WORK-IN-PROGRESS (MARCH 29, 2013) PARALLEL CHART FOR

Chapter 22 — Hysteria

of *The Mind at Mischief: Tricks and Deceptions of the Subconscious and How to Cope with Them* (1929)

by
William S. Sadler, M.D., F.A.C.S.

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Sources for Chapter 22, in the order in which they first appear

(1) William S. Sadler, M.D., F.A.C.S., *Race Decadence: An Examination of the Causes of Racial Degeneracy in the United States* (Chicago: A. C. McClurg & Co., 1922)

(2) Edmund S. Conklin, *Principles of Abnormal Psychology* (New York: Henry Holt and Company, 1927)

(3) William S. Sadler, M.D., F.A.C.S., *The Truth About Mind Cure* (Chicago: A. C. McClurg & Co., 1928)

(4) T. W. Mitchell, M.D., *Problems in Psychopathology* (New York: Harcourt, Brace and Co., Inc., 1927)

(5) William S. Sadler, M.D., F.A.C.S., *Worry and Nervousness: Or, The Science of Self-Mastery* (Chicago: A. C. McClurg & Co., 1914, 1923)

(6) William S. Sadler, M.D., "How the Mind Causes and Cures Disease," *The American Magazine* (July 1924, p. 41, 75)

(7) William S. Sadler, M.D., F.A.C.S., *The Truth About Spiritualism* (Chicago: A. C. McClurg & Co., 1923)

(8) Bernard Hart, M.D., *The Psychology of Insanity* (Cambridge: at the University Press, 1912, 1916)

(9) Pierre Janet, Ph.D., M.D., *The Major Symptoms of Hysteria* (New York: The Macmillan Company, 1907 and 1920)

(10) Dr. Paul Dubois, Translated and Edited by Smith Ely Jelliffe, M.D., Ph.D. and William A. White, M.D., *The Psychic Treatment of Nervous Disorders (The Psychoneuroses and Their Moral Treatment)* (New York: Funk & Wagnalls Co., 1909, Sixth Edition, Rev.)

(11) Unidentified text by Dr. Hugh T. Patrick. (See 22:13.9 for more information.)

Key

(a) Green indicates where a source author (other than Sadler) first appears, or where he/she reappears.

(b) Magenta indicates an earlier Sadler book.

(c) Yellow highlights most parallelisms.

(d) Tan highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.

(e) An underlined word or words indicates where the source and Sadler pointedly differ from each other.

(f) Pink indicates passages where Sadler specifically shares his own experiences, opinions, advice, etc.

(g) Light blue indicates passages which strongly resemble something in the Urantia Book, or which allude to the Urantia phenomenon.

(h) Red indicates either: (1) an obvious error on Sadler's part, brought about, in most cases, by miscopying or misinterpreting his source, or (2) Sadler's use of an earlier text of his that contained time-bound information which he didn't revise when presenting it in *The Mind at Mischief*, resulting in a historical impossibility, or (3) Sadler's use of an earlier text of his which he revised in such a way as to contradict that earlier text.

(i) Gold highlights key words or themes which will be discussed in the analysis of the chapter. .

Matthew Block
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XXII — HYSTERIA

22:0.1 WHEN it comes to the discussion of hysteria, it should be our first duty to

[Hysteria, as a disease or a nervous disorder, must not be confused with mere hysterics, which any neurotic person may indulge in from time to time. Hysteria is far more of a grave disorder than hysterics.

make clear the distinction between hysterics and hysteria.

Most nervous, uncontrolled, neurasthenic individuals may get hysterical at times, but this would not warrant a diagnosis of hysteria (*Race Decadence* 202).]

Any person suffering from nervous instability may be at times more or less hysterical, but that is not necessarily a sign of genuine hysteria.

[See 14:5.6 and 22:3.2, below.]

22:0.2 Hysteria is a disorder rather than a disease, and it involves not only the mind but both the sympathetic and general nervous systems.

[Contrast 22:6.5; see 22:12.2.]

The physician is familiar with hysteria, and knows very well how to arrive at a diagnosis of this disorder when the condition seems to be complicated and unusual; but this same physician, who sees so much of hysteria, is more or less at a loss when it comes to undertaking to define or more fully explain the exact nature of hysteria.

VII: PSYCHONEUROSES (*continued*) : HYSTERIA (Conklin 130)

This brings us to Babinski, who not only demonstrated the suggestive and non-essential nature of the anesthesias and hyperesthesias, but argued that hysteria should not be defined in terms of a typical course of symptoms but in terms of what he considered to be its most salient characteristic, i.e., suggestibility (C 148).

22:0.3 One school of medical thought sought to explain hysteria on the ground of increased suggestibility,

and it is true that hysterical patients are exceedingly suggestible.

SOURCE	22: THE MIND AT MISCHIEF
For [Janet] there is a peculiar hysterical personality which is the basis of hysterical disturbances. This hysterical personality is characterized first of all by what he calls an imperfect, or reduced, synthesis (C 149).	Janet holds to the theory that hysteria is the result of a loosely organized and poorly controlled mind.
[See 10:5.9.]	Indecision or lack of what he calls psychic tension is supposed to be the characteristic psychic state which predisposes to these attacks.
[Some] emotional experience further weakens the synthesis, the almost complete dissociation or ejection from the synthesis of the events of the disturbing emotional experience. This dissociation is his theoretical explanation of the amnesias already described in the presentation of hysterical phenomena (C 150).	In accordance with this theory, hysteria is a dissociation in the psychic state.
Granted the dissociation, ... then it further appears that the dissociation is not absolutely complete. There is ample evidence of the existence of some, albeit rather narrow or weak, connection between the somewhat decimated personal synthesis and this dissociated material (C 152).	It is believed that sometimes these dissociated psychic centers are loosely connected by bridges, deep down in the subconscious,
Occasionally something will seem to stimulate this dissociated material, to cross that narrow bridge, whatever it may be, and arouse it into activity and with it all the intense emotional accompaniment with which it was originally accompanied (C 152).	and that it is this arrangement which accounts for the bizarre manifestations of various forms of hysteria.
The psychoanalysts recognize the very frequent appearance of a neurotic personality which can be the basis of any of the many forms of psychoneurosis.... They assume a genetic history for this neurotic personality dating back to earliest infancy (C 153).	22:0.4 Our Freudian friends are wont to account for hysteria on the ground of neurotic personality from infancy,

SOURCE	22: THE MIND AT MISCHIEF
It will be recalled from the presentation of psychasthenia that the repressed, the complex, or wish is composed of both ideational and affective content, and that the affect may be displaced to associated ideas and through these associated ideas, which seem harmless, find expression in consciousness. This was called an obsession. An hysterical seizure of the somnambulistic type differs from an obsession only in the fact that the ideas in the somnambulism, instead of being incidental, force their way to the focus of consciousness and more or less completely dominate consciousness for a time (C 156).	and they explain the manifestations of the disorder on the theory of displacement and new association of ideas.
An hysterical vomiting, for instance, is reported to be the symbolical expression of a desire to be rid of something repugnant; again an hysterical paralysis or mutism may make possible what at heart the patient desires but the wish to do has been repressed (C 157).	They affirm, for instance, that the vomiting of hysteria is merely the desire to get rid of something,
	to dodge an issue, to avoid some disagreeable psychic situation, and that transference has merely taken place to the stomach.
This explains also why the hysterical patient is not troubled by the hysterical symptom; it is actually the realization of a wish (C 157).	The psychoanalysts, in common with others, believe that many of the common hysteric symptoms are in reality the clandestine indulgence of some suppressed wish or the fulfillment of some submerged desire.

The sexual foundation for all hysterical disturbances has of course been the most common point of attack by critics of the psychoanalysts.... It has been pointed out that the same mechanisms of distortion or concealment are equally applicable to anger, and the war brought to light a vast number of cases of hysterical phenomena which were reported to be quite satisfactorily explainable in terms of repressed fear.

22:0.5 In the study of hysteria, as well as other forms of neurosis, the experiences of the World War did a great deal to upset the Freudian theory.

The more these psychoneuroses are studied the more we are inclined to believe that they can be properly understood only by admitting the existence of

It may be then that any of the basic emotions or instincts of life should be considered as possible sources of complexes and of hysteria, and this without rejecting the remainder of the psychoanalytic theory (C 158).

several constellations or groupings of psychic impulses,

[See 7:1.]

as suggested in a former chapter, where I have undertaken to classify human emotions and impulses under the five great drives of human experience.

THE CAUSES OF HYSTERIA

The causes of hysteria contribute much to an understanding of it (C 140).

22:1.1 When we come to consider the causes of hysteria,

[I cannot agree with the Freudian school that sex is always at the bottom of neurotic manifestations. I have come to believe that the universal basis is heredity—the inheritance of an unstable nervous system ... (*The Truth About Mind Cure* 39).] [See also C 142.]

I have no hesitancy in setting down the inheritance of an unstable nervous system as being first in order of importance,

while next comes lack of proper training in the nursery. Much of our hysteria, after all, notwithstanding the hereditary predisposition, is the result of failure to learn self-control in childhood.

The mental stresses (1) of life are an outstanding cause of hysteria (C 140).

22:1.2 The question of mental stress and strain deserves next consideration.

All sorts of psychic upsets predispose to both hysterics and hysteria.

Disappointments in love, desertions, seductions, the presence of apparently insuperable obstacles to the fulfillment of love,—all of the love tragedies of life are to found in the history of hysterical cases. Strained marital relations and domestic infelicities of many kinds are often contributory if not exciting causes.

Disappointment in love, an unhappy marriage, desertion in family life,

The disappointments of life, the thwarted hopes and ambitions, business cares and worries of multitudinous forms, undesired and irksome responsibilities, fears for the health of the self or of loved ones,—

overambition, business cares, worries,

[It is possible also that fatigue or exhaustion or great emotional disturbance or a combination of these may weaken a synthesis which had previously been quite normal (C 149).]

fatigue, and exhaustion—

all these and many more of a like nature which could be named are the sort of experiences in life which make it seem unendurable, which result in emotional excitement, in worry and fatigue and hopeless rebellion and which so often end in hysteria (C 140).

all these contribute to an outbreak of hysteria.

When it was discovered in the World War that most of the so-called "shell-shock" cases were hysterical in nature, then the evidence for the equal possibility of hysteria in men became overwhelmingly convincing (C 143).

In the World War the condition called shell-shock was nothing more than a psychoneurosis, in no way different from hysteria and its associated states.

