

Chapter 28 — The Relief of Repressed Emotions

from *Worry and Nervousness: Or, The Science of Self-Mastery* (1914)

by William S. Sadler, M.D.

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Sources for Chapter 28, in the order in which they first appear

- (1) George W. **Jacoby**, M.D., *Suggestion and Psychotherapy* (New York: Charles Scribner's Sons, 1912)
- (2) F. X. **Dercum**, M.D., "An Evaluation of the Psychogenic Factors in the Etiology of Mental Disease, Including a Review of Psychoanalysis," in *The Journal of the American Medical Association*, Vol. LXII, Number 10 (March 7, 1914)
- (3) Joseph **Collins**, *The Way with the Nerves: Letters to a Neurologist on Various Modern Nervous Ailments, Real and Fancied, with Replies Thereto Telling of Their Nature and Treatment* (New York: G. P. Putnam's Sons, 1911)
- (4) Dr. Paul Dubois, *The Psychic Treatment of Nervous Disorders (The Psychoneuroses and Their Moral Treatment)*, Translated and Edited by Smith Ely Jelliffe, M.D., Ph.D. and William A. White, M.D. (New York: Funk & Wagnalls Company, 1909, Sixth Edition, Revised)

Note: This source is coded **Dubois1**.

- (5) Dr. Paul Dubois, *The Education of Self (L'Éducation de soi-même)*, Authorized Translation by Edward G. Richards (New York, Funk & Wagnalls Company, 1911)

Note: This source is coded **Dubois2**.

- (6) Trigant **Burrow**, M.D., Ph.D., "The Psychanalyst and the Community," in *The Journal of the American Medical Association*, Vol. LXII, Number 24 (June 13, 1914)
- (7) Dr. Roger **Vittoz**, *Treatment of Neurasthenia by Means of Brain Control*, Translated by H. B. Brooke (New York: Longman, Greens, & Co., 1913, Second Edition)

Key

- (a) **Green** indicates where a source author (or an earlier Sadler book) 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.

Matthew Block
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SOURCE

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II: SPECIAL APPLICATION OF
PSYCHOTHERAPY (Jacoby 282)

A. *The Most Important Methods* (Jacoby 282)

1. MENTAL THERAPEUTICS (Jacoby 282)

The psycho-analytic method assumes the functional disorders of hysterics and neurasthenics or psychasthenics

to be attributable in great part to some marked emotional stress,

frequently one of early childhood

which was repressed at the time it arose and could not be thrown off afterward.

The original stress may be forgotten

but the morbid feelings and the bodily disorders which they cause continue to persist.

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**XXVIII: THE RELIEF OF
REPRESSED EMOTIONS**

28:0.1 THIS new theory of modern psychotherapy assumes that all functional nervous disorders such as afflict neurasthenics, psychasthenics, and hysterics,

largely have their origin in some emotional stress

or repression.

It is taught that these emotions quite often arise in early childhood, when they are little understood or when, through fear or conventionality, their expression is found to be impossible or undesirable.

This original experience of emotional submergence may be entirely forgotten in later years,

but is believed to be able to

give rise to a train of subsequent morbid feelings and impulses which are able later to torture the mind and disorder the lives of these nervously predisposed individuals.

THE METHOD OF PSYCHANALYSIS

Psycho-analysis **aims**

28:1.1 The methods of psychoanalysis
aim

to **recall** to mind the causative **emotional** excitation

at going back in an analytical manner into the patient's mind

and, by exciting the patient to a **confession**,

to rediscover and **recall** to the consciousness these mischief-making **emotional** mummies,

and then to lead the patient to a free and full **confession** of these hidden feelings and emotions

to give him an opportunity to free himself

and thus to relieve the mind of its secret burdens.

and thus to **obtain that relief**

In this way the nervous individual is able to **obtain that relief** and satisfaction

which we know always accompanies all **unhampered expression of thought** (J 284-85).

which invariably accompanies the free and **unhampered expression of one's thoughts** and feelings,

and there can be no questioning of the fact that this work of discovering buried emotions and assisting the patient in his confession and elimination is immediately followed by a tremendous increase in the patient's peace of mind as well as by an enormous improvement in his nervous symptoms and physical behavior.

The method of treatment by psychoanalysis received much attention from Sigmund **Freud**, whose name we have mentioned in the chapter on dreams.

28:1.2 While **Freud** utilized this idea of mental catharsis in his new system of psychotherapeutics,

Breuer, however, and not Freud, is the originator of this cathartic method,

nevertheless, we believe it was **Breuer** who was in reality the originator of this method of psychotherapy,

SOURCE

which has met with much just criticism but which contains so much of interest that we cannot refrain from giving more details concerning it (J 285).

[L]aying his hand on the patient's forehead, [Freud] asks him to search for memories apparently lost, and perhaps reaching back into early childhood.

He does not regard it as necessary to use hypnosis to eliminate resistance on the part of the patient ... These memory explorations are aided by Freud through employment of the association law,

by mentioning or writing certain words

and requesting the patient to mention other words directly related.

For instance, the word "ship," through thought association, leads to the words "water,"

"harbor," "sea-sickness," etc. (J 288).

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although he did not attach the sex significance to his teachings that Freud does.

Whatever the criticism that we may make of the school of psychoanalysis,

we must commend it for its utter disregard of hypnotism and associated methods which characterized the early French practitioners of psychotherapy.

MEMORY EXPLORATION

28:2.1 The patient in his efforts to search back into early childhood for lost memories and repressed emotions

is aided by an appeal to his association centers

through the speaking or writing of suggestive words,

while he (the patient) is requested to mention other words that are directly related in his mind to those suggested;

for instance, the word "barn" suggests the word "horse."

