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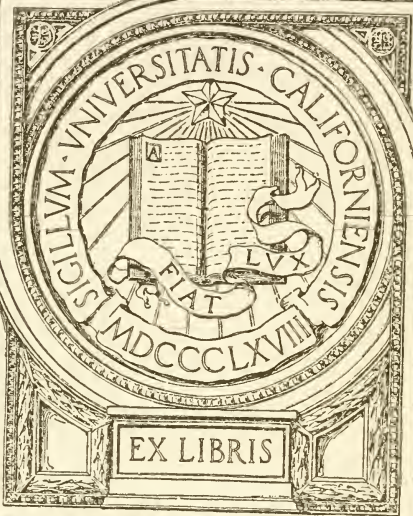


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PSYCHOPATHOLOGY

THE SPECIAL PSYCHOLOGY OF DISEASE,
DISORDER, INSANITY, SEX
AND HEALING.

HAYDON ROCHESTER

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PSYCHOPATHOLOGY

THE SPECIAL PSYCHOLOGY OF DISEASE, DISORDER, INSANITY, SEX AND HEALING

BY

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PSYCHOPATHOLOGY

THE SPECIAL PSYCHOLOGY OF DISEASE, DIS-
ORDER, INSANITY, SEX AND HEALING.

It is usually admitted that the mind rules the body and that most sickness is mental, but exactly how and why has never been made quite clear. The purpose of these pages is to show that much disability is largely psychological, as well as curable and preventable with this understanding.

Reference is not made to injuries and infectious diseases, which usually run a self-limited course to prompt recovery, but to the larger group of nervous, mental, functional and chronic disorders, which drag along as a compromise, of pain, tension, morbid suggestion and fear, and which are in reality merely the outward manifestation of conflict, among motives, emotions and other psychic mechanisms in imperfect adjustment to one another.

In discussing the problem the first thing to mention is energy, that living, indestructible, though changeable force vibration, which is constantly accumulating within us, to be from time to time discharged, in physical, mental or emotional activity. So that rather than mere bodies, we are in reality vehicles of energy, for whom a healthy balance

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between accumulation and expenditure is necessary to well-being.

Psychology deals with energy in operation mentally, and to understand the psychology of disease and disorder one must become acquainted with certain psychological mechanisms, such as suggestion, distraction, repression and the like, and realize the absolute unity of the organism as a whole. The mind and the body are not separate things, but are merely differing aspects of the one unified self, changes in one of whose aspects are reflected in all the others.

For example, the emotions of fear and anxiety paralyze and contract the mind. This condition is then conducted to all parts of the body and contraction becomes the order in every cell and structure. Because of differing susceptibility this contraction when persistent may show in the bronchial tubes as asthma, in the muscles of the back as pain along the spine, in the stomach as dyspepsia, in the tissues of the kidney as Bright's disease, or it may warp the general state of being with some nervous affection, or even mental derangement. On the other hand, real disorder in a bodily part sends its distress to the mind, whose consequent strain of suffering and fear can keep returning to the part,

even when it might recover, and form a vicious circle of chronic disability which persists indefinitely until the mental strain is relieved.

This intimate association between mind and body is well attested by such obvious illustrations as the reddening of the face in shame or embarrassment, disturbance of heart-action by fear, nausea produced by a repulsive thought, obstructed liver and constipation from anxious constraint, excessive kidney action from feverish excitement, and numerous others, to say nothing of the corresponding recovery when the distressing emotion fades. Such purely psychological elements as emotions then, by their definite influence on the responsive tissues, are seen to determine physical conditions, but to fully explain their responsibility for continuous disease and disorder, additional mechanisms must be considered.

The first of these is suggestion, or that process by which an idea is implanted with sufficient power to insure response. Suggestion is intensified by repetition, and by reinforcement from other sources of similar suggestion. It is a law to which all are amenable, and is most effective when arising from, or attended by physical sensation, which means that when we feel pain we are caused to believe

something wrong, which is true, but suggestion may tend to exaggerate the sensation, and give it undue significance. Indigestion for example, causes excess of gas in the stomach, which by pressure on the heart can disturb its action and give the suggestion of heart disease. Treatment directed to the heart would then but reinforce this suggestion, as would also the repetition of the heart symptoms caused by the neglected stomach.