SOURCE	22: THE MIND AT MISCHIEF
The age (2) is for a variety of reasons a significant factor (C 140).	22:1.3 Age has a good deal to do with hysteria,
To-day the notion of sex difference as a factor in hysteria is apparently disappearing, although the sex function and all related thereto is rising in the degree of its importance (C 143). [Contrast 22:12.8.]	as does also sex.
Those incidents of life which have been mentioned above are obviously the incidents of life most likely to occur in adolescence and early maturity.... So it is not surprising to find the statistical presentations indicating that hysteria is most likely to occur in the later years of development and during the earlier years of maturity (C 141).	Hysteric outbreaks are more likely to occur at adolescence
	and about the time of the menopause.
While hysterical phenomena are often reported in childhood years, still they are not then so frequent as later (C 140).	Hysteria is less frequent before puberty
With the advent of post-middle life and of old age human beings become so habit hardened or are socially so protected that the stresses and strains of life have less effect (C 141).	and after forty.
Education (3), formal and informal, its degree, and its nature are most important factors in the production of hysteria (C 141).	22:1.4 Education has a great deal to do in determining whether or not a given individual will be able to live above the hysteria threshold.
The child brought up by faddists who completely spare not only the rod itself but all other forms of discipline, permitting the child to grow up without inhibitions external or internal, is destined to a loose organization or synthesis.	Nervous children who are brought up in narrow channels or who are subject to the teachings of faddists and extremists are almost certain to become victims of hysteria.

I know it is the custom, these days, to advocate raising children without corporal punishment. This plan is all right for children who are easy to raise—children who have well-balanced nervous systems and respond easily to teaching; but my advice to parents with constitutionally nervous children is to use discipline and get obedience early in the child's career, not hesitating to resort to the rod if that is necessary.

Hysteria is bound to be the result in all those cases of erratic and neurotic children where the parents are too sparing of the rod.

Children permitted to have uncontrolled fits of temper are being educated for abnormality (C 141-42).

These children grow up without inhibitions, with uncontrolled temperaments,

[Compare C 142.]

and if they are of the day-dreaming, artistic, temperamental type, they are going to be victims of hysteria early in life; and this psychoneurosis will plague them to the end of their days if they do not learn how to control their emotions and acquire the mastery of their wabbly nerves.

Suggestion (7) has been thought by some to be not only a cause but a chief cause and essential nature of hysteria.

22:1.5 While suggestion plays a prominent part in hysteria, it is not the sole cause.

Hysterics are highly suggestible people and it has been found that not infrequently hysterical symptoms in a given case have been produced by crude methods of examination rather than by the original condition producing the particular hysteria (C 145).

Crude and unwise examinations on the part of careless physicians sometimes start hysterical patients on a new track.

SOURCE	22: THE MIND AT MISCHIEF
Cases have been reported where the particular form of hysterical behavior seems to have come by suggestion from some epileptic, paretic, or other diseased individual with whom the hysteric happened to be associated (C 145).	New symptoms are suggested and new diseases are put into the minds of these susceptible individuals.
Any discussion of causes of hysteria must be supplemented by the recognition of the aggravating effect of any great social disturbance (C 146).	Hysteria is always increased by social upheavals—
A great fire, a devastating flood, a destructive earthquake, becomes thus peculiarly tragic.... The declaration of war, the enlistment of loved ones, the consequent disturbance to business and everything else is productive of much hysteria, as was so often evident during the World War (C 146).	by the disturbed conditions which follow fires, earthquakes, and wars.
Religious revivals associated with faith healing campaigns skillfully led and advertised, producing dissensions in the local churches, open and constant controversy, the suggestibility of the frequently recurring crowd situations and all, produce hysteria almost as readily as the more conspicuous disturbers of social tranquillity (C 146).	Even religious revivals sometimes contribute enormously to the outward manifestation of hysterical tendencies.
There is some reason for thinking that social or economic conditions (5) contribute to hysteria.	While social and economic conditions are indirect causes, they do not deserve much consideration as direct causes of hysteria.
There seems to be ample evidence that the majority of such cases come from what is called the better and the poorer social classes (C 144).	Hysteria appears more often in the extremes of society—among the wealthier classes and among the poorer classes.
	The middle classes are, comparatively speaking, free from this troublesome disorder.

There are many reports of organic diseases accompanied by hysterical disturbances, that is, the hysterical phenomena are superimposed upon an organic base (C 139).

22:1.6 All forms of organic disease, when they appear in these abnormally unstable individuals, have a tendency to augment the hysterical tendency.

The possibility of finding an organic cause (6) for hysteria has been to many an alluring quest.... It is quite true, however, and worthy of constant consideration that depleted physical conditions of whatever nature lay the groundwork for hysteria or at least make the subject more liable to hysterical behavior (C 144).

Anything which depletes physical strength or adds to psychic stress is sure to render hysteric patients more hysterical.

FORMS OF HYSTERIA

Various as are the forms of hysteria, they may nevertheless be successfully grouped into a few classes according to the more noticeable features of the disturbance. The well-known "hysterics" may be taken as an example of one group (1).

22:2.1 1. *Simple Hysteria*—

In such cases the subject has been emotionally excited until he or she can no longer control the emotional expression.

In the more simple form of hysteria, which is little more than an hysterical outbreak, we are confronted with the manifestation of simple emotional excitement.

The result is a convulsive kind of seizure, to be distinguished of course from the epileptic seizure. Sometimes it is a wild spasm of laughing and crying during which the subject is aware of the laughing and crying and may have a vague desire to stop but is quite incapable of doing so (C 130-31).

In these cases there are often mild and convulsive seizures of laughing or crying.

Scratching, biting, tearing, crying, moaning, screaming, sighing, may be seen, and if closely watched for, the more subtle motor expressions of emotion may be observed in the general ensemble (C 131).

In the more violent form, the tendency may go on to the stage of scratching, biting, tearing, etc.;

It is of importance to observe also that when the convulsive seizure has passed the subject lacks the exhaustion of the epileptic, proceeds to resume life much as would any one after a bit of emotional interruption (C 131).

when such attacks are over, the patient is not left exhausted, as in epilepsy.

[These patients usually feel better after the attack, relax, and in many ways seem more natural than before the convulsive seizure (*Worry and Nervousness* [1923 ed.]) 528-29.]

In fact, sometimes hysteria patients feel better after an attack,

II: FREUD AND PSYCHO-ANALYSIS (Mitchell 25)

Analysis has shown very clearly that hysterical symptoms arise in this way, and that they are disguised gratifications of repressed wishes (M 44).

and this is what has led to the belief that hysteria might possibly be the disguised gratification of repressed sex or other desires.

This theory has also been partially sustained by the fact that

[Freud's early collaborator, Josef Breuer,] made the notable discovery that symptoms of hysteria are in some way related to certain events in the past life of the patient, that these events have been forgotten, and that if they can be restored to memory the symptoms disappear (M 26).

many times when such repressed emotions or submerged desires are dug up and squarely faced—when they are put before the patient and their relation to hysteria properly explained, and when emotional elimination has taken place—the hysterical symptoms largely disappear or the attacks of hysteria are cured.

VII: PSYCHONEUROSES (*continued*) : HYSTERIA (Conklin 130)

22:2.2 2. *The Hysteria Fugue*—

Another form of hysteria which now and then attracts much popular attention through newspaper publicity of some spectacular case is that technically known as the fugue (2). Instances of people who suddenly disappear and later come to themselves or are discovered many miles from where they normally should be are frequently coming to light.

Another form of hysteria is represented by sudden disappearances—otherwise normal individuals run away from home.

[See 17:1.1, 17:1.5-6.]

This condition has already been alluded to.

Some of these are without doubt clearly epileptic while others are as certainly hysterical; in some instances the classification may be difficult of determination (C 131-32).

Periodic wanderlust of this sort is no doubt merely a mild form of hysteria

with partial dissociation and more or less amnesia.

22:2.3 3. *Hysteric Sleep*—

Hysterical fits of sleep (3), or narcoleptic attacks, constitute a third group of hysterical phenomena.

Hysteria appears in other individuals as fits of sleeping.

There are, it must be recognized, forms of morbid somnolence which are due to definite and fairly well-known organic diseases; but the specialists who study these point out that there are also sleeplike seizures which are to be distinguished both from normal sleep and the several forms of sleeping sickness (C 134-35).

This is pseudo-sleeping sickness.

SOURCE	22: THE MIND AT MISCHIEF
In the seizure the patient falls and lies quietly with the exception of occasional faint mutterings and slight movement of the face as if there were incipient tendencies to smile or to speak (C 135).	During this sleep the patients sometimes are engaged in constant muttering.
	22:2.4 4. *Hysteric Paralysis*—
Hysterical paralyses (4) have been often reported.	In other cases, we have hysterical paralysis—
Patients are described who have paralyzed arms, or hands, or legs, or are unable to speak (C 135-36).	one or more limbs may be paralyzed,
	and the patients go around for years believing they are victims of a real, organic paralysis.
[H]ysterically simulated disease may be the basis for many of the remarkable "cures" so frequently reported (C 139).	They represent the large part of the miraculous cures that are made by faith healers and the high priests of the various religious healing cults.
	22:2.5 5. *Hysteric Anesthesia*—
Closely allied to the hysterical paralyses are the hysterical anesthesias (5) (C 136).	We have, in other cases, the well-known hysterical anesthesia—
	parts of the body become more or less insensible to pain.
A curious and significant feature of these is that the anesthesia does not correspond to the distribution of the sensory nerve for the involved area (C 137).	But these disturbances of sensation represent skin areas which are not associated with any definite nerve supply.
Such anesthesias are commonly referred to as "glove anesthesia" (C 137).	This form of sensory disturbance has been well called "glove anesthesia,"
[See C 137.]	since it seems to represent a more definite and local skin area of the body than it does a region supplied by any single nerve.

Blindness has been frequently reported in which no diseased condition of the eye or nerve tract could be discovered and in which the physical reflexes remained quite normal (C 136).

We also have other sensory derangements, such as hysteric blindness and hysterical deafness,

[See 22:10, below.]

and their cure is sometimes most spectacular.

22:2.6 6. *Other Hysteric Manifestations*—

Yet two other forms of hysteria must be considered. One of these is composed of the hysterical tics and contractures (6) (C 137).

Other forms of hysteric manifestation are the tics and contractures,

[Compare C 139.]

and the troubles of those who complain of unusual sensations in the internal organs.

[Contrast M 46-48, where Mitchell lists the three forms of psycho-neurosis as conversion hysteria, anxiety hysteria and obsessional (or compulsive) neurosis.]

