

CLINICAL DEPARTMENT

CASES ILLUSTRATING THE EDUCATIONAL TREATMENT OF THE PSYCHO-NEUROSES

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THE following cases are reported as showing the effects of psycho-therapy in different forms of psycho-neuroses. This method of treatment has of late awakened renewed attention and has been taken up by clinicians of world-wide standing. Among the recent contributions may be mentioned those of Dubois (*The Psychic Treatment of Nervous Disorders*) Oppenheim, Dejerine, Levy, Barker, J. J. Putnam, Waterman, Taylor, Linenthal and others who have advocated the rational employment of the influence which the mind has in altering for good functionally disordered conditions of the nervous system. Necessarily the efficacy of such treatment is based upon the empirically recognized fact that many such conditions are brought about by a faulty mental make-up and attitude, habits of thoughts and other mental processes, whether in the form of dissociations, perverted syntheses, emotions or what not. The work of the future must be to determine the true relation between the functional disorders — physiological and psychological — and the fundamental mental fault, and thus find the rational basis for psycho-therapeutic procedures. This is particularly important in order that the limitations of this therapeutic measure may be understood, and those who employ it may keep well within rational lines and understand the principles on which the technique is based. In fact, some of the new exponents, Dubois for example, tends to take a much too one-sided view of the matter and assume a far too sweeping influence of the mind upon the body and overlook the reverse process (which has been recognized by the common experiences of mankind) the influence of a disordered body — the stomach of a dyspeptic for example — on the mind.

In our experience, too, we have often been surprised to find how clinicians who have not looked into the matter of psycho-therapeutics as a scientific procedure, under the influences of a wave of medical or popular interest in this remedy, have sought foolishly to have conditions of organic deterioration affecting mind or body relieved by psycho-therapy.

As the matter now stands, there is no acknowledged agreement among the advocates of the method as to the therapeutic principles and therefore technique. It is noteworthy, however, that more recent writers lay more stress on the educational and, as they are pleased to designate the technique, the "persuasive" method, and scout with righteous rationalism the "suggestive" procedure. Fundamentally at bottom all methods are educational and suggestive. One of us (Prince) as long ago as 1898, in opposition to the purely physical methods then in vogue, advocated the educational treatment¹ of psycho-neuroses combined with physiological hygiene.

The general therapeutic procedures laid down were —

"First. Instruction of the patient in the nature of the symptoms and disease.

"Second. Fixed ideas, apprehension and erroneous beliefs counteracted; faulty habits of temperament and character corrected.

"Third. Individual symptoms suppressed by electricity, suggestion and other therapeutic agents.

"Fourth. Rules given for the daily conduct.

"Fifth. Improvement of nutrition, moderate rest, and, in extreme cases, isolation from previous surroundings only."

The therapeutic principles underlying these procedures have since come independently to be recognized by clinicians as leading to the most rational and effective methods.

We hear, however, nowadays, owing to a lack of sufficient insight into the psychological processes involved, much about "persuasion" as a substitute for suggestion. The advocates of persuasion do not realize that persuasion

¹ The Educational Treatment of Neurasthenia and Certain Hysterical States. Boston Med. and Surg. Journal, Oct. 6, 1898.

and suggestion are one and the same; whether we call it suggestion or persuasion, what we do is to create and substitute new healthy mental syntheses and processes with invigorating emotional tone for the previous faulty syntheses and dissociations. The only justification for alleging a difference is that in old time suggestion, practiced by early therapists, the effort was to allay individual symptoms or primary abnormal conditions by rather blindly directed implantation of ideas of normality. The technique was rather empirical than rational. On the other hand, in so-called "persuasion," the effort is to create broader and therefore more rational and effective syntheses. Persuasion is therefore more educational in its technique, but it still remains suggestive. Nevertheless, in individual cases, particularly in that class of cases that attend hospital clinics, where the intellectual capacity is limited and incapable of grasping points of view for which a high order of culture is a requisite condition, a blind suggestion calling only on faith is most effective and all that is required. Such a suggestion is often more effective when given by means of some physical agent, like a magnet or electricity. Whether or not persuasion or suggestion shall be given in hypnosis is merely a matter of detail of technique not of principle. As a rule hypnosis is not necessary. It is beyond the scope of this report, however, to discuss this aspect of the question.

It goes without saying that in the milder forms of psychoses the ordinary hygienic methods of treatment as commonly employed are sufficient, especially when there is decided physical debility and even when the whole disability can be made out to be a pure psychosis. It is in the severe cases which do not yield to ordinary physical methods that psycho-therapeutic treatment is called for.

In the following cases the technique was adapted to the case, that method being used which seemed best to meet the individual requirements: —

Case 1. Psycho-epileptic attacks of the motor type, resembling Jacksonian epilepsy. Recovery.

