Notes from a Psycho-therapeutic Clinic.[1] By JAMES ERNEST MIDDLEMISS, M.R.C.S., L.R.C.P.Lond., F.R.F.P. & S.Glas., Medical Officer, Psycho-therapeutic Clinic, Ministry of Pensions, Leeds.

THE intention of the present paper is to give an impressionistic account of the cases seen rather than a detailed and analytical description which is necessarily beyond its scope.

It may be said that until the institution of these clinics by the Ministry of Pensions there has been no field of study quite analogous to them either in the type of clinical material or the conditions in which it is encountered. Their only selective character lies in the fact that ætiologically they are all more or less related to the traumas of warfare, and ostensibly suitable for mental therapy of one sort or another. As, furthermore, their causal relationship to military service is often of the slenderest and their suitability for such treatment is frequently hypothetical, it will be realised that many diverse types of nervous disorder pass muster at the hands of the psycho-therapeutist. Herein lies perhaps its peculiar value. Many cases are submitted to the clinic which a cursory examination shows to be unsuitable either on the score of age, chronicity, or on other grounds. The clinic acts, in fact, as a sort of clearing house for the neuroses and psycho-neuroses of the war, wherein the diagnosis may be confirmed or modified, and from which cases which are unsuitable for out-patient treatment may be variously drafted to mental hospitals, epileptic colonies, and neurological hospitals, according to their kind and degree. As instancing the diversity of types encountered, I might mention that at one time and another I have dealt with cases showing an antecedent history of exhaustion psychosis, acute melancholia, confusional insanity, epilepsy, gunshot wounds of the head, and congenital mental defect, as well as a large miscellaneous group, variously labelled as neurasthenia, shell shock, and war-shock, and which includes the types most usually associated with the strain of warfare.

If it be permissible to speak of a typical or characteristic form of neurosis, pride of place must be accorded to those forms in which anxiety symptoms of one sort or another are the most prominent features of the case. On the objective side these are characterised by segmental or general tremors, unsteadiness of stance and gait, disturbances of speech functions, ranging from complete mutism to mere hesitancy of speech, increase of the deep reflexes, motor inco-

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ordination, with marked impairment in the precision of fine movements, hyperidrosis, local or general, vaso-motor instability, as evidenced by patchy erythema of the skin, motor tics and choreiform or athetoid movements of trunk, head, or limbs.

From the subjective aspect a more or less constant feeling of apprehension, which may be general or determined by some particular situation, such as the approach of darkness, closed spaces, the presence of crowds, etc., marked emotional fluctuations with depressed moods in the morning, disturbed sleep with distressing dreams, an intolerance for hurry or bustle, excessive irritability with a tendency to react with explosive violence to trivial annoyances, morning anorexia, nausea and vomiting unassociated with pain and unrelated to the taking of food, feelings of swooning, "falling away," and sudden depletions of energy, are among the most common manifestations. Such, briefly, is the clinical picture presented by a case of anxiety neurosis.

The close relation between the physical signs and affective states is at once apparent and is clearly apprehended by the subject himself, who instinctively avoids the contingencies of every-day life, which he has found by experience to elicit or aggravate his symptoms. When, perforce, these cannot be avoided, and he must submit to, say, the ordeal of medical examination, these characteristics are exhibited in full force, and their painful character is by no means mitigated by the fact that as a rule the patient, as has been said, has complete insight into his condition.

An inquiry into the history of these cases shows in the majority that the symptoms date from a definite incident—usually a shell explosion in the near vicinity. There the uniformity ends, for he may or may not have lost consciousness; he may retain a clear recollection of events right up to the occurrence; he may have a retrogade amnesia for a variable period before it, or the whole or greater part of his war experiences prior to the incident may have been obliterated, with occasional islets of memory standing out above the general oblivion.

In view of the clear-cut histories, it is impossible not to ascribe a certain ætiological value to sheer physical shock. As to the nature and degree of this supposed physical component of the trauma I venture no opinion, as the matter lies somewhat outside my province. That, however, a psychical factor plays an important, some would contend the predominant, *rôle* will, I think, be generally admitted.

I now propose to give as concisely as may be a description of the treatment I have come to adopt in these cases.

