

Chapter 11 — Fastidious Suffering—Psychic Pain

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.

© 2012, 2019 Matthew Block

Source for Chapter 11

- (1) 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)

Key

- (a) **Green** indicates where a source author (or an earlier Sadler text) first appears, or where he/she reappears.
- (b) **Yellow** highlights most parallelisms.
- (c) **Tan** highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.
- (d) An underlined word or words indicates where the source and Sadler pointedly differ from each other.
- (e) **Pink** indicates passages where Sadler specifically shares his own experiences, opinions, advice, etc.
- (f) **Light blue** indicates passages which strongly resemble something in the Urantia Book, or which allude to the Urantia phenomenon.
- (h) **Red** indicates an obvious error on Sadler's part, brought about, in most cases, by miscopying or misinterpreting his source.

Work-in-progress Version 16 Nov. 2012

© 2012, 2019 Matthew Block

Revised 7 Oct. 2019

XIV — FASTIDIOUS SUFFERING
AND IMAGINARY PAIN (*Worry and
Nervousness* 174)

[PREAMBLE] (*Worry and Nervousness* 174)

[contd] A careful study of the human nervous system makes it plain that the sensations of sight, sound, and pain are not located or experienced in the special sense organs.

Here, to be sure, the first step is taken toward their arousal,

but they finally depend, without exception, upon special activity in the cortex of the cerebrum—the outer portion of the upper brain (*W&N* 174).

[contd] These feelings, which we commonly recognize and call sensations or pain, result from the excitation of certain special nerves which end in the eye, the nose, the ear, the skin, and other organs,

and which, when stimulated, cause waves of nervous energy to pass quickly over the nerves up to the brain,

and it is only after these waves of nerve energy reach the brain, and are there received and responded to by the special centers, that the sensations of sight, sound, pain, etc., are experienced (*W&N* 174).

**XI — FASTIDIOUS
SUFFERING—PSYCHIC
PAIN**

11:0.1 A CAREFUL study of the nervous system makes it plain that the sensations of sight, sound, and pain are not located or experienced in the special sense organs.

Here, to be sure, the first step is taken toward their arousal,

but they finally depend, without exception, upon certain activities in the cortex of the cerebrum—the outer portion of the upper brain.

11:0.2 These feelings, which we commonly call sensations or pain, result from the excitation of certain special nerves which end in the eye, the nose, the ear, the skin, and other organs,

and which, when stimulated, cause waves of nervous energy to pass over the nerves up to the brain;

it is only after these waves reach the brain, and are there received and responded to by the special centers, that the sensations of sight, sound, pain, etc., are experienced.

PSYCHIC SENSATION

PSYCHIC SENSATION (*Worry and Nervousness* 174)

[contd] We begin to see that an idea, an experience, a sensation, a pain, or even a disease, may be wholly unreal—that it does not follow that an experience is true and genuine just because the mind accepts it as true.

The mind is capable of almost unlimited deception, monstrous imposition, and is subject to innumerable errors of internal working and inaccuracies of the thinking process.

But it must be remembered that *imaginary* or unreal disease is altogether able to give rise to a vast amount of *real* suffering (*W&N* 174).

[contd] And so it is possible for the body to originate, and the mind to recognize, sensations which are not actually present;

for instance, cancer of the foot can produce severe pain for months; cancer, foot, and all, may be amputated,

and yet the patient may keep on recognizing pain as coming from the foot—recognizing as it in the foot—for weeks after the diseased member has been buried in some distant field (*W&N* 174-75).

[contd] And so various sensations of feeling—itching, pricking, burning—as well as sounds and voices, sights and objects, may be aroused in the brain,

while in reality they have no existence; they are merely illusions, sense delusions, or mental hallucinations.

11:1.1 We begin to see that an idea, an experience, a sensation, a pain, or even a disease, may be wholly unreal—that it does not follow that it is genuine just because the mind reports it as true.

The mind is capable of almost unlimited deception, monstrous imposition, and is subject to innumerable errors and inaccuracies of internal working.

But it must be remembered that imaginary or unreal disease is altogether able to give rise to a vast amount of *real* suffering.

11:1.2 And so it is possible for the body to originate—and for the mind to recognize—sensations which are not actually present;

for instance, a foot afflicted with cancer may be amputated,

and yet the patient may keep on recognizing pain as coming from the foot—recognizing it as in the foot—for weeks after the diseased member has been buried in some distant field.

And so various sensations of feeling—itchings, pricking, burning—as well as sounds and voices, sights and objects, may be aroused in the brain,

while in reality they have no existence; they are merely illusions, sense delusions, or mental hallucinations.

SOURCE

Sensations can produce ideas, and it should also be borne in mind that ideas can also produce sensations (*W&N* 175).

FICTITIOUS PAIN (*Worry and Nervousness* 175)

[contd] Under certain diseased or unnatural conditions, what is there to hinder the nerve centers from automatically setting in operation waves of energy or reporting impressions on their own responsibility,

entirely independent of the impressions made upon the organs of special sensation, with which they are connected?

and, further, even if this did not occur, what is there to prevent the special brain centers, under certain abnormal conditions, from reporting to the consciousness of the individual that they have received certain impressions of sight, sound, or pain,

when in reality they have received no such impressions?

