PATTERNS OF PATIENT COMMUNICATION

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" for words, like Nature, half reveal,
and half conceal, the Soul within."
Tennyson *In Memoriam.*

TO THE general practitioner, a useful aid to spotting the psychoneurotic patient lies in observing his mode of communication. This can be seen to differ in certain ways from that of his other patients, including very often the related psychosomatic group. It has been frequently pointed out that the psychosocial diseases are essentially family ailments, but that an approach along these lines may be strongly resisted because it upsets the power structure in the family unit.[1]

In a previous article[2] I have attempted to apply epidemiological principles to a problem which I believe to be partly communicative. Thus the soil became the genetic and early environmental element, the contemporary environment became the social element and the seed the interpersonal factor which had become disharmonious. The object of the present article is to examine the third or communicative element, and particularly its relation to the various uses and meanings of language.

In his interesting book, Dr Szasz[3] puts forward the view that his psychoneurotic patients were using symptoms as a primitive, almost neolithic, form of expression, in order to convey a message. As presumably ordinary means had failed it follows from this, that in the circle in which the patient normally moves, language has broken down as a method of transmitting important information.

I occasionally ' sit in ' with a consultant when he is interviewing a patient of mine, and I never fail to be impressed by the simple, objective and informative answers which he gets from someone whom I know from experience to be voluble, indirect and whose statements are invariably qualified when given to me. As this happens so frequently, I suspect that it is a general observation and can be ascribed to the greater working knowledge of the patient which is a

part of the family doctor's view. Thus we can say with some confidence that with increasing familiarity there is decreasing informativeness in the ordinary sense and language is beginning to take on a new sense as a vehicle of communication.

If we now extrapolate this concept into the home or work circle where familiarity is more complete, language will again *ipso facto* deteriorate in informativeness but gain in other facets, in particular the mandatory and the emotive. The meaning and sense will also become more oblique. It follows from this that the more important the experiences, the more likely they are to be non-verbalized or verbalized obliquely. As a simple illustration of this changing communicational pattern one can hardly fail to notice the difference between the exemplary behaviour of the schoolboy at a party and the notable emergence of original sin on his return to the family circle.

The greater part of the patient's life is spent within this verbal framework and according to the various uses of language employed therein, there may develop either a stable healthy environment, or an interpersonal power-structure of the type described by Norell.

The family doctor, because he is close to the family, participates to some extent in these relationships, but at the same time must view them objectively. Thus he may become aware of the semantics used by his psychoneurotic patients in their attempts at environmental manipulation.

The following dialogues illustrate the almost total lack of communication which commonly occurs in these cases. They appear to be almost sealed off from the world around them.

1. A case of headache of recent onset.
   Doctor: How have you been sleeping since this illness?
   Patient: The pain in the head is always worst in the morning when I wake.
   Doctor: Yes, but how are you sleeping?
   Patient: I've never slept well since the baby arrived.
2. The parents of an only child with mild gastro-enteritis.
   Doctor: How many times did he open his bowels during last night?
   Mother: It just ran away from him.
   Doctor: Yes, but how many times?
   Father: Well, actually he only went once, but if you ask me I don't think he's a bit better today. Definitely.

Both these examples illustrate language used in an emotive way to mystify and coerce, but not to inform, and will be familiar not only to family doctors but also to frequenters of the contemporary theatre. Indeed, the medical interest of the so-called Theatre of the Absurd seems to lie in this intuitive capturing and reflecting of everyday life, and in particular its conversation pieces with their *non sequiturs* and lack of true communication.

For example, one Pinter character may ask another " Where do

you live? " to be answered by " What do you mean? " The words here are evidently not being used to seek information but in order to subjugate and control. Thus in the psychoneurotic use of words the original meaning has changed and the words are therefore less useful either for providing or asking for information.

Words used in this way have an effect on the listener which is negative rather than positive, a lack rather than a gain. What, then, is the effect of psychoneurotic communication?

Wolf and Wolff[4] in 1943 described a number of experiments on a man with a gastric fistula, whom they observed over a considerable time. They clearly demonstrated the control that the emotions exercised over gastric function. When the man was anxious or resentful there was increased mobility of the stomach and the mucosa became hyperaemic. This was readily induced by a number of authoritative or emotive communications which were undoubtedly of a psychoneurotic type. Although it is true that this sort of stimulus often occurs in everyday life it is worth noting that it was the nature of the message that was important. It must be apparent that here it was the conditioning stimulus that was abnormal; the subject's response only then becoming abnormally sensitive.

Cooper[5] described some of Brown's preliminary results in an anterospective study of the morbidity rates of contacts of chronic neurotics. He reported that the consultation rates of these close relatives, for minor illness, was higher than a control group.

It seems possible, therefore, that certain people may become allergic to the prolonged use of ' psychoneurotic ' language. This is best illustrated by the case histories.