22:2.7 The Freudians are wont to classify hysteria into three groups—conversion hysteria, anxiety hysteria, and compulsion hysteria.

XVIII: HYSTERIA—THE MASTER IMITATOR (*Worry and Nervousness* 221)

HYSTERIA IN OLDEN TIMES (*Worry and Nervousness* 221)

[contd] There is little doubt in the minds of medical men, but that a large part of the so-called "demoniacal possession" of the middle ages, would today promptly be diagnosed as major hysteria; while the remainder would be regarded as some degree of insanity.

22:2.8 There is little doubt in the minds of medical men that a large part of the so-called "demoniacal possession" of the Middle Ages would to-day promptly be diagnosed as major hysteria, while the remainder would be regarded as some degree of insanity.

Some of our present day hysterics, had they lived in other centuries, would have been in grave danger of being burned for witchcraft (*W&N* 221).

Some of our present-day hysterics, had they lived in other centuries, would have been in grave danger of being burned for witchcraft.

[contd] In past ages many a great religious movement has had its origin in the revelations and contortions of some earnest and conscientious, but manifestly hysterical, woman with strong religious tendencies.

22:2.9 In the past ages many a great religious movement has had its origin in the revelations and contortions of some earnest and conscientious, but manifestly hysterical, woman with strong religious tendencies.

It is only in recent years, that we have come to understand the relations of hysteria to religion, insanity, and to some of the far-reaching national upheavals of past ages (*W&N* 221).

It is only in recent years that we have come to understand the relations of hysteria to religion, insanity, and far-reaching national upheavals.

WHAT IS HYSTERIA? (*Worry and Nervousness* 221)

The physician of olden times looked upon hysteria as a malady that was largely feigned; as a fictitious sort of disease performance on the part of certain sorts of nervous and emotional women.

22:2.10 The physician of olden times looked upon hysteria as a malady that was largely feigned—as a fictitious sort of performance on the part of certain types of nervous and emotional women.

Men were not supposed to have this disorder and met with but scant courtesy at the physician's hands, or else they were looked upon as being "effeminate."

Men were not supposed to have this disorder, and if they had it, they met with scant courtesy at the physician's hands; they were looked upon as "effeminate."

Even some modern authorities call neurasthenia a man's disease, and hysteria a woman's disease (*W&N* 222).

Even some modern authorities call neurasthenia a man's disease, and hysteria a woman's disease.

IMAGINATION AS AN ACTOR

IMAGINATION AS AN ACTOR (*Worry and Nervousness* 224)

[contd] Human imagination is a marvelous actor.

22:3.1 Human imagination is a marvelous actor.

The ability to impersonate, the power to think and feel and act as another person would think and feel and act, constitutes both the stock <u>and</u> trade and the secret of success of the emotional actress.

The ability to impersonate, the power to think and feel and act as another person would think and feel and act, constitutes both the stock <u>in</u> trade and the secret of success of the emotional actress.

SOURCE	22: THE MIND AT MISCHIEF
But what sort of a state of affairs would we have if the actress while on the stage and in the midst of the play, should become so muddled, or should so succumb to her imagination, that she should actually believe herself to be in truth, the very character she was endeavoring to impersonate?	But what would be the result if the actress, while on the stage and in the midst of the play, should succumb to her imagination, and actually believe herself to be, in truth, the very character she was endeavoring to impersonate?
And that is exactly the sort of prank that suggestion and imagination play upon the hysterical patient.	That is exactly the sort of prank that suggestion and imagination play upon the hysterical patient.
Hysteria is merely an actor who temporarily has lost his head, but goes on playing his part thinking it to be real (*W&N* 223).	Hysteria is merely an actor who temporarily has lost his head but goes on playing his part thinking it to be real.
[contd] Hysteria is a breakdown in that normal and necessary cooperation and coordination between the sensory or voluntary nervous system and the great sympathetic or involuntary nervous mechanism, thereby resulting in great disturbances of sensation and unusual disorder in the motor control of the body.	22:3.2 Hysteria is a breakdown in the normal and necessary cooperation and coordination between the sensory-motor or voluntary nervous system and the great sympathetic or involuntary nervous mechanism, thereby resulting in great disturbances of sensation and unusual disorder in the motor control of the body.
Hysterical attacks might thus be regarded as a mild and temporary form of physical and bodily insanity, resulting from the decreased or deranged control of the sympathetic nervous system on the part of the cerebro-spinal system.	Hysteric attacks might thus be regarded as a mild and temporary form of bodily insanity, resulting from the decreased or deranged control of the sympathetic (vegetative) nervous system on the part of the cerebrospinal system.
And it is exactly this disturbance in the delicate balance between these two nervous systems that is responsible for the production of that vast concourse of symptoms which are able so to group themselves as to suggest almost all forms of every known disease (*W&N* 223).	And it is exactly this disturbance in the delicate balance between these two nervous systems that is responsible for the production of the whole vast concourse of hysteria symptoms—symptoms that are able so to group themselves as to suggest almost all forms of every known disease.

SOURCE

IMITATION AND SUGGESTION (*Worry and Nervousness* 225)

Young people when associated together, as in boarding schools, may suffer from epidemic attacks of hysteria as a result of suggestion and imitation.

Even predisposed adults, as a result of physical or mental overwork, and under the influence of a powerful suggestion associated with some protracted religious meeting, may develop those hysterical attacks which are characterized by dancing, spasms, crying, and other emotional manifestations which so frequently accompany intense religious excitement, especially in rural districts which are ordinarily so quiet and tranquil (*W&N* 225).

THE SIMULATIONS OF HYSTERIA (*Worry and Nervousness* 228)

[contd] The so-called accidental symptoms of hysteria are usually so grouped and manifested as to simulate the clinical picture of some other disease. And it will be best to consider them in that light at this time.

The fact that the patient is so largely self-occupied explains how these hysterical symptoms come entirely to fill up consciousness; and in accordance with the laws of the threshold of pain, previously considered, it will be easy to understand how the hysteric's common sensations may be transmuted into a veritable avalanche of suffering (*W&N* 228).

22: THE MIND AT MISCHIEF

22:3.3 Young people, when associated together, as in boarding schools, may suffer from epidemic attacks of hysteria as a result of suggestion and imitation.

Even predisposed adults, as a result of physical or mental overwork and under the influence of a powerful suggestion associated with some protracted religious meeting, may develop hysterical attacks and exhibit dancing spasms, crying, and other emotional manifestations that accompany intense religious excitement, especially in rural districts, which are ordinarily so quiet and tranquil.

THE SIMULATIONS OF HYSTERIA

22:4.1 The so-called accidental symptoms of hysteria are usually so grouped and manifested as to simulate the clinical picture of some other disease, and it will be best to consider them in that light.

The fact that the patient is so largely self-occupied explains how these hysterical symptoms come entirely to fill up consciousness; and in accordance with the laws of the threshold of pain, previously considered, it will be easy to understand how the hysteric's common sensations may be transmuted into a veritable avalanche of suffering.

[contd] These patients are indeed a "fastidious" class.

22:4.2 These patients are indeed a "fastidious" class.

They are both unbalanced and erratic, and their life experience is marked off by certain well defined "crises."

They are both unbalanced and erratic, and their life-experience is marked off by certain well-defined "crises."

These characteristic and impulsive explosions are not at all unlike the periodical catastrophes of the inebriate, especially as regards the uncontrollable and rhythmic behavior of the attacks (*W&N* 228).

These characteristic and impulsive explosions are not at all unlike the periodical catastrophes of the inebriate, especially as regards the uncontrollable and rhythmic behavior of the attacks.

[contd] It should be remembered, as we now take up these hysterical attacks that there very often exists some trifling physical basis for these manifestations, which, in connection with the nervous and mental state, is able to determine the particular and definite form which the hysterical manifestation assumes from time to time (*W&N* 228-29).

22:4.3 It should be remembered, as we now take up these hysterical attacks, that very often there exists some trifling physical basis for such manifestations, and that this, in connection with the nervous and mental state, is able to determine the particular and definite form which the hysterical manifestation assumes from time to time.

[contd] *Gastric Crisis.*

22:4.4 1. *Gastric Crisis*—

There are sudden seizures of stomach pain, behaving almost identical with those of the gastric crises of locomotor ataxia.

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These patients also sometimes suffer from a rectal crisis and experience great pain (*W&N* 229).

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[[A certain hysterical patient] seemed to have the habit of swallowing air which found its way beyond his pylorus ... (James J. Walsh, M.D., Ph.D., *Psychotherapy* [1912], p. 588).] [See also Janet 260.]

Many of these individuals are chronic "air swallowers."

[contd] 2. *Vomiting Crisis.*

These attacks of repeated vomiting are very alarming to the patient's friends.

They sometimes appear without the slightest excuse, but it is observed that they usually stop before the patient has experienced the loss of much flesh.

Closely akin to this manifestation may be noted the fasting fads of the hysterical patient. They not infrequently go a week or ten days without eating.

I am of the opinion that most of those cases who appear to have gone without eating for a longer period, were probably getting food on the sly (*W&N* 229).

[contd] 3. *Secretory Crisis.*

Hysterical patients are subject to sudden attacks of both increase and decrease in the bodily secretions, accompanied by paroxysms of pain and attacks of vomiting; this condition may involve the stomach, liver, bowels, or kidneys; in the latter case, the urine may become scant or be greatly increased in quantity (*W&N* 229).

[contd] 4. *Appendicitis Crisis.*

The patient is seized with the typical symptoms of acute appendicitis, and the puzzling part of the proposition is the fact that the patient's temperature may sometimes shoot right up to 102°-104°.

I no longer doubt or question the existence of this so-called "hysterical fever."

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22:4.7 4. *Appendicitis Crisis*—

The patient is seized with the typical symptoms of acute appendicitis, and the puzzling part of the proposition is the fact that the patient's temperature may sometimes shoot right up to 102°-104° F.

I no longer doubt or question the existence of this so-called "hysterical fever."

SOURCE

The diagnosis, of course, can be differentiated by the history of the case and an examination of the blood; however, there is a case on record of a hysterical patient who had five operations for appendicitis, during the last of which, the surgeon tatooed on the patient's abdomen this surgical warning, "No appendix here" (*W&N* 229).

[contd] 5. *Gallstone Crisis.*

This fictitious gallstone colic has led careless surgeons into the performance of many a useless operation.

It is very common for these patients to think they have gallstones, and it is only by painstaking and thorough-going examinations, that the physicians will be able to avoid serious diagnostic blunders in dealing with these deceptive sufferers (*W&N* 229-30).