The special center of sensation for some particular sense organ may automatically, independently, and spontaneously give origin to a false sensation—that is, a sensation which in that particular instance did not have a definite physical origin.

In this way arise hallucinations, delusions, illusions, and various paraesthesias; for example, a bitter taste in the mouth; as well as psychic or fictitious sensations of pain (*W&N* 175).

11: THE MIND AT MISCHIEF

Sensations can produce ideas, and it should also be borne in mind that ideas can reproduce sensations.

11:1.3 Under certain diseased or unnatural conditions, what is there to hinder the nerve centers from automatically setting in operation waves of energy that report impressions on their own responsibility,

entirely independent of the impressions made upon the organs of special sensation with which they are connected?

And even if this did not occur, what is there to prevent the special brain centers, under certain abnormal conditions, from reporting to the consciousness that they have received certain impressions of sight, sound, or pain,

when in reality they have received no such impressions?

This, in fact, is what happens in many cases.

The special center of sensation for some particular sense organ automatically, independently, and spontaneously originates a false sensation—a sensation which in that particular instance did not have a physical origin.

In this way arise hallucinations, delusions, illusions, psychic or fictitious sensations of pain, and various paresthesias—for example, a bitter taste in the mouth.

SOURCE

[contd] And so it is found that the mental state of fear, together with all its many phases and numerous psychic offspring, has a tendency to produce unnatural and abnormal sensations or to increase their intensity;

and it may even torture the sufferer with sensations and feelings which have no physical foundation.

Fear and worry demoralize the nervous mechanism of the body, and so greatly interfere with the normal and natural interpretation of physical impressions and the recognition of normal bodily sensations. It is entirely possible for the mind to recognize an unreality as real (*W&N* 175).

HABIT PAINS (*Worry and Nervousness* 176)

[contd] Reference has already been made to the suffering which is sometimes long experienced after a cancerous foot has been amputated. Patients not infrequently suffer actual pain for a period of time after the disease causing the pain is effectually removed—they get well—but the pain persists.

It is just such experiences as these that have led physicians and psychologists to recognize the existence of the so-called “habit pain” (*W&N* 176).

[contd] Medical men are constantly meeting with a class of nervous patients who, on careful examination, are found to be the unconscious victims of this so-called “habit sensation,” or, as I call it, “post-convalescent pain.”

11: THE MIND AT MISCHIEF

11:1.4 The mental states of fear and anxiety, together with all their numerous psychic offspring, have a tendency to produce abnormal sensations or to increase their intensity;

and they may even torture the sufferer with sensations which have no physical foundation.

Fear and worry so demoralize the nervous mechanism and so greatly interfere with the natural interpretation of physical impressions that it becomes entirely possible for the mind to recognize an unreality as real.

HABIT PAINS

11:2.1 Reference has already been made to the suffering which patients not infrequently endure long after the disease causing the pain has been removed; they get well, but the pain persists.

It is experiences such as these that have led physicians and psychologists to recognize the existence of the so-called “habit pain.”

11:2.2 Medical men are constantly meeting with a class of nervous patients who, on careful examination, are found to be the unconscious victims of this post-convalescent pain.

SOURCE

In such cases, even when the actual cause is removed, either the nerves continue to forward pain impressions to the brain, or the brain centers, having become habituated to reacting to such impressions, continue to awaken the consciousness of pain (*W&N* 176).

[contd] The nervous system is the very home and mechanism of habit.

All our habits—good or bad—have their origin and existence in the tendency of the nerve centers to duplicate, repeat, and reiterate their impulses;

it is, therefore, little wonder that when certain sensations of pain have long been experienced—

when their painful impulses have many times been passed over the nerve tracts and through the nerve centers up to the special receiving and recognizing centers of the brain—

I say it is little wonder that the nervous mechanism thus involved acquires the “pain habit,”

and so actually continues to transmit and recognize these painful sensations long after their original and exciting causes have been removed (*W&N* 176).

PAIN AND THE PSYCHIC THRESHOLD (*Worry and Nervousness* 176)

[contd] The consideration of “habit pain” is sufficient to demonstrate the fact that the concentration of one’s attention on the site of pain is entirely sufficient,

first, to intensify the suffering, and, later—even after the exciting causes of the pain are removed—to perpetuate the painful sensations.

11: THE MIND AT MISCHIEF

In such cases, even when the actual cause is removed, either the nerves continue to forward pain impressions to the brain, or the brain centers, having become habituated to reacting to such impressions, continue to awaken the consciousness of pain.

11:2.3 The nervous system is the home of habit.

All our habits, good or bad, have their origin and existence in the tendency of the nerve centers to duplicate or repeat their impulses;

it is, therefore, little wonder that when certain sensations of pain have long been experienced—

when painful impulses have many times passed over the nerve tracts and through the nerve centers up to the special receiving and recognizing centers of the brain—

it is little wonder, **I say**, that the nervous mechanism thus involved acquires the “pain habit,”

and so continues to transmit these painful sensations long after their original causes have been removed.