An important mechanism favoring suggestion is that of distraction, or the production of a disturbed, preoccupied, or even resistless mental state by some undercurrent of feeling, a shock, an injury, or perhaps deliberate mental fixation, which narrows or absorbs the reasoning power, and permits the suggestion to enter and take root. If the subject having indigestion, for instance, were under great nervous strain from worry, his mind so distracted would not be free to discount the sensations of heart disturbance as merely gas in the stomach, and the more adverse suggestion of heart disease would then be absorbed and manifested.

Moreover a mechanism of defense may act, leading one, when hard pressed, to accept a suggestion just as it comes, as a way of escape from some obligation or predicament, and perhaps unconscious-

ly, but when these mechanisms operate, the resulting disorder is liable to settle down into the inertia of habit, for with a line of lessened resistance established, the original sensations will doubtless recur, and continue to affect both mind and body. It may even be inferred that the indigestion in the first place was merely due to worry, perhaps aggravated by some dietary indiscretion, and would have been entirely transitory except for the other mechanisms. Countless other examples affecting any combination of organs, and with varying undercurrents of mixed motives will readily suggest themselves.

A further determining mechanism is that of repression, which again brings out the importance of energy. The study of a psychological unit, namely a single elementary experience, such as touching the desk with the palm of the hand, will illustrate. This experience consists of motion of the hand, first descending and then arrested by the desk-top, in which process the expended energy is transmitted to the nerves, and thence to the mind as a sensation. Should the hand be brought down with violence, one would receive a surcharge of energy or feeling, and be thrown out of equilibrium into a state of tension, attended by tingling nerves and general

strain, which would last some time, unless one went through reactions to discharge the surcharge, such as rubbing the hand or uttering some expletive, when the tension would relax and relief at once be felt. But for some motive one might choose to suppress all reaction and maintain perfect composure, when, if there were many repetitions of the blow, a limit to undisturbed endurance would be reached, and the strain would be reflected in one's general condition. In other words, the energy of the blow is received by the organism as an impact or charge producing excessive tension, which accumulates on repetition, and if not discharged by reaction, puts one under great strain to contain it.

Every experience means the delivery into one of a definite volume of energy, and the same law holds in our more complex and highly organized experiences. The shock of a true bereavement, for instance, lays upon us a weight of crushing force, which holds and wears us down, and distorts our normal state of being, just so long as we retain it by repressing all emotion, and begins to lighten and release us in proportion as we vent our feelings, and permit the reactions which restore equilibrium. Such a volume of repressed, held-in feeling constitutes a complex, or mental sore, which makes for

distraction and exposes us to a train of pathological events similar to the one outlined, whereas reacting adequately, in response to the urgent pressure, we retain no vulnerable spot, but return to normal balance.

It might be objected that it is not well to keep dwelling upon one's troubles either, which of course is true, for it merely aggravates them, and leads to the disintegrating habit of self-pity. But if a particular train of lament or complaint is being carried beyond due limits, it is because it is used as a partial or substitute vent for deeper trouble that is covered over, and therefore all the more in need of discovering and discharging. For the feeling that is fermenting in these submerged mental complexes reacts on the bodily tissues and undergoes conversion into physical symptoms, so that obstinate physical nausea, for instance, can be due entirely to a suppressed mental repugnance, and will disappear completely upon discharge of the underlying complex.

Probably four-fifths of all human disability is constructed out of just such mechanisms and nothing else, but since they usually develop unconsciously, or subconsciously, outside the usual conscious

range of the victim, we should now consider the subconscious.

The subconscious is not another mysterious or separate mind, but is merely that major portion of the entire self, which at a given moment is out of the immediate focus of conscious attention, although explorable by it, and in which are enacted all those usually unnoted, automatic or reflex activities, such as breathing, heart-beat, habitual movements, etc., our more delicate reactions to situations and people, the subtle impressions of telepathy and the like, and the insidious suggestions of disease, in fact all the functions of being except those with which one happens to be consciously concerned at the time. These subconscious processes, which comprehend all the forces of the individual, and are made up of the entire mass of impressions and reactions undergone by the organism as a whole, are therefore more powerful than those actuated by mere reason, which can only use what may be put into actual formula.