The word "horse" suggests a "drive in the country,"

SOURCE

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and this in turn suggests a runaway long ago, the buried fear of which, with its accompanying emotional fright, has unconsciously made the patient nervous during every carriage ride from that day to this.

28:2.2 I am able to share some of the enthusiasm of these teachers of the psycho-analytic method, for the brilliancy and permanency of the results attendant upon the actual discovery and literal elimination of these mental burdens of repressed emotion are highly gratifying, but I am forced to take issue with Freud and his colleagues, who, I think,

Freud undoubtedly has overestimated the significance of distressing erotic experiences in the production of hysteria.

enormously overestimate the influence and significance of submerged sex impulses and repressed erotic experiences.

While one person will undergo such experiences and remain healthy, another who does not have them will become a hysteric after fright or any other psychic shock, essentially in consequence of his lowered powers of nerve resistance.

I am becoming more and more convinced that these practitioners who find disturbances of the sexual experience to be at the bottom of all cases of nervous disorder and functional psychic derangement

Freud was misled into unwarranted generalizations by the accidental discovery through psycho-analysis of the existence of a sexual causative factor in the hysteria of many of his patients. The errors into which he has fallen are quite manifest,

have fallen into the error

SOURCE

and there can be no doubt that in many of his patients he has, through the questions asked during his memory explorations, suggested matters which previously had been foreign to the patient's mental processes (J 292-93).

The aim of treatment by suggestion is essentially an abolition of disordered ideas,

the determination of their cause being considered of little importance.

The newer method, however,

endeavors primarily to trace the disordered ideas to their source by means of psycho-analysis (J 283).

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of mistaking the results of their own unwise suggestions to the patient for fundamental causes of disease.

By this I mean that it is entirely possible in the examining and questioning of nervous patients so to conduct the investigation and to place such over-emphasis upon the sex element of the mental contents as to deceive ourselves into the over-recognition of the relative importance of these particular forms of emotion as a cause of functional nervous derangements.

MENTAL CATHARSIS

28:3.1 The real aim of psychoanalysis is quite different from the purpose and methods of suggestion.

It is the aim of suggestion to counteract, substitute, and abolish unhealthy ideas,

quite regardless of their nature and origin;

but the more recent methods of psychotherapy—

mental catharsis—

aim at tracing these disordered ideas back to their psychological, physiological, or sociological source,

and thus seek to eliminate them from the psychic domain, root and branch, and so far as the philosophy of this method is concerned, it is far from recent.

SOURCE

Aristotle regarded the Greek educational idea of catharsis, that is, the purging of the mind of inharmonious and disordered emotions,

as the main end of the fine arts,

and in particular assigned to the drama of catharsis of pity and terror as its chief function.

The sound basis for this doctrine of thus disburdening the mind is made plain by

the common experience of relief obtained by giving vent to excitement,

and of distress which is caused by forced repression of harrowing emotions (J 284).

Every one at some time or other is obliged forcibly to repress certain emotions and to prevent them from becoming manifest (J 291).

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Aristotle, the Greek philosopher, advocated some such a procedure designed to purge the mind of its inharmonious emotions,

and he regarded such therapeutic methods

as the acme of educational art.

He assigned to the drama as its chief function the elimination or catharsis of pity and terror.

That nervous terror and emotional repression can be relieved by elimination and expression is demonstrated by

the satisfaction and relaxation which so often follows the giving vent to one's feelings during periods of excitement or temper,

although such methods of getting relief are far from ideal.

28:3.2 Every human being is destined to carry throughout life more or less of an emotional reserve;

but those emotions which produce the greatest havoc in our psychic experience belong more largely to that class of human feelings and impulses which are so largely misunderstood, or not understood at all, by the average man or woman—particularly the young.

It is this lack of biologic education, this lack of self-understanding, that enables the common and universal impulses of anger, jealousy, fear, and the sexual emotions, to exert such a disastrous influence upon the well-being of the mental and nervous health of the individual.

YOUTHFUL CONFIDENCES

28:4.1 Confidential talks on the part of the young with their parents and the conferences of the confessional or the consulting room on the part of adults with their religious and medical advisors all constitute a sort of indirect system of psychic catharsis. It would seem that the very moment a human mind—especially that of the young, the nervous, and the emotional—becomes locked within itself, that the accumulation of unexpressed feelings, together with the birth and growth of uneliminated emotions, are soon able to produce such a state of nervous tension and self-consciousness as to jeopardize the health and happiness of these self-centered and mind-locked individuals.

28:4.2 Especially is it advisable during adolescence that parents and teachers should literally and liberally share the emotional life of the boy or girl who is just blossoming into manhood and womanhood. It is at these critical periods of life that the freest expression of the thoughts and feelings should be encouraged and should be sympathetically and intelligently entered into by the natural guardians who are entrusted with the responsibility of skillfully guiding the ship of being through the troublous waters which prefigure this critical period of every human's life.

SEX EMOTIONS

28:5.1 I recently had under my care a semi-hysterical young woman who had previously been treated by these methods upon the hypothesis that her hysterical tendencies were all anchored in some repression or derangement of the sexual life, and after making splendid progress for a number of months in response to treatment along the lines of educational therapeutics,

[contd from 28:2.2] Thus one woman, having confessed to Freud certain sexual errors of youth, subsequently admitted to Loewenfeld that those excesses never had taken place (J 293).

she confided to me one day that she seriously doubted having been guilty of many of the sexual experiences to which she had confessed while undergoing her former course of treatment

and added this significant statement: "Really, doctor, I think some of these things were put into my head by the constant talking about sex matters during the course of my treatment and by being so emphatically told that all my nervous troubles had their root and origin in some derangement of my psychic sex life." And I was bound to admit to the patient that I concurred in her conclusion.

