EMOTIONAL ILLNESS*

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"HAPPINESS lies in searching for the truth and never finding it". So says Tolstoy. If this is true, and in a sense it is true, the life of a general practitioner should be a singularly happy one. We spend much of our time searching for fragments of the truth which are uncommonly elusive.

It seems to me that in this search it is wise to shift our ground from time to time and to look from different angles, rather than to stand still and look with more and more powerful binoculars from the same stand point. It is my ambition this evening to draw attention to the point of view that illness of a whole person originates as often in the mind as in the body. In looking for the cause of disease we should, therefore, search the mind at least as carefully as we search the body. The mechanics of disease has been and is being studied with infinite care, but with few exceptions we have failed to take more than a cursory glance at the psychic causes of bodily disease. This, I believe, is a contribution that general practitioners must make to medicine.

There are some simple facts that we must all have noticed. Who, for instance, has not observed that when one is happily occupied with an absorbing piece of work over many months, one does not get ill? One does not even catch cold. Whereas, when the interest and absorbtion have passed, we relapse into whatever our usual pattern of minor maladies happens to be. Again; who has not seen warts cured by suggestion?—Striking evidence of the ascendancy of mind over body. One of my most interesting cases was a two-year-old wart, 8 mm. long, hard and raised, on the finger of my medical-student daughter. I told her with all the assurance of a Victorian

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father that I could cure it. Every night I made her solemnly rub it with saliva for one minute by my watch, while I held the finger in my hand literally praying that I should not make a fool of myself. I shall never forget the way that her certainty that I should fail gave way to half laughing doubts, then incredulity and finally amazement as the wart within three weeks completely disappeared.

Because disease is more easily apprehended in the body than in the mind, we usually assume that the ultimate cause is in the body, in the organs in which a change can be demonstrated. But what is it that really makes people prone to disease? How much illness is emotional in origin? How real is emotional illness? These questions are difficult to answer, and conflicting opinions are apt to engender heated arguments. To my mind this conflict lies at the centre of the opposing philosophies of our time.

It is interesting that our outlook, not only medically, but philosophically, has been profoundly influenced by the discovery of the vast number of drugs which act on the nervous system. It is difficult not to be a materialist when drugs can have such a profound effect on the mind. One might be forgiven for believing that the basis of human personality is physical, the basis of the universe is material, but this I do not accept. While it is true that drugs have a profound effect on the mind, it is equally true that emotions have a profound effect on the body.

Emotion! The very word still makes the average Britisher grit his teeth and pretend that he has none of this degrading thing in his composition. He regards it rather as the Victorians regarded their bowels—as something that does not exist in decent society. Yet what a large, complex, and important part of us it is. When we see it portrayed in the conflicts of a Hamlet, or the jealous agonies of an Othello, it becomes something noble, admirable. But when we watch in our patients the confused, uncomprehending mass of conflicting emotions which cause an agony as great as Othello's, an uncertainty as devastating as Hamlet's, we shrug our shoulders and murmur something about a neurotic, while we turn to the next case of clear-cut bodily disease which we can treat nowadays with so little effort.

Now what proportion of the cases we see in general practice are psychogenic or emotional illnesses? Some honest observers will answer " practically none ", and others " practically all ". Here is the first difficulty. It is fundamental. Why do we vary so much in

our assessment of the degree to which mind is the primary cause of illness?

First, it depends on our basic beliefs about life, on what sort of people we are. If we are materialists, we shall see every real illness as organic. If we believe in a metaphysical world, in spiritual forces, in the power of mind over matter, we shall see even a fracture as the result of a mental aberration. Our medical training favours the purely materialistic outlook. It is based on pathology. We learn to treat mechanical bodily breakdowns by mechanical means. Our way of thinking is in terms of organic pathological changes. If there is no pathological change, there is no disease. If there is a pathological change, we look for the ultimate cause in the physical tissues of the body. It is only the rebels who break away from this traditional way of thinking.

