PSYCHOLOGY AND CLINICAL PRACTICE.¹

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Psychology, the science of the mind, covers the whole field of activities and even, as comparative psychology, extends to the behaviour of the lower animals. This evening, however, we are dealing with the relations existing between the practice of medicine and surgery and that of psychology.

Although a comprehensive review of psychology is unnecessary, a brief description of some psychological processes may be of interest. The well-known feeling of inferiority may give rise to signs and symptoms designed to draw sympathy towards the sufferer. The sympathy so obtained makes the individual feel important and consequently reduces the inferiority feelings. Such feelings may progressively become stronger in intensity. The patient may draw more and more away from the environment in order to avoid the constant realization of failure. On the other hand, a compensatory mechanism may be invoked. The patient will over-act to overcome the feeling of inferiority. He will strive hard to succeed in directions other than those of his failures. He may become bombastic or a bully. This type of person frequently feels happier and more contented when up against difficulties and produces much of the best work in the world. As there is a constant feeling of mild discontent with efforts, there is a continual struggle for improvement.

The power of the super-ego should be stressed. During the early years of life, the child is dependent upon adults for its knowledge of the best way in which to behave. It is compelled by one or more adults to behave in certain ways and so develops ideas of what it should do and what it should not do. This early conscience is the adult’s super-ego. It recedes into the unconscious part of the mind, but remains there as an unreasoning conscience. Freud called it a tyrant because it urges its owner to act in certain ways solely because the early teaching must be obeyed. The child brought up strictly and by fear will have a more tyrannical super-ego than one brought up by reason and affection. The power of the super-ego is reduced by knowledge that one acts in certain ways for social reasons rather than for unknown reasons instilled in early life by an all-important being.

Now, if an older child or an adult acts in a manner contrary to the demands of the super-ego, a guilt-feeling arises. The reason for this feeling is usually unknown, but a fear, “I know it is wrong,” develops. This is

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commonly called the conscience. The intensity of this feeling may be so slight that it is readily pushed aside and forgotten by the conscious mind; it may be so strong that severe remorse and depression ensue. A conflict may develop. This is a struggle between the principles of the super-ego and the instinctive desires. Continuation of this conflict without a victory for either the desires or the super-ego leads to anxiety; the individual is perplexed. An anxiety neurosis shows itself and bodily or physiological changes take place.

If the sensation of guilt is severe, self-destructive tendencies may ensue. These may be shown by chronic destruction, such as alcoholism, laziness, over-spending or any behaviour that adversely affects the future. Alternatively, the self-inflicted punishment may be acute in nature. It may cause road or other accidents. Lack of care, perhaps deliberate, may cause the accident. Some people are more prone to accidents than are others. Finally, suicide is the supreme example of self-destruction. It is a method of ending a situation intolerable to the individual. The depression consequent upon the morbid feelings of inferiority based, in their turn, on feelings of guilt can only be abolished by the complete expiation of death.

Another common type of reaction is that in which the literal meaning of a term is acted. Vomiting may occur for months or years from disgust although the original stimulus lasted for a few seconds. A patient who believes literally that he is "sick unto death" may vomit, expecting that if he is seriously ill he should be sick, despite the two meanings of the word sick.

This brief account of some of the mechanisms underlying the appearance of psychological signs and symptoms resembling those of organic disease is very incomplete, but is hoped to be sufficient for the purposes of this paper.

In general medicine, palpitation with, frequently, irregular action of the heart, is one of the commonest psychological conditions seen. The heart is felt to beat, either constantly or intermittently. The conscious beating may be regular or irregular. An irregular irregularity, resembling fibrillation, is sometimes found, but extra-systoles or a few regular beats are more common. As the subconscious mind is nearer the conscious level during sleep than in the waking state, these attacks are usually more common at night than in the day, but any memory that rouses anxiety or fear will produce the cardiac reaction. Pain around the heart is often psychological, more particularly, if it occurs without effort. The organic cardiac pain is not necessarily associated in the mind of the patient with the cardiac region. It is usually retrosternal and in the upper limbs.

Diarrhoea is another symptom of anxiety and fear. A common example is the diarrhoea occurring in examinees waiting for oral examinations. Wittkower has shown that a high proportion of patients with mucous colitis suffer from psychological difficulties. An example of improvement with psychotherapy is that of a woman, who had been passing blood and
mucus from seven to ten times daily. Her treatment was not completed when mobilisation took place, but she had ceased to pass blood, and mucus was being passed about three days a week.