The ability to direct attention is largely under control of the will, and a normal individual is able to focus his consciousness on any portion of himself or his environment, and to know it as it actually is. One may also if so disposed, withdraw consciousness from a given area, and ignore the reactions

taking place in it, when they will take place subconsciously. But since the entire self is in relation with itself and with the whole environment, and interreactions continually occur, this partial oblivion can only be achieved by forcibly narrowing the range of consciousness so as to exclude the repugnant portion, which then becomes divided off, at the expense of the whole, for the reception and carrying on of the repudiated impressions and reactions. If these impressions and suppressed reactions persist, more and more of the self will be appropriated for their requirements, until this split-off portion may become strong enough to pursue an almost independent existence, dividing the self in a manner which manifests as dual or dissociated personality. Persons so affected hear voices when none speak, some reaction in the secondary self making itself mentally audible as a message from without, and inducing various conflicts, with aberration of conduct, or literal unbalancing of mind.

A grievous disillusionment, for instance, might be resisted and rejected so intensely as to result in such dissociation, for assuming that the grounds for it are genuine, they will affect the subject accordingly, even if only subconsciously, then divide the self as shown above, and if persistent induce

some outcry, in the form of visions, warnings or commands, which result in acts that seem preposterous or insane.

But all such states are inherently artificial, without endurance of their own, and would tend to fade and clear up, unless renewed from the deeper source of motive, instinct or desire, subdivided into numerous motives, the stress of whose conflict continues the symptoms.

In other words these abnormalities constitute nothing more than a working compromise of conflicting motives. Or stated more technically, they are but the outward resultants of contending forces, operating in terms of the described mechanisms. We give to these forces the name of motives, although they ultimately resolve themselves into a single one, the urge of being, which, however, best lends itself to analysis as a trinity, comprising the motives or instincts of self-preservation, self-projection and self-respect.

The first includes, in addition to self-preservation, the desire to live well, in the best possible circumstances and to have some of the good things of life, thus embracing acquisitiveness in various forms. The second, self-projection, comprehends the sex urge, love motive and social instinct, whereby we

mate, expand our feelings and seek to mingle with our fellow men. This also includes the love of liberty, and the urge toward self-expression. The third motive, that of self-respect, comprehends honor, decency, virtue, pride, loyalty, adherence to one's code, striving for an ideal, desiring to stand well and to save one's face.

The possibilities of discord in one lacking wisdom are obvious. Passion is never at peace with virtue, and honor has always to fight greed of gain, though the conflicts at fault are usually far more subtle. There is also the reverse phase, what might be called negative motives, such as considerations of prudence, shame or fear, as well as opposing desire, or not to do, not to be, not to have what is.

Out of these constant, conflicting, or thwarted motives, and the emotions they engender, proceeds the energy which maintains the mechanisms and perpetuates disease, that is until the motives are harmonized, or intelligently directed, when order, well-being and progress supervene. One marrying merely for advantage subserves but a single instinct, that of acquisition or pride. The others atrophy, ferment or putrefy, with results to correspond, unless the art of wholesome transmutation is acquired.

Motives get their cast in the evolutionary period of

childhood, when impressions are made and reactions take place in sensitive soil, and the primitive impulses, and stresses of restraint, reacting upon the particular temperament, determine the manner of adjustment to all that is to follow. At this time predilections are acquired and standards absorbed which unconsciously, and later forgotten, color and determine our actions and reactions all through life. And since life itself is so complex, and loaded with rigorous buffets, it is no wonder that some of us follow the line of least resistance and compromise on disease.

But it is not scientific to generalize, for every case is distinctly individual and the problem is different for each one, although the abnormal conditions resulting usually fall into one of the three main groups of physical, nervous or mental disorder and perhaps should now be catalogued in that way.

In the physical category, upon the basis outlined, we may have affections of any organ or part whatsoever, mental and emotional tension, perhaps unrealized, fastening upon some otherwise transitory ailment, and with the automatic response of the tissues involved, built up unconsciously into any form of disordered function, even to the point of actual lesion or disease.