[contd] 6. *Renal Colic Crisis.*

The patient is able to present all the symptoms of stone in the kidney and of stone passing down the ureter, with the exception that in a real case the urine is suppressed while in hysteria there is usually a greatly increased flow.

In these cases, too, many an operation has been performed, but no stone has been found in the kidney (*W&N* 230).

[contd] 7. *The Headache Crisis.*

These attacks of headache are often so severe and persistent as to suggest brain tumor.

22: THE MIND AT MISCHIEF

The diagnosis, of course, can be differentiated by the history of the case and an examination of the blood; however, there is a case on record of a hysterical patient who had five operations for appendicitis, during the last of which, the surgeon tatooed on the patient's abdomen this surgical warning, "No appendix here."

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It is very common for hysterical patients to think they have gallstones, and it is only by painstaking and thorough examination that the physician will be able to avoid serious diagnostic blunders in dealing with these deceptive sufferers.

22:4.9 6. *Renal Colic Crisis*—

The patient is able to present all the symptoms of stone in the kidney and of stone passing down the ureter, with the exception that in a bona fide case the urine is suppressed, while in hysteria there is usually a greatly increased flow.

In these cases, too, many an operation has been performed, but no stone has been found in the kidney.

22:4.10 7. *The Headache Crisis*—

These attacks of headache are often so severe and persistent as to suggest brain tumor.

SOURCE	22: THE MIND AT MISCHIEF
It is a common experience to have a patient come to us who is rather under-nourished, suffering from poor circulation, generally nervous, highly emotional, and giving a history of having frequent "nervous spells."	It is a common experience to have a patient come to us who is rather undernourished, suffering from poor circulation, generally nervous, highly emotional, and giving a history of having frequent "nervous spells."
Such a hysterical sufferer, often complains of violent headaches which she describes as follows: "Doctor, when I get these dreadful headaches, it just seems as if someone were driving a nail right into the top of my head. It is something terrible and it nearly drives me crazy, and I think it has a whole lot to do with my nervous spells" (*W&N* 230).	Such an hysterical sufferer often complains of violent headaches which she describes as follows: "Doctor, when I get these dreadful headaches, it seems as if someone were driving a nail right into the top of my head. It is something terrible, and it nearly drives me crazy; I think it has a whole lot to do with my nervous spells."
[contd] This is a truly characteristic description of the headache of hysteria. This is a rare form of severe nervous headache. There are other nervous states such as epilepsy, etc., in which the patient describes a similar pain (*W&N* 230).	This is a characteristic description of the headache of hysteria, a rare form of nervous headache.
[contd] This hysterical headache is treated by applying very hot fomentations on top of the head for ten or fifteen minutes.	22:4.11 This hysterical headache is treated by applying very hot fomentations to the top of the head for ten or fifteen minutes.
These hot applications should be repeated every one or two hours in connection with a very hot foot bath.	These applications should be repeated every hour or two, in connection with a very hot foot-bath.
Such sufferers are usually greatly benefited by taking a warm bath at about 100 degrees.	Such sufferers are usually greatly benefited by taking a warm bath at about 100° F.
This bath tends to quiet the nervous system and greatly relieves the patient's sufferings (*W&N* 230).	This bath tends to quiet the nervous system and greatly relieves the patient's sufferings.
[contd] 8. *Pain Crisis.*	22:4.12 8. *Pain Crisis*—
In other cases the hysterical outbreak manifests itself as an explosion of pain—an avalanche of suffering.	In other cases the hysterical outbreak manifests itself as an explosion of pain—an avalanche of suffering.

It may be an earache, pains in the arms, the legs or some internal organ, or even in a joint.

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In the milder cases the pain may be described as a soreness or a "deep ache"; while following these painful attacks the patient usually complains of great muscular fatigue.

In the milder cases the pain may be described as a soreness or a "deep ache"; following these painful attacks the patient usually complains of great muscular fatigue.

Pain may center in some internal organ such as the heart—giving rise to pseudo-angina pectoris (*W&N* 230).

Pain may center in some internal organ, such as the heart, giving rise to pseudo-angina pectoris.

[contd] 9. *Motor Crisis.*

22:4.13 9. *Motor Crisis*—

These are the fits, spells, and spasms of hysteria. They may imitate convulsions, St. Vitus' dance, or epilepsy.

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They embrace those cases of muscular paralysis or hysterical palsies, and the patient is sometimes unable to stand or walk, while for years at a time he may suffer from hysterical joints, the hip and the knee being the joints more usually involved.

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They present tremors that resemble exophthalmic goitre.

Such cases present tremors that resemble exophthalmic goiter.

They experience laughing, crying, and choking attacks, and often create internal tumors which are as hard and fixed as to deceive the surgeon into the performance of an operation—if he neglects the precaution of putting the patient into a prolonged hot bath first. This usually causes the tumor to vanish (*W&N* 231).

The victims experience laughing, crying, and choking, and often create internal tumors which are so hard and fixed as to deceive the surgeon into the performance of an operation—if he neglects the precaution of first putting the patient into a prolonged hot bath. This usually causes the tumor to vanish.

SHELL-SHOCK

VIII: "SHELL SHOCK" (Conklin 160)

It has now become a commonplace to say that shell-shock cases, aside from the commotional and the psychotic, were but psychoneuroses produced by military life, that the forms had all been observed and are still observed in civil life (C 162).

22:5.1 It should be made clear that shell-shock is not a new disease brought on by the World War.

It is merely a military form of behavior, in which a man tries—subconsciously—to get away from an unpleasant or unbearable situation; and it is a good illustration of the fact that

Probably the most significant modification which [some English and American psychiatrists have made to the psychoanalytic theory, in interpreting shell-shock] has been the substitution of fear or an instinct for self-preservation in place of the omnipresent sex motive in the older psychoanalytic thought (C 163).

self-preservation, after all, is one of the dominant, if not the all-dominant psychic complex, instead of the Freudian sex theory's libido.

[Compare C 165-67.]

The civilian recruit, when taken away from his home surroundings and placed under new and strange conditions—under new stress and strain, amid horrible sights and unpleasant sounds—soon began to sicken and experience extreme fatigue, and ere long the nervously unstable soldier blew up—went to pieces nervously.

It makes no difference whether you call it hysteria, shell-shock, or military fugue, it was all a behavior reaction, nothing more nor less than a defense reaction—a conspiracy between the subconscious mind and the sympathetic nervous system to get the individual out of the fix he was in, away from danger, and into the sheltered atmosphere of the hospital.

Death appealed as a wholly honorable way out and was not subject to the same censorship in some minds as the thought of escape by wounds (C 167).

22:5.2 The soldiers early learned that there were but two honorable ways of escaping—wounds and death.

Any other method, by means of desertion or malingering, would be likely to result in detection and speedy punishment.

The officer type, if it may be so termed, was more prone to think of escape through death, while the soldier type sought escape through wounds or other form of physical disability (C 167).

Many a brave officer deliberately courted death in order to escape from the terrible situation he was in.

In contrast with this, the mediocre and neurotic soldier blew up nervously, went into a fluke, threw a fit, and went back to the hospital. This was one way to get out of his dilemma without subjecting himself to court-martial or otherwise endangering his self-respect or his military and social standing.

It is of record, too, that many [soldiers] entertained longings for death as a means of ending a situation which seemed quite beyond the limits of human endurance (C 167). [See 8:1.5.]

22:5.3 I am satisfied that the only time—Freud notwithstanding—that normal human beings experience the death-wish is when they are in some condition where life, for the time being, has become unbearable, just such a condition as we find at the front in modern military action.

[See 21:2.3 and C 174.]

22:5.4 Attention has already been called to the fact that the dreams of these wounded soldiers were about war, battles, and death—and not about sex matters, as the Freudian theory would presuppose.

THE WANDERINGS OF A HYSTERIC

22:6.1 Here is the case of a woman who was about thirty years old when she began her medical wanderings. She had been slightly nervous, more or less emotional, all her life, but had enjoyed fair health. She was married at twenty-five, and the responsibilities of a home seemed to make her more nervous. At about thirty she began to have dizzy spells. This meant, of course, consultation with many physicians, including eye and ear specialists; it also meant a great deal of introspection on her part, and as a result of this thinking about herself, she very soon began to experience vague and wandering pains in different parts of her body—which led to consultation with more doctors, including osteopaths. She was better at times—worse at others. Months passed, and the next thing she experienced was a feeling of nausea, with distress in the region of the stomach. This led to consultation with two or three stomach specialists, one of whom was bold enough to make a diagnosis of duodenal ulcer. The patient was put on a rigid diet, lost considerable flesh, and soon had become a confirmed semi-invalid—thought about nothing but herself. Almost a year of this dieting showed little improvement, and it was thought best to counsel with other physicians. Among the half-dozen new doctors to examine this woman, one was a surgeon who made a positive diagnosis of chronic appendicitis. He told her that all her trouble in the stomach was from the appendix, and that, in his opinion, she had never had an ulcer. An immediate operation was proposed, but her husband objected.

He was reaching the conclusion that where so many doctors had disagreed on the diagnosis, it was not wise to rush into a major operation; so he sought still other physicians, including specialists, gynecologists, and so on.

22:6.2 After three years of this, you can imagine what a nervous wreck the patient had turned out to be. Her symptoms were no longer limited to dizziness and nausea. She had palpitation of the heart, shortness of breath, choking sensations, pulsations in the abdomen, numbness, chills, profound weakness, trembling, and betimes, convulsive attacks that bordered on unconsciousness. When these last-named attacks came, the neurologist finally had his turn. It was at this juncture that I met the patient, and I do not recall ever seeing another such an abject specimen of humanity up and about, able to walk into the doctor's office, or rather, stagger in and slump down on a chair, utterly exhausted.

22:6.3 I have not mentioned the fact that various health articles, health books, and faddish dietetic systems from two or three different sources, all had come in to complicate this case; but rest assured that they had, and that everything else that could be done to make a woman sick, psychologically, had been done. And now I had to tell her there was nothing at all wrong with her, organically; that in my opinion she had never had ulcers or appendicitis; that there was nothing wrong with her eyes, heart, liver, lungs, or kidneys—in fact, that, apart from her state of partial nervous exhaustion, with some anemia, she was in good health, and that if these conditions could be corrected she would be as healthy as she had been at any time in her life.

22:6.4 It required a great deal of faith upon her part to accept this diagnosis, and to agree to go into the fight for health; but she enlisted with her whole heart and soul. It was just about a year from the time we started in on this program of facing facts and getting control of her nerves and emotions, before she was back to normal, and was feeling as well as ever.