A second reason is that our judgment is affected by the degree to which we become emotionally involved with our patients. My reasons for saying this are these:

1. We tend to like patients who have something mechanically wrong with them that we can treat easily—pernicious anaemia, pneumonia, and a score of others. We tend to dislike patients with no physical or mechanical basis for their complaints. What is more dangerous to judgment than a simple dislike for a patient? Take the most obvious example. When I am faced with the indifference of true hysteria, I become angry. I am not conscious of someone who is faced with a difficult conflict and has found a rather foolish but temporary way out of it. I want to shake them out of their complacency. We in general practice are not alone in this attitude. I recently had a letter from a hospital in which the consultant said he felt sorry for a certain patient of mine because he appeared to have an organic cause for his headache. The suggestion was that if no organic cause were found one would not be sorry for this patient—in some queer way it would be his own fault that he was ill. The naivety of this outlook would be comic if its results were not sometimes tragic. When we fail to find a mechanical cause for an illness we think rather vaguely that it is imaginary. Take this example. A woman complains of persistent low backache. The orthopaedic surgeon has treated her for a year without effect. The gynaecologist has done a " D and C " without benefit. Can you not hear any one of us saying, " Madam, let me reassure you completely. There is no organic disease. Don't worry any more. You will soon be quite better". By this means we reassure ourselves but never the patient.

She merely concludes, quite rightly, that we do not know why she has this pain in her back. Even as she smiles and thanks us she is wondering who else she will have to consult. If patients like this come to us again, we feel annoyed. We do not believe they are really ill. They are wasting our time. They are so confoundedly selfish that they positively enjoy wasting our time. If it were not for a free health service—and so on and so on. It is easy for us not to recognize this emotional involvement and it would not matter except that it upsets our judgment.

My second reason for saying we become emotionally involved with our patients is that in such a personal relationship they satisfy a basic need of our own. The need to be wanted is basic in all human beings. Think for a moment what it is like not to be wanted in the world and you must agree that in this matter of being needed, wanted, we in medicine are the pampered darlings of any community. The doctor-patient relationship is very much a two-way affair. Most of us at one time or another have regarded ourselves as a sort of immovable rock of stability, or perhaps a beam of outward shining light would be a better metaphor, before which the patient reveals himself, is enlightened and comforted or cured. It is easy to forget at the height of our popularity and power that this relationship is a two-way affair, a matter of thrust and parry, of interaction of emotions, of movement to and fro. Only if we can attain a sufficient degree of detachment can we be good observers. The more we are emotionally involved with our patients, by liking them, disliking them, or needing them to boost our own egos, the more will our judgment be affected, and the more we shall differ one from another in our assessment of their illness.

I have, in preparing this paper, made a note during a number of my surgeries of the proportion of cases in which I thought the emotional or psychic factor was the prime cause of illness. On an average about one-third of all cases fell into this group. But the more I looked for such a cause the more often I found it, and now at least half of my cases are maladies primarily of the mind.

For instance, Mrs H., a women of 38, married with two sons, a solid character and pleasant woman, came complaining of the painful swollen fingers of early rheumatism. Her general condition was good except for an adenoma of the thyroid of several years standing, without thyrotoxicosis (she had no anaemia and her E.S.R. was 20). I made a preliminary skirmish round the stress question—Family all right? Sleep all right? and so on. She volunteered that she was so irritable at times as to be ashamed of herself, and this worried her a good deal. Then she said that the family laughed at her slowness of eating, and when she ate soup, she had a terrible fear of choking. These disclosures would not have

been made unless one had looked for them, and were enough to indicate a large emotional element to her illness. I asked her to come down for a long talk, and I will say more about her case later.

I find that about 20 per cent of those with psychogenic illness, i.e. 10 per cent of all my patients, are of this type who need the help of some superficial psychotherapy. As with Mrs H., the first difficulty is to explain to the patient that emotional disturbances—bottled up resentment or aggression *can* cause ' real ' physical illness. The first tentative explanations are often met with the reply " You mean you think I'm neurotic? ". I have come to hate that word which means such different things to different people—a very potent obstacle to communication and understanding. Then comes the real difficulty of giving up the time that is needed to talk out his troubles.

