WORK-IN-PROGRESS (NOVEMBER 2, 2026) PARALLEL CHART FOR

Chapter 25 — Educational Therapeutics

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

by William S. Sadler, M.D.

© 2026 Matthew Block

Sources for Chapter 25, in the order in which they first appear

(1) Dr. Roger Vittoz, *Treatment of Neurasthenia by Means of Brain Control*, Translated by H. B. Brooke (New York: Longman, Greens, & Co., 1913, Second Edition)

(2) 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 Dubois1.

(3) 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 Dubois2.

(4) James J. Walsh, M.D., Ph.D., *Psychotherapy* (New York: D. Appleton and Company, 1912)

(5) William S. Sadler, M.D., *The Physiology of Faith and Fear: Or, The Mind in Health and Disease* (Chicago: A. C. McClurg & Co., 1912)

(6) Dr. Paul Dubois, *Reason and Sentiment* (Authorized Translation by Edward G. Richards) (New York: Funk & Wagnalls Company, 1911)

Note: This source is coded Dubois3.

(7) Richard C. Cabot, *What Men Live By* (Boston and New York: Houghton Mifflin Company, 1914)

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) **Bold type** indicates passages which Sadler copied verbatim, or nearly verbatim, from an uncited source.

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

(g) Red indicates either (1) an obvious error on Sadler's part, brought about by miscopying or misunderstanding his source, (2) a statement by Sadler that contradicts an earlier statement of his, or (3) an otherwise questionable statement from him.

(h) Gold highlights words or phrases that will be discussed in a later analysis.

Work-in-progress Version 2 Nov. 2026
© 2026 Matthew Block

XXV: EDUCATIONAL THERAPEUTICS

25:0.1 UNDER the head of educational therapeutics we desire to discuss those prophylactic and curative measures represented by self-control, self-discipline, and self-denial; together with the formation of desirable and habitual modes of thought and action, designed to take the place of those uncontrolled and disorganized modes of thinking and acting which are so characteristic of the various nervous states.

EARLY SELF-DISCIPLINE

25:1.1 It is desirable to start out in the child's life with the early inculcation of the thought that the one great thing in human education is self-control—self-mastery. This work of training must begin when the child is a tiny, crying, struggling infant in its crib. It must be taught from earliest infancy gracefully to submit to emotional discipline and reasonable disappointment. It must be taught patience—to remain calm in the presence of a disappointing or a distasteful situation.

25:1.2 And this same training which should thus be so early inaugurated must be kept up unrelentingly throughout the long years of a life time, for the men or women who have not acquired, or who will not acquire, the power to rule their own nerves, govern their own emotions, and control their own feelings, if the training requisite to this degree of self-discipline has not been undergone by the patient, must know that there is but one hope for the future—

such undisciplined minds and unrestrained nerves must continue on, the victim of all those annoying and distressing symptoms which are the invariable accompaniment of ennui, neurasthenia, and hysteria.

MENTAL CONCENTRATION

CONCENTRATION. (Vittoz 59)

CONCENTRATION ON AN IDEA. (Vittoz 66)

25:2.1 In practicing concentration it is necessary to aim at definite mental obligation.

[contd] In this exercise the patient should try to develop some idea in his mind, to solve a problem,

Take up the study of mathematics and work on the solution of difficult problems.

to write a resumé of something he has read,

Carefully read a page in a book and then endeavor to write a resume of what you have read.

or to listen for a definite time to a conversation

Listen to three minutes' conversation

and then endeavor fully to write it out—completely reproduce it.

or lecture,

Listen to a lecture for one hour,

while allowing nothing to distract his attention,

never allow your eyes to leave the speaker, and not for one moment permit the mind to wander away from what you are hearing.

25:2.2 When practicing in this way at concentrating the mind, do not become discouraged if

that is to say, while checking at once any idea irrelevant to the subject in question (V 66).

irrelevant ideas come sneaking into the consciousness,

for foreign thoughts will certainly thus intrude themselves upon the young psychic athlete, but, as I say, do not let this discourage you.

Simply dismiss these ideas the moment you become conscious of their presence in the mind, and quickly and resolutely switch the focus of attention back onto the subject you have elected to concentrate upon.

[contd] A practical result will only be reached gradually and after many failures;

Many failures will come before success is achieved, but ultimate success, more or less complete, will surely reward all those who persevere.

in order not to lose heart it should be done for a very short time at the outset and be looked upon as a simple exercise (V 66).

THE PHYSIOLOGY OF CONCENTRATION

25:3.1 The immediate physiological effects of successful mental concentration are very striking. When the mind is thus focused upon a definite idea and when the concentration is not overprolonged, scores of nervous physical manifestations are more or less completely removed.