The patient, C. K., female, single, seventeen years of age, had suffered for two years from peculiar "staring spells," which would come on suddenly and were unasso-

ciated with any definite aura. There was no vertigo or loss of consciousness in the attacks. Every morning she had been subject to attacks of the following description: On being awakened and after fully awake for a minute or two she would suddenly have an attack consisting of an indistinct blubbering followed immediately by a tonic spasm of the left arm which would become a blind and ill-directed reaching attitude as if grasping for something. The eyes would be wide open and staring, and there was complete loss of consciousness. The attack would cease abruptly when the patient was sharply spoken to or when she was roughly shaken. There was complete amnesia for the attack and a retrograde amnesia for the short period of awakening. For eight months these attacks have occurred every morning with clock-like precision, always on awakening and always in an identical manner. There was no biting of the tongue, no foaming at the mouth, relaxation of sphincters or post-convulsive exhaustion. While in the clinic the patient had an attack and she was placed for the first time in a state of experimental distraction by listening to a monotonous stimulus, in an attempt to reach the dissociated motor mechanisms of the convulsions. This attack was an exact corroboration of the above account given by her mother. The treatment consisted of a simple waking suggestion given by means of a fictitious magnet (a tuning-fork), the patient being assured that it would cure her. The attacks ceased immediately after the first treatment and have not since recurred — a period of nearly five months.

Case 2. Psycho-epilepsy in a boy of nine. Recovery.

Two months previous to being seen the patient saw a man fall off a team. At this time he became greatly frightened and since has been unusually nervous. About ten days before being brought to the clinic, he began to have daily attacks of the following character: Without any associated fear or visual hallucinations, he would suddenly complain of severe vertigo, would stagger and sway as if intoxicated, would cry and scream loudly, become violent and show convulsive movements of the hands and feet. Occasionally he would try to knock his head, and once

attempted to jump downstairs. There was no amnesia for the attacks, no relaxation of the sphincters, and no subsequent stupor. Physical examination was practically negative. Light hypnosis was obtained after a few trials, and in this state he was given suggestions that he would have no future attacks, with the result that although he had a few light attacks during the first week of treatment, none have occurred since — a period of over a year.

Case 3. Psycho-epileptic attacks simulating Jacksonian epilepsy. Recovery by hypnotic and waking suggestion.

The method employed in the following case was that of suggestion in hypnosis. The advantage of the method lay in the fact that in this condition, as often happens, her memory broadened and she was able to recall the various circumstances connected with the origin of the psychosis and therefore to give the right clew to its pathology and enable rational suggestions to be selected and given.

Before hypnosis, there had been amnesia for certain important factors in the case. It was one of psycho-epilepsy of a hysterical nature.

The patient, Fanny S., had for six months suffered from epileptiform attacks simulating Jacksonian epilepsy. The attacks occurred daily, sometimes several taking place during a day. During the course of the first examination an attack occurred apparently, so far as one could see, without ostensible cause, although it was due, as it afterwards appeared, to an unsuspected emotional factor. It is not necessary to describe here the attack in detail, suffice it to say that the spasms which were preceded by an aura involved the abdominal muscles, the diaphragm and the muscles of the larynx and neck. It was found possible to bring on the attacks at will by striking the patient. It appeared on inquiry that the attacks developed during and followed a condition of delirium into which she was thrown by a fright. She had amnesia for the delirious state excepting that she remembered the convulsion which occurred. In hypnosis she recalled distinctly all the details of her delirium and remembered that she thought, and those about her remarked, that her convulsion foretold that she had the

same disease that her mother had; namely, epilepsy. This fear of epilepsy had persisted ever since and was the cause of the first attack which she had had in the clinic when the fear arose in her mind that she would be told that she had epilepsy.

Treatment: During the first hypnosis, which was deep, the patient was told that she did not have epilepsy; that there was nothing the matter with her excepting unfounded fear of a disease which she did not have; that she now knew this, realized it and believed it. This view was elaborated at some length for its educational effect. The patient accepted the suggestion and manifested delight at the knowledge. After being awakened there was found to be no amnesia for the hypnotic state, and the same thing was repeated to her. These suggested ideas were again accepted with gratification. The attacks immediately ceased and afterwards could no longer be induced by a blow or any other method. She remained well for a number of weeks during which time she was under observation.

Case 4. Night palsy of three years' duration. Recovery.