By way of making a list we could mention various forms of head-ache and neuralgia, eye-strain, catarrhal conditions, affections of the nose, ears and throat, bronchial and pulmonary complaints, heart and circulatory disturbances, stomach and digestive difficulties, liver obstinacies, intestinal disorders both active and passive, affections of the genito-urinary system, many paralytic and spasmodic difficulties, including disturbances of gait, of muscular control and of the joints, as well as disorders of sensation and skin affections, to say nothing of those vague, unusual, unclassified ailments of which there seems to be only one of its kind. Diabetes is often established upon such a combination of mechanisms, as well as many forms of rheumatism. Some cases also of cancer and tumor have such a foundation, built up from some chance blow or injury, as well as actual tuberculosis.

In the category of nervous disorders we place those ailments in which, although there is no structural change in any bodily part, there yet exists most trying disability. A list would include neurasthenia or nerve weakness, though the nerves themselves are not affected, nervous depression and nervous irritability, anxiety, phobias or fears, extreme sensitiveness, painful self-consciousness, in-

ability to make decisions, diminished will-power or power of concentration, defective memory, insomnia, somnambulism, persistent bad dreams, emotional instability, hysteria, stammering, obsession or unreasonable impulse or thought, habits, and dissociation of personality with lapse or loss of the self.

There is also another group of derangements which fall short of absolute mental aberration, and wherein the subject seems otherwise quite normal, yet is none the less dominated by extremely cunning, cruel or criminal tendency, alcoholic or drug addiction, or perversion of the sex instinct. Such conditions exist invariably because of the stresses indicated, except when they are the result of definite deficiency.

Under the grouping of true mental aberration, commonly called insanity, or technically psychosis, we place here only the psychological forms, and omit those due to congenital defect or actual damage to the brain. There seem to be three main varieties, mania or excessive mental excitation, often showing outbursts of violence, melancholia or extreme mental depression, sometimes attended by self-destroying or mutilating tendencies, and dementia or marked mental reduction. Of these the

first two are prone to alternate in the same individual, and all are usually attended by delusions, illusions and hallucinations. There is also the large paranoid group, characterized by special delusions of self-aggrandizement and persecution, in connection with which there is much suspicion and vindictiveness. It should also be remarked that these states do not always exist in pure type, but more often as mixtures or blends, shading into one another. In fact this exterior differentiation is merely the result of previous efforts to classify, and if possible assign a physical cause to each one, whereas more recent understanding of the conflicts, among motives, emotions and other psychic mechanisms makes their nature clearer.

But in order to account for them fully we must revert back even as far as infancy. The baby is a complete egotist, moved for the first months of his life only by impulses connected with his own needs and pleasure, which for the first year is as it should be, when there should begin to be inculcated reasonable discipline and consideration of others. But he may have too indulgent proprietors, or seem so self-willed that one hesitates to cross him, when his ego will flourish unduly and fill his entire horizon. Instead of expanding, his nature will then grow in-

ward, preventing appreciation of his environment, and causing him to hold himself excessively superior, with his conceptions the only realities. When this is carried to extremes, with attempt to live it literally, we have to call it insanity and put him away to save him from himself.

These aberrations may also be induced in an opposite manner, by excessive bullying, suppression or neglect, which likewise cause the nature to strike in, engendering feelings of self-pity and self-love, which also exaggerate the ego, and invite a similar train of results. It is evident how readily minds so handicapped would come under the influence of the mechanisms traced, and of others more intricate which give the derangement its particular character. But again we must say that even these conditions are merely artificial, without endurance of their own, and with the discordant, undisciplined motives harmonized or controlled, could fade and clear up which they frequently do.

Just why one person manifests physical, another nervous, or another mental disorder, is a matter of individual circumstances and temperament, but motives and mechanisms constitute the fabric, with accident or destiny presenting the peg to hang it on. And then the thing becomes a habit, a working com-

promise, for one at bay among contending motives. It becomes an outlet for other feelings kept under pressure, justifies complaint, and warrants sympathy, which we all have a weakness for, and even gives purpose to otherwise purposeless lives. In fact the ailment may become a pet, and be cherished, coddled or revelled in accordingly, with corresponding reluctance to relinquish it and get well. Paradox perhaps, yet none the less true, for the fact remains one can get well as soon as the desire to is single and unmixed.