The physical organism quiets down, numerous functional agitations are more or less calmed, and the tortured nerves of the self-centered individual are permanently relieved of that oppressive watchfulness which is so constantly exercised by the neurotic patient over the physical behavior of his own organism.

25:3.2 Dr. Vittoz even claims to be able to detect the difference by the sense of feeling between the vibrations which emanate from the skull

[Once the subject has been able to concentrate on the idea of calm,] the hand [of the physician] notices a change in the vibrations, which become slower and longer (V 67).

when the mind is concentrated in the one case upon the thought of calmness

[When the subject has been able to concentrate on the idea of energy, the concentration] can be felt by the hand as a series of voluntary, that is to say, more accentuated vibrations (V 68).

and in the other upon the thought of energy.

While it is not for me to say what another physician can feel, I am impelled to record at this time that I have never been able to feel such vibrations, and I have met few other specialists in this line of work who claim to have been successful in detecting these specialized oscillations proceeding from the human cranium.

PHYSIOLOGICAL EFFECTS OF CONCENTRATION. (Vittoz 69)

But, however these claims may ultimately develop, there is no disputing the fact of the tremendous influence, favorable influence, too, upon the body as a result of concentrating the mind,

1. Influence on the vaso-motor nerves.

and this influence extends over the vast domain of the entire vasomotor system.

2. Influence on the organs.

It also markedly affects all of the internal vital organs,

as is so well illustrated in the case of certain high-strung nervous people who will be attacked with a fit of indigestion if they strongly concentrate the mind immediately after eating.

Thus, as a result of their unstable circulation, they draw too much blood away from the digestive tract in order to sustain the activities of the brain.

3. Influence on the feeling of pain. (V 69)

25:3.3 Concentration of the mind is also able greatly to elevate the threshold of the consciousness of pain,

as exemplified in the case of those individuals who have been severely injured while the mind was intently occupied, but have not discovered their injury or recognized the pain resulting therefrom until considerable time had elapsed—until the concentration of the mind was relaxed.

All these symptoms [of vaso-motor disturbance] can be modified by concentration which apparently regulates the functions in question. An instance of this may be found in the fact that many nervous people suffer from cold hands or feet,

25:3.4 I have repeatedly observed that in the case of certain nervous patients who suffer habitually from cold hands and feet,

and whose nervous equilibrium is not fully destroyed,

and those who have learnt the method can by a few minutes' concentration easily restore warmth to their members.

they are able partially or wholly to cure themselves for the time being of cold hands and feet by vigorous concentration of the mind on those portions of the body which are thus deficient in circulation.

Likewise we have been able to train neurasthenics and hysterics almost instantaneously to

The feeling of numbness, which is so troublesome on waking to certain neurasthenic persons, can also be dispelled by this method, without any movements being necessary (V 70).

overcome the feeling of numbness which is so commonly present in some part of the body on waking up in the morning.

[contd] We have thus seen how intense perspiration can be suppressed, and how excessive secretions, redness, etc., can be diminished and overcome, etc. (V 70)

Again, we have been successful in many cases of overcoming excessive blushing, also excessive flow of perspiration,

as in the case of certain nervous young people who experience these annoying symptoms when appearing at social gatherings or attempting to speak in public.

In these cases the mind is trained in substitute concentration—to concentrate upon a certain settled idea when there is danger of these nervous circulatory symptoms recurring.

25:3.5 As more fully shown in my former work, the heart, lungs, stomach and intestines are all directly and powerfully influenced by the degree in which the mind may be concentrated upon some particular physical function, and to the extent by which the intellect is dominated by the basic emotions of faith or fear.

25:3.6 In connection with the subject of the concentration of the mind upon some particular part of the body, there occurs a very peculiar and sometimes paradoxical phenomenon. It is this:

3. Pain is perhaps the symptom which can be most easily influenced by concentration, and by this means almost all nervous pains can be overcome. It would at first sight appear as though the pain would become worse on the patient's attention being directed towards it,

but this is not really the case, for, as a matter of fact, when the act of concentration is well performed, instead of an impression of pain being received, a healthy sensation is imparted by the brain to the spot affected.

This can be proved by the following simple experiment:

Pinch some part of the patient's body

and ask him to concentrate his mind on the part; if the concentration is well done, the feeling of being pinched disappears at the moment when the healthy impetus to the nerves arrives at the place indicated (V 71).

ordinarily, when suffering from a pathological or imaginary functional pain, the patient's agonies are usually increased by allowing the mind to dwell upon the pain;

but in the case of some trivial sensation, such as pinching the arm, for example,

the abnormal sensation thus induced can be altogether and instantaneously wiped out by powerfully concentrating the mind upon the part affected,

thus inducing an immediate flood of healthy and centrally controlled impulses to sweep over the part affected.