11:2.4 The consideration of “habit pain” is sufficient to demonstrate that the concentration of one’s attention on the site of pain is entirely sufficient,

first, to intensify the suffering, and, later—even after the exciting causes are removed—to perpetuate the painful sensations.

SOURCE

This sort of suffering is sometimes spoken of as “attention pains” (*W&N* 176).

[contd] It is a well established psychological fact that the threshold of one’s consciousness may be either raised or lowered by the concentration of the attention.

The term “threshold of consciousness” is in quite general use and is commonly understood as referring to that boundary-line which separates our mental operations into the conscious and subconscious.

What we really mean is that we have a “threshold of awareness”; everything above which we are conscious of, while those processes which occur below this so-called “threshold” are to us unconscious; that is, we are unaware of them.

This threshold of consciousness is an indefinite and constantly shifting affair.

A sudden shifting of the threshold occurs when we fall asleep, also when we wake up (*W&N* 176-77).

ACTION AND REACTION (*Worry and Nervousness* 178)

[contd] And so we begin to discern that the state of the attention—the focus of the mind’s eye, has much to do determining the degree of our sufferings.

11: THE MIND AT MISCHIEF

This sort of suffering is sometimes spoken of as “attention pains.”

11:2.5 It is a well established psychological fact that the threshold of one’s consciousness may be either raised or lowered by concentration of the attention.

The term “threshold of consciousness” is in quite general use and is commonly understood as referring to that boundary-line which separates our mental operations into the conscious and subconscious.

What we really mean is that we have a “threshold of awareness,” above which we are conscious of everything that takes place, while we are unaware or unconscious of those processes which occur below this so-called “threshold.”

And this threshold of consciousness is indefinite and is constantly changing.

A sudden shifting of it occurs when we fall asleep, and again when we wake up.

ACTION AND REACTION

11:3.1 And so we begin to discern that the state of the attention, the focus of the mind’s eye, has much to do with determining the degree of our sufferings.

SOURCE

The neurological optimist may be in real pain but effectually rises above it—as many Christian Scientists actually do—by sheer force of will and the moral determination not to be a victim of the whims of the flesh.

Such patients actually rise above their common pains by elevating the threshold of consciousness.

On the other hand, the nervous pessimist—the victim of acute fear and chronic worry—by lowering the threshold of consciousness,

soon comes to that point where a large per cent of the ordinary and normal sensations of life are recognized as actual pain the greater part of the time.

But it must not be supposed that “attention pain” is not real.

These psychic sufferings are all very real—to the patient.

True, the cause of the pain may not be real—may not be literal and physical—

nevertheless, when the threshold of the pain consciousness is lowered, the sufferings and misery of such individuals is very real; in their minds they actually suffer the tortures they describe (*W&N* 178).

[contd] We never suffer from agonizing pains unless there exists some corresponding disturbance in either the physical state, the nervous mechanism, or in the level of the threshold of consciousness.

11: THE MIND AT MISCHIEF

The neurological optimist may be in real pain, but rises above it—as many Christian Scientists actually do—by sheer force of will and the moral determination not to be a victim of the whims of the flesh.

Such patients actually *rise* above their common pains by elevating the threshold of consciousness.

On the other hand, the nervous pessimist, the victim of acute fear and chronic worry, by lowering the threshold of consciousness,

soon comes to that point where a large percentage of the ordinary sensations of life are recognized as actual pain.

But it must not be supposed that “attention pain” is not real.

The psychic sufferings are all very real to the patient.

True, the cause of the pain may not be real, in the sense of being physical;

nevertheless, when the threshold of the pain consciousness is lowered, the misery of such individuals is very real; in their minds they actually suffer the tortures they describe.

11:3.2 We never suffer from agonizing pains unless there exists some corresponding disturbance, either in the physical state, in the nervous mechanism, or in the level of the threshold of consciousness.

SOURCE

When we come to take into account this new factor of psychic awareness, we are compelled to admit that all forms of pain and suffering are real;

and so we see that there is no such thing—speaking in the light of psychology and physiology—as an imaginary pain.

Pain is only imaginary in the sense that actual physical impressions are in no way responsible for the painful sensations.

The true imaginary pain must have its origin in the ideas and impulses which originate in the mind itself;

and even in these cases we are forced to recognize the existence of an underlying morbid mental state;

and in many cases, no doubt, this morbid mental state is indirectly the result of pre-existent physical disorder in some part of the body (*W&N* 178-79).

FORGETTING PAIN (*Worry and Nervousness* 179)

[contd] While we may oftentimes say to a patient, “There is little the matter with you, forget your pain and get well,” and while such advice does actually cure many sufferers, we should remember that

their pain was probably real—for when the average individual believes he is suffering, he really is—

11: THE MIND AT MISCHIEF

When we come to take into account this new factor of psychic awareness, we are compelled to admit that all forms of pain are real;

and so we see that there is no such thing—speaking in the light of both psychology and physiology—as an imaginary pain.

Pain is imaginary only in the sense that actual physical impressions are in no way responsible for the painful sensations.

