Remarks on the Psychoneuroses*

Robert W. Sheenan

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The psychoneuroses, or what may be termed the minor psychoses, are one of the largest, if not the largest, groups of disorders in medicine. I dare say that in the course of a physician’s practice a good part of his patients are psychoneurotics; or in addition to what else they may have, they have a psychoneurosis.

The psychoneuroses are spoken of as functional disorders; so far as we know not having any organic basis. It is usual for a physician when he does not find anything physical to account for complaints, to regard the patient as a neurotic. In other words, the symptoms are entirely subjective.

In speaking of the psychoneuroses, or the neuroses, which terms are used rather synonymously, it might be better to use neuroses for those disorders which show physical symptoms and to reserve the term psychoneuroses for those which manifest themselves largely at the mental level.

Much controversy has occurred about the psychoneuroses—arguments not only as to the classifications, but as to the etiology and particularly as to the mechanisms involved, and as to whether or not they may have any organic basis.

The psychoneuroses do not result from any special event. They may be due to the persistence of some apparently trivial matter, analogous to the dripping of water which wears out the stone. Mostly they occur in those who are constitutionally unstable. Normal people should not have the psychoneuroses. This was strongly evidenced by our experiences in the World War which certainly gave us a wonderful laboratory in which to analyze such disorders. It was found that men who developed the psychoneuroses and the alleged “shell shocks” were not those who had serious injuries. The man with such an injury did not have a psychoneurosis. He did not need one. It was the fellow who had a slight injury or none.

In conveying the troops across, many were “shell-shocked” en route; others even got so on their way to the dock, to which they were often accompanied by some of their families who were weeping and moaning. More of them had to be carried off the ships on the other side. Some in this category of disability only served in camps on this side. Others were never in action.

Of course, there can be such a thing as actual shell shock as the result of the force from an explosion. However, this is an entirely different matter.

These being disorders of the nervous system, they are denoted
neurological. A proper conception regarding neurology is that it should include all disturbances of the nervous system, no matter at what level, whether it be at the physiochemical, the psychic, or the organic, and this last connotes the neurosurgical, so that when a diagnosis of brain tumor is made it is indicated to handle it surgically, as a neurological problem, by a neurosurgeon who is best qualified to do so, instead of having it attempted by a general surgeon.

As these disorders are due to alterations of the nervous system at the different levels, we may specify those which have to do with the various functions of the body represented by the endocrine or chemical activities, as at the automatic or vegetative level. These levels are not entirely distinct. The same symptoms may arise as a result of disturbance at any one of the levels. Constipation may be due to disturbance at the vegetative level (vagotonic); or at the sensorimotor level, a spastic constipation, due to disease of or injury to the spinal cord; or at the psychic level, where it may be symbolic, a pure psychogenic symptom.

It is needless to call your attention to the effects that the mind may have upon the glandular and the visceral processes. All of you are aware of the apparent racial predisposition to diabetes. Why should this be? No doubt disturbances at the psychic level may produce disorders of function and result in alterations at the organic level. Then at the organic level we may have a multiple sclerosis, and at the neurosurgical level perhaps a brain or spinal cord neoplasm, and at the psychic level we may have a psychosis. The human organism is so integrated that it tends to express itself as a whole to which the several parts minister as subordinate to the final aims. The psyche must be regarded as having a history contemporaneous with that of the soma. The latter has been laid down in structures, the organs. These represent the last answer to the different problems of adjustment in terms of physiological function. Thus the history of the psyche is laid down in ways of thinking of which ideas and feelings are the manifestations. These can only be understood by tracing their origin and development. Necessaril, the history of the psyche is in the region which has been termed the "unconscious."

Some of you who have been long in medicine will recall that formerly little attention was paid to this higher level—the psychic. In our hospitals there were many kinds of specialists, but there was little, if any, regard for the mind. It seems strange that anyone could believe that the mind is less important than some part of the body. A man may have a heart lesion or lose a leg or an eye and he may adjust adequately; but if he goes crazy that situation becomes paramount, and hardly
anyone could have the temerity to minimize it.