Changes in the secretions of the alimentary tract are normal reactions to anxiety and fear. The mouth becomes dry and the alterations in the gastric secretions may be partly responsible for the formation of gastric ulcers. Flatulence, with or without aerophagia, is another very common psychological condition and, consequently, generalized or localized, but moving abdominal pain is frequent. Vomiting may be psychological. An example is that of a woman who was operated on for appendicitis, but continued to vomit. Two more operations were performed for adhesions. None were found, but the vomiting continued. Finally, the house surgeon, Dr. C. H. Whittle, asked if he could try psychotherapy. In three weeks he had stopped the vomiting which had been present for months. He found a father-fixation, that is an abnormal emotional attachment to the father. When this was explained to the patient, the vomiting, presumably due to disgust at her own incestuous love feelings, stopped.

Backache, generalized or localized, can be psychological in origin as perhaps in visceroptosis, but, in my experience, is usually organic. Septic foci can often be found.

Vasomotor instability with blushing is usually a sign of anxiety from conscious feelings of guilt, although that associated with hyperthyroidism may be entirely chemical in nature.

Much has been written about hay fever and asthma, but there is no doubt that attacks of either can be produced by emotion, and not only by proteins. There is a strong psychological background.

Anxiety associated with a high blood-pressure is common, but it is the fear of the pressure that is the troublesome symptom. Better not to take the blood-pressure than to worry the patient over having a level above normal.

Hysterical paralysis, fits, headaches and paraesthesia are examples of some of the many psychological conditions occurring in neurological practice. Ross quotes an interesting case of paralysis. A regular cavalry sergeant was thrown by his horse when retiring with his men from the advancing enemy. He was dragged, with one foot in the stirrup, for one-quarter of a mile. With the exception of grazes and bruises, there were no injuries, but complete paralysis was present in the limb which had caught in the stirrup. The patient remained in this condition for 11 years when he received psychotherapy. The investigations showed that the paralysis was not from any fear of death, but from the disgrace that the sergeant felt that he, a regular cavalryman, should have been thrown from his horse in front of his men. He had repressed, that is consciously forgotten, the whole incident. When he was made to recall it, the paralysis disappeared. This case demonstrates how a symptom may be localized in an area of the body connected, in the patient’s mind, with a preceding incident.
Although a patient showing hysterical fits seldom copies an epileptic fit exactly, very good imitations of it can be produced. An imbecile mongol at Leaveston was able to imitate an epileptic fit, if given a penny, so accurately that junior nurses were often deceived. Hysterical patients may injure themselves in fits, but usually accidentally. Soap in the mouth produces foam but, only occasionally, is urine voided. In one case, a girl of 13 years, urine was passed into the bed on the first day in hospital, but never again as she had appreciated the accompanying discomfort.

Psychological headache is very variable. The complaint is often of pain behind the eyes, of pain moving from place to place, of sensations which cannot be described as pain. A sensation of swelling of the head is usually psychological, but a feeling of bursting may be due to pituitary tumour. Tenderness over the painful area suggests neuritis or affection of the bone, and unilateral headache makes migraine a probability. The pain of cerebral tumour is usually stationary.

Tics and torticollis, especially the paroxysmal type, are usually psychological in origin and the former are sometimes difficult to differentiate from isolated movements of chorea. Paræsthesiae, so common in disseminated sclerosis and Raynaud’s disease, may be psychological in origin. If so, they are more likely to be present persistently than in the sclerotic condition. Anaesthesia, either hemi- or of the glove-and-stocking variety, is very common in hysteria. It must not be confused with the exactly similar glove-and-stocking type met with in peripheral neuritis.

Pruritus may be psychological and can be localized or general. It is usually troublesome and persistent. Urticaria, although frequently due to protein sensitization, may be psychological and angio-neurotic oedema is invariably psychological in nature. It may bear no relation to nerve distribution, as in one case in which the distal half of the dorsum of the right hand became swollen from time to time without any other area being affected. Psoriasis will suddenly appear after emotional crises and the whitening of hair in a night is proverbial.

In general surgery psychological conditions will ape many organic states. Oesophageal spasm is similar to spasm of any other part of the alimentary tract and, like spasm of the colon, is, if no organic imitation is present, psychological. Occasionally, control of the muscles of the alimentary tract is possible. One patient after each meal regurgitated his food into his mouth and chewed it like a cow chewing the cud if he stood up. If he was forced to sit down, he vomited his meal. Hurried emptying of the stomach, like hurried emptying of the lower bowel in nervous diarrhoea, may be psychological in origin.

