

THE PLACE OF PSYCHIATRY IN MEDICINE.*

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I WISH to make it clear at once that for the purpose of this paper I am taking the definition of psychiatry as being synonymous with the term psychological medicine—in other words, the study of the subject as a whole.

The place of psychiatry in general medicine can be considered from two angles: (1) In what way can the health of the individual patient be improved both prophylactically and therapeutically by a greater understanding of that individual's psychological make-up, and (2) whether there are any specific factors which have arisen or are likely to arise from a knowledge of psychiatry which increases our knowledge of the aetiology and pathology of general disease?

I am going to deal with the first point comparatively briefly, not because I do not feel strongly about the importance of it, but because I want to concentrate this morning on the second aspect.

Nearly everyone agrees that the study of the individual is important, but it is extraordinary how many people fail to put it into practice.

In any organic illness the patient's individual emotional reaction to that illness does affect his total state of health, and this should be considered. Broadly speaking the more synthesized a person's character, the more is he able to "cope" with or adjust himself to any organic illness which he may develop. The greater the neuropathic tendencies in an individual, the more is he or she likely to make a fuss and poor adjustment to his physical illness, but surely that is no excuse for a doctor getting impatient with or critical of a patient. The doctor's duty is to cure the patient as a whole, and therefore if, instead of regarding the patient who is difficult in his reaction to the illness as another "headache," he regards the attitude of the patient as a complication of or sort of secondary illness to be diagnosed and treated just as the primary physical illness, then that unfortunate element of friction that may arise between doctor and patient will rarely do so, and I believe the doctor will find a greater interest rather than irritation in that individual patient. Moreover, everyone of us should try to remember that our attitude towards functional illness is often not a rational objective, but a projection of our own emotional disturbance. So often when dealing with psychological disorders we feel ignorant of the real facts, and certainly ignorant of how to cure the patient's troubles, therefore we feel frustrated and project that sense of frustration on the patient.

I will remember an occasion at home when I was criticizing some of the tests which were being used in a certain section of the Army at that time,

* A paper read at the Discussion on the Place of Psychiatry in Medicine at the Annual Meeting of the Royal Medico-Psychological Association at Eastbourne, 12 July, 1947.

until it was pointed out to me that the tests I was criticizing most hotly were the tests I could not do myself.

Another point to remember is that sometimes we do patients harm by ordering repeated physical examinations and investigations in a manner that suggests we almost want to avoid making a diagnosis of nervous disorder. It was a real pleasure to hear in the Presidential Address the need for education mentioned. It is of infinite importance, not only for the medical profession but also the public, to realize how our emotional life does affect our physical state.

Of course I realize how trying the neurotic patient can be, and there is nothing more important than a balanced view-point and sense of humour in considering these matters. It is a fact, however, that if one learns to regard a patient's querulous or trying behaviour as a symptom in themselves, something which can be explained and often put right, one's own sense of annoyance at the patient's behaviour is lessened in the interest of finding out why the patient behaves in such a manner. The only way to stimulate medical men's interest in the problem is to start teaching them normal psychology, to give them a realization that a great deal can be learnt as to why people do feel and act in any particular manner. There are few more fascinating studies than human behaviour when once the subject is broached.

The study of the patient as an individual leads on to the study of the patient *en masse*, and, without in any way detracting from the importance of the splendid work that has been done in public health, I would suggest that psychiatry has made and is making the main contribution in the progress of social medicine to-day, and this is clearly a part of general medicine. The increasing importance of all those matters which are included under the term "social medicine" have been brought to the surface and stressed very largely through the increasing influence and knowledge of psychological factors.

Consider also health in industry. Statistics show that a very high percentage of hours lost through sickness in industry result from so-called functional illness rather than pure physical illness. Comparatively scant attention has been given to this matter until recently. The old diagnoses of nervous debility, neurasthenia or nervous dyspepsia were allowed to go unchallenged. It is largely through an increasing knowledge of psychiatry applied to medicine that the importance of studying the conditions under which people work, the suitability of persons for a particular job, personnel selection and many other factors have been brought to the fore. Another point that should be mentioned which is of great prophylactic importance is what I will term broadly marital hygiene. The amount of unhappiness, and at any rate minor, if not major, ill-health which results from marital disharmony is hardly realized, but statistics so far as they go would point to it being very high, and many gynaecologists and general practitioners must be faced with this fact. In this realm it is psychiatry again that has led to an appreciation of the need for more study and treatment. I hope that I have said enough to prove my first point, though much more could be said.