PERSUADING MEN'S MINDS

25:4.1 Tactful persuasion represents the shortest possible route by which one individual can get an idea into the head of another individual. When the patient once has confidence in his physician, we are able to make our greatest and most rapid strides along the lines of educational therapeutics by means of discreet and sincere persuasion.

SOURCE	25: WORRY AND NERVOUSNESS
V: EDUCATION (Dubois1 97)	
[contd] Every method that has recourse to authority	To cure a psychic disorder by recourse to authority
	or any other method other than the enlightenment of the patient's mind, the arousal of his judgment, the satisfaction of his reason, and the strengthening of his will,
is essentially bad, altho it should have the advantage of producing a rapid and useful result (D1 101-02).	will be found a deception in the end.
	If the patient's mind is sufficiently aroused and his enthusiasm enlisted, he will lay the hand of auto-authority upon his own brain and something new under the sun will begin immediately to happen in his mind; and thus we have secured obedience to our treatment and curative results are sure to follow without our having stultified in the least
What is bad in authority is that it does not develop our clear-sightedness, our perspicacity (D1 102).	the clear-sightedness of the patient.
[contd] What we need in life is not will, which so many people claim to have, while they are only *wilful,*	25:4.2 A great many patients who are supposed to be in need of more will-power are really in possession of a sufficient amount of that particular article,
that is to say, slaves of their impulses;	
it is *intelligence* that we need.	but what they do need is intelligence—
	the ability immediately and economically to use their will-power—not to say that they also frequently stand in need of proper encouragement and inspiration.

Spinoza has engraved this idea in these words:

"Intelligence and will are but one and the same thing" (D1 102).

The aim of the education that we give to others, or receive from them, should be, above all, to develop that *moral intelligence,* which enables us to discern good and evil and to lighten our way along the road of life which is surrounded by pitfalls (D 103).

We have enough schools of all kinds, giving us general and special knowledge and which can make us excellent technicians in all branches of human activity; what we need is a school to form men (D1 104).

[contd] In writing these words, in imagination, I see myself assailed by a crowd of votaries of the existing religions, who cry, "But this school exists: it is the Church."

I find it a little difficult to make a choice among all these good people who see salvation only in a religion of authority (D1 104).

It was Spinoza, I think, who said:

"Intelligence and will are but one and the same thing."

25:4.3 And in this connection we must also recognize a special sphere of intelligence which might very properly be called

"moral intelligence."

Today training schools are needed where moral intelligence, the discriminating analysis of life's problems, could be taught.

Perhaps the church should fulfill this function,

but it has certainly fallen a great way behind in the fulfillment of its functions in this regard.

25:4.4 While educational persuasion is at present the more ideal method of practicing psychotherapy, still we must not despise the time-honored and lowly art of suggestion. There are many patients whom you cannot at first directly teach, but to whom you can indirectly suggest. For instance, I recently had a patient who indulged in an incessant nervous hacking cough. I reasoned with him for weeks, told him of its effect upon his lungs, his health, his nerves, and bye and bye I literally persuaded him—educated him—out of this cough, and he is cured today. That was ideal psychotherapy. But I recently read the story of a boy, just a young chap, who also had a nervous cough. No amount of admonition or persuasion had been able to cure him. While out in the street one day, one of his playmates, probably equally nervous, became disgusted with the boy's constant coughing and said to him: "If you don't stop that coughing, I'm going to punch the daylights out of you." Of course, the mere suggestion of coughing was enough to attract the little fellow's attention and he proceeded immediately to cough again, whereupon the other boy fulfilled his threat. He punched him unmercifully, but the lad was never known again to yield to his impulse of nervous coughing. You see his experience suggested to his mind the substitution of the fear of being "punched" in the place of his cough fear.

PERSUASION VS. ARGUMENT

XVIII: RATIONAL PSYCHOTHERAPY ... [Etc.] (Dubois2 223)

Others reach conviction but slowly.

25:5.1 Some patients may progress along these educational lines very slowly;

they are therapeutic "doubting Thomases."

They are skeptical, sometimes even argue acrimoniously, and often plead against their own case. It seems as tho they take a malicious pleasure in proving that they are incurable.

They will argue protractedly to prove the incurability of their cases—

provided their physician is foolish enough to argue with them.

Others manage only to get a vague hope, or a lukewarm faith, that would by no means remove mountains; they are passively obedient, follow all the prescriptions of the treatment,

They faithfully follow all his treatment orders,

but they have no enthusiasm (D2 228).

but they are devoid of enthusiasm.