The general practitioner should be able to detect the beginnings of a mental disorder and to determine the need for a psychiatrist. The profession is becoming more aware of the significance of the nervous system. This is indicated by the wonderful cooperation we have at St. Vincent’s Hospital, where the board decided to have the neurosurgeons attached to neurology, where of course they belong.

In considering the various types of neuroses, much is made of classification. This is not material. Of course, in hospitals for statistical purposes, some diagnosis is necessary. In mental hospitals, a patient at first may be diagnosed as manic-depressive and later changed to dementia praecox, or vice versa. It is not so important what disorder the patient has—but more so, what patient has the disorder; that is, what kind of a patient.

This is especially true with the psychoneuroses. The designation may not be explanatory, because the manifestations are not always clearly cut. They may overlap. You may say, and truly, that the patient has an anxiety state or psychasthenia or hysteria, but this may only indicate the predominant element.

Of course, these disorders have been recognized for many years. Some of you use the term “neurasthenia,” literally “nerve tire.” This was coined by Beard. The English call it Americanitis. They said it was due to our supposed strenuous way of living and doing things.

Neurasthenia is accompanied by vague complaints, such as pain in the back, headache, feelings of irritability, easy annoyance, fatigability, lack of application and initiative.

In recent years the so-called anxiety states have received much notice. These are difficult problems. The characteristic of this group is anxiety. These patients have what may be termed fluid or floating anxiety. If so, the natural tendency is to attach the anxiety to something. The simplest recourse is to attach it to a part of the body. These patients have various symptoms—headache, palpitation of the heart, pain in the chest, pain in the back and feelings of heat in the head, and coldness of the extremities.

Recently a young man, the eldest of three children, was referred to me. His mother has been an invalid for years. Evidently a neurotic, she has had trouble with her heart. Mostly she is in bed. He said, “I have everything my mother has.” His father is home never longer than necessary. The patient says, “She nags my father. He gets something to eat at home and then goes out.” In make-up he is rather esthetic and somewhat romantic. He has had a lot of poorly motivated emotional attachments. These have caused him considerable disturbance. He has palpi-
tation of the heart. His difficulties are attached to his heart. He believes he has heart disease. He says he gets dizzy, his face flushes, he thinks something may happen to him. He is hypochondriacal. If he gets a little twinge anywhere, he becomes panicky. He is constantly in a state of trepidation, apprehension or even fear. This, then, represents an anxiety state.

He has gone to many physicians, a number of whom have examined him thoroughly. They have informed him that there is nothing the matter with his heart. He does not believe them. Years ago he had an attack of pleurisy. His physician at the time told him not to "cut up" and to come to him to be examined before undertaking any activity on account of his heart. This he did not do. Later, for some reason, he was examined medically. The examiner intimated that there was something the matter with his heart. His fixation is still on his heart. His heart is greatly on his mind. He talks to me about his heart muscle. He wished to have more electro-cardiograms. Upon his great insistence, although repeated examinations had been entirely negative as amply indicated by reports of competent observers, I examined his heart. It was normal. He was almost belligerent. Handling him required tact and a great deal of patience in the effort to give him insight to enable him to handle his problem. He has a good position, for which he is well qualified and could be successful if his handicap is removed.

The psychoanalysts attribute the anxiety states to some sexual disharmony or to repression of sexual impulses. This has been productive of considerable disagreement. Apparently it has caused great furor even among the laity, and particularly the clergy. A few of the latter seem to be all upset about psychoanalysis. This is entirely unnecessary. Like any innovation in medicine, it should be evaluated and considered pragmatically. Of course, it does not need to be made a cult, and certainly not a religion. If it has anything of value, that should not be discredited or ignored. Doubtless the psychoanalysts have overestimated the element of sex. However, it cannot be entirely excluded as really it is of importance. Also it should be recognized that their theory connotes something wider than the ordinary meaning of sex. The conception as to the sex motivation may have some basis. As has been well said, the difficulty is that they tend to make assertions and later assume them to be facts.

Another cause of discussion is the "unconscious." They state that the motivations of the individual emanate from the unconscious. They also conceive a foreconscious and what is termed a "censor"; the function of which is to prevent, like a policeman, ingress to the consciousness. Also that repressed conflict endeavors to escape by disguising itself, or manifests itself by some rather
devious pathway, which may be symbolic.

