medicine, almost more than in any other branch, an accurate history is indispensable not only for diagnosis, but as I hope to show for treatment. In mental illness of any kind, it is still clinical observation that matters most. For the great majority of mental illnesses and especially for the psychoneuroses, serological, radiological, and other laboratory experiments are of only negative value, as excluding the possibility of organic disease. Much of the rest of the psychotherapist's equipment is already contained in the phrase "a knowledge of general medicine", because that knowledge should include something about the psychology of human nature. But this is a field in which too
much knowledge is, in a sense, dangerous. The tendency for the man who specializes in psychotherapy is to make his own path more and more difficult. He sees everwidening theoretical ramifications in every case he meets, and anything short in time and thoroughness of what he considers the ideal is stultified by his own lack of confidence in it.

What knowledge, then, of psychology should the general practitioner have? He should have a sympathetic acquaintance with what is called human nature, which means its envying, jealousies, rivalries, as well as its affections. He should have also an appreciation of the power of conflicts arising in relation to such tendencies to produce bodily disturbances. He should show judgment and strive for understanding, and he must have sympathy for his patient, however poor a thing he may appear to be, remembering that he is trying to recover and needs help. It is probably impossible for anyone to feel sympathy with every one, and if the physician finds that he does not sympathize with any given patient he ought not to treat that patient. It means that he is up against one of those incompatibilities between personalities, which had better be recognized sooner rather than later, as an attempt at too close contact is likely to make for harm rather than good.

This sympathy of the physician for his patient must not be of the passive sort, but essentially active. He must really desire to help his patient and be prepared to take all pains to that end. He must be ready to take infinite trouble himself, and must, if occasion demands, be willing to subject his patient to considerable discomfort and distress if he is convinced that ultimate good will ensue. Just as the surgeon
does not shrink from inflicting physical pain, if that is the only means whereby the patient can be restored to health, so the psychotherapist must be willing to subject his patient to mental pain if this is necessary for his salvation.

If the psychologic approach to the neuroses is correct, then the only rational method of treatment should consist in the revelation to the patient of the unconscious mental processes which are responsible for his illness, in bringing into consciousness the repressed impulses which find vicarious satisfaction in symptoms. That is, he must be given insight into his condition before he can hope to make any adjustment to his difficulties. Superficially this sounds very simple. Actually it is very difficult, because herein lies the crux of the whole problem. Many neurotics are highly intelligent and see the surface problem together with its many ramifications and implications, yet are utterly at a loss to resolve it. The neurosis is not a question of logic or syllogisms and no amount of intellectualization will solve that which is so deeply conditioned emotionally. That is the reason why even the most intelligent neurotic is incapable of plumbing situations which are so obvious to him who brings the slightest objective judgment to bear on them. But adjustment is not always, or even gradually, possible, not alone because many of the inner, emotionally-toned, conflicts are difficult to discover and resolve, but because most of the social and environmental factors are beyond the control of the therapist, and many beyond the ability of the patient to mold to his own needs. It is a well known fact, for instance, that many of the neuroses in chil-
dren are directly dependent upon the neurotic behavior of mothers, who are themselves in need of treatment; and it is not always easy to disassociate the one condition from the other, let alone eliminate the source of the conflict. Nor is it possible for the therapist to do much for a neurosis which is precipitated or strongly conditioned by love and marital infelicity, profound economic distress or other situational difficulties, although it is not outside the province of therapy to try to alter, if possible, those external factors. But essentially the problem consists of the need of adjustment on the self to the environment and not the latter to inner conflicts. It is also worth recalling that every neurosis is a sort of compromise and, in fact, represents the most suitable attempt at adjustment of inner and outer conflicts of which the particular individual is capable.

The radical difference between organic disease and the neuroses must be remembered. As Jones points out, organic diseases are the result of a conflict between man and nature, in the form of physical trauma, invasion of micro-organisms and involutionary processes, while neuroses are social diseases, the result of a conflict between man and his social environment. In other words, the neurotic is in trouble; he cannot adapt himself successfully to the claims and duties laid upon him by our complex social machine. In this dilemma, the neurosis is the way out, the means of escape, the irrational answer to the mental conflict.