28:5.2 The average person is more highly suggestible in matters pertaining to sex than in any other avenue of human experience. It is not at all difficult, therefore, to explain or understand how enthusiasts, who are working along these lines of sex emotion as the exclusive field for psychanalysis, are able, almost without exception, to arrive at some sort of sex-error, which they could seize upon as the etiologic factor wholly responsible for the patient's neurosis.

SOURCE

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I think it is the failure to recognize this fact of sex-suggestion that has led Freud and his school so far afield from what is otherwise the most highly scientific and rational school of psychotherapeutic procedure which has been developed up to date.

28:5.3 It is my opinion that while sex emotions are often the exclusive cause of our nervous troubles and are more or less concerned in practically every individual suffering from a psychoneurosis, nevertheless, I have been able to dig up in the minds of these patients and bring forth other offending complexes, the central idea of which was fear, fright, regret, sorrow, together with other moral and spiritual delinquencies, apparently without the pale of the sex realm.

SELF-ANALYSIS

28:6.1 I think the mistake that the practitioners of psychoanalysis have made is that they have done too much of the analyzing themselves. In some cases I find it better to direct efforts along this line in the channels of self-analysis, expertly guiding the patient while she digs down into her mind and brings forth these ancient psychic slivers which are the cause of her mental unrest and nervous dissatisfaction. It must be remembered in treating these patients (when they have reached a certain stage) that the less we do for them as physicians, the better it is for the patient and the permanency of their cure.

SOURCE

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[!]

I lost all faith in this exclusive sexual origin of the psycho-neuroses when, as a result of a few experiments in the clinic, I discovered I could, in the case of suggestible and hysteric patients, lead them to believe in and settle upon almost any idea that I forcefully reiterated as a cause of their nervous troubles.

28:6.2 The most important item in the treatment of these cases, even if the offending complex is essentially one concerned in the sex life of the patient, is to so arrange the recreational, vocational, and domestic life of the individual that the mind which has become so highly sensitized to these morbid sex feelings shall be crowded brim full of healthy interests and normal ideas, which shall be so well cultivated that they will literally sweep the diseased mind clean of these disordered, unhealthy, and unwholesome feelings and impulses. All physical means, such as baths, massage, and electricity, as well as outdoor and athletic exercises, should be utilized as therapeutic aids to help these minds in the great fight to restore themselves to a healthful and normal attitude.

PSYCHOTHERAPEUTIC PROPRIETIES

AN EVALUATION OF THE PSYCHO-
GENIC FACTORS IN THE ETIOLOGY
OF MENTAL DISEASE: INCLUDING
A REVIEW OF PSYCHANALYSIS
(Dercum 751)

PSYCHANALYSIS (Dercum 752)

[The Freudian explanation of dreams]
need not be repeated here, save to remind
the reader that every dream is held to
have a sexual content,

that it deals with a subject of such a
character that it cannot be discussed
without injury to the dreamer, without
lesion of the proprieties, and lastly that
the dream always deals with a desire (D
753).

The attachment of the patient to
the physician,

so prone to occur in hysteric patients
and hypnotic subjects, if the physician
be at all lax in his attitude,

is peculiarly fostered by psychoanalysis.

These are the daily, or almost daily,
long-continued conversations on sexual
matters,

28:7.1 Some practitioners of
psychoanalysis go so far as to practically
put a sexual interpretation upon every
dream that passes through the human
mind,

and in the opinion of the author, their
efforts in this direction are frequently
absurdly ridiculous, as well as being far
from wholesome and uplifting upon the
mind of the patient.

The attachment of the patient to the
physician,

so prone to occur in hysteric subjects if
the physician be at all lax in his
attitude,

is peculiarly fostered by these exclusive
sex teachings of certain practitioners of
psychoanalysis.

There are the daily, or almost daily,
long-continued conversations on sexual
matters

SOURCE

extending over many months of time—sometimes as long as three years—

conversations of the most intimate character, in which the patient, who is usually a woman, openly acknowledges her suppressed sexual desires and rehearses at length the memories connected with them (D 755).

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extending over many months of time—sometimes as long as three years—

conversations of the most intimate character.

I look upon it as an utterly unethical and highly unhealthy experience for nervous patients—especially neurotic and hysterical young women—to go to the physician's office for repeated and lengthy consultations in which the center and theme of conference is the subject of the patient's sex life. I think such patients, notwithstanding their evident need of psychotherapeutic aid, will get more good in the end if they will take to the woods, study the birds, gather flowers, or engage in some other form of suitable and wholesome social diversion and recreation. And all this I say with a full recognition that there is more or less disorder of the sexual life in the vast majority of all our neurotic patients, both single and married. I do not ignore this element in my treatment of these cases, as I find myself most fortunately situated in that my good wife is also my professional associate. And all this I mention merely to make clear that while I cannot follow the Freudian school in some of its philosophy, and while I regard the over-emphasis of sex matters as highly disastrous and deteriorating in the practice of psychotherapy, nevertheless, I am equally wide-awake to recognize the necessity of properly treating and eliminating whatever of disordered impulses and emotions of this nature may be present in the mind and experience of any given patient.

SOURCE

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28:7.2 The time has come to utter both protest and warning against this tendency to direct psychotherapy into sordid and sexual channels. I am beginning to think that the future will look back upon the present day and generation as having gone sex-mad. The red-light district seems to be monopolizing the stage and to possess the brains of a majority of our novelists, and now this modern sex mania threatens to take possession of psychic medicine, and if mental medicine is to be directed into these exclusive and suggestive fields, great harm is going to be done to the minds of our nervous patients. Unwholesome and undesirable association of ideas are going to be suggested to the minds of nervous sufferers and they are going to be tormented with these unwholesome and undesirable associations throughout the rest of their lives. Immorality both in thought and act can only be the outcome of these foolish and absurd teachings regarding the cause and cure of our common nervous disorders.