22:6.5 This case illustrates the too frequent mismanagement of the neurotic patient on the part of the medical profession.

[Hysteria is a disorder that can imitate almost every known disease.... Hysterical patients sometimes baffle the most experienced physicians for the time being (*The Truth About Mind Cure* 138).]

It must be remembered that hysteria can simulate almost any disease, and that it puts up such a good front that only the most experienced practitioner will be able to look beneath the surface and find that the real basis of all these symptoms is in the hysteric constitution of the patient.

HYSTERICAL CONFUSION

22:7.1 A few years ago a middle-aged business woman came in, sat down in the office, and said, “Doctor, I am so nervous, I am afraid I am going to do something.” Of course, I asked her what she felt she was going to do. “I don’t know, but I am going to do something desperate. It just came over me the other day. Do you think I had better go away for a while, take a trip to Europe, or something?”

22:7.2 I told her that running away would do no good, because if the trouble was really in her own mind, she would take her emotions and feelings along with her. So she agreed to be examined and to take hold of the problem in the right way. It proved to be another case of hysteria. Without realizing it, she had been pampering her feelings and babying herself in more ways than one, and the results were now coming up to the surface. The notion that she couldn't do her work had got hold of her. She would do anything we asked except go back to work. For three months she persisted in her refusal, and for weeks, after she did go back, her condition was pitiful, she seemed to suffer so when she tried to do anything of a business nature. She would tremble, and the perspiration would stand out on her forehead.

[This impulse [to run away], although frequently aroused by the circumstances of life, was inhibited by ideals which checked an act so cowardly. Eventually the conflict between the impulse to run away and the ideals of life reached the breaking point ... (C 132).]

Little progress was made until we unearthed a group of emotional struggles—a tremendous conflict that was going on between her ideals and some of the realities that confronted her in her position.

Some of these things were eliminated, others sublimated, and fortunately one of her male business associates, who was at the bottom of part of her troubles, resigned from the company; thus, after a period of almost a year, the woman was enabled to do her work again in the enjoyment of fair health.

22:7.3 Not long ago another woman in the early thirties—a college graduate, unmarried—came in, complaining of being nervous and of suffering from queer feelings and fears. Soon after awakening in the morning—or at any time during the day—strange sensations would creep over her, and her heart would immediately begin to beat rapidly. She was short of breath, dizzy, and sometimes nauseated, and would tremble from head to foot. She described herself as being on the verge of unconsciousness at times. She had frequently aroused the household and summoned physicians but by the time the doctors got there, she had usually calmed down; in fact, she admitted that she began to feel better the moment she knew the doctor had been called. I remember I found her quite normal, except for profound exhaustion, when I arrived about an hour after being called. The house had been upset for more than three years, and the mother and other members of the family were all discouraged; but the patient was taken in hand, examined, studied; a diagnosis of hysteria was made, and treatment was begun. That was about three years ago, and to-day the patient, while not perfectly cured, is practically delivered from those troublesome seizures. To be sure, she still has queer sensations, but she knows what they are. She ridicules them when they appear—defies them. As far as lies within her power, she treats them with contempt, and the other members of the family do likewise. She has been told that the whole performance was an effort to provide an alibi, to avoid doing certain disagreeable things.

[Compare 10:6.6.]

She understands that it was a working conspiracy between her subconscious and the sympathetic nervous system to enable her to retire from reality and to enjoy the sympathy and attention which nurses, doctors, and her family gave her as the result of these alarming nervous attacks. But, best of all, she has gone to work, has ceased to fritter away her time in nursing her neurotic symptoms. She is doing a real piece of work in the world and is happy, contented, being in the most ideal position, short of normal married life, to help her in remaining above the neurotic level where hysterical symptoms operate. She has acquired emotional immunity.

IDEALS AND REALITY

[Every community includes a great many psychoneurotics of one variety or another who manage to get on quite comfortably so long as no great strain is placed upon them (C 163).]

22:8.1 Many of our mildly neurotic patients do well during their early years, especially if they are not subjected to too much stress and strain;

but the nervous young man, about thirty or thirty-five, who has not been able to earn enough to warrant him in getting married, who is going along in the same place, doing always the same work, begins to succumb to this monotony. He looks about and says to himself, "What is ahead of me? What future have I in this position?" The whole thing begins to pall on him. He becomes discouraged and begins to lose interest in his work. Various symptoms appear, and he consults the doctor. Perhaps the doctor advises him to change his work or take a vacation, but this, of course, affords no permanent help. Changing climate is of no real value in the treatment of psychoneuroses.

22:8.2 Here is a young woman I saw a few days ago—thirty-four years of age, private secretary to a prominent business man. She has been very happy, but now she begins to have a conflict with her ideals; she has begun thinking she ought to have a home of her own and be raising children. She is becoming discouraged with her position in life, and as a result of these conflicts between her ideals and the realities of the situation, she is getting nervous; headaches, dizziness, fatigue, and other nervous manifestations are beginning to appear.

22:8.3 On the other hand, a few days ago I saw a young woman of twenty-six who was married two years ago. Now she is missing the noise, bustle, and excitement of her former business life. She is out in the suburbs keeping house in a little bungalow. She is very lonely; her married life is becoming monotonous; she is starting in on her nervous career by having crying spells. She even doubts whether she is in love with her husband. This young woman had better go back to work for at least a part of each day, or begin to raise a family, and I have so advised her husband. She is not going to be happy unless she does one or the other. She has been in the business world since she was eighteen, and greatly enjoyed meeting people.

22:8.4 No one can stand introspection very long. Self-contemplation is fatal to the health and happiness of the average individual. We have to learn how to live our lives so that we can keep our minds off ourselves.

FIGHTING IT OUT TO A FINISH

22:9.1 About five years ago, from a near-by sanatorium, there was brought to me a patient whom we will, for present purposes, call Frances. Frances was a beautiful girl, seventeen years of age, tall, slender, rather under-weight at this time; large eyes, peaches-and-cream complexion; intelligent, conscientious—almost overconscientious; she seemed very anxious to get well. A year before she had been seized with a spell of weakness and trembling, with fluttering of the heart. She was dizzy most of the time, and the slightest exertion produced not only nausea but actual vomiting. She would vomit for days. Frances was an only child, and her parents were much alarmed; they consulted many physicians, and, of course, received many diagnoses. One or two physicians suggested that the condition was probably mostly one of nerves, and that she should take a long rest, spend the summer in the country, etc. This was done, but the patient was unimproved. In the autumn she was taken to a sanatorium, where she remained six months, gradually growing worse. The parents received the impression that there was probably something wrong with her mind. She was violent at times; she became almost unmanageable and had to be strapped down in bed. She would throw dishes about. One time she all but wrecked the place—broke up everything breakable in the room and smashed the front windows.

22:9.2 At times Frances acted like a little saint, and at other times she would fight her nurse and "raise Cain." Now, a careful examination revealed two things physically wrong—she was considerably under-weight, and had an anemic tendency. The girl was put to bed and given a milk-and-orange-juice diet, with intravenous injections of iron, and in about six weeks was in excellent physical condition; but she was no better nervously. She insisted that something was wrong. She always stuck to it that she wanted to get well, but the doctors had failed to find out the cause of her trouble.

22:9.3 For a few weeks she would center her attention on her heart, then on her stomach, with an increasing tendency to nausea and vomiting, and then on the queer feeling in her head. Week after week she harped on this headache—a feeling of emptiness—and she felt sure she was going crazy. Something must be done, she always insisted, but everything that was done seemed to give no relief—at least, only transient relief. After we had racked our brains and found some new treatment, for a few days she would feel better; but within a week she would be right back in her old groove and have the same old tantrums.

22:9.4 Everything seemed to center about the mother in this case. Frances couldn't be happy if she was away from her mother, and the mother had been around most of the time, so I decided to take her away from her mother; she was installed in a kitchenette apartment with a trained nurse, and her parents were not allowed to see her. It was a battle royal for three months. She refused to eat until she was threatened with a stomach tube.

I never saw such a nice, beautiful girl who could so suddenly turn into such a veritable demon and be so mean, contrary, and cantankerous.

22:9.5 The question of diagnosis had been under consideration all this time, but the longer the patient was observed, the more it seemed there was nothing to do but call it major hysteria. The battle was continued along this line, and at length Frances was so much improved that she was sent, in company with her nurse, for a three months' trip in the East and South, going down through the Adirondacks, and thence, as the weather grew colder, south to Asheville, North Carolina. Another three months away from her mother, and she was doing finely. The nurse's reports looked sufficiently good to have the patient return to Chicago. I thought we had won our fight.

22:9.6 The parents were elated, to say the least, and the doctors were happy, so word was sent that Frances could come home. All went well until the train reached the suburbs of Chicago, when she had an attack of dizziness, followed by nausea. She said to her nurse, "I feel it is all coming back on me." And you may be sure it did all come back. She was a sick woman by the time she reached the station. These thirty minutes had changed her whole reaction to life. She had not acquired emotional immunity. After all, the cry-baby complex, the desire to have her own way, the impulse to flee from reality into the arms of her mother by means of these hysteric fits, had not entirely left her. Either we had not done our work thoroughly, or, as I rather think, we had never received the full cooperation of the mother.

Frances always felt that her mother was on her side. So when she was returning to Chicago, she only needed to realize that she was coming back to her mother, and instantly the wicked conspiracy between the subconscious and the sympathetic nervous system gained the upper hand, and she threw a real, first-class nervous fit.

22:9.7 When Frances reached home, her parents telephoned us, and we had her come out with the nurse, and made ready to start the fight all over again. The next week was worse than any she had previously gone through. I remember one time, when food was offered to her, she threw it all over the floor; we stood right over her, and notwithstanding her delicate hands, made her get down and clean up every bit of it and mop the floor. It was at this point that the father awakened to the realization that her parents had a real part to act in the cure of the daughter. He was secretary of a large corporation, and had so neglected his business and depleted his bank account, as a result of these three years of furor, that he received a kindly intimation from one of his business associates that at the next annual meeting he was probably going to be relieved of his position. Now things began to happen. The mother came to me and said, "I am going to accept your diagnosis unqualifiedly; I am going to join you in a finish fight." And the mother did. From that time on she stood right behind everything which the doctors ordered done, and it was only ten days from the time she was converted to the diagnosis and enlisted in the fight with whole-hearted determination that the daughter was cured—practically cured. They were ten terrible days for all concerned, and it seemed cruel to put the poor girl through all she went through.