Their faith is not of the order which moves mountains.

But we do not become discouraged with patients of this sort, for when they are once cured by proper educational methods and the exaltation of the will to its rightful place of power in the psychic domain—they usually stay cured for a lifetime.

25:5.2 We have to be sympathetic with these patients, and often tell them

[In counseling a hysteric patient, Dubois said:] "I agree perfectly with you, and I do not blame you at all for discouragement that is so caused;

we can hardly blame them for looking at things as they do,

but as a physician I look at the situation in another way ..." (D2 229).

but always assure them that as physicians we look at these matters differently,

that we can come more nearly seeing the end from the beginning than can the patient, and then by steady control keep their trolleys on the treatment wire until at a later time they begin to discover real evidences of a cure.

25:5.3 One of the most fatal notions is for the neurasthenic patient to get it into his head that

There is another clinical rule which the psychotherapeutist should never forget; that is, that he must not—at least, unless it is absolutely necessary—admit the presence of two concomitant affections in his patient (D2 230).

he has two diseases—

his nervous condition—and then some possible organic disease in addition.

Naturally it is not necessary to force things; one may be perhaps hysterical and tuberculous, neurasthenic and rheumatic; one may have several diseases at the same time. But it is not necessary to admit this situation except on manifest proofs.

I dislike very much to be forced to tell a patient that they are suffering from some organic disease until I have first won the fight with their functional nervous disorder.

All organic complications, especially if they are more serious than the nervousness, darken the prognosis. Therefore,

I am, therefore (unless it is a grave and seemingly incurable disorder) given to passing over the diagnosis as far as possible in such cases

and achieving my purpose

to reassure the patient, and to give him the conviction that he will be cured, there must be a frank prognosis.

by making a frank and favorable prognosis as far as the facts will warrant me.

SOURCE	25: WORRY AND NERVOUSNESS
	In this way we can avoid the pitfalls of
The physician ought to be able with a genial smile to kindle this faith. Any restrictions will make it lukewarm (D2 230).	a lukewarm diagnosis and aid our psychotherapy by means of a strong, hearty, entirely consistent and altogether likely prognosis.
[contd] Alas! we are sometimes forced to it with the tabetics, for example, in whom a melancholy neurasthenic state often becomes grafted upon the spinal cord affection.... [When] we suspect a process of spinal sclerosis, ... we no longer dare to adapt that affirmative tone that is so necessary in order to attain the end (D2 230).	
	MEMORY DISORDERS
XVIII, X: DISORDERS OF MEMORY (Walsh 678)	
[contd] Many patients suffering from various nervous symptoms insist that they are losing their memory or that it is becoming notably deficient in some ways (W 678).	25:6.1 It is a common complaint on the part of nervous patients that they are fast losing their memories.
Especially are they likely to assert that the names of people and certain words will not come to them when they want them, that they often have to seek for facts and dates	They especially complain of inability to remember the names of people, as well as being unable quickly to call to the mind certain words and otherwise to remember facts and dates,
that should be quite familiar, that they fail to remember acquaintances and the like (W 678).	all of which they are familiar with.
	It is necessary carefully to teach these patients that these disorders of memory are not permanent,

SOURCE

Many a man who is worrying about his supposed loss of memory or, at least, impairment of it in some way, is not suffering from a true pathological condition,

but it usually the victim only of some functional disturbance of the nervous system with the neurotic anxiety and heightened introspection that accompanies such a condition (W 678-79).

Reasons for Memory Difficulties. (W 679)

Solicitude and Memory.—Everyone who has had to depend much on his memory knows that over-anxiety with regard to the recollection of anything may seriously inhibit the power to recall it (W 680).

25: WORRY AND NERVOUSNESS

that they are in no wise evidence of failing mentality,

that they are but the common everyday accompaniments—well recognized and thoroughly understood symptoms—

of the functional nervous disorders from which they are suffering.

If these patients can be induced to take their minds off themselves, their chances of cure will greatly improve and the memory faculties will have an opportunity to devote themselves to subjects other than the constant consciousness of one's own sensations and sufferings.

Then, too, it should be remembered that

over-anxiety in our efforts to remember always interferes with our power to recall our memory images.

The strength of memory is always in direct proportion to the intensity of attention, and the power of attention is always greatly disordered and decreased in neurasthenics.

Fatigue and Memory.—Occasionally it happens quite normally that when we are very tired certain portions of our memory at least become vague and indefinite and may even fail to respond to any excitation on our part (W 682).

25:6.2 Fatigue, real or imaginary, always tends to interfere with the keenness of memory.