EMOTIONAL REPRESSION

X: THE REPRESSED EMOTIONAL WOMAN (Collins 150)

[INTRODUCTION] (Collins 150)

We also know the square pegs in the round holes, who when given their proper environment, blossom like flowers in suitable soil (C 150).

28:8.1 It is indeed pathetic to note the large number of

square human pegs who are trying to fit into vocational round holes—

sociological misfits, human plants that are trying to grow in the wrong climate.

SOURCE

NO LOVE HATH SHE, NO UNDERSTANDING
FRIEND (Collins 151)

-----, OHIO, May 3, 1907.

MY DEAR DOCTOR:—

To find oneself, thirty-six years old, alone, unattractive, unprovided for, and wholly incapable of earning a livelihood, is not a pleasant prospect, especially when ill-health is added (C 151).

In my fifteenth year I began the study of painting and for five years I found in this work much happiness and a means of escape from myself. But there was always a craving which I felt might be satisfied by some one who loved me,

or, perhaps even better, by some one whom I could intensely love (C 152-53).

The nervous exhaustion from which I suffer now, began apparently in my twenty-first year,

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We find cases among both men and women, but more particularly among women who are growing old, getting well up into the thirties.

They find themselves alone in the world.

They not only have no one to love them

but they are in a worse state—they have no one to love,

and they get into that morbid state of mind where they feel there is not a single soul in the world who really understands them.

They may naturally not be oversuccessful in making their way along in social circles, and then to all this is added the anxiety and worry not only of earning a livelihood, but as to what they shall do in the future as they grow older.

About this time some form of nervousness begins to make its appearance,

SOURCE

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either spontaneously on the basis of heredity, coupled with this experience of loneliness and isolation, or as a result of some mental overworry, physical overwork, or perchance, some catastrophe in the individual's experience or that of his family, and then the real mischief—nervous prostration—shows its hand.

28:8.2 In other cases the real nervousness begins as a child,

but I am convinced that it dates back to a humiliating and ignominious experience, a **whipping** given me by my father when I was nine years old (C 151).

it may be with a violent **whipping** or some other unusually harsh criticism.

It may come with disappointment in love or the discovery of the unfaithfulness of the adored one, or it may be sudden death in the family. In this way the foundation is laid for a life-long invalidism if the patient does not by chance fall into the expert hands of a sympathetic medical counselor.

28:8.3 Sometimes we find the musician, the **artist**, or the author, that is those who have had longings and ambitions in these directions, but who have failed—at least they have failed to make a commercial success of their art—and these individuals, especially in maiden ladies and old bachelors, begin to become self-centered and break down their health by brooding over their failures and worrying about their future.

Often in despair of my father's ever understanding me or accepting my overtures of devotion, I would turn to companions of my own sex. Here also I was repulsed. [*contd next pg.*]

SOURCE

Although some girl would be at first attracted by my admiration, she would very soon become listless and show signs of ennui when in my society and would shortly turn away from me, as though the very strength of my affection exhausted her (C 153).

Is there no one in the world who cares to be deeply loved?

Perhaps it is that only deep natures can bear to receive deep devotion, and that the ordinary person, under these circumstances, merely feels disgust and resentment towards those who bring to the surface that which hitherto had been submerged and unsuspected.

I cannot understand it at all, but I feel convinced that there is in me some force which, denied a natural outlet, could still be utilized and made productive in some direction (C 153).

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Again we find those who do not seem to be able to express their affection in terms which other members of society can recognize or appreciate.

It was one such patient as this who, in writing to her physician, thus described her unsatisfied longings:

“Is there no one in the world who cares to be deeply loved?”

Perhaps it is that only deep natures can bear to receive deep devotion, and that the ordinary person, under these circumstances, merely feels disgust and resentment toward those who bring to the surface that which hitherto had been submerged and unsuspected.

I cannot understand it at all, but I feel convinced that there is in me some force which, denied a natural outlet, could still be utilized and made productive in some direction.”

PHYSIOLOGY OF THE EMOTIONS

XII: THE EMOTIONS (Dubois 144)

28:9.1 When we come to analyze and summarize the views of Lange, James, and other students of the physiology and the mechanics of emotion, we are further forced to the conclusion that those commingled, complex feelings of sensation and consciousness which we commonly call emotions are the result of

SOURCE

According to Lange, all emotional movement is nothing but a *vasomotor reaction* directly provoked by the stimulus. W. James is less simplistic in his philosophy, and assumes a whole series of troubles in the motor, vasomotor, and glandular apparatus.

The emotion felt is thus only the consciousness

of these organic changes; it is merely an epiphenomenon (D1 144-45).

W. James ... says: "... The hypothesis that we are here going to defend implies that ... one mental state is not directly brought about by another; that bodily manifestations must first be interposed between them; and that the most rational assertion is that we are afflicted because we weep,

angry because we fight, and frightened because we tremble" (D1 145).

But as emotion plays an important rôle in the development of psychoneuroses, I will try to explain the way in which I regard the emotions. Common sense is right: the woman who has just lost her child has first of all a perception, an idea,

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a whole series of disturbances and reactions in the motor, vasomotor, and glandular mechanism of the body;

in other words,

what we call the emotion is simply our recognition—our consciousness—

of these physical changes which are taking place in the organism.

Now, I cannot accept this purely physiological view of the origin of human emotions. I believe that the mental state also contributes to the production of these characteristic and peculiarly human feelings.

When James says that we suffer from a sense of affliction because we weep,

that we are angry because we fight, and that we are frightened because we tremble,

I can only partially agree with him. I must also recognize the fact that

when a mother has lost an only child, she first experiences a perception, an idea,

SOURCE

this idea saddens her,

and her sorrow is shown by tears (D1 145).

Our **mental representations** and our ideas are always **awakened by peripheral stimuli**. It is our five senses which inform us concerning practically all that goes on around us, and it is the sensations that are felt which give birth to the idea (D1 146).