How she did appeal to her mother and father to take her away from the doctors! When she saw her parents turn against her and join the doctors, then her only thought was to get new doctors. For more than two years she had been perfectly contented to go along with the same doctors, but when doctors and parents entered into a real and lasting cooperation to effect her cure, she sought to get out of our hands. Her parents, however, were adamant. So she surrendered and said: "I can't be right when my parents and the doctors are both against me. I give up. What do you want me to do?"

22:9.8 That was all there was to it. That was the end of the three years' struggle. That was nearly five years ago, and Frances has never had any serious trouble with herself since then. True, she gets dry in the mouth when she is surprised; her face flushes and her heart sometimes goes pitapat when she is out in public; sometimes she feels faint and at other times dizzy; but she goes on about her business. She can only do about one-half, socially speaking, that other girls can do, but otherwise is perfectly normal. She has now acquired emotional immunity. Her feelings are not controlling her; she is the boss—she is controlling her feelings.

HYSTERIC BLINDNESS AND DEAFNESS

"How the Mind Causes and Cures Disease"
(*The American Magazine,* July 1924)

Not long ago, I had one of these cases, a workman who had lost the sight of one eye when a small piece of steel was blown into it.

22:10.1 Not long ago I had the case of a workman who had lost the sight of one eye when a small piece of steel was blown into it.

The steel was removed; but the man could not see with that eye, although several oculists could find nothing wrong with it (*HMCCD* 41).

The steel was removed, but the man could not see with that eye, altho several expert oculists could find nothing wrong with it.

[contd] It was evidently a case of "hysterical blindness"—a figment of the man's imagination.

It was evidently a case of "hysterical blindness"—a figment of the man's imagination.

Therefore, to go back to my rule that what is caused by the mind can be cured by the mind, I set to work to relieve him by that method (*HMCCD* 41).

Therefore, remembering the rule that what is caused by the mind can be cured by the mind, I set to work to relieve him by that method.

22:10.2 The patient contended that the steel had not all been removed from his eye.

[contd] I told him of a powerful magnet that could draw a piece of steel out of an eye from half way across the room.

Accordingly, I told him of a powerful magnet that could draw a piece of steel out of the eye from half-way across the room,

You see, this was what he claimed—that they hadn't got all the steel out. I made elaborate preparations, calculated to *prepare his mind.*

and made elaborate preparations, calculated to prepare his mind.

Three times a day I had him come to the office, and we dropped a little boric acid into his eye.

Three times a day I had him come to my office, and the nurse dropped a little boric acid into his eye.

There happened to be an electrician working around the place; and the patient was given to understand that this was in connection with installing the wonderful magnet that was to restore his sight (*HMCCD* 41, 72).

[contd] At the end of five days he was told that everything was ready. Meanwhile, I had borrowed a magnet for the occasion. I carefully placed the patient, and explained that when he saw some red lights go on, across the room, the magnet would be working, and his sight would be instantly restored (*HMCCD* 72).

[contd] That is exactly what happened. When the red lights flashed on, he exclaimed, "Thank God! I can see!" (*HMCCD* 72).

[contd] We had bandaged the other eye, so that he would know he was cured. And of course the magnet was not connected with the electric circuit at all. It was a pure case of building up his expectation and his faith. Anything that would have made him *believe* he was going to be cured would have done just as well (*HMCCD* 72).

[And so, I could tell many stories of hysterical deafness, paralysis, etc., that have been cured by mind cure (*The Truth About Mind Cure* 145).]

There happened to be an electrician working around the place, and the patient was given to understand that this was in connection with installing the wonderful magnet that was to restore his sight.

22:10.3 At the end of five days he was told that everything was ready. Meanwhile I had borrowed a magnet for the occasion. I carefully placed the patient and explained that when he saw some red lights go on, across the room, the magnet would be working and his sight would be instantly restored!

22:10.4 That is exactly what happened. When the red lights flashed on, he exclaimed, "Thank God! I can see!"

22:10.5 We had bandaged the other eye so that he would know he was cured. Of course, the magnet was not connected with the electrical circuit at all. It was a pure case of building up his expectation and his faith. Anything else that would have made him believe he was going to be cured would have done just as well.

22:10.6 This chapter could be filled with the recitation of remarkable cures of hysteric blindness and deafness, not to mention paralysis.

The various healing cults and all schools of medical practise have benefited from remarkable hysteric cures. When the religious healers get hold of these cases they often effect such spectacular cures as to simulate miracles.

[*Note:* Should this have been titled, "Psychic Conflicts and Hysteria"?]

XVIII: HYSTERIA—THE MASTER IMITATOR (*Worry and Nervousness* 221)

COMPLEX DISSOCIATION (*Worry and Nervousness* 223)

[contd] A psychic complex is a sort of community or constellation of brain cells, which are functionally more or less related and associated.

These so-called complexes or aggregations of thinking units are more or less coordinated and loosely organized into working groups and systems (*W&N* 223).

[contd] Some authorities look upon hysteria as a sort of temporary dissociation between certain important complexes or groups of complexes.

The consciousness of the individual is thus deprived of the coordinate and simultaneous directing influence of these distracted and diverted mind centers; and it is just this derangement which is responsible for that demoralized, disorganized, and incoordinate mental and physical behavior of the patient as exhibited in a typical hysterical attack.

A severe attack of hysteria would, according to this theory, closely border on that interesting phenomenon of dissociation of personality, multiple personality, etc. (*W&N* 224).

PSYCHICS AND HYSTERIA

22:11.1 A psychic complex is a community or constellation of brain cells which are functionally more or less related and associated.

These so-called complexes or aggregations of thinking units are more or less coordinated and loosely organized into working groups and systems.

22:11.2 Some authorities look upon hysteria as a temporary dissociation of certain important complexes or groups of complexes.

The consciousness of the individual is thus deprived of the coordinate and simultaneous directing influence of these distracted and diverted mind centers; and this derangement is responsible for that demoralized, disorganized, and incoordinate mental and physical behavior which the patient exhibits in a typical hysterical attack.

Severe hysteria, according to this theory, borders closely on the phenomena of dissociation of personality, multiple personality, etc.

V: THE PSYCHIC PHENOMENA OF SPIRITUALISM (*The Truth About Spiritualism* 121)

3. COMPLEX DISSOCIATION (*The Truth About Spiritualism* 126)

In the presence of this temporary sort of complex dissociation, it would appear that in the case of these highly suggestible individuals, that some sort of dominating and all-pervading idea—now free from natural restraints and customary restrictions—sweeps through the mind and out over the body, completely dominating and absolutely controlling the organism

22:11.3 If we accept this theory of temporary complex-dissociation, it would appear that in the case of highly suggestible individuals, some all-pervading idea—now free from natural restraints and customary restrictions—sweeps through the mind and out over the body, completely dominating and absolutely controlling the organism.

to such an extent as to be able to produce cramps, paralyses, and fits, as regards the body; while, in a mental way, the patient may become as one possessed of the devil on the one hand,

In its physical manifestations it is able to produce cramps, paralysis, and fits, while, in a mental way, the patient may become as one possessed of the devil.

while on the other hand she may establish herself as a spiritualistic medium, or she may go forth in some noble and daring rôle as did the heroic maid of Orleans (*TTAS* 127).

Or, on the other hand, she may establish herself as a spiritualistic medium or go forth in some noble and daring role, as did the heroic maid of Orleans.

IV: DISSOCIATION (Hart 38)

The dissociated system of ideas whose eruption into the field of consciousness is responsible for the appearance of somnambulism, may attain to any degree of complexity and development (H 48).

22:11.4 It is now believed by most specialists in abnormal psychology that somnambulism is due to the dissociation of a group of complex systems in the field of consciousness.

There is little doubt in my mind that the majority of trance mediums belong to this group.

Under [certain] circumstances the patient's behaviour may be comparatively normal, and adapted to the environment, even when the dissociated system is in entire possession of the field.

In the case of many spirit mediums the dissociated complexes come to occupy the center of the stage

and wholly to control the medium’s flow of consciousness, completely dominating the talking, seeing, hearing, and thinking centers.

Such cases are not generally termed somnambulisms, although they are precisely similar to the latter in their fundamental characters, but are regarded as examples of “Double Personality” (H 48).

For the time being, to all intents and purposes, the medium is a victim of double personality.

These obsessional cases, in which the dissociated system appears to the personality as a foreign body which has intruded itself into the mind, serve as a bridge to carry us over to yet another type of dissociation. Consider the cases described in the last chapter in which hallucinations of various kinds occur. We found, for example, a patient who constantly heard voices announcing that on account of the sins he had committed he would shortly be put to death (H 54).

22:11.5 It is generally recognized by authorities on insanity that many of the noises and other hallucinations of the insane patient are due to dissociation.

Although to the patient himself they seemed intensely real, to the bystander they were nothing but figments of the imagination.

They seem intensely real to the patient, but to the on-looker they can but be regarded as figments of the imagination.

[See 2:4.2 and 17:2.3.]

It is unquestionably true, too, that in the case of many mediums we are dealing with a mental state that borders closely on the realms of insanity. But the recognition of this dangerous fact in no wise lessens the reality of the visions seen, or the voices heard, by the spirit medium. These things are all very real to the medium.

In other words, they existed only in the patient’s mind, and were, in fact, merely a portion of his own consciousness (H 54-55).

They are dissociated portions of his own consciousness.

Strictly speaking it would be better to say that the system of ideas in question is dissociated from the personality,

That is, they are dissociated from the consciousness of personality,

so that the medium does not recognize them as a part of his real self.

and that the hallucinatory “voice” is the mode in which the dissociated system announces its existence to the personality.

Thus the dissociated complex can speak with its own voice to the medium’s personality,

[Compare 17:2.5.]

and he recognizes it as something separate and apart from his own stream of consciousness, altho he is aware that it arises within his own mind or brain.

This splitting of the patient’s consciousness into two parts, one of which talks to the other, is a frequent phenomenon in every asylum (H 55).

This splitting of the patient’s stream of consciousness into two parts, so that he holds continuous conversation with himself, is a phenomenon to be seen any day in an insane asylum.

IX: THE TROUBLES OF VISION (Janet 182)

22:11.6 That mediums should “see things” as the result of dissociation is not strange.

[contd] You know now the general idea that directs us in the examination in the innumerable phenomena of hysteria; it is the idea of dissociation.... Nowhere is this dissociation more precise and curious than in the case of vision. The reason is that vision is a very complicated function (J 182).

It is a well-known fact that vision, owing to its highly complicated nature, is one of the most common functions to experience disorder in hysteria, and one that is most markedly influenced by any serious form of psychic dissociation.