We now come to what specific contribution psychiatry has made to our understanding of the aetiology and pathology of disease.

The diagnostic label "nerves" or "nervous" has been attached to many conditions by all members of the profession, often unfortunately with an indication of slight scorn, and also more unfortunately in such a way as to give the patient the impression that the term means some physical disturbance of material nerve structure. Many a patient who has been told that he has nervous dyspepsia gets a sort of mind picture of the nerves supplying the stomach wall being like red-hot wires—something physical—and it cannot be emphasized too strongly that all the evidence goes to show that it is a disturbance of the *emotional* life of the person which is causing the illness.

Many workers have already drawn attention to the importance of emotional disturbance in certain well-recognized physical illnesses, for instance, gastric and duodenal ulcers, Graves' disease, colitis, and more recently in certain skin diseases and diseases of muscles and joints. It is accepted by all that emotional disturbance does produce a physical reaction. The effects of fear in producing tachycardia, tremors and sweating are common to all.

The whole realm of psycho-somatic medicine is beginning to come into the field of general medicine, and it is perhaps in this particular sphere that psychiatry can make its greatest contribution.

On going through the literature, it is clear that a high percentage of medical men realize the importance of emotional factors in causing gastric and duodenal ulcers. Harvey Cushing made this clear in a paper published in 1932.* There is still much argument as to the details of how the ulcer is produced, and it is probable that there is some constitutional factor in the individual which predisposes him to ulcers, but, even so, if that person can be kept free from a state of emotional tension, there is every likelihood that an ulcer will not develop. Moreover, it is worthy of consideration whether the constitutional factor which predisposes him to ulcer formation may not be similar in some way to the constitutional factor which possibly predisposes him to emotional tension, for there seems to be a group of people who generate anxiety in themselves as a dynamo generates electricity, and even much psychotherapy and insight fails to stop them generating this anxiety.

Increasing attention has been paid to emotional factors in the production of muscular and joint disturbances. Flind and Barber† describe a number of service patients who were seen on account of pain and symptoms which might be placed in that loosely used diagnostic category of "chronic rheumatism or fibrositis." They considered that the most important fact in all these patients was the psychogenic one. On the other hand, Kelly,‡ in an article in *Rheumatism*, disputes some of these interpretations, and points out that while he is sympathetic to the psychogenic factor, there may be subtle physical factors not yet clearly understood causing the symptoms.

In a paper read before the last Annual Meeting of the Chartered Society of Physiotherapists and published in their journal§ I pointed out how emotional tension frequently leads to muscular tension, and that this may well make a muscle more prone to develop secondary physical disease quite apart from the

* *Surg. Gynaec. and Obst.*, 55, 1, 1932.

† S. Flind and H. S. Barber, *Quart. J. Med.*, 14, 57, 1945.

‡ Michael Kelly, *Rheumatism*, 3, No. 3, 1946.

§ *J. Chartered Society of Physiotherapists*, January, 1947.

various symptoms which occur purely as a result of prolonged muscular tension. Since this paper a number of physiotherapists have told me of the increased number of patients they have had during the war in whom emotional factors seemed far more important than damp air-raid shelters and other physical factors.

It would be possible to give many other examples ranging over genito-urinary disease, cardiology and endocrinology, but there is not the time. Many interesting facts are related in Weiss and English's admirable book, *Psychosomatic Medicine*.

It can hardly be disputed, however, that an understanding of the mechanism by which emotional tension affects the physical state would advance our knowledge of both the aetiology and pathology of many disease processes, and would probably lead to a minor revolution in some forms of treatment. Research work in this is all important, and if successful would do more than anything else to show the place of psychiatry in general medicine.