Attention not Memory. (W 683)

It is common for business men to confuse lack of attention with loss of memory,

I have known men who were convinced that they were losing their memories because of their failure to recall important details in their business affairs in the midst of much hurry and bustle in the winter time, find that when they were living a simpler life ... during the summer time under conditions different from the ordinary, their memory could be absolutely depended upon for trains and travel details and all important matters to which they were now devoting attention (W 683).

and thus come to regard themselves as suffering from the latter

when their troubles are wholly due to the fact that they are giving but slight attention to the details of their business as a result of lack of mental concentration, and so they come to find that they are not in possession of the full facts respecting their affairs which they formerly held in their minds, and in this way they are tricked into believing that the memory is failing.

MEMORY TRAINING

25:7.1 A great deal can be done to re-train a neurasthenic's memory, and in reference to this point Walsh says:

SOURCE

Training Memory. (W 686)

My rule now is to tell patients who come complaining of loss of memory that if there is any real loss of memory it is due to their improper use of the faculty, or perhaps to their failure to exercise it sufficiently, for the proper performance of function depends on adequate exercise.

They are then instructed to take certain simple classical bits of literature and commit them to memory.

At the beginning such short poems with frequently repeated rhymes of the modern poets as are comparatively easy to learn are set as memory exercises.

Later Goldsmith's "Traveler" and "Deserted Village" are suggested.

Then passages from Shakeaspeare are given.

Just as soon as the patient finds that he can commit to memory as he used to, if he only gives himself to the task, a change comes over his ideas with regard to the loss of memory.

For many of these people the occupation of mind is an excellent therapeutic measure.

Besides selections can be made in such a way as to keep before their minds the thoughts they most need in the shape of memory lessons.

It is a discipline of memory that revives it and also a constant exercise in favorable suggestion (W 687).

25: WORRY AND NERVOUSNESS

25:7.2 My rule now is to tell patients who come complaining of loss of memory that if there is any real loss of memory it is due to their improper use of the faculty, or perhaps to their failure to exercise it sufficiently, for the proper performance of function depends on adequate exercise.

They are then instructed to take certain simple classical bits of literature and commit them to memory.

At the beginning such short poems, with frequently repeated rhymes, of the modern poets as are comparatively easy to learn are set as memory exercises.

Later Goldsmith's "Traveler," and "Deserted Village," are suggested.

Then passages from Shakespeare are given.

For many of these people the occupation of mind is an excellent therapeutic measure.

Just as soon as the patient finds that he can commit to memory as he used to, if he only gives himself to the task, a change comes over his ideas with regard to the loss of memory.

Besides, selections can be made in such a way as to keep before their minds the thoughts they most need in the shape of memory lessons.

It is a discipline of memory that revives it and also a constant exercise in favorable suggestion.

DISCOUNTING YOUR FEARS

XXXIII: THE CURE OF WORRY (*The Physiology of Faith and Fear* 371)

DISCOUNTING FEAR AND SENSATION (*The Physiology of Faith and Fear* 375)

[contd] It is a good habit to form, systematically and persistently to practise sensation-neglect, if the causes of your worry are certain physical conditions.

25:8.1 It is a good habit to form, systematically and persistently, the practice of sensation-neglect, if the causes of your worry are certain physical conditions.

If your worries are of a moral or a family nature, make your peace with God and your fellow-men, and then practise a little common sense.

If your worries are of a moral or a family nature, make your peace with God and your fellow-men, and then practice a little common sense.

The employment of a great and good motive will do a great deal to drive worry out of your experience (*PF&F* 375).

The employment of a great and good motive will do a great deal to drive worry out of your experience.

[contd] The majority of our fears and many of our sensations should be liberally discounted.

25:8.2 The majority of our fears and many of our sensations should be liberally discounted.

We should not form the habit of taking our emotions and feelings too seriously.

We should not form the habit of taking our emotions and feelings too seriously.

They are very liable to impose upon us, unduly to alarm and frighten us.

They are very liable to impose upon us, unduly to alarm and frighten us.

Even if we find it exceedingly difficult to exercise control over our own fears and worries, let us at least succeed in meeting the fears and anxieties of our associates without appropriating them to ourselves or otherwise echoing them (*PF&F* 375).

Even if we find it exceedingly difficult to exercise control over our own fears and worries, let us at least succeed in meeting the fears and anxieties of our associates without appropriating them to ourselves or otherwise echoing them.

Another illustration of how easy it is to overestimate the value of our fears and apprehensions is shown in the excitement and consternation which prevail in some homes when a thunderstorm is approaching, especially if the lightning is severe.