To do most of the talking at this long interview is to guarantee failure. It is utterly useless to give the patient a good talking to. They must do the talking and we the listening. When we have seen a little way into their minds, our task is to help them to see themselves more clearly, in other words to give them insight. Usually, it is necessary to make a guess at a cause of conflict or at a reason for their behaviour and to present this to them to accept or reject.

In the remaining 80 per cent of these psychogenic cases, the disturbance is only temporary—that is of a few months—and it seems better to give some comfort and a bottle of medicine than to probe too deeply. After all, the majority of psychological disturbances, as with bodily ones, cure themselves. The 20 per cent who seem to need help very badly are those who come to the doctor over and over again with one syndrome after another, year after year wasting his time and theirs unless he can spare the time in the early stages to get to the root of their troubles. It is as though, knowing there is something wrong with them they go to the doctor. But they know too that the doctor is a man pre-occupied with bodily illnesses—a man of stethoscope, scalpel, and laboratory tests. So they present him with the physical symptoms that accompany their mental malaise. Woe betide them if, as he usually does, he takes these at their face value.

If we adopt the habit of looking for psychic causes of illness in every case, our whole approach to the patient changes, and often this is rewarded. A few weeks ago a young woman of 29 who had not been ill for many years came complaining of painful breasts. The pain was sometimes pricking and sometimes a full aching feeling. It was continuous throughout the month except during her periods

and had now lasted over a year. She had been happily married for eight years but had no family. Examination of the breasts showed them to be completely normal. I asked her if she took any precautions to avoid pregnancy, and she said, no. She would very much like to have a baby. I asked if she had thought of seeking help over the failure to conceive and she said what could she do? I told her whom she might consult and said I thought her pain was the result of something inside her telling her it was time she had a baby. This may sound unscientific but I thought it conveyed a grain of truth. She accepted the idea at once and is to seek expert help over her infertility. It seems that while she came presenting a physical symptom, unconsciously she was asking why she had never become pregnant. Anyway the pains have disappeared. Perhaps it is not strange that over such personal matters many people should be completely inarticulate. The reward is dramatic when one guesses right.

Let me give an example of one case, the hopeless end-result of untreated emotional illness over many years. This is one of the most unhappy couples I have ever known.

Mrs M. has complained for years—and she complains from morning to night for seven days a week—of insomnia, pain in the chest, persistent palpitation, dry mouth, feelings of exhaustion, sexual frigidity and variations of her weight over the years between 6 stone and 11 stone. I have 47 letters from 12 consultants about her. She has been investigated in Bath, Bristol, and London. Nearly every consultant writes first expressing his belief that this is an organic disease and the final letter invariably states that nothing can be done for her and there is no organic disease. Finally, in London they gave her ECT, which had no effect. Now my partners and I share the arduous task of trying to relieve her miseries. Her husband has developed a progressive form of arthritis rather like rheumatoid—the result apparently of years of stress. This is the end-result of what I mean by a severe emotional illness and I feel sure that more skilled care than mine 15 years ago might have saved her a great deal of suffering. This I think we should face. There is in such a case a total suffering greater than that of cancer and worse than an early death.

For a long time my reaction to these cases was one of distaste. They are, I thought, a nuisance, weaklings, fusspots, a waste of time. What about the reality of this illness? Is it as real as cancer or gastric ulcer? It is certainly real enough to the patient and her husband. But how real is it to us as doctors? I think we can best demonstrate to ourselves what we feel about neurotic illnesses by considering half a dozen cases of any surgery.