It can be assumed that there is what may be termed an unconscious, even if you do not so designate it. Certainly one may have thoughts which are not within his immediate awareness, but which may be of some import. For example, you may go out of your office and suddenly meet someone who reminds you of somebody whom you knew years ago. At once there come to your attention many things connected with that person which apparently were previously out of your mind. But certainly they were somewhere. It is hardly necessary to erect a psychological hypothesis for this.

As the requirements of society become more complex, the necessary adjustments are more difficult. As a result conflict is engendered due to the effort to adjust to the demands made. Many of these require repression. It is thus that ideas not in harmony with the whole personality, because they represent feelings which conflict with the normal tendencies of the individual, may become disassociated. It is the way by which the affect of the complexes produces the mental disorder.

Many difficulties are due to conflict. This emanates from something disagreeable which has created what is termed a complex. This is a constellation of ideas accompanied by unpleasant emotion. The complex may be more or less in the unconscious. But its presence causes some affect. It is not just dead — it has potentiality. The psychoanalysts regard conflict as of importance, and that mostly it pertains to sex in their sense.

It can be agreed without difficulty that if an individual has had some disagreeable experience which is retained somewhere in the mind, on occasion circumstances may tend to advance it and produce effect. Certainly there must be cause. The psychoanalysts believe that anybody should appreciate what they mean. However, they seem to be erecting a hypothesis and using terms simulating those which may be scientific. They concoct terms which represent abstractions.

Time is the crucible which will determine the true worth of the theory. It may leave some residue; perhaps a few crystals meriting preservation in the setting of medicine. The rest will properly go as dross into oblivion. Such has been the fate of like chimeras.

Another of these disorders has been termed psychasthenia. This is a disturbance especially at the mental level. These patients have phobias, obsessions and compulsions. They verge on a psychosis. They develop almost delusional ideas. They may become paranoid and at times give expression to ideas of reference.

Another of the group is hysteria. This was described in early medicine. Then it was believed to be a disorder peculiar to women: hence its name from the Greek.

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diers in time of war, will hesitate to undergo hardship; suffering people in various occupations, whose lives are mere drudgery, will seek euthanasia or commit suicide. Women frightened at the thought of bearing children, may seek euthanasia. The fear and dread of pain are often worse than the actuality, hence life may be ended while hope of recovery is just around the corner.

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"hystera," the womb. It was supposed that for some reason the womb migrated about the body, causing disturbance. According to Plato, "The matrix is an animal which loves to generate children. When it is cheated it gets mad. It runs about the body, upsetting things and occasioning various diseases until desire and love end its peregrinations." Hence, Globus Hystericus, what the laity understands by hysteria, that is when a woman has a tantrum, yells, stamps her feet or pulls her hair, of course is not in the true sense hysteria.

Hysteria is a conversion mechanism whereby psychic conflict is transferred to the somatic level. By conversion the complex is deprived of affect. This is the real object of conversion and hence valuable to the individual. Hysteria may be regarded as an infantile way of reacting. It represents the wish to obtain something.

Hysteria is rather a peculiar disorder. The first men described as having hysteria were probably the Turks. They were followed by the Greeks. Recognition of hysteria then went around the Mediterranean basin. It was noted in the Latins, Italians, French and Spanish. Then it moved up through Europe. Only later was it seen in the Germans. It was rare among the Scandinavians. I have yet to see it in a Scotchman. You may know the reason. I have seen it in every other nationality and in most races.

Recently in a hospital, a patient suddenly developed what was regarded as a cerebral insult. He was described as having a left hemiplegia and being aphasic. When seen, he had an apparent hemiplegia and an aphonia. It was noted that he had been treated for an abscess of the epiglottis. Smears had been made; also a biopsy. He had heard discussions of his condition. Naturally he was greatly concerned. Evidently he had become cancer conscious. So while asleep, with his inhibitions in abeyance and his forecon-
scious out, his unconscious was still active. There evolved the idea of a cancer of the larynx. He awakened in a panic, he could not move his left extremities. He was unable to walk. He had a left hemihypesthesia extending from the top of his head to the sole of his foot. This was to all modalities, demarcated by the median line, variable and amenable to suggestion. It also included the left cornea, left side of the tongue and nasopharynx, with loss of the left corneal and the gag reflex.

