The Psychic Treatment of Nervous Disorders

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PSYCHIC TREATMENT
OF
NERVOUS DISORDERS
INTRODUCTION

TO THE

SIXTH AMERICAN EDITION

My book has been well noticed by reviewers, and has had an encouraging reception both from the best physicians and from the public at large. Although my views on psychological treatment may have left indifferent, or even shocked, certain professors who were fixed in their dogmatic views, they have found many warm supporters among experienced practitioners in towns and country who know so well how to keep up with the times. A second German edition of the book appeared at the same time as the third French edition. The excellent English translation published in New York from the pen of Dr. Smith Ely Jelliffe and Dr. William A. White has also found numerous readers, being now in its sixth edition. This means that the ideas here set forth are in the air, and that in attempting to epitomize them in didactic form I have done nothing more than express concisely the thoughts of many of my confrères of different countries. This was my object, and the support they have given me in letters, their reports to medical journals, and personal conversations I have had with them constitute a much-valued encouragement.

It would have been astonishing had the approbation been unanimous, and it is my duty to reply to various objections and criticisms that have been made of me.

Some have insinuated that I may have exaggerated what one calls “the influence of the mind over the body” and have shown from a therapeutic standpoint a too great optimism. An esteemed colleague, who is both a physician and a litterateur of note, Dr. Chatelain, expressed his reservations in these terms: “It is perfect, but are neurasthenic persons intelligent enough to understand, and sufficiently sensible to follow the advice of the doctor and submit to his orders? My excellent
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colleague seems to have no misgivings, and I hope his work will always lie on such good firm ground. But my experience—a long one, too—makes me, alas! much less positive. Hippocrates says, 'Yes;' Galen says, 'No.' And it is still like this in the twentieth century. Perhaps Galen doesn't know how to be sufficiently persuasive!"

Well, yes, Galen is not sufficiently persuasive, and Hippocrates will have to be still more so.

Dr. Chatelain is an alienist; he is thoroughly familiar with the psychoses he has observed in the asylum; he has seen to advantage the close relationship they bear to the psychoneuroses. His prognosis has remained somewhat severe, although he has always known how to use his great personal, intellectual, and moral influence for the good of his patients.

As a doctor of the nervous I observed at the beginning of my medical career minor psychopaths, neurasthenics, psychasthenics, hysterics, hypochondrias in the making, and hypomelancholics. It was only later that I arrived at the "frontier," so to speak, of "madness," that region so badly marked. My views on the prognosis have naturally been influenced by this inverse education. Painful experiences have certainly made me recognize incurable psychoneuroses; they have helped me to evolve various forms of morbid insanity which before I had only recognized as ordinary neurasthenia. I have been able to rectify some tardy mistakes, and, now that I have thirty years of experience behind me, I am tempted to become a little more pessimistic.

However, as far as my patients are concerned, I shall always force myself to combat this paralyzing pessimism. In theory, we should be skeptical and not afraid of pessimistic predications; in practise, it is a good thing to believe what one wishes to believe, for the conviction d'arrive is the first condition of success in all walks of life. But the optimism I extol does not have its source in a natural desire to cure patients at all costs; it is founded on experience. All that I have seen in these last years has shown me that my faith in psychotherapeutics is not yet sufficiently alive, sufficiently a part of myself. I am astonished with what facility it is possible to correct per-
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...verted faculties, to restore to clear thought, to a sane philosophy of life, people who for thirty or forty years have been under fatal illusions concerning their psychical and physical health. It is very hard indeed to influence the mentality of the masses when one is addressing humanity as a whole, either by word or letter. When we are listening to the sermon of a moralist preacher, we are apt to seize at once on the criticism that accommodates itself to our neighbor instead of acknowledging our own faults and reforming our conduct. The poor harvests gleaned by the moral ethics either of church or laity are not encouraging.

The attempt is just as arduous—we may say often as impossible—when we attempt to convince adversaries, to bring them over to our religious, political, social, or even scientific views. They oppose us with a vigorous obstinacy, for they have no direct interest in abandoning their ideas to ours.