In the last analysis man experiences emotions. This ultimate phenomenon is psychic and irreducible.

Why should it occur more easily because we have vaguely noticed our heart beats and the tears in our eyes?

Why should it not follow directly, as one idea follows another, the mental representation of the death of some one we love?

To pretend that we weep first, and that we are moved afterward, is, as our authors naively acknowledge, to wound common sense, the guiding quality of intelligence (D1 148).

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and that it is this idea that saddens her,

and then her sorrow is shown and accompanied by tears.

Of course, it may be argued that

the majority of our **mental representations**—our ideas—are also **awakened by peripheral stimuli**,

and it is only in the light of this latter argument that we can accept of a teaching which assigns the origin of all emotion to purely physical conditions in the organism.

28:9.2 One authority, in summing this matter up, has expressed our views so well that we beg to quote as follows:

28:9.3 In the last analysis man experiences emotions. This ultimate phenomenon is psychic and irreducible.

Why should it occur more easily because we have vaguely noticed our heart beats and tears in our eyes?

Why should it not follow directly, as one idea follows another, the mental representation of the death of some one we love?

To pretend that we weep first, and that we are moved afterward, is, as our authors naively acknowledge, to wound common sense, the guiding quality of intelligence.

SOURCE

[contd] The first characteristic of emotion is, to my mind, its ideogenic origin.

Then follows the irradiation of the stimulus to other centers, the wakening of previous mental representations that are instinctive or acquired, creating *psychic emotion*.

Then follow the physiological manifestations of the mental condition in the form of actions, which are always consecutive to the idea (D1 148).

Many persons allow themselves to be impressed by all the sensations that they experience.

Some functional disorder which would leave a well-balanced person wholly indifferent strikes them with fear.

If they have a palpitation of the heart, they immediately dread imminent syncope; a sensation of vertigo makes them fear for their head.

They are afraid of all diseases ; they are often even afraid of fear. This is so frequent that physicians have invented the term *phobophobia* (D1 151).

28: WORRY AND NERVOUSNESS

28:9.4 The first characteristic of emotion is, to my mind, its ideogenic origin.

Then follows the irradiation of the stimulus to other centers, the wakening of previous mental representations that are instinctive or acquired, creating *psychic emotion*.

Then follow the physiological manifestations of the mental condition in the form of actions, which are always consecutive to the idea.

28:9.5 Many persons allow themselves to be impressed by all the sensations that they experience.

Some functional disorder which would leave a well-balanced person wholly indifferent strikes them with fear.

If they have a palpitation of the heart, they immediately dread imminent syncope; a sensation of vertigo makes them fear for their head.

They are afraid of all diseases; they are often even afraid of fear. This is so frequent that physicians have invented the term *phobophobia*.

MEMORY GHOSTS

28:10.1 In the treatment of neurasthenics and hysterics, at just about that time when we feel the patient is making splendid progress, achieving an excellent conquest of their disjointed minds and disordered memories—just about this time, they come into the office in utter despair and tell you that since their last conference with you they have suffered the tortures of the damned.

They begin a rehearsal of all their former bad symptoms and in pathetic tones assure you that everything is just as bad or worse than before they began treatment.

28:10.2 Now, calm, cool, and careful analysis of what they tell you almost unfailingly reveals the fact that they are suffering from what I call “memory ghosts.” By this I mean that the memory images of their former disastrous experiences have been able to encompass the consciousness in such a way as to torture and terrorize these neurotic souls. We are usually able to point out to such patients the definite improvement they have experienced in other directions, and are usually able to make sufficiently clear to them the nature of their mental tortures that they leave the office recognizing that while one can change his habit of thought by persistent training, and do so in a comparatively short time, he must reckon with the fact that the memories of former habits of misthought may long linger in the mind, that these “memory ghosts” may walk forth during the dark hours of depression and thus, at a time when one is least able to resist them, take that unfair advantage of the patient which seldom fails to precipitate a veritable psychic panic.

28:10.3 Neurasthenics are all the time complaining of and suffering from the sudden appearance of distressing and alarming symptoms for which there seems to be no real reason, either psychic or physical. These symptoms which thus mysteriously appear are in many instances but the resurrection of buried and supposedly dead fears and emotions which have been long submerged beneath the level of consciousness,

SOURCE

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but which have remained crystallized in the subconscious experience ready to spring forth under favorable conditions to startle and plague the mind that did so long nourish and harbor them.

REGRET AND SORROW

XIII: PATIENCE (Dubois2 249)

Regret is the memory of past pain,

with the feeling that it might have been avoided if we had been more careful.

But of what use is this paralyzing regret

when it is the past that we are looking at?

There is only one thing to retain in the memory—

a representation of the mistake made, in order to avoid it in the future (D2 259).

[contd] Regret seizes us when we have neglected to take precautions or have acted precipitately and without consideration. It becomes remorse when

28:11.1 *Regret* is the memory which lingers in the mind of some disagreeable experience in the past, some feeling or pain

which we know might have been avoided had we been more thoughtful or careful,

and little does the neurasthenic pause to consider

how useless is this demoralizing regret—this paralyzing sorrow.

There is but one useful thing to remember of our past experiences when they are unpleasant or unprofitable,

and that is

the mere memory of the mistake that it may be avoided in the future.

Regret is translated into remorse, when,

in the mistake we have made, we recognize that

SOURCE

we transgress the ethical laws that we have made our Ideal (D2 259).

The intensity of our remorse shows the extent of our morality, that is to say, our attachment to virtue; there is treason in want of fidelity to our Ideal, and we blame ourselves for it just as we would for bad feelings towards those whom we love (D2 260).

28: WORRY AND NERVOUSNESS

we have sinned against our ideal—transgressed the laws of recognized ethics.