The first great disturbance, we have just said, is the ensemble of vision. In other terms, it is hysterical blindness (J 182).

In fact, the eye is so subject to disturbances of a psychic nature, that it is possible, through mental or hysterical influences, to produce actual functional blindness.

[Compare 7:1.8.]

22:11.7 It should be borne in mind that long-continued psychic conflict, as well as overconcentration of mind, may lead to complex dissociation in certain hysterical types of individuals.

HYSTERIA AND MEDIUMSHIP

XV: GENERAL DEFINITIONS (Janet 317)

Hysteria is a form of mental depression characterized by the retraction of the field of personal consciousness and a tendency to the dissociation and emancipation of the systems of ideas and functions that constitute personality (J 332).

22:12.1 Hysteria is a form of mental depression and nervous derangement characterized by "retraction of the field of personal consciousness and a tendency to the dissociation and emancipation of the systems of ideas and functions that constitute personality."

XVIII: HYSTERIA—THE MASTER IMITATOR (*Worry and Nervousness* 221)

WHAT IS HYSTERIA? (*Worry and Nervousness* 221)

It is going to be neither a small nor easy task concisely to define hysteria for the layman; in fact, hysteria is a disease about which we doctors disagree probably more than about any other common disorder to which human flesh is heir;

22:12.2 It is going to be neither a small nor an easy task concisely to define hysteria for the layman; in fact, hysteria is a disease about which we doctors disagree probably more than about any other common disorder to which human flesh is heir;

nevertheless, I am disposed to attempt to define this interesting and unique nervous malady—at least I will give the reader a definition of this disturbance in accordance with my understanding.

nevertheless, I am disposed to attempt to define this interesting and unique nervous malady.

Hysteria is some sort of disorder in the personality, occurring in hereditarily predisposed individuals who are highly suggestible on the one hand, and who possess a small degree of self-control on the other.

As I understand it, hysteria is some disorder in the personality, occurring in hereditarily predisposed individuals who are highly suggestible, and who possess but a small degree of self-control.

And just here is our difficulty in understanding hysteria—it has to do with personality and that is a subject which none of us know much about.

And just here is our difficulty in understanding hysteria—it has to do with personality, and that is a subject which none of us know much about.

An eminent French physician once said that a definition of hysteria had never been given and never would be (*W&N* 222).

An eminent French physician once said that a definition of hysteria had never been given and never would be.

[contd] I may further say that hysteria is a mental state—possibly a disease—largely due to cerebral insufficiency, manifesting itself in so many ways and producing so many and diverse symptoms as to impersonate almost every known form of human illness.

Hysteria is a mental state—possibly a disease largely due to cerebral insufficiency, manifesting itself in so many ways and producing so many diverse symptoms as to impersonate almost every known form of human illness.

It is certainly true that a diseased and uncontrolled imagination plays a large part in the cause and conduct of this perplexing disorder (*W&N* 222).

It is certainly true that a diseased and uncontrolled imagination plays a large part in the cause and conduct of this perplexing disorder.

[contd] Briefly summarized then, hysteria is a nervous disorder occurring chiefly in women; characterized by lack of control over the emotions and certain physical acts, by morbid self-consciousness, by exaggeration of all sensory impressions, and by an extraordinary ability to simulate the symptoms of numerous diseases, and thus to impersonate a host of minor and major disturbances (*W&M* 222-23).

22:12.3 Briefly summarized, then, hysteria is a nervous disorder characterized by lack of control over the emotions and over certain physical acts, by morbid self-consciousness, by perversion of sensory impressions, and by an extraordinary ability subconsciously to simulate the symptoms of numerous minor and major diseases.

V: THE PSYCHIC PHENOMENA OF SPIRITUALISM (*The Truth About Spiritualism* 121)

4. THE SUBCONSCIOUS MIND (*The Truth About Spiritualism* 128)

Hysterical patients, in a former generation, were burned at the stake as witches.

22:12.4 Hysteric patients in a former generation were burned at the stake as witches.

Today they preside over parlor seances and perform as spirit mediums.

To-day they preside over parlor seances and perform as spirit mediums.

And today, as in olden times, their performances are characterized by falsehood and duplicity, as well as by a continuous series of impersonations.

And to-day, as in olden times, their performances are characterized by falsehood and duplicity as well as by a continuous series of impersonations.

It should be remembered that hysterical women are not only able to impersonate serious diseases of the body in their attacks, but that they are equally gifted in psychologic legerdemain, in that they are able to impersonate, and otherwise make representations to onlookers, the spirits of departed human beings (*TTAS* 129).

It should be remembered that hysterical women are not only able to simulate serious diseases of the body, but are equally gifted in psychologic legerdemain, in that they are able to impersonate, and otherwise make representations of, the spirits of departed human beings.

XIII: HYSTERICAL STIGMATA — SUGGESTIBILITY (Janet 270)

22:12.5 Speaking of hysterical temperaments, one writer (Tardieu) says:

"A common feature characterizes them," says Tardieu;

22:12.6 A common feature characterizes them,

"namely, instinctive simulation, the inveterate and incessant need of unceasingly lying, without reason, solely for the sake of lying, and this not only in words, but also in action, by a kind of parade in which the imagination plays the principal part, gives birth to the most inconceivable incidents and sometimes proceeds to the most disastrous extremities."

namely, instinctive simulation, the inveterate and incessant need of unceasingly lying, without reason, solely for the sake of lying; and this, not only in words but also in action, by a kind of parade in which the imagination plays the principal part, gives birth to the most inconceivable incidents and sometimes proceeds to the most disastrous extremities.

So falsehood becomes the stigma of hysteria (J 274).

22:12.7 So falsehood becomes the stigma of hysteria.

Can we summarize these three stigmata, suggestion, absent-mindedness, and alternation, into a single general idea that will enable us to conceive the essential character which manifests itself in these mental troubles? ... I proposed to summarize this somewhat peculiar mental state by the words *"retraction of the field of consciousness"* (J 303).

Janet, under the term "retraction of the field of consciousness," summarizes and includes the three major stigmata of hysteria, namely, suggestion, absent-mindedness, and alternation.

XVIII: HYSTERIA—THE MASTER IMITATOR (*Worry and Nervousness* 221)

CAUSES OF HYSTERIA (*Worry and Nervousness* 224)

While the causes of hysteria are many, there is usually to be found both an hereditary base and some exciting physical cause (*W&N* 224).

22:12.8 While the causes of hysteria are many, there is usually to be found both an hereditary basis and some exciting physical cause.

It is found about equally divided between the two sexes.

It is about equally divided between the two sexes.

In the lower classes of society more cases appear among men, while in the higher social class, women predominate.

In the lower classes of society more cases appear among men, while in the higher social classes, women predominate.

The disorder appears in all countries and all races, but the Latin, Slav, and Jewish races seem to be more susceptible (*W&N* 224).

The disorder appears in all countries and all races, but the Latin, Slavonic, and Jewish races seem to be most susceptible.

TREATMENT OF HYSTERIA

22:13.1 When it comes to the treatment of hysteria, we must do everything possible to improve the patient's general health and nerve tone. After a careful examination and study of the patient, the physician should sit down and tell him the truth about himself.

X: HOW TO CURE NERVOUSNESS (*The Truth About Mind Cure* 168)

Of all the neuroses, it is most highly important that hysterics

[contd] The first step which the nervous sufferer must take to inaugurate a cure is to acquire a profound willingness to know the truth; to face the facts; to look the situation squarely in the face; and then to go about resolutely to change the viewpoint, to revolutionize the philosophy, and otherwise to set in operation those habits of thinking and doing which will in time result in the establishment of a new mode of living, new ways of thinking.

should develop a passion for the truth, a real and sincere desire to know the facts about themselves and then to face these facts with courage and determination.

If you are willing to go at this with *stamina*—sooner or later—you will effect complete deliverance from your old tyrannical thoughts and feelings (*TTAMC* 168).

The one thing the hysteric needs and lacks is stamina,

and all our efforts at treatment should be directed toward the development of stamina.

XVIII: HYSTERIA—THE MASTER IMITATOR (*Worry and Nervousness* 221)

SPECIAL TREATMENT OF HYSTERIA (*Worry and Nervousness* 232)

During an attack an effort should be made to divert the patient's concentrated attention. Vigorous threats and other spectacular stunts may be effective at first, but they soon lose their influence.

22:13.2 During an attack an effort may be made to divert the patient's concentrated attention, but while dire threats and other spectacular stunts may produce effects when artfully employed, they soon lose their influence.

In fact there is very little treatment to be suggested during the attack itself (*W&N* 233).

It has been my experience that treatment is of little avail during an attack.

I usually let the patient alone and do my reasoning with him subsequent to the hysterical spell.

[contd] Between attacks the patient's treatment is both physical and mental. Physically, fresh air, good food, and exercise, together with modified rest-cure in certain cases, are the remedial agents of greatest value (*W&N* 233).

22:13.3 The physical treatment of hysteria embraces general attention to good hygiene, proper physical exercise, fresh air, good food, and, if the patients are underweight, a modified form of the rest cure—employed early in the régime.

[contd] The mental treatment may be summarized as follows:

22:13.4 The mental treatment is all summed up in our attempt to

1. Explain to the patients the real facts—show them the true origin of their troubles (*W&N* 233).

explain the facts to them and to show them the real nature of their trouble,

[contd] 2. Assist them in isolating the exciting causes such as love affairs, family troubles, sorrow,

to assist them to isolate any exciting causes, such as love affairs, family troubles, unusual stress,

and any other dominant subconscious idea (*W&N* 233).

as well as to help them in uncovering any hidden motive or long-suppressed emotion, which may be more or less concerned in the production of their hysteric spells.

[contd] 3. Seek out, isolate, and eliminate buried experiences, such as early childhood frights, vivid dreams, etc. (*W&N* 233).

It is especially desirable that we should make an effort to search out, to isolate, and assist them in eliminating, any buried emotional experiences in connection with their early life, such as childhood frights, dreams, shocks, or emotional disappointments.

[contd] 4. The patient will be cured by will-training, coupled with diverting the attention and sympathies to children and other helpful people (*W&N* 233).

And we must not overlook the value of diverting the patient's mind from herself to other people, such as helpless children, needy neighbors, civic enterprises, club work, and so on.

22:13.5 Many bothersome symptoms appear from time to time, chief of which is mucous colitis. This condition I have come to regard as being largely a nervous affair. Colitis of the simple variety is really a neurosis, one of the accompaniments of these neurotic states. In case colitis appears in connection with hysteria, I think it is best managed—after making proper dietetic suggestions—by giving a good dose of castor oil once a week, especially if the attacks persist for any length of time.

