

PSYCHOTHERAPEUTIC POSSIBILITIES IN ORGANIC DISEASE.

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Two cases of severe organic disease were markedly benefited by psychotherapy.

The first case is that of a young woman suffering from a severe disseminated encephalomyelitis—belonging to the group of the so-called acute multiple scleroses—who displayed the classic picture of a spastic paralysis with pyramidal indications, contracture and disturbances of micturition, etc. On account of psychogenic excitement and anxiety attacks hypnotic treatment was started—associated of course with systematic treatment of the organic disease. Under hypnosis the attempt was made to elicit spontaneous movements of the legs. After strong initial resistances fairly extensive movements occurred, which steadily became easier and of better range as the hypnosis was regularly repeated. At first these movements could only be carried out under hypnosis; later, however, also without hypnosis. As soon as a more prolonged interval occurred between hypnotic treatments the symptoms became worse. The organic conditions remained unaltered.

The second case was a hemiplegia with motor aphasia, on a specific background, in a man of independent means. On the same day, as it happened, a labouring man fell ill with the same trouble. The labourer made comparatively rapid progress; the man of leisure, however, hardly improved at all, though he behaved with much docility and resignation. An opportune visit and a demonstration of the labourer's achievements made a deep impression on the patient; he became more confident and was obviously humiliated, and made strenuous and successful efforts to rival the other man's attainments.

The improvements due to psychotherapy here can be explained mainly on characterological grounds; there are people who have a more passive attitude to life, who bring only the minimum of the necessary energy to the battle of existence and who give themselves up entirely to an illness, and even resign themselves to it with a certain satisfaction. In other cases an established life-pattern is so shattered by the sudden paralysis of an illness that, particularly when it is realized that there will be a permanent handicap, there is an entire lack of any will to get back into life again. A third group will, like the victims of

traumatic neurosis, use the illness as a means, speaking generally, to make the environment more amenable to their wishes.

That such psychogenic inhibitions and difficulties are accessible to psychotherapy does not need further discussion. Nevertheless such, doubtless very frequent, psychic components are far too seldom looked for; they are mostly overlooked and left undealt with.

Even if the uncovering and removal of psychogenic determinants would mark an advance in neurological practice, one should not stop at this, but endeavour by systematic psychotherapy and by corresponding efforts on the part of the patient to circumvent or efface any handicaps that may be present. Everyday practice affords examples of distinguished men who in spite of great physical handicaps have nevertheless become pre-eminent, which would go to prove that the effects of organic injury are by no means absolute, but that they can be set aside or overcome in some way.

Psychotherapists should therefore conquer their timidity when faced with neurological findings and deal with such cases—as they are peculiarly fitted to do; and even if no actual cures are to be expected, nevertheless the improvement in movement and function that can be attained will contribute towards making the lives of these patients more bearable and more productive.