The intensity of our remorse only goes to show the degree of our morality.

28:11.2 Sorrow is selfish—highly selfish, but it is next to impossible to get average persons to recognize and admit that this is true when they themselves are the victims. However tragic the experience or great the misfortune, what, I ask, may one hope to gain by indulging in sorrow, other than increasing sadness and possibly despondency and melancholy.

TEMPER CONTROL

28:12.1 What has been said in this chapter relative to the emotional elimination—to the expression and relieving of the emotions—must not be construed as an excuse for the manifestation of temper. Just because an individual sometimes feels better and breathes easier after a splenic outburst in no wise proves that the final results on either mind or body of such manifestations of anger are beneficial; the fact is they are decidedly deleterious. There are other more desirable and also militant methods of giving vent to one's feelings entirely in accordance with good reason and sound judgment, not to say good taste. The same ends can be secured by deliberate and soberly controlled reason.

SOURCE

28: WORRY AND NERVOUSNESS

For instance, one of your servants, employees, or other subordinate makes some stupid blunder that causes you no end of inconvenience, and you are tempted to rail out upon him. Just stop for a moment and reason with yourself regarding his opportunities in life, take into consideration the fact that he has not had your opportunities of developing keenness, clear-sightedness, and a sense of propriety. In other words, dismiss the whole matter with a smile, while you repeat over in your mind some phrase which you keep handy in the mind for such occasions, like the following: "Well, if he had my brains, he would have my job," and you will get just as much emotional relief and personal satisfaction as if you had indulged in a regular oldtime blowout.

SECTARIAN PSYCHOTHERAPY

AN EVALUATION OF THE PSYCHOGENIC FACTORS IN THE ETIOLOGY OF MENTAL DISEASE: INCLUDING A REVIEW OF PSYCHANALYSIS (Dercum 751)

MODERN MYSTICISM (Dercum 756)

The psychology of insanity is a legitimate field of inquiry, though from the very nature of the subject its results must be largely speculative. Psychoanalysis, on the other hand, is a cult, a creed, the disciples of which constitute a sect.

To be admitted to its brotherhood, it is merely necessary that the novice should be converted to the faith, not that he should be convinced by scientific proof; for none such is possible.

28:13.1 Psychotherapy, as practiced by some enthusiasts, has become a cult, a creed, the disciples of which constitute a therapeutic sect.

To be admitted to its brotherhood, it is merely necessary that the novice should be converted to the faith, not that he should be convinced by scientific proof.

SOURCE

If the convert claims that he has found psychanalysis followed by cures,

he places himself side by side with those who claim cures by means of hypnotism, divine healing, Christian Science, and like procedures (D 756).

[contd] Psychanalysis is an outcome of the general mystic tendency of the modern world.

Occultism and symbolism in art, music, literature and the drama—cubism, futurism, modernism, the problem play—are all expressions of this tendency.

On what basis are we to explain such phenomena?

Factors which influence the social condition, the mode of living, of great masses of people, all have to do with this psychopathic tendency.

Among them we may enumerate the strain of modern living, the strain of the adaptation required by rapid rise in social level with its unaccustomed demands and new dissipations, the strain of the struggle of those who have not yet achieved their goal,

and to this we should add the lateness of marriage and the difficulties of living a normal, a physiologic, a complete life.

Under these circumstances the less stable and weaker minds lose their moorings.

28: WORRY AND NERVOUSNESS

If the convert claims that his new system is followed by cures,

he can show none more remarkable than those exhibited by hypnotism, divine healing, Christian Science, and like systems.

28:13.2 These specialized and faddish healing cults are the outcome of the general mystic tendency of modern times.

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and to this we should add the lateness of marriage and the difficulties of living a normal, physiologic, complete life.

Under these circumstances the less stable and weaker minds lose their moorings.

SOURCE

That which is old and has perhaps been acquired slowly, with difficulty and at great cost is forgotten.

Truth is rejected for no other reason than that it is old. New things are accepted for no other reason than that they are new.

There is an abandonment of all previous standards.

The mind is unhinged and takes refuge in mysticism.

The real gives place to the unreal, the beautiful to the unbeautiful, the wholesome facts of life to the morbid untruths of disease; actual experiences are belied by pathologic illusions; the evidences of the senses are replaced by the phantasms of exhaustion.

To the jaded and blasé psychopathic patient, to the chronic hysteric, psychasthenic, hypochondriac or what not, to the patient who has tried all sorts of procedures, psychoanalysis presents something new, something interesting, something pruriently exciting (D 756).

The prophecy can safely be ventured that psychoanalysis will in due course pass away, will in due course be a matter of history and it will then take its place side by side with other mystic practices,

such as animal magnetism, mesmerism, braidism, hypnotism, metallotherapy, Perkinsism, Dowieism, Eddyism, Worcesterism, divine healing, New Thought, the Bergeon treatment of tuberculosis, hanging in locomotor ataxia,

28: WORRY AND NERVOUSNESS

Dr. Dercum says:

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To the jaded and blase psychopathic patient, to the chronic hysteric, psychasthenic, hypochondriac, or what not, to the patient who has tried all sorts of procedures **these fantastic therapeutic teachings** present something new, something interesting, something pruriently exciting.

The prophecy can with safety be ventured that **these extreme views of psychotherapy** will in due course pass away, will in due course be a matter of history, and will then take **their** place side by side with other mystic practices,

such as animal magnetism, mesmerism, Braidism, hypnotism, metallotherapy, Perkinsism, Dowieism, Eddyism, Worcesterism, divine healing, New Thought, the Bergeon treatment of tuberculosis, hanging in locomotor ataxia,

SOURCE

and other weird procedures that have time and again swept the earth in epidemic form (D 756).