A sprained wrist, a carbuncle, a case of hypertension, one of lumbago, one of eczema and a woman complaining of headache, insomnia, and irritability. Which of these would rank highest as a real disease and which lowest as of little account? Could we not put

them in an exact order of so-called ' reality ' of illness? But how absurd this ranking is. The case of sprained wrist, which obviously takes number-one place as a real disease, is a man who was told last week that he would not get a promotion he had expected. His inward fury and resentment came to the fore when he was gardening and he wrenched too hard at the root of a bush he was moving and sprained his wrist. The man with hypertension had been forced by a life-long inferiority complex to go on enlarging his business until the strain became intolerable. On the other hand, the woman with insomnia and headaches was not a complex case at all. She was reacting as most people would to a woman neighbour she disliked who left the radio on at full blast all day and far into the night. She could not take any effective action because her husband was having a flirtation with this same neighbour. If she complained, it would look as though she were jealous, and this she was too proud and decent a soul to want to appear. Why should any of these cases rank as being more real, more organic, more important than the others?

Whatever our views about the preponderance of emotional causes of illness, all of us will have had to face extreme cases like Mrs M. One way of dealing with them is to make oneself so unpleasant that they go to another doctor. If, however, one tries to see them as a problem in diagnosis and treatment what then? Treatment at a late stage is to all intents and purposes impossible. The next best thing is prevention. These cases can often be prevented. If the physical syndromes they present with in the early stages are recognized as being emotional in origin, I think we can do a great deal for them. I want to relate two cases which might have developed into the state of Mrs M.

The first case is Mrs H.—the woman I referred to a few minutes ago who had painful swollen fingers and who was terrified of choking when she ate soup. This case was seen by a colleague who is experienced in the treatment of emotional illnesses. I am fortunate in being able to discuss these cases with him every week. He had only one interview with Mrs H. and this is a summary of his report.

She is a pleasant looking woman with a smiling direct gaze. She said " I don't think I'm nervous. I feel fine except for my fingers ". She had attacks of giddiness two years ago for which she consulted the doctor. He told her that the only thing he could find wrong with her was a thyroid swelling and she was referred to a physician. The physician advised no surgical intervention in this case

as the symptoms were psychogenic. When asked if she had any worries when the giddiness started, she said that her husband's father died at about that time. Her husband would have liked to have his mother to live with them. Mrs H. felt she could not accept her mother-in-law as it would disrupt family life. She felt she had to " speak up " to her husband over this, and eventually his mother found a home elsewhere. For nights after this she was unable to sleep. It was then that she became giddy and went to the doctor who noted her thyroid swelling. In spite of what the specialist said, she was worried about this. She thought the thyroid was inside the windpipe and might grow and choke her. A friend said " You'd better look out it doesn't turn to cancer, my mother had that ". She had had choking feelings ever since on swallowing soup. The original conflict was between her desire to be an amiable and agreeable wife and her determination not to have the family disrupted by the permanent admission of her mother-in-law into the home. The symptoms appear to have been determined by the attention paid to her thyroid adenoma. The conflict was never resolved because it had never been talked out with her husband, and the fear of the consequences of the adenoma remained with her. It was exacerbated recently by a similar situation. There was trouble with a neighbour who would keep parking his car in front of her drive and gateway. There was again the need to show aggression over this which was contrary to her image of her own nature. Again the conflict between her desire to be amiable and her need to be aggressive. So great was this conflict, in fact, that they even decided to move houses to avoid it. So strange is human nature.

All this was explained to Mrs H. It was also explained to her that at the time she first had fear of choking, there was a domestic situation which she " couldn't swallow ". She was given a simple explanation of the anatomy of the thyroid and also of how symptoms were sometimes symbols of emotional disturbance. This she seemed to accept.

Following this interview I saw Mrs H. several times. The painful swellings of her fingers subsided in a few weeks and the choking feelings have disappeared. It is interesting to note, for what it is worth, that in three weeks her E.S.R. fell from 20 mm. to 10 mm. in the hour. As a postscript I shall watch the thyroid adenoma and if it does not subside the question of surgery will have to be reconsidered.

What I am trying to illustrate in this case is that every physical illness is an illness of the whole person. If the mind is looked into as part of the general examination, it is revealed, as often as not,

that the prime cause of disease is in the mind.