Having made myself familiar with the outline of the case supplied in the official documents, I ask the patient to describe the events

leading up to the illness so far as they are known to him, noting especially the time and the manner of onset and what he himself regards as the origin of his disability, after which he is asked to describe the course of the illness up to date and to give a full account of his present symptoms, explaining particularly how these affect his general efficiency, and in what way, if any, he has been altered in character and temperament. Apart from the information consciously imparted, one is able to gain a preliminary insight into his affective trends and mental orientations where these are at all abnormal or pronounced. This may suggest a useful line of inquiry at later interviews and a valuable clue to the understanding of the case. A complete physical examination is then made, special attention being paid to the nervous system and "objective signs." In many cases the material provided by this preliminary inquiry is sufficient to determine one's course of action. This in my practice takes the form of therapeutical conversations or explanations, in which on his part he is encouraged to unburden himself as freely as possible. An attempt is made to secure at least a relative ease of mind which may serve as a starting-point for future endeavour. The long duration of the symptoms and their (to him) inexplicable fluctuations are presented to him as a normal and usual feature of a nervous malady. In this way his symptoms are divested of a little of their horror and incomprehensibility. He is encouraged to take long views. If he has improved, the fact is emphasised, and he is safeguarded in advance against the disappointment engendered by possible remissions and relapses. In short, the treatment at the outset is largely symptomatic, doubts and misgivings being dealt with as they arise. The personal relationship so set up between physician and patient in itself goes far to mitigate the more acute manifestations, and the feeling of confidence and moral support which ensues is freely expressed by the patient himself, who, perhaps for the first time in his troubled career, feels himself truly understood.

A basis of confidence having been established, one may proceed further. It may be that the patient already relates his symptoms to definite incidents (in his career) as a soldier, and that he has by this time adopted some elementary therapy of his own. Where this connection is borne out by one's own findings, he is by no means discouraged in the attempt to work out his own salvation. Where, however, as is frequently the case, he attributes his condition correctly enough to past incidents, but has consistently tried to obliterate them from his mind—where, in short, there is evidence of repression—he is encouraged to face the facts and to revive little by little the memory of the incidents which have left such an abiding sense of horror in his mind. And here, in my opinion, it is not advisable

to force the pace, for the emotional reaction is severe and the rate of progress must be conditioned by the individual's capacity to endure it. So far it has been assumed that these experiences, though not readily faced, have never been entirely shut out of consciousness—that, in short, the attempt at suppression has only been partially successful. It must be admitted that in a large proportion of cases this represents the actual situation. In the amnesic cases, where the traumatic episode and possibly whole periods of war experiences have been expunged from the consciousness, recourse must be had to other expedients. The dreams, if remembered, may be taken as a convenient starting-point for the resuscitation of the submerged experiences. By a process of free association it may be possible to recall a fragment of the past, around which as a nucleus other forgotten incidents gradually crystallise out. When no dreams are available I have been accustomed to induce a hypnoid state, in which apparently the power of recall is heightened. In one such case an isolated incident was all that was remembered. In the hypnoid state the man was asked to visualise this as clearly as possible. In doing this additional elements appeared in the picture. At subsequent interviews the process was repeated, the picture being gradually enlarged from day to day by a process of accretion as each new feature was added to the main body of experiences. In this case I was impressed by the vividness with which the memories appeared in consciousness and by their authenticity—for the patient had no doubts as to the reality of the experiences. A dominant feature in this case was a stammer, and associated with the revival of the memories there seemed to be an unmistakable improvement in the stammer. In this connection I may say I have been frequently impressed by the extraordinary vividness with which war incidents are revived in the hypnoid state in cases where they have never disappeared entirely from consciousness. In the waking state the subject, as it were, knows that such and such a thing has occurred, whereas in the hypnoid state it is as if it actually occurred before his eyes. The only condition which is at all comparable in the intensity and vividness of sensation is the war dream, in which, as is well known, the subject frequently dramatises the whole episode with all its appropriate motor accompaniments of fear, flight, or defence. It is as if in both cases direct access is obtained to the subconscious—in one case by design, and in the other during the natural process of sleep.