In hysteria, in right-handed patients, the signs are usually on the left side, unless the side is otherwise determined, because the left side is inferior and thus easier to dispense with.

He had no signs of organic neurologic involvement. However, his disability was just as great as if he had. Perhaps and probably, if not relieved as he was by psychotherapy, he would have continued indefinitely.

Some of you may be interested in what are called the "traumatic hysterias." These hysterias are supposed to be the result of an injury. However, they are not specific. They are only traumatic in the sense that the patient utilizes an injury as the focus of fixation for his difficulties. This is invariably decided by the fact that he believes that through it he will succeed in obtaining something, usually money, and mostly through compensation or litigation.

There is no hysteria without a morbid wish to gain a benefit. You may think, as has been said, "Why should a man give up a job paying $30.00 a week to get compensation perhaps of $20.00, or even less, a week?" That is beside the question. What he wishes to gain may not be money. He may have other objectives. One may be sympathy. It may be compensatory for impotence.

In these hysterias, there is usually an interval following the injury before the onset of symptoms. This is called the intercalary period. Not infrequently many people may be in a wreck on a railroad. Some may even help to take care of those injured. Later they begin to think about what might have happened to them and what they might realize in money. Then they begin to manifest symptoms. This is done in rather a puerile manner; as stated, it is an infantile reaction.

Various theories have been enunciated as to hysteria. It has been conceived that many of the fixed ideas, the prominent symptoms in the attacks, such as the somnambulisms, the disturbances of motility and sensation, are merely the signs of the conviction in the patient's mind.

Under the name "pithiatism" has been included the concepts of autosuggestive transformation of the patient's ideas into real accidents. The hysterical phenomena are the result alone of the notion the patient has of the accident. Bernheim has said, "She realizes her accident as she conceives it."
Janet regards hysteria as an exaggeration of suggestibility. It has been stated that if a symptom can be produced by suggestion, either auto or extra and removed by suggestion, it is hysterical. Also hysteria has been regarded as a dissociation of consciousness.

Hysteria may simulate almost any disorder. To separate the organic from the functional may be difficult, especially if there is an underlying organic situation with a superimposed functional condition. To differentiate, say, a multiple sclerosis from hysteria may not always be easy. So also it may be with what appears as a peripheral nerve lesion. One may wonder how what is apparently a monoplegia can occur. Is there no organic factor? It may be that if a functional disorder persists, an organic situation will occur. Certainly they do as end results as in the hysterical contractures. The producing factor may be removed but the effects are permanent in that they are irreversible.

These patients may exhibit tremors. Certainly some of them can not be wilfully produced. It is difficult to comprehend how they can be continued. Evidently they are at first consciously or unconsciously motivated and then they get out of control. With the inhibitory power of control lost, they are disassociated and thus become automatic.

It is the same with the alterations of sensation. These may be protean. Perhaps they represent paralyses of the will, or maybe it is as if a part of the mind goes to sleep.

In the so-called major hysteries, convulsions may occur, which are seemingly epileptiform. They used to speak of hystero-epilepsy. There may be amnesias and fugues; also contractures, paralyses, anesthesias and hyperalgesias.

The various conversions, especially when seated in the viscera, may simulate anything. Thus occurs false pulmonary tuberculosis, tremors of the abdomen, false intestinal obstruction; also false uterine or ovarian tumors, and pseudocyesis.

What happens in the viscera may similarly occur to the extremities or to the special senses. Many operations are performed for manifold conditions from this source; abdominal sections, the so-called exploratories; sterilizations for assumed ovarian cysts. Even eyes have been excised for neuropathic pains. Perhaps it is too much to expect a cessation of these medical culpabilities.

In another case, seen in 1937, a man who appeared far from ill, stated that in 1934, while he was employed as a service man, working in a boiler room, there was an explosion. He was thrown against a wall. He struck his head. He also sustained a compound fracture of the left hip. This was operated upon. He developed an osteomyelitis which necessitated three more operations. He still
had a very small discharging sinus.