THE PSYCHANALYST AND THE COMMUNITY (Burrow 1876)

The policy of the psychanalyst is a robust one, and he outlines it without mitigation or cavil. this effort of readjustment.

Simply and directly, however considerately, he explains to the patient the psychologic meaning of his disorder in accordance with the psychoanalytic interpretation, and informs him of the bearing of faulty mental habits and adaptations on the causation of nervous processes.

The physician explains the essential disharmony at the root of these disorders; the irreconcilability of contending mental and emotional influences within the personality, pointing out the inherent conflict thus embodied in neurotic disorders.

He further explains that a true adjustment may be made only through an honest recognition of the vital unconscious trends with which his personality is now blindly and inadequately contending.

28: WORRY AND NERVOUSNESS

and other weird procedures that have time and again swept the earth in epidemic form.

SANE PSYCHANALYSIS

28:14.1 My views of the sane and practical applications of psychoanalysis are well expressed by Burrow in a recent number of the Journal of the American Medical Association:

28:14.2 The policy of the psychanalyst is a robust one, and he outlines it: without mitigation or cavil.

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He further explains that a true adjustment may be made only through an honest recognition of the vital unconscious trends with which his personality is now blindly and inadequately contending.

SOURCE

At the same time he frankly tells the patient that the process through which the requisite adjustment is to be made entails difficulty, discomfort and personal sacrifice on his part, and he does not disguise from the patient *his* responsibility in this effort of readjustment (B 1876).

[contd] While not unsympathetic to the suffering of his patient, the psychanalyst makes clear that his is no maudlin or sentimental sympathy, such as would surround the patient with the soft and ineffective ministrations of external attentions, but that his sympathy is virile and adult and allied to what there is within the man of courage and honest purpose.

And so the psychanalyst makes clear his position that for him “cure” means a thorough and unflinching acquaintance with one’s innermost self, that cure is the attainment of an undistorted vision of life without regard to personal comfort or edification, and that the mind which is torn with inner doubt and discord is prepared to accept terms of peace with itself only when it has been brought to see things in their unembellished truth.

Such is the position of the psychanalyst, and from this position he does not stir (B 1876-77).

When the psychanalyst has at last divested the personality of its artificial mantle, and views the natural man; when we have stripped away the husks of pretense and have dared to look unafraid on the contour of the actual; what we find universally to be the purpose, the real motive of all this elaborate and pains taking mechanism of insincerity and disguise is an ancient and indigenous *egotism*.

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SOURCE

Egotism is the effort to see things as we would have them, rather than as they are. Egotism is therefore no respecter of truth.

The *wish* is its sole criterion, for egotism is allied with the unconscious, with the primary, pleasure-principle, the original phase of psychic life with its immediate, hallucinated satisfactions.”

It is egotism which leads us to choose what is pleasant in preference to what is true. It has been wisely said, “the truth hurts.” It is so much easier to be beguiled with flattery and blandishments than to subject oneself to the searching light of self-criticism (B 1877).

[contd] Thus it is egotism that lures men into the rosy path of irresponsibility.

To follow it, however, is to take the path that leads finally beyond the bounds of organized society toward disintegration and madness, for *insanity is nothing else than the unmeasured sway within the personality of this disorganizing principle of egotism* (B 1877).

It is this same egotism—this obstinate “determination to see the world as it is not, but only as he wishes it to be” which is the besetting fallacy of the neurotic personality.

We maintain, however, that while not less deep-seated and obdurate, the egotism of the neurotic individual is somehow incompatible with something better within him.

He seems imbued with a finer intellectual insight, a deeper sensitiveness to life’s values.

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SOURCE

Some innate truth endows him with a higher moral criticism, so that instinctively he opposes a barrier to egotism's sensuous appeal,

and so the insincerity and untruth into which his native egotism has decoyed him is to such a personality wholly intolerable, and he experiences the intensest mental suffering in consequence of the moral conflict which an enforced resort to such artificial protections has occasioned him.

He can no longer find satisfaction in the popular appeasements of the body-social, but becomes more and more deeply introverted, withdrawn and inhibited, until at last his life has become so crippled and confined as to be no longer livable. This description offers a rough character-interpretation of a frequent type of neurotic personality.

It is the aim of the psychanalyst to lead such a personality out of his prison of repression and ineffectiveness by means of a patient and honest study of himself.

With consideration and respect the psychanalyst traces one by one the causes which have led to his isolation and repression.

He leads the patient to a gradual realization of the inherent egotism—the latent unconscious wish—that has lain back of his symbolic disguises.

Thus the personality is led little by little to an ever-deepening renunciation of the immediate pleasure-satisfactions and to the gradual attainment of a correspondingly broad conscious adaptation (B 1877).

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SOURCE

Egotism is precisely the enemy of human progress against which the psychoanalyst levels his aim.

Under whatsoever sham egotism thinks itself most safely concealed, it is here that the psychoanalyst directs his attack (B 1878).

[contd] The task of the psychoanalyst, therefore, is the readjustment of the neurotic patient through a process of self-elimination.

It is his task to replace caprice with logic, emotion with reason, temporary satisfaction with permanent truth.

The psychoanalyst then takes his stand on adult characterologic ground.

He recognizes that the abnegation of immediate selfhood is the highest attainment within the ethical nature of man, that the subversion of the primary, infantile pleasure mode is the supreme renunciation (B 1878).

[contd] We contend that since a great part of the beliefs and customs of the community have at heart the same underlying motive as actuates the symptoms of the neurotic patient with his organic evasions and substitutions, namely, an inherent egotism, the trend of the psychoanalyst not only aids, in its reeducative influence, the individual, but also makes for a better and a healthier community.

For the psychoanalyst would utilize this force resident in the onward effort of mental evolution.