The true imaginary pain must have its origin in the ideas and impulses which originate in the mind itself;

and even in these cases we are forced to recognize the existence of an underlying morbid mental state;

and many times, no doubt, this morbid mental state is indirectly the result of pre-existent physical disorder in some part of the body.

FORGETTING PAIN

11:4.1 While we may oftentimes say to a patient, “There is little the matter with you, forget your pain and get well,” and while such advice does actually cure many sufferers, we should remember that

SOURCE

but what our advice did for such sufferers, was to take their minds off themselves and thus to raise their lowered “thresholds of consciousness” to such a point that their former painful sensations are no longer recognized as unpleasant—and so they are immediately cured (*W&N* 179).

[contd] What fine expression Seneca gave to this thought in his eighteenth letter to Lucilius, in which he says:

Beware of aggravating your troubles yourself, and of making your position worse by your complaints. Pain is slight when it is not exaggerated by the idea;

and if we encourage ourselves by saying: “It is nothing,” or at least, “It is of little account, let us endure it, it will soon be over,” we render the pain slight by thinking it so (*W&N* 179).

[contd] The Mohammedans have been able to fix this beneficent sentiment more firmly in their minds than Christians; they fear death less and accept with calm resignation the misfortunes they cannot avoid.

Sincere Christians ought also to be able to submit joyfully to the decrees of Providence.

The idea of necessity is enough for the philosopher.

We are all in the same situation in regard to the things that are and to things that we cannot change.

The advantage will always lie with him who, by whatever convictions, is able to attain to a calm resignation (*W&N* 179-80).

11: THE MIND AT MISCHIEF

what our advice did for them was to take their minds off themselves and thus to raise their lowered “thresholds of consciousness” to such a point that their former painful sensations no longer reach their attention—and so they are immediately cured.

Seneca gives fine expression to this thought in his eighteenth letter to Lucilius, in which he says:

“Beware of aggravating your troubles yourself, and of making your position worse by your complaints. Pain is slight when it is not exaggerated by the idea;

and if we encourage ourselves by saying, ‘It is nothing,’ or at least, ‘It is of little account, let us endure it, it will soon be over,’ we render the pain slight by thinking so.”

11:4.2 The Mohammedans have been able to fix this beneficent sentiment more firmly in their minds than have we Christians; they fear death less and accept with calm resignation the misfortunes they cannot avoid.

Sincere Christians ought also to be able to submit joyfully to the minor frictions of living.

The idea of necessity is enough for the philosopher.

We are all in the same situation regarding things that we cannot change.

The advantage will always lie with him who is able, by whatever convictions, to attain a calm resignation.

FASTIDIOUS SUFFERING

FASTIDIOUS SUFFERING (*Worry and Nervousness* 180)

[contd] Fastidious sufferers comprise those sensitive and neurotic patients who are more or less constant victims of a certain refined variety of human affliction which is characterized by a rarefication of suffering and a nicety of illness

altogether different from and wholly unlike the common everyday sort of pains which harass ordinary mortals (*W&N* 180).

[contd] It is not the author's purpose lightly to speak of these so-called "fastidious sufferers," nor do we undertake to belittle their suffering.

Although we speak of this group of nervous patients as belonging to the "fastidious class," nevertheless, we freely recognize the reality of their pain and its accompanying distress and unpleasant sensations.

These pains are very real to the patient—independent of the fact as to whether they have their real origin wholly or partially in the mind of the sufferer (*W&N* 180).

[contd] The study of the psychology of pain and suffering compels us to recognize the existence of these "refined" phases of human suffering.

The failure of the medical profession to recognize and deal with these nervously and psychically disordered patients has been largely responsible for the rapid and enormous growth of that great army of mental healers, psychic quacks, and other mind cure frauds (*W&N* 180).

11:5.1 Fastidious sufferers comprise those sensitive and neurotic patients who are more or less constant victims of a certain refined variety of human affliction—a nicety of illness, so to speak—

wholly unlike the common every-day sort of pains which harass ordinary mortals.

It is not my purpose to speak lightly of these neurotics, nor do I mean to belittle their suffering.

Altho we call them the "fastidious class," we freely recognize the reality of their pain,

regardless of whether or not it has its origin wholly or partly in their minds.

11:5.2 The study of the psychology of pain compels us to admit the existence of these "refined" phases of human suffering.

The failure of the medical profession to recognize and deal with these nervously and psychically disordered patients has been largely responsible for the enormous growth of the army of mental healers, psychic quacks, and other mind-cure frauds.

SOURCE

[contd] It is now a settled and accepted psychological fact that a patient's sufferings—the degree of his pain and the quality of his distress—

are all more or less determined by the sensitiveness of his nerves, his habits, his mode of thought, the quality of his perception and feelings—as well as by the general state of the physical health,

taken in connection with past education and present environment—all of which become factors in the scheme which predisposes one to the likelihood of becoming some sort of a “fastidious sufferer” (*W&N* 180).

REFINED PAIN (*Worry and Nervousness* 181)

[contd] The pain of neurasthenia is due, in general, to just two groups of exciting causes:

first, to tired out nerves—nerve exhaustion—depletion of “energy granules”; and, second, to irritated nerves—nerves chronically poisoned by certain toxic substances habitually circulating in the blood stream (*W&N* 181).