Case 1. A healthy muscular woman of 48 years complained of a stiff painful right shoulder which had come on gradually over about ten days. Examination revealed all the signs of a ' frozen shoulder '. She was a good, informative witness and gave a reliable history. On inquiry into her contacts it turned out that she helped in an hotel kitchen.

Recently a new employee had been appointed who indulged in psychoneurotic speech and behaviour. This had markedly affected the patient and her symptoms had started at about this time. The uncovering of what was clearly a superficial contemporary situation led to a rapid recovery.

Case 2. A man, aged 50, had a long history of petic ulcer symptoms with relapses and remissions over a number of years. He also had several patches of alopecia areata. Barium meal had shown a suspicion of an ulcer with marked prepyloric spasm on two occasions. As he had some vomiting, laparotomy was eventually performed but no definite ulcer was found. Some adhesions from a previous scar were divided. His teeth were extracted for gum sepsis and he gradually improved on a strict diet. However, after a few months he relapsed again and this time it was decided to inquire more closely into his contacts at home and at work. He had a quiet, apparently stable personality and gave a good, informative history. In spite of this first impression he was obviously very disturbed at a subconversational level, and there emerged a number of inter-

personal tensions which could briefly be summarized as follows:

At work he was a charge hand responsible for the productive efforts of six labourers. These men were not co-operative and in spite of verbal exhortation production remained well under what was expected. He was under fire from above on this account. At home, he fared little better as he had repeatedly requested his wife to attend the doctor for her ' turns '. He seemed disproportionately agitated by her refusal (his wife has a minor ailment with hysterical overtones and has been seen on many occasions). This seemed to sum up his communicational difficulties, but their uncovering led to little or no improvement. It was therefore necessary to tackle the problem of the ' soil ' or early environmental history. This was not relevant to the present discussion, but confirmed the impression of years of conditioning to negative communication.

Discussion

Neither of these patients was overtly psychoneurotic when assessed by his mode of communication, and both had organic disease with signs as well as symptoms. Both relapsed into illness when confronted with psychoneurotic forms of speech or behaviour. In the first case the response was acute and a substitute for direct aggressive feelings, the so-called ' body language ' of Szasz. The second case was of much longer standing but again symptoms appeared to be brought on by exposure to negative communication. His outgoing communications had broken down for the things that really mattered, and his use of words thus failed to alter his human environmental influences. He was, however, abnormally receptive in an inward direction.

It is axiomatic that communication must be a two-way affair, outgoing and incoming, and a disorder of both of these is characteristic of the psychoneurotic. On the one hand, they are opaque to informed advice and difficult to convince; and on the other hand, their outgoing messages are abundant but invariably oblique and of a negative type.

The semantics used by these patients, which are discussed in the first half of this paper, were apparently directed towards environmental manipulation.

In contradistinction, the two patients described in the second half were sensitive and receptive to advice, and their outgoing messages were not emotive and did not try to persuade the doctor towards a certain diagnosis or line of action. Nor did they mystify the issue. To me, therefore, these two patients did not fulfil all the criteria necessary for a diagnosis of psychoneurosis. Clearly though, this must be an individual assessment, the patients' response varying from one doctor to another, and particularly is this so when the patient is passed from the personal to the impersonal in medical consultation.

Summary

1. In the closed circle at work or in the family, language tends to

deteriorate to a level showing a relatively larger emotive and authoratative element and less of an informative element. This is to a less extent seen in the personal doctor-patient relationship.

2. Language used in this ' psychoneurotic ' way is illustrated as a possible means of coercing or mystifying. It is suggested that this is one criteria on which true psychoneurosis should be diagnosed.

3. In contradistinction two cases are described in which this communicational pattern is apparently reversed. Their weakness lay in having too great a receptivity to the human environment.

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A BREECH DELIVERY

" In Middlesex, anno 1658, my daughter, with my assistance, delivered Sir Tennebs Evanks lady of a living daughter. All the morning my daughter was much troubled, and told me that shee feared that ye birth would come by ye buttocks. About seven o'clock that night labour approached. At my daughter's request, unknown to the lady, I crept into the chamber upon my hands and knees, and returned, and it was not perceived by ye lady. My daughter followed mee, and I being deceived through hast to go away, said that it was ye head, but shee affirmed the contrary; however, if it should prove ye buttocks, that shee knew how to deliver her. Her husband's great Oliverian power, with some rash expressions that he uttered, flowing too unhandsomely from his mouth, dismayed my daughter. She could not be quieted until I crept privately again the second time into ye chamber, and then I found her words true. I willed her to bring down a foot, the which shee soon did, but being much disquieted with fear of ensuing danger, shee prayed mee to carry on the rest of the work."

English Midwives their History and Prospects. J. H. AVELING, M.D. London. J. & A. Churchill. 1872. Pp. 56.