The patient, B. B., female, married, thirty-two years of age, had always been well with the exception of a somnambulistic episode when she was thirteen years old. Three years ago the patient experienced a sudden emotional shock in the death of her child, who suddenly expired in her arms under distressing circumstances. Three months after this episode, the following phenomena began to present themselves, slight at first, but gradually increasing in intensity and frequency, until they became of absolute daily occurrence. At first they were mere sinking sensations with momentary inability to move the limbs, but soon they became complete nocturnal paralysis. Every morning on awakening from sleep she found herself completely paralyzed from head to foot. She could not open her eyes and could speak only a word or two with effort. Besides the paralysis she felt a choking sensation and a sense of suffocation with palpitation of the heart. She was fully conscious during the attacks, and there was no concomitant amnesia or haziness of memory, but there usually followed a feeling of exhaustion

which continued throughout the morning. There was no particular sense of fear, and the dreams were of an indifferent character. The paralysis persisted until she could get some one to pull down her arms which usually were in a fixed attitude above her head. When this was done the paralysis immediately disappeared. Her general health was good. An interesting point which may have some significance was elicited; namely, when paralyzed the hands were usually clasped and the arms extended above the head in a position similar to that which was assumed by her child at the time of its sudden death, when she received the shock, and the worst attacks always occurred on Monday, the day of the week on which her child died.

The treatment used was the same as that used in Case 1; namely, suggestion through a fictitious magnet. During the first month of treatment, only seven light attacks of palsy occurred and the patient was able to come out of each one voluntarily. After this, the attacks ceased entirely and have not since (three months) recurred.

Case 5. Nocturnal enuresis. Recovery by hypnotic suggestion.

The patient, R. K., about sixteen years of age, had been suffering from nocturnal enuresis since early childhood. With this exception, he is a perfectly healthy and well developed youth. For years, every therapeutic procedure, including drugs and raising the foot of the bed, had been tried but without result, with the exception of a temporary improvement under treatment by a "Mind Curist." Mental fatigue always aggravated the trouble. The patient was directed for educational purposes of control to empty the bladder every two hours during the day and always just before retiring and to take no liquids after six P.M. Small doses of atropin were administered, though this had previously been tried, and in addition it was determined to try the effect of suggestion in hypnosis. At first only a light hypnotic state was secured, but he soon went into a deep somnambulism with complete amnesia. The suggestions directed against the enuresis were first given for definite periods, beginning for one night and gradually increasing to eight nights, then they were made for indefinite periods,

with the added suggestion that his habit was a thing of the past and no longer existed for him. While in hypnosis, the patient was always made to repeat these suggestions after they were given, and also to repeat the suggestions given him at each previous seance, but for which he was amnesic in his waking state. The results were most gratifying. Within a period of six months he has been troubled only five times with enuresis — once very slightly — and during the past three months there has been only one recurrence during an attack of scarlet fever in which diuretics were largely used.

Case 6. Boulimia of several years' duration. Recovery
F. R. K., male, age fifty-three, has always been of a nervous temperament. Three or four years ago he began to suffer from severe pain and burning in the stomach day and night, and he began to think that unless he took some food the gastric juice would digest his stomach. The pain is always relieved in a few minutes by eating or drinking milk, and consequently he keeps a quart of milk by his bedside which he sips and consumes during the night, claiming that the pain wakes him up constantly. Food taken at meals also relieves the pain. During the day time he is constantly drinking milk, he never dares to go to any place where he cannot obtain it, and at short intervals runs into the various places where it is sold. He also takes bicarbonate of soda for the burning sensation. One physician told the patient he had hyperchlorhydria; another, that a tumor mass was developing in his abdomen and caused the localized pain, which on examination we found to be an intense hyperaesthesia of the skin. Lately, he began to fear a malignant growth, because frequently while eating he felt that the food "had stuck half-way down," whereupon he used to begin to cough and attempt to vomit. After retching he usually raised mucus, in which he once or twice noticed a few streaks of blood, evidently due to retching. He has never vomited solid food. Physically, he was pale and anaemic, felt exhausted, and there was an extremely hyperaesthetic area in the right hypochondriac region, but the tenderness was entirely superficial. No tumor mass was felt, the patient mistaking a belly of the rectus muscle for one.

The treatment consisted of a thorough explanation of the condition, hydrotherapy, organic iron for the anaemia, the gradual withdrawal of the milk taking and the substitution of small quantities of olive oil for the gastric hyperaesthesia, faradism over the hyperaesthetic area in the abdomen and constant suggestions that his trouble was purely functional and not organic and that he would entirely recover. As a result, all the symptoms completely disappeared within a month.

Case 7. Tic of eructation of sixteen years' duration.
Recovery.