He complained of headache, dizziness, weakness, nervousness, pain in the back and legs. He was getting about on crutches. When these were taken from him and he was asked to try to walk without them, he did so by holding on to the wall, limping and dragging his left leg in a flail-like manner. In the recumbent position, he lay with his left lower extremity immobile. He claimed to be unable to move it at all. There was no atrophy or any decrease in muscle tone. There were no sensory responses from the crest of the left ilium to the sole of his foot. The leg was cold, bluish and a little swollen. He said that when the leg hung down it was more so. In giving his history, he said, “I was in a terrible explosion. I have terrible pain in my head. A doctor told me that I have a total disability of my leg, that I will never use it again.” You will note the effectual and detrimental suggestion of this advice. These patients may develop what has been termed a sinistrosis—a left-sided way of looking at things. They become paranoid and litigious. This is aggravated by many factors such as maladministered compensation laws and pernicious legal advice.

They feel that they are being victimized. To maintain their conception of their disability, and in the attempt to attain their ends, they must perforce remain sick. This mechanism could be further exemplified by many cases, but another may be sufficient.

A young man who was employed in his father’s heel factory injured his left hand in a press. It was not a serious injury. He was not seen until over a year later. In the interim he had had all sorts of physiotherapy which of course aided the fixation. On examination he showed contractions of the left hand. These no one could willfully duplicate. However, they were passively reducible. There was anesthesia of the entire left upper extremity. On pin prick blood could be drawn without any complaint. There was also hypesthesia of the cornea and nasopharynx, with loss of these reflexes. By psychotherapy the alteration of sensation disappeared, but not the contractions. It then appeared that he had been informed that he could get $3,000 for settling his case. If this were secured he intended to go into the same business elsewhere. You can see why he was not amenable to cure. It meant treating him against the odds of a heel factory. It may be assumed that if he got his wish the need of his having the contractions would be gone and he would be well, unless the delay was sufficient to allow contractions.

Thus, is shown the objectivity of the mechanism.

The differentiation between hysteria and malingering is often difficult. In fact, hysteria has been termed unconscious malingering.
However, a malingerer can invariably be detected.

It must be realized in order to obviate calamitous errors that what appears to be a physical condition may not be such, but may represent something at the psychic level. This is especially so with the tics, spasmodic torticollis, anal, gastric and ovarian crises. Any profound sensation, especially one emanating from the emotions, can give rise to definite alterations in the soma. These include changes in the pulse and respiratory rates, the blood pressure and the secretions.

Especially, it is the gynecologist who has to be particularly aware; otherwise he may operate for a symptom such as menorrhagia, which may be symbolic. In one case a woman first had her appendix removed, then the uterus and appendages and finally the gall bladder. Nevertheless she was still making what she said were her former complaints. Possibly such sequences are masochistic. Motor effects, such as spasms of muscle, may occur. These may be of all sphincters. Dyspareunia or irritability of the bladder may result. It would seem desirable to give more attention to the functional disturbances which may be produced in psychoneurotics through emotional susceptibility or psychic trauma in evaluating the cause of subsequent complaints.

These susceptible patients should be subjected to careful observation from the psychologic as well as from the physical aspect. Psychotherapeutic and medicinal measures should be directed toward correction of such conditions. These should precede any operative procedures.

This does not connote depreciation of surgical judgment but merely emphasizes that there are many psychoneurotic disturbances which affect the viscera. The mind can affect or alter the function of an organ. This may be without the awareness of the individual who may see no connection between the trouble and the emotional cause. The attention may be focused on some part of the body causing a sensation, or manifestations may be autosuggestive. As stated, the symptoms may simulate organic lesions or the symptoms may affect the body functions, thus causing disturbance. In many cases if the psychic conflict can be removed, the physiologic expression will return to normal. There is no doubt about the influence of the interaction of the emotions and the physical factors of the body.

The individual must be regarded as a biologic unit, in which there is integration so that every function of the body is associated with or is affected by some emotional reaction.

Possibly among the suggestions made you will find some of value. If so, my remarks may be worth while.