It may appear to many of us that these worries are nothing like enough to cause bodily illness. But that is the whole point, they are. While the outsider might just say—she had a row with her husband or a bit of mother-in-law trouble, these things are real, dramatic and intense to the patient. The conflicts are usually fought out on that greatest of all human battle-grounds—the family. So carefully do most of us try to hide these emotional experiences that we succeed in shrugging them off as insignificant. Yet to the patient there is anguish and often despair. This is the old difficulty of getting inside the feelings of other people. If your friend loses his brother in a road accident it is just too bad. If you lose your brother in a road accident it shakes you to the very core of your being.

The second case is Mrs A., a woman of 30 with three children. I treated her for years with severe catarrh, incessant coughs and colds, then menorrhagia. I treated her eldest child for incessant crying at night which nearly drove the family to distraction. A few months ago she came complaining of increasing irritability and frigidity. Physical examination was negative. Then at last I had a long talk with her and realized that the background was one of really severe strain. Her husband, Philip, is an easy going, outdoor type, fond of games. Her husband's mother lives half a mile away and dotes on Philip who is her only son. When Mrs A. was first married, mother-in-law would bring an apple tart to Philip every Sunday. Mrs A. used secretly to throw it in the fire. Then mother-in-law tried to take over their home. She came every afternoon at 1.45 and stayed till 9 p.m. The easy going Philip said " Oh it doesn't matter. Let her get on with it. She doesn't do any harm ". Mrs A. had quarrel after quarrel with her mother-in-law but the next day she would turn up just as though nothing had happened. Then Mrs. A. would feel ashamed, but the hatred would soon work up again. She felt she could kill her. Mother-in-law would buy the children clothes and this appeared to be a criticism. Mother-in-law insisted on ironing Philip's shirts and often did his washing—" just to help you dear ", as she said. Mrs A's aggression towards her mother-in-law was freely expressed but the suppressed resentment against Philip was not easily admitted. She did, however, say that she wished Philip would send his mother packing. It was suggested to her that she paid Philip out by not enjoying intercourse with him. She admitted that perhaps she did because when he didn't please her he thought he was no good, that is, not a real man. The problem here was to

give both partners in the marriage an insight into what was going on. The husband had to choose his wife in preference to his mother and the wife, Mrs A., had to get her aggressive feelings towards her husband off her chest. Over a number of interviews this is being done and there is improvement all round, though the case is not yet closed.

What strikes me forcibly over these cases is how limited is my knowledge of my patients. I had treated this woman for years for catarrh, menorrhagia, and a child who cried all night, yet I knew nothing of this simple human background, because I had never asked about it. Not, that is, until the symptoms of irritability and frigidity became obviously psychogenic. Clearly I ought to have found all this out three years ago when she complained that her child kept her awake every night. It should have been obvious that the mother's tension was conveying itself to the child. Perhaps if I had read Dr Apley's books then I should have been more aware of what was going on. Certainly if I had made some examination of the mind as well as the body I might have saved her a lot of suffering.

There is one other interesting point about her case. Apparently two years ago I must have thought she was getting strained because I asked her if she was afraid of having another baby. " Perhaps ", I said, " fear of pregnancy was the cause of tension ". To prove I was wrong she went home and started another baby. Afterwards she said, " Well, that didn't make me any better ". Of course it didn't. I hadn't taken a case history. This does show how careful we have to be in our suggestions or guesses, and perhaps this is the right note to end on.

To sum up, I would say that when we look for it there is evidence that the cause of a great deal of illness is in the mind, and that illness originating in mental stress and strain often produces clear and obvious organic disease. When there is no organic disease suffering may be even more acute than when there is. It is absurd and out-dated to give credit to those with a sturdy pathology which we deny to those without it. In every case that we examine at all we should attempt some examination of the mind as well as the body. Ways of surveying the emotional background quickly and effectively must become one of the skills of the general practitioner. When we have achieved all this we can *begin* to study this fascinating subject. Our knowledge of it is very scanty indeed. It is a subject needing years of careful research with open minds and infinite patience; and the only possible research workers are my fellow general practitioners.