[contd] The pains of these “constitutionally inferior” and neurasthenic individuals are usually manifested in the form of certain characteristic headaches, which have already been considered.

The backache and other pains along the spinal region which so frequently trouble neurasthenics are probably due to the condition of the muscles found in that locality.

11: THE MIND AT MISCHIEF

11:5.3 It is now a settled psychological fact that a patient's sufferings—the degree of his pain and the quality of his distress—

are all more or less determined by the sensitiveness of his nerves, by his habits and mode of thought, by the quality of his perception and feelings, as well as by the general state of his physical health;

also that these must be taken in connection with past education and present environment as factors in the scheme which predisposes him to become a “fastidious sufferer.”

11:5.4 The pain of the neuroses is due in general, to just three groups of exciting causes:

first, to tired-out nerves—nerve exhaustion, depletion of “energy granules”; second, to irritated nerves—nerves chronically poisoned by certain toxic substances habitually circulating in the blood-stream;

and third, to habit reactions—the fictitious pains of the constitutionally irritable and sensitive neurotics.

11:5.5 The pains of these “constitutionally inferior” and neurasthenic individuals are usually manifested in the form of certain characteristic headaches.

The backache and other pains along the spinal region which so frequently trouble neurasthenics are probably due to the condition of the muscles found in that locality.

SOURCE

They also suffer from a host of reflex and referred pains and other disagreeable sensations which have their origin in overworked stomachs, lazy livers, sluggish bowels, and poor circulation (*W&N* 181).

[contd] As a rule, the neurasthenic describes his pains in an orderly and rational manner.

In the main, all his sufferings are increased by work and relieved by rest; however, this is not always true of certain forms of headache often associated with nervous prostration.

These peculiar head pains, as noted elsewhere, are sometimes much worse in the morning and are greatly relieved by moderate exercise, disappearing in the late forenoon and early afternoon (*W&N* 181).

[contd] Before one has long had neurasthenia, the threshold of the consciousness, as regards pain, generally becomes much lowered, and ere long, these neurotic patients are suffering from a host of “attention pains.”

And so, while there may be more or less of a physical or pathological background to neurasthenia, it is certainly a condition in which the psychical elements largely predominate;

at least, the great weakness and the ever-present exhaustion on the occasion of the least exertion, must be looked upon as being largely mental or nervous.

11: THE MIND AT MISCHIEF

Such patients also suffer from a host of reflex and referred pains and other disagreeable sensations which have their origin in overworked stomachs, lazy livers, sluggish bowels, and poor circulation.

I recently saw a case of this sort of headache which required eight months in bed to cure.

11:5.6 As a rule, the neurasthenic describes his pains in an orderly and rational manner.

In the main, all his sufferings are increased by work and relieved by rest; however, this is not always true of certain forms of headache associated with nervous exhaustion.

These peculiar head-pains are sometimes much worse in the morning and are greatly relieved by moderate exercise, disappearing in the late forenoon or early afternoon.

11:5.7 Before one has long had a neurosis, the threshold of the consciousness, as regards pain, generally becomes much lowered, and ere long the patient is suffering from “attention pains.”

And so, while there may be more or less of a physical or pathological background to so-called neurasthenia, it is certainly a condition in which the psychical elements more largely predominate;

at least, the great weakness and ever-present exhaustion must be looked upon as being largely mental or nervous.

SOURCE

Soon there appears “habit fatigue” with all its accompanying sensations and symptoms (*W&N* 181).

NEURASTHENIC PAINS (*Worry and Nervousness* 181)

[contd] The neurasthene will enter the doctor’s office and begin enthusiastically to describe his terrible sufferings, speaking of his agonizing pain with such intensity of feeling as to disclose his evident delight and pleasure in the narration of his miseries.

The physician immediately begins to suspect that such a patient is a confirmed neurasthene or psychasthene; for such patients usually take great pleasure and pride in the glorification of their supposed rare and unique physical infirmities (*W&N* 181-82).

[contd] We recently saw such a patient who described a “frightful pain” which had tormented her left arm for three years; and as she told of her “unbearable suffering,” of her “excruciating agony,” her face wore a beautiful smile and her whole countenance beamed with delight and joy.

She seemed to take supreme satisfaction in being able graphically and exhaustively to describe a pain whose location and character she thought her physician was unable to comprehend.

As a general rule, these patients who so earnestly and eloquently describe their pains and miseries may be classified as neurasthenes, and their pains may be regarded as largely belonging to the “attention” sort (*W&N* 182).

11: THE MIND AT MISCHIEF

Soon there appears “habit fatigue” with all its accompanying sensations and symptoms.

NEUROTIC PAINS

11:6.1 The neurotic patient will enter the doctor’s office and begin enthusiastically to describe his terrible sufferings, speaking of his agonizing pain with such intensity of feeling as to disclose his evident delight in the narration of his miseries.

The physician immediately begins to suspect that such a patient is a confirmed neurasthene or psychasthene, for such patients usually take great pride in the glorification of their supposed rare or unique physical infirmities.