Whilst convinced of the general efficacy of this procedure, *viz.*, the restoration and reintegration in consciousness of forgotten or repressed experiences, I am unable to record any of the startling and dramatic results so frequently described in psycho-analytical literature. If, as is natural to suppose, the tendency to suppression and dissocia-

tion is related to the degree to which the suppressed material is unacceptable to the waking consciousness, one would hardly expect such sudden changes. Seeing that in many cases the incidents have never been forgotten, the real difficulty would appear to be in rendering them assimilable by the consciousness. It is in the *rapprochement* between the ego and the system of ideas against which it instinctively defends itself that the essential problem lies. The mechanisms involved in this process are probably not essentially different from those which underly the adjustments of every-day experience. The process whereby an idea or situation, at first repellant, is by repeated presentation to the consciousness so divested of its horror as to become acceptable, or at least tolerable, is too familiar to need emphasising. The tolerance so acquired, however, implies more than the mere juxtaposition in consciousness of two systems of ideas which are mutually incompatible, however many times repeated. Without distortion of the facts the situation must be presented from a new angle, and the redeeming features, if such there be, so stressed as to appeal to some strong and prevailing trend of the personality. By some such transfiguring agency only must it have been possible for many refined and sensitive souls to endure the unspeakable horrors of modern warfare. It may happen, of course, that the experiences which it is sought to suppress may be so inherently revolting as to outrage every decent feeling and instinct. In such cases no species of ingenuity can secure its acceptance by the consciousness. Rivers, in his book, *Instinct and the Unconscious*, records the case of an officer caught in a bombardment, and who, on recovering consciousness, found himself lying face downwards on the body of a dead German, from which the decomposing intestines protruded and partly filled his, the officer's, mouth. It can be believed that no kind of mental alchemy was capable of rendering a memory of this kind anything but hideous. The types of cases already discussed may be usefully contrasted with those in which the manifestations are somatic, rather than psychic, in character—the so-called conversion—or, as Rivers calls them, substitution-hysterias. In one or two such cases one has been impressed by the absence of mental stress or emotional excitement such as are associated with the anxiety state. It is as if the patient quietly acquiesced in his disability, and assumed that it called for no particular explanation except the one assigned—possibly some trifling wound long since healed. It is true that if the reality of his symptoms be questioned in any way, he backs up his assertions with a good deal of warmth which has every appearance of sincerity. In general he is as little open to argument as the delusional melancholic who imagines he has no inside. If it be true, as Rivers contends, that all these neuroses

represent reactions of one sort or another to the danger instinct, there is a great deal to support his thesis that in the substitution hysterias the solution is attempted on a lower evolutionary mental level than in the case of the anxiety syndrome. Thus may be explained the completeness of the defensive mechanism and the comparative integrity of the mental processes. Be this as it may, a teleological significance must be attached to these somatic manifestations which at one period or another have subserved some ulterior need on the part of the ego. That the comparatively primitive mechanism just described is not the only one involved is suggested by the following case from civilian practice. The patient, a middle-aged married woman, wife of a collier in a small village, had for several years suffered from a functional paralysis involving both legs and one arm. When first seen she was quite unable to stand, was bed-ridden, could not dress her hair, and had to be taken about in a bath chair. She was said to have suffered from rheumatism and various internal disorders, but except for some bronchitis had, when I saw her, no objective signs of disease. By direct suggestion and massage she completely recovered the use of the paralysed arm; but an attempt at hypnosis, with a view to the recovery of the leg functions, precipitated a typical hysterical attack, and the treatment had to be suspended. It transpired that she was an intelligent woman who had formerly been in business for herself. She admitted that she had married beneath her social status—her husband was a collier and intellectually much her inferior—and it was inferred that in marrying she had had to abandon many of her social ambitions. As a collier's wife she was destined to a prosaic and comparatively drab existence. As an interesting invalid, on the other hand, wheeled through the streets in a bath chair and an object of unusual consideration and esteem, she achieved a more or less perfect compensation for the fuller life she had so unwillingly relinquished. The purposive significance of her disability and its relation to her egoistic needs would probably have been repudiated by the patient. That it existed I have little doubt, though no doubt the transference was facilitated by suggestion, which, as in the war hysterias, is so frequently a contributory factor.

In submitting these experiences I am conscious of having long ago exceeded my modest intention. It is of the essence of notes that they should be brief; that they should have extended to such an inordinate length I had never anticipated. Perhaps it is one more instance of subconscious motivation, wherein I hope I may be exonerated.