The mother becomes panic-stricken, her face assumes a frightened expression, and she begins to gather the children around her in one corner of the room—or may be in a closet—where they pass the time in fear and trembling, momentarily expecting to be hurled into eternity by a malicious bolt from the skies.

And so from infancy, most children are led to look upon the elemental forces of nature with fear and terror, when they might have been taught the beauties and grandeur of nature's powers (*PF&F* 375-76).

MINIMIZING DIFFICULTIES (*The Physiology of Faith and Fear* 376)

[contd] Most of us need to practise the art of minimizing our difficulties.

Do not look at your obstacles with a magnifying glass.

Make up your mind that in many instances you will be able to rise triumphant over apparent defeat and to move right on in the even tenor of your way.

Do not become greatly disturbed by the little ripples of life which pass through your experience from day to day.

Practise taking your own good advice and all the suggestions you give to other people about not worrying.

25:8.3 Another illustration of how easy it is to overestimate the value of our fears and apprehensions is shown in the excitement and consternation which prevail in some homes when a thunderstorm is approaching, especially if the lightning is severe.

The mother becomes panic-stricken, her face assumes a frightened expression, and she begins to gather the children around her in one corner of the room—or maybe in a closet—where they pass the time in fear and trembling, momentarily expecting to be hurled into eternity by a malicious bolt from the skies.

And so from infancy, most children are led to look upon the elemental forces of nature with fear and terror, when they might have been taught the beauties and grandeur of nature's powers.

25:8.4 Most of us need to practice the art of minimizing our difficulties.

Do not look at your obstacles with a magnifying glass.

Make up your mind that in many instances you will be able to rise triumphant over apparent defeat and to move right on in the even tenor of your way.

Do not become greatly disturbed by the little ripples of life which pass through your experience from day to day.

Practice taking your own good advice and all the suggestions you give to other people about not worrying.

Don't forget to use them yourself (*PF&F* 376).

Don't forget to use them yourself.

Begin to pin your worries down to definite facts. Most of our difficulties are vague and indefinite. Many of our fears and worries are wholly imaginary.

25:8.5 Begin to pin your worries down to definite facts. Most of our difficulties are vague and indefinite. Many of our fears and worries are wholly imaginary.

Make a practice of writing down in black and white the objects of your worry.

Make a practice of writing down in black and white the objects of your worry.

The process of writing them down will usually disclose their absurdity and assist in the work of overcoming them (*PF&F* 376).

The process of writing them down will usually disclose their absurdity and assist in the work of overcoming them.

REASON AND SENTIMENT (Dubois3 45)

To abandon oneself to one's feelings means to be impulsive and to compromise one's own happiness and that of others.

To abandon oneself to one's feelings means to be impulsive and to compromise one's own happiness and that of others.

All the feelings must therefore be submitted to the criticism of the reason.

All the feelings must therefore be submitted to the criticism of the reason.

You will perhaps say: But my sentiments and feelings are all good.

You will perhaps say: But my sentiments and feelings are all good.

How then do you know that they are all good, if you have not submitted them to a judgment by the help of your reason? (D3 45)

How then do you know that they are all good, if you have not submitted them to a judgment by the help of your reason?

IV: CONSCIENCE (Dubois1 79)

25:8.6 Dubois says:

But from the first days of existence education commences;—education by sensible experience, sensations of comfort and discomfort due to physical causes: heat, cold, sensory impressions, moderate or too strong for the sensibility of the nervous system.

25:8.7 From the first days of existence education commences—education by sensible experience, sensations of comfort and discomfort due to physical causes: heat, cold, sensory impressions, moderate or too strong for the sensibility of the nervous system.

SOURCE

From the first cry, these sensations have an influence over the new-born mentality, and one can understand how a succession of painful impressions may modify the character of the child, and create the fretful disposition that one so often finds in children who have suffered from sickness or ill treatment; the mark is sometimes indelible.

Who is to say that this education by the senses does not begin before birth, in the maternal womb, where the fetus may already find conditions unfavorable to its well-being, and experience painful impressions? (D1 83)

XVIII: RATIONAL PSYCHOTHERAPY ... [Etc.] (Dubois2 223)

A physician's power to act depends on the depth of his conviction. But however deep it may be it must be sincere; it must be established on the diagnosis and the prognosis. It is this view of the future which is going to bring hope to the patient, and give him the feeling of certainty (D 226-27).

The physician who does not want to have recourse to any but rational means does not resort to [the charlatan's or the hypnotizer's] measures. His prognosis can be based only on an examination made according to all the rules of the clinician.

25: WORRY AND NERVOUSNESS

From the first cry, these sensations have an influence over the new-born mentality, and one can understand how a succession of painful impressions may modify the character of the child, and create the fretful disposition that one so often finds in children who have suffered from sickness or ill treatment; the mark is sometimes indelible.