It is generally conceded that structure is not affected in neurotic illness, but we ought not to be too dogmatic on this point if
the maladjustment lasts long enough. No one will deny that prolonged anxiety will produce abnormalities in gastric secretion and vascular distribution may be responsible for all sorts of structural changes. Again prolonged disturbances in the endocrine balance may determine arterio-sclerotic changes which may eventually be responsible for cerebral hemorrhage and so on. Moreover we must not shut our eyes to the fact that neurotic illness undoubtedly renders the patient less resistant to infection, with all its potentialities for destruction of structure. A very important bodily factor in determining the location of neurotic symptoms in what Adler has called organ inferiority. By this he means that some organ or part of the body has been more weakly than the rest, so that it is more liable to injuries or disease, whether gross or insignificant. In many cases this is fairly obvious; we are all acquainted with the life-long dyspeptic, with the lady who suffers from "mucous colitis" for years and years, or in other words who has a sluggish colon and so suffers from constipation. To sum up this argument, we believe that neurosis in the great majority of cases is of mental origin and must be treated by psychotherapy, but if it is prolonged the mental causative agents and the resulting disturbance of the central nervous system may result in physical symptoms. These physical symptoms may become very troublesome to the patient, and if they can be relieved or removed by physical means, the physician should not hesitate to use such means.

To return to the two general psychotherapeutic methods of treatment of neuroses and psychoses and the principles upon which they
are based. It must be recognized that an important part of successful therapy in which drugs, mechanical devices, and surgical intervention are used, is due to the comfort the patient derives from being nursed and attended to by a mature personality for whom the patient has great fondness, respect, and admiration. This encouraging, invigorating influence counteracts the patient's tendency to become depressed and yield to the attack of the disease, the neglect of a mate, parent, son or daughter, or the probability of economic failure due, in turn, to the patient's inability to summon sufficient courage and resourcefulness to save himself. It is, in brief, an expression of the infantile tendency to seek the moral support and sympathy, during stress, of the more potent father or mother. This is to be seen in the tendency of the forlorn and discouraged to make fathers and mothers out of their physicians, priests and nurses. In other words, the autonomic coordinations that have been built up to win social esteem are the first to disintegrate under pressure or misfortune or disease. This failure of the ego is to be seen in the symptoms of depression and the hypochondriacal complaints.

In the neuroses also there is difficulty in the adjustment of appetites and desires to the demands of convention and morality; a difficulty met by forgetting, repressing from consciousness, thought or memories with emotions which are unpleasant or incompatible with one's standards of thought and conduct. Forgetting here is an active process; in some cases essentially a conscious activity, but in others wholly or largely an unconscious process both in actual forgetting and
resisting the normal tendencies of association of ideas and voluntary effort to recall the memory to consciousness. The experience forgotten is the immediately painful and the ultimate consequences may be more unpleasant than if we faced rationally the whole situation at once.

But it is impossible to repress without serious consequences (10) to mental life, a system of ideas tinged with strong emotional content. For the repressed complex (as such a system is called) seeks continually to express itself; the idea may remain successfully repressed from consciousness, but the emotion, dissociated from the original idea, may appear sometimes in the form of unreasoned anxiety, sometimes converted into headache, vomiting, neuralgia, or paralysis. Face to face with these symptoms, the physician so often thinks only in terms of organic disease. There is too the blind spot in the patient's mind, and the ever present tendency in all of to rationalize; to act or think on impulse, yet to assume that we are purely rational beings, and to defend our impulsive thoughts and actions by elaborate reasoning deceiving ourselves and others.