But before taking up the question of healing it will be expedient at this point to insert some paragraphs on sex, a subject encumbered with much misinformation and morbid feeling, and therefore pertinent here.

Sex, or rather sexuality, is a salient element in the instinct of self-projection, already mentioned, is a form of energy convertible into other manifestations, normal or abnormal, and is now known to be a frequent factor in the problem we have in hand. Being a faculty of all life, it is incorporated in all living things, but like all other functions it has to go through a process of evolution before arriving at maturity. It is the last of the elementary functions to mature, is the most protracted in develop-

ment, is the one most ignored, can make the most trouble, and for this and other reasons is normally hedged in by the greatest amount of inhibition and restraint.

Sexual indiscretion may blast the ultimate victim with illegitimacy or worse, the immediate victim with disease, disgrace or both, and the subject likewise, as well as with demoralization or degeneracy. So that the instinctive attitude of people in general is properly prudent, conservative and even apprehensive. There are also other grounds for aversion in the fact that the expression of sex is in parts of the body inherently offensive and giving most shame, and that in this connection one is the most vulnerable to ridicule and reproach.

Since the function is not matured until the age of twelve or fifteen, it must necessarily pass through stages of development before this. Hence it is seen to manifest imperfectly at earlier periods, awkwardly and incoherently like any other undeveloped function. Sex-consciousness and sex-curiosity, though perhaps not identified as such, may even appear at the unbelievable age of eighteen months. There then follow innocent or shame-faced attempts to gratify the curiosity, with experiments of various indiscriminate kinds, all of which can take place

quite spontaneously, for the instinct is auto-genetic, grows of itself, and seduction is not essential. These experiments and investigations may be personal, with others, either sex, old or young, or even with other creatures, for sex is universal and may make any appeal, especially at this period of great susceptibility and imperfect restraint.

Yet speaking without prejudice, these spontaneous manifestations are not necessarily reprehensible, in their occasional occurrence entirely harmless, and on no account to be dealt with by drastic intimidation or shaming, which may have an opposite effect from the one intended. Masturbation, for instance, although of course not to be encouraged, is practically universal at some period of life, and if seriously detrimental nobody would be sane or sound. We place the emphasis in this way because of widespread morbid misconceptions on the subject, and of course do not here refer to out-and-out incorrigibles. All rightly constituted children have sufficient self-respect of their own to restrain them, even without outside assistance, and besides the process is naturally self-limited.

The normal child growing right along, mentally, morally and physically, passes through these evolutionary stages, pausing here or there as in all

growth, but with the instinct steadily focalizing, and at adolescence ultimately focused, and projected exclusively and with due restraint toward the complementary sex. This is the normal and desirable, but there is also the abnormal, to explain which two other factors must now be considered.

In the first place, there is no such thing as pure type of anything, and this applies also to sex. In early gestation the embryo is indeterminate, with structures appearing which may develop into either sex-apparatus, or both. After a few weeks, however, one progresses while the other falls back, so that the child is finally born male or female, but nevertheless retains in its body, all through life, vestiges of organs, which if developed, would constitute those of the opposite sex. The male breast is an obvious example, of which there is a complete set of others, with analogs in the female. The secondary sex features are still better known, such as high voice, full bust, wide hips or rounded body in some men, and hairyness, big bones or muscular form in some women. Hence anatomically we are a blend, potentially either, with some even manifesting both characteristics.

Temperamentally the shading is also observed,—vigorous, aggressive women, and tender, gentle men,

to say nothing of mannish women and effeminate men, with constitution and tendencies to correspond. Some men even manifest a menstrual period, with or without sanguineous effusion from some membrane, as well as change of life. But these traits do not necessarily match each other, for many lovely womanly women are found in unlovely bodies, while a splendid masculine body does not always imply a manly man.