Who is to say that this education by the senses does not begin before birth, in the maternal womb, where the fetus may already find conditions unfavorable to its well-being, and experience painful impressions?

THE CULTIVATION OF HOPE

25:9.1 One of the greatest means of inspiring the patient with the hope that he will get well

is the practice of making a thoroughgoing physical examination and laboratory research before pronouncing a diagnosis.

In this way it is possible quite certainly to

He ought, from the start, to make the differential diagnosis between organic affections and the psychoneuroses which simulate them so well (D2 227).

differentiate between organic disease and functional disorders,

and thus the physician is in a position to offer the patient a more definite and positive assurance of recovery.

[contd] Some of my confrères have objected that this means of giving to the patient the conviction of cure is nothing but suggestion pure and simple. Yes, if by suggestion one understands all proceedings which consist in putting an idea into the head;

25:9.2 While it is true there may be more or less of an element of suggestion in this procedure,

no, if one takes into account the rational character of the means employed (D2 227).

nevertheless, it is suggestion of the highest and most legitimate order.

While there is an element of faith in the help which the patient gets as a result of these thorough-going investigations, nevertheless,

There is faith in all conviction, but there is blind faith and reasoning faith.

it is faith and conviction based on reason and not the blind faith

that is sometimes appealed to by those remedial measures which are simply and exclusively suggestive.

There is a great difference of mentality between the man who is content with the statement, who allows himself to be under the influence of the personality of the healer,

There is a great difference in the faith which the patient may have in his physician merely as a healer

and the man who acquires confidence by the clear exposition of the reasons to believe (D2 227).

and the faith which results from the clear exposition and lucid explanation of the patient's difficulties, and which is able to win his confidence

and secure his hearty therapeutic cooperation.

25:9.3 In dealing with the psychoneuroses,

Sometimes, however, questions of differential diagnosis are intricate, and it is necessary to make observations for several weeks

the physician must be doubly certain of his grounds—must be reasonably sure of his diagnosis—

before the physician dares to pronounce the magic words, "You will get well!"

before he should dare to speak the healing mandate, "You will surely get well."

This is a difficult position for the conscientious physician,

This is serious business for the conscientious physician

and it is due to the fact that he is so seldom in position honestly to utter these magic words that

and I should not be at all surprised if a patient whom I could not succeed in curing found cure in the hands of an irregular practitioner of medicine

so many patients of this order are cured by the irregular and unscrupulous practitioners

who was more bold in his statements (D2 227-28).

who do not hesitate to guarantee cures.

THE PRACTICE OF GOOD EMOTIONS

XXXIII: THE CURE OF WORRY (*The Physiology of Faith and Fear* 371)

LEARNING TO TRUST NATURE (*The Physiology of Faith and Fear* 377)

25:10.1 It is possible for a nervous patient whose experience is cursed with a flood of unhealthy emotions to set about successfully to

Exercise good emotions, even if you have to put them on for the time being, and you will joyfully discover that ere long you have actually become what you at one time had to pretend to be (*PF&F* 377).

create good emotions—

to master the art of practicing desirable emotional experiences.

These mental powers are all subject to cultivation by exercise just as literally as are the material muscles. Use strengthens and practice increases mental energy as truly as it does muscular power.

25:10.2 It is a good practice for neurotics to learn to live but one day at a time. At any moment in their life some unfortunate neurasthenics are suffering from all the troubles they ever had, all they now have and all they think they ever will have. If you are nervous you must learn that "sufficient unto the day is the evil thereof."

25:10.3 There is a great educational work which the victims of worry can carry on in their own behalf.

They can modify their emotional behavior, correct and retrain their faulty mental habits, and in many other ways take the distressing sting out of their chronic habits of fretting and worry. The larger part of so-called nervousness is nothing more or less than faulty nerve control and defective think-ing.

25:10.4 It is sometimes necessary to change one's position, to seek new associations, and even to go in quest of new scenery, in order to be able to get control of one's habits of thinking when they have been inordinately deranged by some sudden shock or other distressing experience. On the other hand, it is entirely possible for the average patient to sit right down where he is and begin the work of capturing, corralling, and re-educating his haphazard methods of thinking and his unruly nervous mech-anism. The most important thing is that you should be willing to see yourself as you are; when you read these pages and recognize your own nervous short-comings, apply this advice with the same willingness and alacrity which you exhibit in discerning the description of your neighbor's ailments.

25:10.5 If you really make up your mind to do the thing—to use a phrase of the street "get busy" —then you will find the obstacles and difficulties are only an added challenge which increases your zest for the game and whets your appetite in anticipation of final victory.