A little introspection and self-analysis will help the physician and will humble him sufficiently to bear with the apparent sophistry of his patient. For the patient's confidence and good will must be secured by the patience and sympathetic understanding of the physician. To face unpleasant facts, to recall disagreeable memories, requires courage and honesty. Infantile habits, persisting long after they have outlived their usefulness, interfere with new adaptations necessary for mental growth; behave, in fact, like a "conditioned reflex."
You will remember what Pavlov showed how, when a bell was rung in a dog's hearing each time just before food was brought, in a short time the ringing of the bell alone was sufficient to produce an outpouring of gastric juice. So we humans, doctors and patients alike, all have our "bells" to the chimes of which we dance like puppets, the while we gravely pose as truly independent and responsible masters of our destiny. Realizing this by self-analysis, the physician enlists the patient's cooperation in recollecting the more or less unconscious memories.

How far this is possible, even under the most favorable relationship between doctor and patient, varies greatly. The mere recollection of forgotten experience itself does nothing; the essential step, as McDougall points out, "is the linking up of these recollections with the rest of the mind, so that they are restored to their place and relation in the total system, and thereby become amenable to the control of the reason and the will."

In very many instances, special methods of exploration, free association, hypno-analysis, and psychoanalysis, are necessary to recall the hidden memories. These methods carry one beyond the general practitioner's viewpoint, though a general knowledge of the principles of psychoanalysis, even without full acceptance of its doctrines, is of inestimable value in dealing with neurotic patients.

The relationship between doctor and patient is of primary importance in any psychotherapeutic practice whether that of hypnotism, persuasion, re-education or analysis.
Many of the difficulties in life arise from discrepancies between the unconscious standard and over-valuations that we make for ourselves or adopt from others; for conventional standards are regarded as absolute authority, and thereby invested with too great value. Insoluble conflict results, and an adjustment is possible only on the basis of a neurotic compromise. The individual within whose psyche this disturbance has occurred is little aware of what is going on.

Innumerable times, many physicians have had patients come in complaining of epigastric fullness, borborygmus, pyrosis, palpitation, dizziness and headache, weakness of memory, cold hands and feet, flatulence and constipation that can usually be corrected by adjusting environmental circumstances and securing the control of the remaining psychoneurotic residuum. These cases do not die, but they are often prevented from following their normal mode of life. Their fears of certain foods and similar phobias, and their interminable and reiterated complaints cause such annoyance to others that their home life is frequently ruined. The antagonistic family attitude reacts again on the patient; and this vicious circle results in such an aggravation of the condition as often to render it practically incurable. To tell such individuals that they are suffering from an over active imagination is not only impudent but wrong. The physician must remember that he is dealing with hyper-suggestible material, weak in will, strongly influenced by emotion and not by reason. Such patients are often impatient, vacillating and hard to hold. Confidence is of prime importance and the most effective therapy is that which solves the psychic problem.
With regard to the average patient, a great deal of benefit apparently can be derived by letting the patient feel that he can talk to his physician in a simple and direct way about topics with regard to which he has felt a great deal of reticence, with regard to which he is sensitive and with regard to which there are important emotional values. The physician, the psychotherapist, no matter of what school, can give the patient the opportunity of looking at his special problems as a simple test of life which he has to face just as openly as any other test of life. The patient feels that the physician comes to that topic with a purely biological attitude, with no prejudgments, with no special sensitiveness of his own, willing to listen to the patient to give what advice he can, no matter what topic is touched. That in itself is an enormous benefit to the patients.

One of the worst errors many physicians and most lay persons make is to tell the patient that he "imagines" he is sick. This is invariably resented by patients and at once attributed by them to lack of understanding on the part of the physician. The error is all the greater because there is a modicum of truth in it and carries with it the insinuation that the patient makes believe. It is a great therapeutic sin, therefore, to tell the patients that there is nothing the matter with him, first because it is not true, seeing that a neurosis is as much a disease as any other in the domain of medicine, and second because he will not believe it. When a person has psychogenic pain, headache, insomnia, vomiting or palsy, they are as real to him as if he had an organic disease. Indeed, most patients sincerely mean it when
they say that they would rather have pneumonia or a surgical condition requiring operation than general nervousness, which gets scant sympathy from either the family or the doctor. Not to take the patient seriously is to violate the first principle of psychotherapy. And it is absolutely useless to tell a patient, even facetiously, "You are crazy, there is nothing the matter with you, try to forget it". A patient with anxiety hysteria or an obsession certainly is not crazy, has a great deal the matter with him, and cannot forget it however much he tries. In fact, he is dreadfully afraid of insanity, death or some lingering disease, suffers a great deal from his symptoms, and comes to the physician just because he cannot rid himself of the ideas which plague him.