The situation is entirely changed when it concerns a sick person who is suffering and who appeals to us to find the solace or the cure. If in this case one succeeds in showing the patient that his mentality, his accidents of psychology and character, play an important part in forming the nucleus and development of his illness, that a mental reform is necessary before he can be cured, then we have before us a zealous pupil who becomes a disciple under the pressure of his own personal interest. However little endowed he may be intellectually, he will recognize the dangers of pusillanimity, of discouragement. It is easy to show him that he exaggerates his ills through fear, that he even gives birth to them. The primordial failing of all these psychasthenics is fear; the native sensitiveness of the neurasthenic develops into ponophobia; there is an element of fright in the subconscious ideas of the hysterical; psychasthenics are tormented by innumerable illusions; they reach a condition of pamphobia and approach phobophobia. The hypochondriac of every kind is afraid of disease, and the melancholic is also obsessed with fixed ideas of ruin, disgrace, and incurability.

In attributing to the psychoneuroses four characteristics, exaggerated suggestibility, sensitiveness, impressibility, and emotional hysteria, I could have said, “All these have their
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origin in fear.” Fear creates dependence on others, the desire for direction, consequently for suggestibility; it engenders an unwillingness for the slightest exertion; it opens the flood-gates of emotion. It is not sufficient with psychoneuroses to fight the crisis by physical and psychical means, by the removal of the particular cause; it is necessary to prevent the recurrence of attacks by making the primary mentality less sensitive. I maintain that this attempt is easier than one thinks, especially if one restricts this education to ideas useful in the conduct of life. It is on this point that I differ from Janet and from many of those who to-day have recourse to what they call psychoanalysis.

Having shown my aversion to artificial methods, I shall return to the question of hypnosis and suggestion. The acquaintance of one’s patient is made through an intimate friendly conversation—thus is the psycho-analysis of which men have always made use in their reports. I am not in any way opposed to Janet’s education of the mind, but I would like to see less psychology and more ethics. There is no doubt that it is a good thing to create in these patients the practise of mental synthesis, and for this any exercise is good; but it is above all important to give them confidence in themselves and to bring them to fight against irrationalism, to teach them to be their own masters. This purely moral instruction is suitable for those whose intellects are very limited and whom one could not even bring to write a composition or make a calculation. Let my colleagues take this path, and they will see that I have not exaggerated matters, and that the psychotherapeutic will find the neurasthenic sufficiently intelligent to understand him, sufficiently reasonable to follow his advice, provided he has a little of that optimistic courage, that persistent conviction, which believes in the “sweets of persuasion.”

Many doctors wish at all costs to justify with suggestion the influence which I have over my patients. Bernheim, in particular, has attempted in a series of publications to defend his work, by confounding suggestion and persuasion. His claims to priority are unjustified, since our methods are not only different but opposite. Here is a misunderstanding which
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is mainly due to the fact that we have taken different roads. The illustrious professor of Nancy was initiated into hypnosis by Liébault. With an acuteness of psychological analysis that I have always admired, he has been able to recognize that hypnosis is nothing more than persuasion. He was very quick to see that he could dispense with this preliminary sleep, and he has practised chiefly suggestion on awaking. Lastly, he has very often had recourse to the old method, to persuasion pure and simple; he has passed over successively the three stages: hypnosis, suggestion on waking, and persuasion, and he seems to admit that those who favor the last ought to have followed the same course. In his opinion, I would, so to speak, have disowned my mother, in extolling rational psychotherapeutics in opposition to suggestion. I must protest, my development having taken an entirely different course. As a practising physician, I began before the experiments at Nancy to influence my patients by bona-fide persuasion. The study of books by Bernheim and the visit I paid him in 1888 made me realize the power of hypnosis and of suggestion. I was amazed by his demonstrations, and for a few months I even made use of his methods, but I recognized immediately their artificial character, and I abandoned them to strike the path where I had left it, the path of rational psychotherapeutics. I know well how Bernheim avoids his difficulties. On his own responsibility, he changes the sense of words and defines suggestion according to what idea he has in his head. In this case, it is very evident that all mental therapeutics have their origin in suggestion and that persuasion is only a particular form of suggestion.

Here we have an ingenious paralogism, destined once and for all to clear hypnosis and suggestion of the reproach of irrationalism.

The means men have always adopted in order to come to a mutual conviction is called simply persuasion. It is arrived at by proof, for it is also possible by experience and demonstration to prove things in medicine. Persuasion is practised by affirmation, pure and simple, which can never come under the head of suggestion if one believes oneself in what one is affirming.