

10-1-1947

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Recommended Citation

Kinsella, Ralph A. (1947) "Behavior and Symptoms," *The Linacre Quarterly*: Vol. 14 : No. 4 , Article 3.
Available at: <https://epublications.marquette.edu/lnq/vol14/iss4/3>

BEHAVIOR AND SYMPTOMS

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ROUGHLY thirty per cent of the people who consult doctors present symptoms that are not based on disease. If the doctor fails to recognize this, all sorts of needless treatment may be used, even to the extent of performing major operations.

There are generally two types of people who express their conflicts, discontents, or efforts to escape the unpleasant tasks of life through symptoms which may be attached to almost any anatomical system of the body. One of these types is represented in the individual who wilts under environmental stress. This person reacts with a depressive response. The other type reacts more excitedly. There is no way of separating the types by assigning either one to a particular part of the autonomic nervous system, since both types of people may utilize the sympathetic and parasympathetic systems.

Type one is a patient familiar to all practitioners, and is represented in many hospital admissions, and continues to be frequently misunderstood, and often badly treated. A study¹ of this type of person grew out of the observations made at numerous record meetings, and showed that many patients with a variety of chief complaints really represented a common type of behavior. In this study 242 patients were analyzed, and it was found that their chief diagnoses included such states as hypothyroidism, neurocirculatory asthenia, visceroptosis, and the various organ-neuroses, such as gastric neurosis. An analysis of this group showed that no matter what their diagnoses might be, their complaints were strikingly similar. Two-thirds of these patients complained of weakness, nervousness, and headache, and about one-third complained of palpitation, dizziness, and abdominal pain.

The study had for its further purpose the determination of physical features which might serve to identify this type of person. Among these physical features were: (1) Low basal metabolic rate; (2) Low blood pressure; (3) Low gastric acidity; (4) Flat sugar tolerance curves. In view of the similarity of some of these reactions, to conditions in which failure of the adrenal glands is suspected, a number of patients were given potassium tolerance tests, but these were found to be normal. There was no special anatomical type that dominated this group, although the hyposthenic habitus was more frequent. There was no evidence of glandular dysfunction in any of these patients. As in the case of type two, there was a definite history of the same type of distur-

bance in one, and rarely both of the parents, but longevity was the rule, and there was no history of insanity or "nervous breakdown." How this person was being handled by the physician he consulted was illustrated by the fact that forty-seven per cent of the group had appendectomies for long-standing pain in the lower right quadrant, without relief.

Type two is represented by a person with a more striking display of symptoms. While the pattern of symptoms is found usually in one of the other parent, the family group furnishes much more frequent instances of "nervous breakdown" and insanity. This type of person reacts more positively to the various tests that are used as criteria. For example, blood pressure readings are in the higher zones of normal, and hypertensive disease is more frequent in the family group. The sugar tolerance curve is of the elevated type. Presenting symptoms are more often definite implications, with illustrative gestures, of various organs in the body, and not the ill-defined "weakness, nervousness, and headache" of type one. Type two more frequently has organ neurosis, such as palpitation, hyperperistalsis, and in fact involvement of any anatomical system, such as the lungs as in intrinsic asthma; the skin, as in certain types of urticaria, and erythema; and the gastro-intestinal tract. The employment of the last named system in the projection of symptoms has been extensively studied by Wolff.² More recently the same author has reported the study of individuals exhibiting the use of other anatomical departments in the projection of symptoms.

TREATMENT. In the handling of these patients who are so numerous among the patients of the average practitioner, it is important first of all to make sure that no organic disease exists. This is the first responsibility of the doctor. It is very important not to institute treatment for conditions that are not clearly evident after a thorough examination. Patients with pains in the arms and legs should not be given "shots" for arthritis when there is no standard evidence of arthritis present. Nor should patients be subjected to operations such as tonsillectomy, or the washing out of sinuses on account of an imagined "poisoning of the system." It is equally clear that the more serious forms of surgery such as cholecystectomy, and the removal of appendices and ovaries and the operation of ventro-suspension should never be offered as a treatment of pain which is an autoprojection by the patient, and which is not based on any pathology in the organ it is proposed to remove. Education of the medical profession will probably make some advancement toward removing the stigma which attaches to some of these surgical procedures.

The real treatment of the patient lies in the analysis of the conditions on which he bases his behavior. For some of this behavior he is responsible, and acts effectively in bringing about his own recovery once the situation is explained. We must naturally exclude those physiological

responses such as the hypersecretion of acid in the stomach under the stress of excitement and fright from any consideration of responsibility, although even here the individual might be trained to recognize the real value of external situations, and to develop an indifference to their presence. Just as soldiers were frequently brought back into battle by appeals to their sense of duty and honor, so in the private office of the physician many patients can set their behavior in normal channels through an appeal to their sense of fairness, and to their consideration of the rights of others.

It is not necessary to bisect the human being and separate him into that part of him which constitutes his responsible portion and that cryptic subconscious portion which Freud and his adherents like to utilize to explain human behavior. The autonomic responses of the human machine are seldom responsible for visits to the doctor in an individual who is capable of self-direction. Nor are we concerned in this discussion with those cases of temporarily or permanently irreversible states of behavior which fall into the area of psychiatry.

The thirty per cent of visitors to the doctor referred to at the beginning are free agents, who project symptoms as a result of incorrect and inaccurate response to environmental strain. The discussion invariably leads to the area of philosophy.

If medical schools may send their students to birth control clinics for instruction; if internes may authoritatively discuss the question of giving an overdose of morphine to a hopelessly sick individual; if teachers of nurses may indicate the permissibility of premarital sexual intercourse, it is obvious that some teachers in the field of medicine have accepted the doctrines of some teachers in the field of philosophy. It is equally obvious that this acceptance deeply affects the behavior of the well and the care of the sick. If medical teaching is to be influenced by certain tenets in social philosophy it follows that we should be sure of the validity of these tenets.

Here is a fresh field in which to work. For while the devices of psychiatry often result in adjustment in the behavior of the individual and in a consequent alleviation of symptoms, in the long run the individual must be maintained as a free agent worthy of that thing called human liberty. Moral misbehavior cannot be substituted merely as a matter of relief without undermining the personal responsibility on which liberty rests. These principles familiar in Christian philosophy should be in the minds of physicians when they confer with patients who have symptoms without organic disease. There should be a stoppage of unnecessary surgical and medical treatment. There should be an increase in sympathetic direction and in explanations based on a truthful attitude.

¹ Kinsella, R. A., Rabinovich, S., and Furlong, J. J. (Trans. Assoc. Amer. Phys. 57, 1942, p. 110).

² Wolff, H. G. (Trans. Assoc. Amer. Phys. 57, 1942, p. 115).