And now we can conceive of deviations in the sphere of the sex instinct itself. Many are more or less naturally inverted, or modified in this respect, with genuinely homosexual or perverted proclivities, and many may easily be influenced that way, in the delicate, unformed period of childhood, which brings us down to the second factor in this problem, namely the psychology of sex, within and without. The function is very far from being a mere physical, or so-called animal one, for it is most intimately permeated, and influenced by ideas, and by the psychological mechanisms we have previously discussed, such as suggestion, association, dissociation and others

The child does not grow up in solitude and separate, but is completely environed by family, associates and strangers, all imbued with various attitudes

in this matter, which they may be only too ready to impart to him. Hence his own development is modified or distorted by this outside psychology, as well as by that originating within him. Shame, fear or abuse may cause certain propensities to strike in and take deep root, which if unmolested would have dwindled and disappeared, or artificially suggested charm may cause pernicious practices to flourish, which otherwise would never have manifested. That forbidden fruit seems most desirable is always true, and since in this sphere we are more sensitive than in any, too much officiousness may over-emphasize some phase, and give it too much interest with results to be regretted.

The problem is always peculiarly individual, calls for the utmost discretion and tact, if not hands off, while mere morbid dread is never in order. Respectful confidence, with enlightenment where needed, is the best generalization on the management of children. We have here to deal with an energy, which if throttled at one point is liable to find exit at another less desirable, so that our best course is to inspire transformation into other activities of true worth and genuine appeal. This process, known as transmutation, or sublimation, is quite possible, for in it the purely sexual functions become dormant or la-

tent, just as the woman's breast is dormant when not engaged in lactation. To be truly successful, however, there must be a genuine inspiration or motive, which prompts to some definite activity, for mere arbitrary repression results in blighting and degeneracy, though many choose this negative course rather than incur the risks and responsibilities of actual function.

Some sexual manifestations are properly regarded as beyond the limit, namely those that are incestuous, homosexual, with animals, or otherwise grossly perverted, and these if persistent, place the subject at serious disadvantage with society, or if artificially repressed make for intolerable distraction, which exposes the victim to the various pathological mechanisms detailed. The wisest procedure would be rational transformation of the abnormal impulse, which in a great many cases is possible, and which now brings us down to the practical consideration of healing.

Realizing more fully the real nature of disease and disorder, which in so many cases is merely a compromise of morbid suggestion, repressed emotion and fear, exerting unfavorable effects on mind and body, we are better equipped for solution of the problem and restoration to normal.

The inherent tendency of all life is to renew itself and continue living, and therefore the faculty of healing or recovering permeates all living things. Hence it usually takes place spontaneously and merely needs to be allowed to act. But there may be inertia or obstacles to healing, when we work to provoke it by reaction, or to remove the obstacles and make conditions favorable. And since the measures employed are so numerous, and become not infrequently an element in the disorder, it seems proper at this point to review them.

Beginning with the most radical, there is surgery, urgent and indispensable in injuries, infection and deformities, but seldom advisable otherwise. The practice of surgery has long been conducted as well as is humanly possible, so that true progress would now consist in making it unnecessary.

Medicine comes next and has a place. The value of agents for the urgent relief of pain, emergency stimulation, purgation, as antidotes to poisons and for other temporary purposes is obvious, but beyond this their use is decidedly slight and often reprehensible, though the suggestive effect is occasionally remedial. The same is true of the various light and electrical applications, while few of the serums have fulfilled their promise.

The manipulative methods of osteopathy and chiropractic are more rational. To the average patient they are without risk of harm, and by relaxing or adjusting the neuro-muscular tension which exists in all disorders, definite relief may be afforded which can result in ultimate recovery. This is also the virtue of the hydropathic and heat methods.

The various dietetic systems are not to be taken too seriously. In constitution we are omniverous and equipped with the organs and functions to digest and be nourished by food of any reasonable quality, quantity and variety, all of which are desirable in a state of health. In special conditions special dietetic regulations are indicated, though one's own personal experience is the best guide.

Hypnotism is a therapeutic measure to be classed with the undesirable ones of medicine and surgery. It is occasionally the only resort, but is seldom effective where most needed, and cannot fail to stultify in some respect though not necessarily permanently.

Suggestion and auto-suggestion are at work all the time anyway, and since we are practically free to choose, we would better select suggestions which help, rather than the adverse sort. Literature and modern philosophy in general, to say nothing of

special New-thought and Christian Science utterances, fairly teem with conceptions of merit, strength and uplift of which it were certainly wise to avail oneself.