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SOURCE

He would direct to better uses this impulse of self-attainment which lies at the source of the manifestations which we call life, for with the attainment of consciousness the possibility is opened for converting this genetic life-force into a constructive and a purposive principle.

With the gradual enlarging of consciousness it has become more and more adapted to social and ethical ends.

Thus through the sublimating process of mental growth, egotism becomes diverted into self-devotion (B 1878).

ELIMINATION AND DE-CONCENTRATION (Vittoz 73)

[contd] We have shown the patient how he should concentrate his thoughts or ideas,

we will now teach him the reverse process,

namely, how to efface an idea from his brain (V 73).

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MENTAL DE-CONCENTRATION

28:15.1 In another chapter we have laid great emphasis upon the importance of concentration—

calling attention to the necessity of cultivating this mental power as a part of the discipline and training which is to effect the cure of the various nervous states.

It is equally important in mental catharsis—in the process of emotional elimination—that

the nervous patient should learn how to reverse the process of concentration,

learn how, as it were, to efface ideas from the mind.

The substitution process does not always work well at first. We teach these patients to get their mind off one idea by getting in on an opposite idea.

I have recommended to my patients the following exercise as an aid in de-concentration, that is, the power to shift the mind rapidly from one idea to another. The exercise is as follows: Place before the mind two pictures, preferably of different colors or shading, such as a country landscape view and by its side a rugged mountain view, or any other two pictures which may be selected from any book or magazine. The patient is then instructed to concentrate the mind upon one picture, going carefully into the study of its details and drawing upon the imagination at great length in working out and developing all ideas associated with the viewing of the picture. This is to be kept up for a definite length of time, say, five minutes, and then, upon the striking of the signal (in the early practice of this experiment the patient is always assisted by the physician, the nurse, or some sympathetic member of the family) the eye and mind are quickly focused upon the second picture, and for another five minutes the imagination is exerted to its utmost in developing the suggested ideas in relation to this picture. It is difficult to imagine the amount of mental training that is afforded by even a short half-hour of some exercise similar to this one.

28:15.2 Different writers have suggested different sorts of exercise for this particular purpose, and among others may be mentioned the following:

SOURCE

The following is the most simple mode of training:

First exercise. The patient should place from three to five different objects side by side on a sheet of white paper, and then, after impressing them well on his mind, remove one from the paper while at the same time effacing all recollection of it;

when doing this it is well for him to close the eyes and make sure whether the object in question has been effaced from his mind, this is most important.

He should then do likewise with a second and third object, and so on until all of them have been removed, when, if this has been well done, his mind will retain nothing but the impression of a sheet of white paper.

This experiment, though it may appear very childish, is most useful, for, if often repeated, it teaches the brain the habit of elimination.

Second exercise. Tell the patient to imagine two or three figures in his mind and then to efface them in succession; when this has been done, no impression of a figure should remain on the brain.

Third exercise. Put two objects before the patient and tell him, after effacing one of them, to retain the impression of the other; this can also be done with two words, figures or phrases.

28: WORRY AND NERVOUSNESS

28:15.3 First exercise: the patient should place from three to five different objects side by side on a sheet of white paper, and then, after impressing them well on his mind, remove one from the paper while at the same time effacing all recollection of it;

when doing this it is well for him to close the eyes and make sure whether the object in question has been effaced from his mind. This is most important.

He should then do likewise with a second and third object, and so on until all of them have been removed, when, if this has been well done, his mind will retain nothing but the impression of a sheet of white paper.

28:15.4 Second exercise: Tell the patient to imagine two or three figures in his mind and then to efface them in succession; when this has been done, no impression of a figure should remain on the brain.

28:15.5 Third exercise: Put two objects before the patient and tell him, after effacing one of them, to retain the impression of the other; this can also be done with two words, figures, or phrases.

SOURCE

We will also make use of another means of elimination, which may be called “de-concentration” ... In this case, after concentrating on the figure in question, the patient should efface it *gradually* and *voluntarily*, which latter is a most important point, as the figure should in no case disappear contrary to the wish of the patient.

The necessary exercises are as follows:

1. He should imagine in his mind the figure in question,

continuing to think of it as becoming smaller until it completely disappears.

2. He may also imagine it as retreating further and further until no longer visible (V 76).

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28:15.6 Fourth exercise:

The patient should imagine in his mind a large figure—

say figure seven—

and as he thinks of this number imagine that it is becoming smaller and smaller until it completely disappears.

He may also imagine it as retreating further and further until no longer visible.

NATURAL CURES

28:16.1 It is not to be wondered at in the presence of our intricate and complex civilization, that susceptible individuals who are hereditarily defective in the organization of their nervous system should break down and go to pieces under the simple stress and strain of living. Nervous diseases are on the increase today because of the fact that there is an increased feebleness of resistance to the various acting causes such as infections, visceral disturbances, poisons, and trauma—both psychic and physical.

SOURCE

28: WORRY AND NERVOUSNESS

Thus we see a combination of heredity, environment, and education, all designed to produce what may be rightfully called a neuropathic constitution, and the more we study mental disturbances, the more we are forced to recognize the physical and environmental causes operating to destroy the psychic equilibrium and that the nervous states are not wholly psychic in origin.

28:16.2 We have so many times spoken of the vast curative powers and possibilities of suggestion, reeducation, and other methods of mental cure, that we are fearful the reader will jump to the conclusion that mental remedial methods are well-nigh all-powerful; and while we would not say anything to lessen the reader's faith in mental medicine in the realms of functional disorders, we would at this time call the reader's attention to the fact that "old Mother Nature" is a wonderfully good nurse, not to say a wise and faithful physician, and that *time* is the element of cure in a lot of these nervous disorders, some of which, when not too largely hereditary and not too grossly aggravated, show a tendency to run a natural course and get well of themselves, sometimes in spite of numerous and aggravating blunders in the matter of bunglesome treatment.