In the following case the purely educational treatment was employed: Mrs. Y., 45 years of age, consulted one of us on October 25, 1904, for what was believed to be a gastric trouble. The symptom complex from a neuropathic point of view was a very interesting one and will be reported in full later. Under this theory she had been treated exhaustively by other physicians, the treatment including washing out of the stomach, etc. No benefit having resulted, however, apparently it was suspected that the disease was some form of neurosis. When we analysed the symptoms, it became plainly evident that the trouble was an unusual form of tic. The main symptom of which she complained was eructation of gas which came on in the form of violent attacks. These interfered very much with her social life, preventing her from going about freely, often from making engagements or compelling their cancellation when made. Observation of an attack, however, showed that it consisted of more than this. It began with clonic compressive movements of the lips, during which the larynx rose and the muscles attacked were thrown into clonic spasms. There were movements of the throat as in the act of swallowing. The abdomen rose spasmodically as if from spasm of the diaphragm and at the height of the attack the cheeks were blown out and in. After these spasms had lasted from fifteen to twenty seconds, there was a violent explosion of air with a grunting sound as if there were closure of the glottis, and the abdominal muscles became rigid. The whole of this constituted what previously had been called eructation of gas.

Without going into further details, it may be said that the attacks usually came on two or three hours after eating and were supposed to be due to dyspeptic disturbances. They had first appeared sixteen years previously after an emotional shock and existed ever since. Examination of sensation during an attack revealed the fact that there was hypo-esthesia over the face during the time while the spasms lasted. A prick of a pin was no longer sharp over this area, and there was a slight blunting of touch. Sensation became normal after the attack.

Treatment: The whole attack was analyzed and its true character shown to the patient. Her mind was disabused of the idea that it was in any sense of a gastric nature and its neuropathic basis and the relation to her mental make-up, etc., explained at length. No further treatment was given, but she was left, after this explanation, to see if she could not control the attacks herself.

Shortly after this, according to her later report, the attacks completely ceased, and have not returned since—a period of over two years.

Case 8. Phobopsychosis of twenty years' duration.
Recovery.

In the following case the method followed was that of educational suggestions given in light hypnosis. By "light hypnosis" is meant a condition that practically amounts to deep abstraction which is not followed by any amnesia. The patient, Mrs. X., about forty years of age, suffered from a phobopsychosis very intense in character. For twenty years she had never gone out of the house alone excepting in a carriage because of her psychosis, which was a fear of fainting. During the attacks she would be overwhelmed with an intense fear of losing consciousness and falling, the faint possibly ending in death. The fear was accompanied by various somatic symptoms, such as palpitation, vasomotor disturbances, dizziness, etc. Besides the attacks proper she was rarely free from a fear of the attacks, so that she had both attacks and fear of attacks.

A searching examination on several occasions failed to elicit any satisfactory information as to their origin or any memory of any episode which might have induced them.

In a state of abstraction her memory broadened and then she recalled the first attack and the connecting links of ideas. It appeared that in her youth she received several emotional shocks one upon another at about the same time. In the first of these, she felt herself losing consciousness and looking up saw her face reflected in the mirror in which she saw a white object which she dimly recognized as her own face. The thought occurred to her—Is this death? Then followed one or two other shocks, and ever since she has been obsessed with this phobia.

Treatment was protracted over a period of about six months. It consisted of educational suggestions in states of abstraction, or light hypnosis. The nature of her psychosis was thoroughly explained and insisted upon; false ideas were eradicated; new systems of ideas involving a thorough knowledge of her psychosis and of her mental strength and intellectual capacity were forcibly instilled. Ideas were particularly selected for suggestion that were accompanied by a strong emotional tone of exaltation. As a result the phobia gradually ceased and she became practically well and able to go about like a normal person. From time to time during the past two years when she has become overfatigued, there has been a slight tendency to a recurrence, but these relapses have been easily overcome by occasional suggestions.

She has frequently described her previous and present conditions in terms which allow no doubt as to her recovery.

Case 9. Pyrophobia, with associated acts of precaution. Recovery.

In the following case the method of treatment was in every way identical to that employed in the last case, Mrs. X. Miss C., about thirty-five years of age, had suffered for a number of years from a phobo psychosis, the fear being that of fire. To this, various secondary fears had attached themselves such as fear of gas escaping from the gas fixtures. When a candle or match was lighted in her room, she had to be assured by a prolonged hunt that no spark had fallen into her clothes, her bureau, carpet, or any possible location. Every night before going to bed innumerable possible locations for sparks had to be looked into by

her family, to make sure that no possible smouldering fire was concealed anywhere. From the match used to light the gas the fear of fire was transferred to the gas itself and the question had to be settled that the gas was firmly turned off. If she passed by an open fire the possible flight of a spark to her dress had to be considered. The process of going to bed every night occupied an hour or more in vain hunts for sparks, etc. Of course there was a neuropathic soil which it is unnecessary to go into here.

Treatment consisted of educational suggestions in abstraction, and a cure resulted in the course of a number of months.