11:6.2 We recently saw such a patient who described a “frightful pain” which had tormented her left arm for three years, and as she told of her “unbearable suffering,” of her “excruciating agony,” her face wore a beautiful smile and her whole countenance beamed with joy.

She seemed to take supreme satisfaction in being able graphically and exhaustively to describe a pain whose location and character she thought her physician was unable to comprehend.

As a rule, eloquent patients of this sort may be classified as neurotics, and their pains may be regarded as largely belonging to the “attention” group.

SOURCE

[contd] The interesting thing about most of these fastidious pains is the fact that they are usually described as being in some region of the body which does not correspond with the course of any nerve tract or the location of any nerve center.

The majority of these pains, no doubt, had their early origin in connection with some actual irritation or strain of the nerves.

These peculiar pains, first started by fatigue and toxemia, are perpetuated by the emphasis of the attention—by greatly lowering the threshold of the pain consciousness (*W&N* 182).

NEUROTIC MISERIES (*Worry and Nervousness* 182)

[contd] As a rule, these neurotic pains are quite definite—they are usually described as neuralgic, or as deep seated and constant miseries. They are often found in the joints, or may be described as overlying some internal organ—the stomach, liver, kidney, etc.

Sometimes these patients tell of “steady pains” in the arms, legs, or in the back (*W&N* 182).

[contd] As a general rule, these obsessive patients are open to argument regarding the reality of their sufferings. Not infrequently they will admit that their sufferings are more or less imaginary,

but they find it next to impossible to act upon such conclusions, even though they most earnestly endeavor to rise above their pain and banish their miseries.

11: THE MIND AT MISCHIEF

11:6.3 The interesting point about fastidious pains is that they are usually described as being in some region of the body which does not correspond with the course of any nerve-tract or the location of any nerve-center.

The majority of these pains, no doubt, had their early origin in some actual irritation or strain of the nerves.

First started by fatigue and toxemia, they are perpetuated by the emphasis of the attention—by greatly lowering the threshold of the pain consciousness.

They are often found in the joints, or may be described as overlying some internal organ—the stomach, liver, kidney, etc.

Sometimes the patients tell of “steady pains” in arms, legs, or the back.

11:6.4 Not infrequently these obsessive patients are open to argument and will admit that their sufferings are more or less imaginary;

but they find it next to impossible to act upon such conclusions, even tho they earnestly endeavor to rise above their pains and banish their miseries.

SOURCE

These sufferers usually belong to the self-centered, selfish, and egotistic class, and they are seldom cured of their “psychic pains” until their attention is effectually diverted from themselves to things more healthy and elevating (*W&N* 182-83).

[contd] And so, while these pains may have had their origin in a bona fide neuritis or some other actual physical disorder,

the case is regarded as one of fastidious suffering when the misery persists long after the nerve lesion has been healed—after the physical basis of the original disease has been cured and removed.

The continuance of such painful sensations after the cure of their original cause, must be due to a combined disorder of the powers of attention and a lowering of the threshold of pain consciousness (*W&N* 183).

PSYCHASTHENIC SUFFERING (*Worry and Nervousness* 183)

[contd] The author recently had a patient who complained of a small, circumscribed spot on her arm which felt as if bees were all the time stinging it.

With an improvement in general health and a course of psychic therapeutics along the lines of the “reeducation” of her will, these annoying sensations gradually disappeared (*W&N* 183).

11: THE MIND AT MISCHIEF

Usually they belong to the self-centered, selfish, and egotistic class, and are seldom cured of their “psychic pains” until their attention is effectually diverted from themselves to things more healthy and elevating.

11:6.5 And so, while these pains may have had their origin in a bona fide neuritis or some other actual physical disorder,

the case is regarded as one of fastidious suffering when the misery persists long after the nerve lesion has been healed—after the physical basis of the original disease has been removed.

The continuance of such painful sensations after the cure of their original cause, must be due to a combined disorder of the powers of attention and a lowering of the threshold of pain consciousness.

PSYCHASTHENIC SUFFERING

11:7.1 I recently had a patient who complained of a small, circumscribed spot on her arm which felt as if bees were all the time stinging it.

With an improvement in general health and a course of psychic therapeutics along the lines of the “reeducation” of her will, these annoying sensations gradually disappeared.

SOURCE

[contd] Dr. Dana gives the symptoms in two cases of psychasthenic pain as follows:

A patient, now a man of sixty, has for fifteen years been going around on crutches because he has so much pain in the knees.

These knee-pains are always present slightly, but are greatly increased by walking, or by any serious vibrations; so that he cannot use a motor car or carriage, and he travels, whenever it is possible, by boat.

This patient is an educated and intelligent man, without any observable symptoms of hysteria.

The most elaborate methods of physical and clinical exploration have failed to discover anything wrong with his knees.

He intelligently appreciates the explanation that his trouble is purely an idea and tries to follow the suggestion based on that line, without avail. For he gave up his business and devoted his attention to his knees. Naturally he has "attention pains" (*W&N* 183).