SOURCE

25: WORRY AND NERVOUSNESS

THE ART OF LIVING EASY

25:11.1 The acme of success in nerve training is to acquire the beautiful art of living easy—not necessarily easy living—but that beautiful experience, that graceful experience, which characterizes the self-possessed yet unconscious soul; that power and poise of personality which, as far as one's own mental domain is concerned, makes the individual master of all he surveys. These are the patients that have learned how to laugh, have acquired the art of living with themselves as they are and the world as it is. They have habitually cultivated the smile until it has become perpetually theirs. They have mastered the art of consuming their own smoke and thus clarifying the psychic atmosphere in which they think and move and have their being.

XIX: WEIR MITCHELL'S TREATMENT ... [Etc.] (Dubois2 235)

Above all, he **should never be hurried—or, at least, never appear to be.**

25:11.2 **Above all,** the physician who treats nervous patients **should never be hurried—or, at least, never appear to be.**

The physician who comes in **like a gust of wind, looks at his watch, and speaks of his many engagements,** is not cut out to practise this psychotherapy.

The doctor who blows in **like a gust of wind, looks at his watch, and speaks of his many engagements,** is not qualified to practice psychotherapy.

It is necessary, on the contrary, that the patient should have the impression that he is the only person in whom the physician is interested, so that he may feel encouraged to give him all his confidences in peace (D2 242).

It is necessary, on the contrary, that the patient should have the impression that he is the only person in all the world **in whom the physician is interested** just at this time.

WHAT MEN LIVE BY (Cabot)

25:11.3 Dr. Cabot has arrived at the conclusion that there are but four essentials to the real enjoyment of life.

WORK, PLAY, LOVE, WORSHIP (C subtitle of book)

These he calls work, play, love, and *worship.*

Work provides activity and a mission for the body and in a measure occupies the mind. Play is the means of relaxation to the body and recreation to the mind. It affords relief from the depression of monotony. Love fascinates the mind and gives expression and satisfaction to the innate and instinctive social longings of human beings; while worship is the outlet and means of expression of the higher spiritual nature which in some form or other resides in every human being.

SUMMARY OF THE CHAPTER

1. Educational therapeutics embraces those prophylactic and curative measures employed in mental medicine, ordinarily known as self-control, self-denial, and self-discipline.

2. The discipline of the nervous system should begin in earliest infancy, and be kept up throughout a lifetime.

3. Nervous patients must practice and acquire mental concentration. They should set their minds at work in the performance of definite mental tasks.

4. The power to concentrate one's mind is not readily acquired, but perseverance will always bring success.

5. Profound mental concentration is always accompanied by definite physiological effects and bodily reactions.

6. Sensations of pain and other physical feelings, together with the behavior of internal organs, are all more or less influenced by vigorous mental concentration.

7. Mental concentration may be so utilized as to either increase or decrease various bodily feelings and sensations.

8. The heart, lungs, stomach, and bowels are all directly influenced by the intensity and degree of mind concentration.

9. Tactful persuasion represents the shortest possible route by which one individual can get an idea into the mind of another.

10. Many patients who seem to lack will-power in reality lack intelligence—the ability to utilize their mental powers.

11. In psychotherapy, methods of persuasion should always take precedence over argument; reasoning is always helpful but argument is fatal.

12. Sympathy not infrequently keeps the physician in touch with the patient until reason and will-power can effect a cure.

13. Disorders of memory which accompany neurasthenics are a source of great worry. This should not be regarded seriously and can usually be cured by proper methods of memory training.

14. Fatigue, real or imaginary, always tends to interfere with the keenness of memory, as does also lack of attention.

15. Learn to overcome your fears, practice sensation neglect. Don't be bluffed by your emotions.

16. Practice the art of minimizing your difficulties. Do not look at your obstacles with a magnifying glass.

17. Many nervous patients are helped by the practice of writing down in black and white the object of their fears and worries, thus subjecting their feelings to the criticism of reason.

18. The neurasthenic must assiduously cultivate hope. He must place implicit trust in the physician's promise that he "will surely get well."

19. Practice the cultivation of good emotions in conjunction with the suppression of undesirable feelings. In this way you can radically modify your emotional behavior.

20. It is sometimes necessary to change one's position, associations, and even seek new scenery, as an aid to escaping from unhealthy emotions.

21. The most important thing in the battle with one's emotions is to "get busy" and stick to the job until the victory is gained.

22. Cultivate the art of living easy—the knack of getting along with yourself as you are and the world as it is.

23. Forget yourself while the mind is kept busy with the essentials of life: work, play, love, and worship.