Patients constantly desiring operations, and unfortunately, often obtaining them, are usually masochists wishing to suffer to atone for some guilt or wishing to attract someone’s sympathy to them. Menniger cites a case who went from surgeon to surgeon and had twenty-eight abdominal operations. Although this is an extreme instance, patients are seen frequently who
have had three or four operations apparently unnecessary surgically. The masochistic patient plays upon the emotions of the surgeon. These patients soon find out which surgeons operate readily. Psychotherapy would prevent many of these needless operations.

Although the stomach has been shown to drop during emotion, visceropsosis is not psychological in origin. The symptoms associated with this condition and with that of floating kidney are entirely psychological, unless, of course, there are definite kinks produced by the displaced organs.

The pain and sensation felt in phantom limbs may be psychological in nature. If the end of a divided nerve is stimulated by scar tissue, the patient will feel the pain as if in the missing limb, but this cannot be regarded as psychological. If, however, the missing limb is felt to be in some special position connected with a previous event, or if it appears to move in some special way, the nature of the sensation, but perhaps not its origin, can be psychological. Riddoch cited two cases at the meeting of the Association of British Neurologists, 1939. In one case a phantom hand was always felt in the position in which it was as it was blown off while holding a bomb. In the other, the phantom arm was always felt to be moving across the trunk, but Riddoch gave no event associated with this sensation.

Although difficulty in the commencement of micturition and frequency are frequently due to organic conditions, they may be psychological especially where chiefly nocturnal. At this time, items pushed into the subconscious mind during the day come nearer the surface and may cause physiological results.

Impotence, unless definite structural damage is present, is psychological as is also ejaculatio prrecox.

Vertigo is frequently psychological, but this type is usually less definite and more variable than the organic form, whether cerebellar or vestibular. Vertigo unaffected by emotion and which is always in the same direction, is usually organic. The vertigo of a Ménière’s syndrome may cause the patient to fall as if shot. Psychological vertigo never does this, but makes the patient stagger.

Although non-infective coryza is usually due to protein sensitivity, some forms are psychological. An instance was that occurring in a patient immediately she went into bright sunlight.

Deafness and aphonia can both, of course, be psychological in origin.

Blindness may be hysterical. Fields of vision diminished approximately equally in all quadrants is a common hysterical manifestation. Photophobia is frequently psychological. The eye can be trained to stand very bright light, and if an individual whose conjunctivæ do not become hyperæmic in bright light wears dark glasses psychological trouble should be suspected. Blepharospasm is another psychological condition in some

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1 Since this paper was read, I have had an opportunity of treating a stationary phantom limb by hypnotic suggestion. With the exception of a small area where the foot was wounded, the phantom was abolished.
cases. A very successful pianist used this as a means of acquiring a much-needed rest from the piano. He never read the music, but felt he could not face his audiences as they would see him blinking. This is another example of the symptom being fixed on a region mentally associated with the psychological trouble.

In gynaecological work, backache is a very common symptom, but, in my experience, it is not often psychological in nature. Usually some organic cause can be found. Amenorrhoea is a very frequent accompaniment of abnormal psychological states and the return of the menses is of good prognostic omen. Unless there is local irritation vaginismus is entirely psychological. Its basis is a deep-set objection to sexual intercourse, either in general or with one particular person. Until recently pruritus vulvae was regarded as psychological. This condition is a good example of the folly of diagnosing psychological conditions solely on account of the apparent absence of any organic cause. Usually, no psychological cause is present, and lately, marked improvement has been obtained with heavy oestrogenic therapy.

Lastly, two points in connexion with diagnosis may be mentioned. First, no condition should be finally diagnosed as psychological solely because no organic cause has been detected. However thorough the search, an organic cause may be impossible to find. Second, psychological symptoms may often be superadded to organic trouble. An individual with a small limp may deliberately exaggerate it when crossing a road, so that motorists can see readily that he cannot hurry. Ross quotes a case who complained of abdominal pain. As no organic cause could be found, the doctor believed the condition to be psychological, especially as the pain was always worse when he was in the room. Within a month, the man had died of carcinoma of the pancreas.

This is a very imperfect account of some relationships existing between psychological medicine and physical medicine. Much has been omitted, but it is hoped that these few, isolated observations, will be of some assistance in practical work.