During the war we were fortunate enough at Woodside Hospital, which is now amalgamated with the Middlesex Hospital, to have a case of extreme interest, and I believe of paramount importance. This case has been recorded by my colleague, Dr. Robert Moody.* In case there are some who have not seen the article, I will relate briefly the more important points. An officer, aged 35, who had been a regular soldier, but who had been invalided out for somnambulism before the 1939 war, was admitted because of this symptom of somnambulism, which started to interfere with his work after he had been re-called to the Colours in 1939. He was treated by so-called "narco-analysis," pentothal mostly being used.

On one occasion after an abreaction, during which he re-lived an incident which occurred more than ten years prior to the time of treatment, an incident in which his forearms had been tightly bound together, he developed on his forearms the complete marks caused by the ropes which had bound him. There was the sulcus where the ropes had "bitten in," with even the criss-cross of the strands and the slightly raised oedematous edge. This phenomenon seemed unbelievable at first, but fortunately for scientific purposes all the emotion attached to the incident was not exhausted, and the abreaction was repeated twice under test conditions and the marks photographed.

This stimulated our interest, and since then Moody has had other similar results with other patients. Edkins in a yet unpublished paper has described his use of different reagents in abreactive technique, his results leading him to think in terms of different "levels of reaction," which might well fit in with some of the basic teachings of Hughlings Jackson.

The interpretation of these results we hardly venture to attempt at present, though it is hoped to carry out further research in an attempt to explain these and similar phenomena at the Middlesex Hospital. It is certain, however, that these phenomena do occur, and that full understanding of them will surely mean that a real contribution has been made to general medicine.

These phenomena suggest that a psycho-somatic pattern, if I can coin such a phrase, is absorbed into some part of the total individual—I purposely avoid

* R. L. Moody, *Lancet*, 28 December, 1946, p. 934.

using the term unconscious. If the emotional part of the pattern is reproduced with partial or complete intellectual conscious recall of the original experience, then the physical structure of the body may be activated in such a way as to show all the signs of a trauma previously experienced. This leads to speculation as to whether certain physical manifestations, such as an ulcer, or some particular skin lesion, or mono-symptomatic pain, such as is seen in the facial area—the unsuccessfully treated cases of what was thought to be trigeminal neuralgia—may be the visible, somatic sign of some psycho-somatic pattern, the emotional part of which is still hidden away. If so, by what means can the emotional part of the pattern be located and released, and if this is done, will it cure the physical disturbance? Again, is there some middle course which can be adopted? The various means of dealing with autonomic imbalance at once come to mind, but few of these methods of treatment seem very satisfactory up to the present.

There are one or two observations which may stimulate interest and research in others which I would like to make. Why is it that in an anxiety state, particularly an acute attack, certain parts of the autonomic seem to be picked out in different people? Why does one person get tachycardia, sweating and tremors and no dyspeptic symptoms, while another person will get dyspeptic symptoms and no tachycardia?

Why is it that during abreaction certain people will get a recurrence of the actual signs of a physical injury which occurred during an incident long prior to treatment, while others will have an equally good emotional outburst yet develop no such physical signs? I think there is some evidence to suggest that those people who may develop such physical signs are people who dissociate comparatively easily. Now on what does dissociation depend? I am not at all sure that it is not a constitutional factor which determines whether a person dissociates easily or not, and if it is, then here again is a further approach into the realm of general medicine.

The explanation of these phenomena seems to lie in the intimate inter-relationship of the autonomic nervous system with that part of our body which deals with emotional reaction, but research alone will elucidate these facts.

In conclusion, I would maintain that no longer should psychological medicine be considered a subject apart from general medicine. It is not that psychiatrists wish to enlarge their own speciality; far from it. Much which is dealt with in the realm of psychological medicine should be taken over into the realm of general medicine, thus in a way making our own speciality a smaller matter to deal with.

Normal psychology should be taught as an essential approach to the understanding of health and disease. General physicians and surgeons knowing their normal psychology should deal with a lot of the cases which now may get turned over to an already overcrowded psychiatric out-patients' department. Perhaps most important of all, research work with a team of workers, working in harmony and co-operation, should push ahead with the blending of this whole matter, and the work should be carried out not only in the mental hospitals, but in general hospitals as well, for it is part—an essential part—of general medicine.