[See 8:5.11.]

22:13.6 Since hysteria is largely a behavior reaction to maladjustment—a defense reaction to get away from some unpleasant situation—

it is apparent that our first duty to the patient is to assist him in trying to adjust himself to his environment. Of course, sometimes we can make a compromise and try to change the environment somewhat to suit the likes and dislikes of the patient; very often, in fact, we work out a still further compromise in which the patient makes some changes and we also try to change the environment somewhat.

This means, in reality, a process of reeducation, or what we sometimes call psychic and nervous reconstruction. The physician, before he gets through, finds that he is compelled to employ all the methods known to mental medicine, embracing suggestion, persuasion, instruction, and encouragement, not to mention inspiration and assurance on his part, coupled with the necessary discipline which enables these patients—after the real cause of their trouble has been fully explained to them—to indulge enough faith, hope, and courage to get well; and, on special occasions, our discipline may have to be extended far enough to embrace coercion, and, in some of the younger cases, even corporal punishment. In other words, anything and everything must be done that will help the patient to pry himself out of his habitual rut of fits and spells and enable him to get back on a basis of self-understanding and self-control.

[Compare C 148.]

XIV: HYSTERIA (Dubois 172)

Adults who preserve this incredible suggestibility and become hysterical manifest thereby their mental debility. The hysterical woman has an infantile mentality, she suffers from psychic infantilism (D 175).

22:13.7 Fortunately, most victims of hysteria are in a mental state bordering on the juvenile; they are, therefore, highly suggestible,

and we should not fail to utilize this fact in planning the treatment;

But let us take care! ... The hysteric, rebellious to reasonable therapeutic foreign suggestions, is often incredibly sensitive to pathogenic suggestions (D 179).

but great care must be exercised lest adverse suggestions be inadvertently dropped.

Physicians, nurses, and the family must be very careful lest a careless remark or some thoughtless suggestion start them off on new lines of worry and tantrums of fear. It is fatal for the physician to give expression to doubt or to be inordinately perplexed; for this reason, repeated medical examination should be avoided as far as possible.

Thus it has been my habit to make, during the first few days in which I am interested in a case, certain useful tests, to jot down their results,

I make it a practise to go over such patients with a fine-tooth comb when I take the case—get to the bottom of everything, make out written reports—

and then I give up further examinations (D 179).

and then, unless something new and acute arises, refuse to examine them within six months or a year, confining subsequent efforts merely to such physical and mental treatment as they may need.

22:13.8 Let us remember to treat our patients for what they have—hysteria. If that is the diagnosis, then let us confine all treatment to the real trouble and not be led astray into treating a thousand and one symptoms which appear as a part of the hysteria phenomenon. The thing that is needed in these cases is one thorough examination, and then treatment directed to whatever is actually wrong; if the condition is one that is exclusively hysteria, then no other treatment should be given except that which is directed toward the cure of hysteria.

[*Note:* The following four paragraphs may have come from: Hugh T. Patrick and Peter Bassoe, *Nervous and Mental Disease* (Practical Medicine Series) (Chicago: Year Book Publishing Co., 1911). I haven't been able to get hold of this text, but Sadler listed it as a reference in his *Theory and Practice of Psychiatry* (1936).]

22:13.9 Commenting on the nature of hysteria and the method of management, Dr. Hugh T. Patrick makes the following helpful observations:

22:13.10 Now, our daily life is full of difficult situations; perplexities, disappointments, things that frighten us, things that disgust us; fights that we hate to make; labors that seem too heavy, problems we can't solve; luscious grapes beyond our reach; especially conflicts between our fundamental trends and the laws, edicts and tabus of the social cosmos. Some of us meet these manifold difficulties pretty well and an indulgent public calls us normal. Some of us can't or won't make this adjustment and we then are the unsuccessful, the unhappy, the cranks, the drunkards, the phobics, the hysterics; the dwellers in sanitariums; part of the throng that fills the reception room of specialists.

22:13.11 A perfect type of the psychoneurosis is (in most instances) ambulatory automatism: what the newspapers call amnesia. The patient suddenly disappears from his ordinary haunts, wanders about or settles down elsewhere under another name until, sooner or later, he has doubts about his name, realizes that he doesn't remember his past, is curious about his identity and, quickly or slowly, recovers. What has happened? *Such a patient has always run away from something.* For adequate reasons he doesn't abscond or elope or run away in the usual conscious way. He passes into a state of secondary consciousness and in that runs away. The secondary consciousness is his alibi. Hysteria is just that; or just like that. If it happened to suit the purpose of this ambulatory automaton, he might just as well have hysterical blindness or paralysis or fits or vomiting. For instance:

22:13.12 The right arm of a farmer's hard-working faithful wife had suddenly become paralyzed; apparently a stroke. But it wasn't that at all. Some weariness of her unending job; some, possibly well-founded, discontent with her husband; a little domestic friction; a little soreness in the arm; and the paralysis was a temporary way of settling all her difficulties. She didn't have to work, her husband became most affectionate and attentive; the entire family, not to mention neighbors, became solicitous. Life was easy, and relatively pleasant.

22:13.13 A young lady of eighteen had lost her voice three years before; since then she could speak only in a whisper. And during most of that time she had been making daily visits to a doctor's office for electric treatment. No results. What was the matter? A sensitive girl, a rather difficult situation at home, trouble in school, then a bad cold making her quite hoarse and suggesting loss of voice; and the partial solution of most of her problems by becoming voiceless.

LOOKING FOR SYMPATHY

22:14.1 Not long ago I ran across a very interesting case of hysteria—a woman some fifty years of age, with a family of five or six children, largely grown up but most of them living at home. Her husband was stricken with Bright's disease and he lingered along at the point of death for a number of months. There were trained nurses in the house, sometimes both day and night attendants, and of course this anxious wife and mother labored under a severe strain on her nervous system. She was naturally of a hysterical type.

Many years before she had been bothered with hysterical paralysis, which had been almost miraculously cured by giving her treatments two or three weeks, at the same time assuring her that a cure would be brought about.

22:14.2 After several months of this stress and strain the poor woman must have subconsciously come to crave some attention for herself. At least, one afternoon she just up and swooned, fainted dead away,

[See *The Truth About Mind Cure* 140-42, where Sadler tells of a hysterical patient who would "fall on the floor with twitching and convulsive movements and remain unconscious for an hour or two; that is, she apparently was unconscious." Sadler reports that while in this state, the patient was indeed conscious, and had heard her case being discussed by Sadler and her mother.]

was apparently unconscious for more than twenty-four hours. The family was greatly excited; doctors and nurses were called; and there was a great hubbub. No doubt she was conscious of almost everything that was being said in her presence, and she gave every evidence of enjoying the attention she was receiving.

The following day she gradually came to and began to take an interest in things. She inquired very minutely as to what had happened. When it was explained to her that she had simply been overdoing and had collapsed, she was entirely satisfied with the diagnosis. And when she asked when she could get up, she was greatly relieved when told she would have to remain in bed a week or ten days to rest. Within a few hours she became quite cheerful; was reconciled to her rest in bed; began to make inquiries about other members of the family, including her sick companion. She then expressed a desire to get up and look after his food, but when she was told she must carry out the doctor's orders and remain in bed, she was readily reconciled to her fate.

22:14.3 This is a typical illustration of what happens in hysteria, and it does not mean that the patient is a fraud. This woman was not at all guilty of consciously doing this. It was all a wicked conspiracy between her subconscious and the sympathetic nervous system.

[See 17:4.2.]

I do not mean to imply that certain slightly hysterical patients do not utilize these spells consciously for the accomplishment of their ends, even as spiritistic mediums may sometimes accentuate some of the symptoms associated with their experience of going into trances. Undoubtedly the hysterical girl often uses these spells to impress both her parents and her lover; but as a rule these blow-ups are not faked, the patient is not malingering. This is all genuine as far as they are concerned, and even the state of unconsciousness or partial consciousness which they enter into and during which they hear everything that is said in their presence, is not a "put on" affair; it is all a genuine part of the hysteric attack.

22:14.4 We are all entitled to regress now and then to the free and easy life of childhood. We all crave to get back to the play-life of our earlier years, and so we are entitled to our annual vacations, with their enjoyment, as well as our other periods of relaxation and merriment. We are all entitled to sympathy, love, and affection, as well as admiration and praise for the things we accomplish; but the way in which to obtain all this is not to have a hysterical fit; that is getting it by false pretenses. Rather, let us escape from the stress and strain of living and the realities of a "hard boiled" world by our regular, natural, and legitimate play-life.

Let us get sympathy, love, and devotion from our families and friends by developing a personality of poise, and exhibiting that degree of self-control which will make us beloved by all who come in contact with us. Let us honestly earn the sympathy of our associates, and then by means of application in our chosen path of life, let us act so as to merit their admiration. We can all learn to do something well—as well as the average, or perhaps even better—and this will entitle us to that distinction of attainment which we all crave, and which so many seek to obtain in an undeserving manner by means of hysteric spells.

EMOTIONAL IMMUNITY

22:15.1 Now we come to the case of a woman around forty-five years of age, who had unfortunately, fifteen years before, as the result of an infection, lost both of her ovaries, so that her neurotic tendencies were complicated by this endocrine disturbance. The giving of ovarian extract and other efforts to counteract her endocrine shortage afforded but little help. She had queer heart attacks, notwithstanding the fact that more than a dozen physicians had pronounced her heart organically sound. She seemed to be cheerful and ambitious, but attacks of weakness intervened; while taking a telephone message or writing a letter, she would have to stop in the midst of it. She would take to her bed and remain there for days at a time. She would implore us to find out the cause of her trouble. After many years of this she was persuaded to undergo a thorough examination, and, aside from being a trifle overweight, was found to be entirely sound.

Much to her dislike, the doctors started in to explain to her the nervous nature and origin of her trouble; but she was an educated woman, and presently was converted to the idea that she was a victim of hysteria.

22:15.2 This woman is in the midst of her course of training, which is designed to provide emotional immunity. We are trying so to vaccinate her mind that she will be immune, emotionally speaking, to the various sensations and queer feelings that come into her brain from different parts of her body. This is the only thing that can save her from chronic invalidism, and she is progressing very favorably, notwithstanding the complications which are the result of the earlier surgical operation.

22:15.3 In this connection, let me emphasize the fact that many a neurotic reader of this book may just as well make up his or her mind to start right in on this program of acquiring emotional immunity. This is the goal which chronic hysterics must attain before they can hope to enjoy good health and reasonable happiness.