[contd] A woman aged forty, of good general health, came to me complaining of pain over the region of the liver, which had had for nearly three years continuously.

It was a kind of pain which would be associated with some disturbance of the gall-bladder.

11: THE MIND AT MISCHIEF

11:7.2 Several years ago I was called to an adjoining State to see a middle-aged woman who had long suffered with pains in her knees. For twelve years she had gone about on crutches.

Repeated examinations and numerous X-ray pictures had failed to disclose any real trouble.

But her peculiar knee pains were ever present if she attempted to walk, or even if she slightly jarred her knees. She could not comfortably ride in an automobile.

This woman exhibited none of the ordinary symptoms of hysteria.

The most elaborate methods of physical and clinical exploration failed to disclose anything wrong with her knees.

She came to accept the explanation that her trouble was purely an acquired complex and tried to act on this theory, but it did not cure her pain.

It required over three years of persistent and painful effort at walking before this troublesome knee distress really disappeared.

11:7.3 A woman, aged fifty, in good general health, came to me complaining of pain over the region of the liver, which she had had for more than five years.

Her pain was much after the order of those which come to be associated with some disturbance of the gall-bladder.

SOURCE

She had been examined in every possible way by the best experts,

who all reached the conclusion that it was, as they termed it, nervous.

She had nothing to gain by having the pain, and seemed earnestly to try to raise herself above it. She and a devoted husband worked together daily over the pain, but it continued obstinately despite every kind of a cure, until the time when I saw her.

It then gradually disappeared under a course of educational therapeutics which was given to her.

Her pain began from an acute local disturbance. It kept up through her attentions to it (*Worry and Nervousness* 183-84).

THE HYPOCHONDRIAC'S PAINS (*Worry and Nervousness* 184)

[contd] The hypochondriac is “set” in his ways.

It is quite impossible to reason these unfortunates out of their troubles.

Their sufferings have become a real part of themselves, and all efforts to help them by an appeal to reason is soon lost—you can only cheer them up for the time being.

11: THE MIND AT MISCHIEF

She had been examined by the best experts, including some who used the most recent X-ray technique, and absolutely nothing wrong could be found.

By exclusion, the only diagnosis to be made was “nervousness.”

On the whole, she did not appear to be “nervous,” and she seemed really to want to get well.

After the nature of her distress had been fully explained,

she followed a course of psychic treatment and gradually recovered.

No doubt this woman’s pain originally began as a real local disturbance of some kind and was kept up through her attentions to it.

THE HYPOCHONDRIAC’S PAINS

11:8.1 The hypochondriac is “set” in his ways.

It is quite impossible to reason these unfortunates out of their troubles.

Their sufferings have become a real part of themselves, and all effort to help them by an appeal to reason is soon lost—you can only cheer them up for the time being.

SOURCE

In the most pathetic manner these sufferers will tell you of their burning or prickling hands while they tenderly exhibit the suffering member for your inspection and sympathy.

They suffer all sorts of pains such as “boiling in the stomach,” “ice on the back,” “bees stinging one side of the head,” “water running under the skin,” “the body stuffed with prickly burrs,” as well as all sorts of painful sensations in the various internal organs;

but, as a rule, the pains of hypochondria are not so definite as those of psychasthenia (*W&N* 184).

[contd] The hypochondriac describes his pains in altogether a different manner from that of the neurasthenic and the psychasthenic.

As a rule, hypochondriacs suffer from a combination of morbid depression and abnormal anxiety—a sort of mild and chronic melancholia.

These patients describe their pains and sufferings with great seriousness and solemnity.

They will gravely tell the doctor that they have not slept a wink for days or even weeks; that their knee or shoulder has pained them constantly for ten years;

they will describe their sensations of bursting, boiling, burning, etc., and the spinal region is a favorite site for many of these abnormal sensations (*W&N* 184-85).

11: THE MIND AT MISCHIEF

In the most pathetic manner they will tell you of their burning or prickling hands while they tenderly exhibit the suffering members for your inspection and sympathy.

They suffer all sorts of pains, such as “boiling in the stomach,” “ice on the back,” “bees stinging one side of the head,” “water running under the skin,” “the body stuffed with prickly burs,” as well as all sorts of painful sensations in various internal organs;

but, as a rule, the pains of hypochondria are not so definite as those of psychasthenia.

11:8.2 The self-centered hypochondriac describes his pains in an altogether different manner from that of the neurasthene and the psychasthene.

As a rule, hypochondriacs suffer from a combination of morbid depression and abnormal anxiety—a sort of mild and chronic melancholia.

These patients describe their sufferings with great seriousness and solemnity.

They gravely tell the doctor that they have not slept a wink for days or even weeks, or that their knees or shoulders have pained them constantly for ten years;

they describe their sensations of bursting, boiling, burning, etc., the spinal region being a favorite site for many of these abnormal sensations.

SOURCE

No doubt, many of these morbid pains and obsessive sufferings really do have a literal, physical basis in the poorly nourished and irritated nerves which are the result of chronic autointoxication;

for it is a generally recognized fact that most hypochondriacs have been or are now, dyspeptics—victims of chronic constipation, etc.