To be successful, then, treatment must be directed to the individual problems of the patient and should reckon with his special personality. Psychotherapy actually begins the moment the patient enters the office and both the detailed psychologic study and careful physical examination are directed to that end. The examination, in particular, is useful not alone for the purpose of excluding organic disease, but serves as an excellent therapeutic measure in that it convinces the patient that his complaints are seriously considered. Obviously, if in addition to the neurosis, definite organic disease is discovered, it must be promptly attended to and remedied, if possible, although too much emphasis must not be put upon that lest the patient seek refuge from his neurosis in his minor or major physical ailments. There is no objection, of course, to the use of medicine although theless given the
better, nor to electricity, massage, exercise, hydrotherapy, gymnastics, hypodermic injection, or what not, provided the physician is aware that he is thereby influencing the patient by means of suggestion. Indeed, with older, ignorant, unintelligent and otherwise inaccessible individuals that is all one can do, but as a rule treatment with medication alone will not cure symptoms of psychogenic origin.

The irrepresible urge to find an organic basis for every neurosis has led many physicians to seize upon the highly over-emphasized theory of focal infection and to attribute to it, without regard to laboratory or clinical experience, every conceivable mental symptom. Based upon very occasional causal relationship, but mainly upon accidental associations, great stress is laid on the removal of foci of infections, and many physicians give proof of their conviction by advising the extraction of teeth, excision of tonsils, washing of stomach, irrigation of colons, or the performance of major surgical operations. Certainly, obvious physical conditions require appropriate treatment, but it may be positively stated that no hysterical phobia, compulsive neurosis, or delusion was ever cured by such indiscriminate measures; and it is equally true that all those treatments serve only to confirm the neurotic in his complaints and to perpetuate symptoms which could be more intelligently removed by psychotherapeutic measures. It is not an uncommon experience to see chronically invalided neurotics who have been repeatedly operated upon for nasal or sinus conditions, which they do not have and others who have undergone numerous abdominal operations for ulcers of the stomach, chronic appendicitis or intestinal adhesions, when
other diagnoses failed. Whatever measure of success does attend all those heroic treatments is almost wholly due to suggestion.

What should the general practitioner have in order to help his patient? First of all, a certain humble recognition that he has no solution for the majority of human problems but that he is willing to put at the disposal of that patient what he happens to know about these factors and is willing to give the time to help the patient to work out his problems as far as he can go. The general practitioner who comes with such an attitude can be very helpful to his patients and he need not be too embarrassed by the fact that he has not studied any technical psychology, that he may not even be able to comprehend some modern psychological formulations. The second requirement is the firm conviction that the symptoms are the manifestation of an evasive way of dealing with important personal problems. It is very important for every member of the medical profession to have a sufficient realization of the help which can be brought even to a patient with a rather complicated neurosis, by giving him the right sort of attitude and by putting at his disposal the information which the physician has with regard not only to the physiology of the component organs, but with regard to the complicated endowment of human nature, and the complexities of the various stages by which the individual adjusts himself to his cultural environment and by helping the patient to mobilize all his resources to deal with his fundamental problems instead of muddling through life. (16)

The present day popularity of unorganized quackery and char-
latanism is a warning of how necessary it is to manage skillfully the mental and emotional side of the patient as well as his physical welfare. Many of the complaints and discomforts heard in office practice and in convalescence from serious illness or surgical procedures are out of proportion to the physical weakness present. Examination and treatment of the emotional life of such a patient may result in great benefit to the physical illness as well as to the mental readjustment. In the office of the general practitioner, where we see so many people carrying the usual cares and troubles of life, it seems important to give consideration.
BIBLIOGRAPHY


Approved by

[Signature]
Professor of Medicine.

Date
May 23rd, 1934.