Metaphysical and faith healing are realities many times, and it is not scientific to ignore them, nor those certain rare souls, often humble and untutored, who seem to be natural healers. For it is entirely possible for some effective concept^σ feeling, from whatever source, to penetrate into the subconscious, and there discharge or neutralize the basic strains responsible for the disorder.

But any or all of these measures may fail, even in curable cases, so to show how the problem may still be solved, we must proceed further. It is of course presumed that in a given case all the physical requirements are being met, for these are well known and there is no excuse for omission when available. But we now know how important the psychological factors are, and can understand how such obstructions may prove more obstinate.

To begin with there are certain general misconceptions, or pathological superstitions, which when entertained can act as deterrents to recovery, and these should be disposed of at once.

The first is that concerning the ominousness of

heredity, which, as a matter of fact is practically a negligible factor in disease. Syphilis is the only decided taint that can be inherited, and even its effects can be mitigated. But of course there is a law of heredity by which we derive likenesses, disposition, constitution and temperament, and if our forbears reacted to conditions with a disease compromise, we, by making a like faulty adjustment, would probably manifest similar disorder. But the heredity, so far as the disorder is concerned, is apparent, not real, and no obstacle to recovery when the right course is pursued.

Prenatal influence is another factor to which a great deal of undue weight is given. Although it occasionally manifests in quite startling ways, this is far less frequently than supposed, and conditions presumed to be fixed by prenatalism have repeatedly been corrected.

No disease should be regarded as an entity in itself, for it is either a reaction to, or compromise of opposing forces, and has no endurance of its own. Acute diseases are simply nature's resistance to contamination, and signify active vitality making its fight, while chronic or functional disorder is an unnecessary compromise of the conflict.

There is no irreplaceable wearing out of tissue

when subjected to the strains considered. There may be temporary reduction in vitality, but when the right chord is struck the response will be vigorous, perhaps better than ever.

The duration of an ailment bears but a minor relation to the time required for recovery. Persons sick for twenty years have been known to get well in twenty minutes when the right thing was done.

The menopause or change of life need not be a critical time for anyone. Certain predispositions sometimes emerge at this period, but it does not prevent correction, and in no case need any trouble be anticipated.

Nervous disorders have nothing to do with the nerves themselves which in such cases are always normal. The words nervous and nervousness are used to describe the condition of the person affected, but there is no change or deterioration in the actual nerves.

Nor do mere nervous affections ever merge into insanity.

At this point, believing them of definite value in the problem of keeping well, the writer ventures the following recommendations:—

Care for your physical body in all respects,—food, clothing, shelter, rest, exercise and function, and do

not endure detrimental conditions when you do not have to.

Do not practice persistent self-repression.

Realize things for just what they are. Realization need not imply action, for attitude and conduct are two different things, and you can realize much without taking any action, but an artificial attitude will eventually break you. The realization will not prove so bad anyway.

Keep yourself well-nourished mentally.

Be honest with yourself.

But perhaps mere generalities will not suffice, and the harrassed, desperate patient requires personal assistance. Successful, permanent healing will then involve three things,—a frank, unburdening analysis of the exact nature of the disorder, satisfying enlightenment on all troublesome points, and a wholesome readjustment on a sane, sound basis. This is the gist of the entire matter, but as between patient and healer, certain special conditions are also important.

First there must be what is called rapport, or a reasonable degree of confidence, understanding, or willingness to meet on the case. Next the method of treatment must be followed conscientiously, and finally there must take place that subtle, indefinable,

but conclusive process, tentatively called "transference," which cannot be coerced, but which follows automatically when the other factors favor, and by which the cure is made.

Perfected methods of word-association, dream-analysis and study of the constant little mechanisms of manner, speech and bearing reveal all the tensions and stresses of the subject, and point the way to their discharge. So that a short series of interviews, in which the various complexes are given full utterance, is ordinarily sufficient to dissipate the symptoms and secure restoration to normal.

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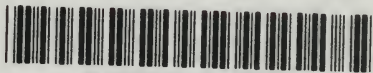
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