In addition to this susceptible physical soil, we also usually have a marked lowering of the threshold of the pain consciousness—an abnormal fixation of the attention on the physical sensations; and thus the conditions are present for the creation of an ever increasing and vicious “pain circle.”

Such patients are seldom cured by exclusive psychic treatment.

Like the neurasthenics, they require proper physical treatment—regulation of the diet, fresh air, exercise, and the increased elimination and destruction of bodily poisons (*W&N* 185).

TREATMENT OF FASTIDIOUS PAIN (*Worry and Nervousness* 185)

[contd] The following procedures have been found exceedingly helpful in the author’s hands in the work of relieving the physical agonies of this class of patients, and should, of course, be employed in connection with proper psychic and systemic treatment:

11: THE MIND AT MISCHIEF

11:8.3 No doubt, many of these morbid aches and pains really do have a physical basis in the poorly nourished and irritated nerves which are the result of chronic autointoxication;

for it is a generally recognized fact that most hypochondriacs have been or are dyspeptics—victims of chronic constipation, etc.

In addition, they also usually show a marked lowering of the threshold of the pain consciousness—an abnormal fixation of the attention on the physical sensations; and thus the conditions are present for the creation of an ever increasing and vicious “pain circle.”

Such patients are seldom cured by exclusively psychic treatment.

Like the neurasthene, they require proper physical treatment—regulation of the diet, fresh air, exercise, and the increased elimination and destruction of bodily poisons.

T R E A T M E N T O F FASTIDIOUS PAIN

11:9.1 I have found the following procedures—which should, of course, be employed in connection with proper psychic treatment—exceedingly helpful in relieving the physical agonies of this class of patients:

SOURCE

1. *Hydrotherapy*. Many neurasthenic and psychasthenic pains can be cured by local applications of heat and cold; by applying hot fomentations over the site of the pain for a few moments, immediately followed by a brisk rubbing with ice water or with a piece of ice, then more heat, etc.

Very often a few weeks of such local treatment, in connection with general tonic measures (electric light baths, alternate shower baths, salt glows, etc.), will suffice practically to cure the milder types of neurasthenic pains (*W&N* 185-86).

[contd] 2. *Massage*. General and special massage are of great value in this class of cases.

Like the use of hot and cold water, scientific massage promotes the circulation of the blood and increases the nutrition of the nerves.

Even the good, vigorous rubbing of the inexperienced layman is often able greatly to relieve the aches and pains of these neurasthenic and hysteric sufferers (*W&N* 186).

[contd] 3. *Vibration*. We have seen several cases of psychasthenic and hypochondriac pain cured by the wise and persistent use of mechanical vibration.

This sort of treatment seems—in addition to its influence on the currents of the blood and the nerve impulses—to be able to jog the ailing tissues out of their diseased ruts, to cause them to form new habits and methods of life (*W&N* 186).

11: THE MIND AT MISCHIEF

11:9.2 1. *Hydrotherapy*—Many neurasthenic and psychasthenic pains can be cured by local applications of heat and cold; by applying hot fomentations over the site of the pain for a few moments, immediately followed by a brisk rubbing with ice-water or with a piece of ice, then more heat, and so on.

Very often a few weeks of such local treatment, in connection with general tonic measures (electric-light baths, alternate shower baths, salt glows, etc.), will suffice practically to cure the milder types of neurasthenic pains.

11:9.3 2. *Massage*—General and special massage are of great value in this class of cases.

Like the use of hot and cold water, scientific massage promotes the circulation of the blood and increases the nutrition of the nerves.

Even the vigorous rubbing of the inexperienced layman is often able greatly to relieve the aches and pains of these neurasthenic and hysteric sufferers.

11:9.4 3. *Vibration*—I have seen several cases of psychasthenic and hypochondriac pain cured by the wise and persistent use of mechanical vibration.

This sort of treatment seems, in addition to its influence on the currents of the blood and the nerve impulses, to be able to jog the ailing tissues out of their diseased ruts, to cause them to form new habits and methods of life.

SOURCE

[contd] 4. *Electricity*. There can be little doubt that galvanic electricity can be scientifically employed in the treatment of these fastidious sufferers.

High frequency and other forms of electricity, while they may possess some remedial power, are largely psychic in their effect upon the patient.

The more faith the patient has in these forms of electricity the more good they will do them (*W&N* 186).

11: THE MIND AT MISCHIEF

11:9.5 4. *Electricity*—There can be little doubt that galvanic electricity can be scientifically employed in the treatment of these fastidious sufferers.

High frequency and other forms of electricity, while they may possess some remedial power, are largely psychic in their effect upon the patient.

The more faith the patient has in these forms of electricity the more good they will do him.

But diathermy is of real value in relieving neurotic pains.

11:9.6 Of one thing we can be sure: if we depend on physical methods alone to cure these neurotic sufferers, we shall be doomed to disappointment. It is all right to utilize such remedies as a means of temporary encouragement, but the real cure will be effected only as a result of a thoroughgoing analysis of the psychic and emotional life of the patient and the correction of his habitual reactions to these sensations and pains by means of persistent psychotherapeutic instruction.