

NOTES ON PSYCHOTHERAPY¹

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Healing was originally a religious function solely. In static civilizations today people are still doctored by their priests. Most of the great founders of religion have been healers. The scientific conception of disease, as the accidental consequence of physiological laws for which certain remedies are naturally appropriate, is of recent development. In the early culture of man sickness and health were supposed to be dependent upon mysterious, supernatural agencies. No clear distinctions were made among diseases. Sickness was considered an affliction of the soul or body, the malice of devils, or, according to the Hebraic conception, a punishment of sins. This spiritualistic interpretation of disease has persisted in some degree to the present time. Demonology has a long history, beginning in Egypt and going through Babylonia, Persia, Greece and Rome. England burned her last witch in 1682, and the United States hers in 1793.

On the theory of demoniacal possession the practice of exorcism was built, the purpose being to drive out the devil. Instead of drugs, early man used various material things—trees, stones, pools, shrines of saints, and artificial objects—to secure divine favor and aid. Instead of nursing the sick, early man used special religious ceremonies, from simple prayer and laying on of hands, to elaborate ritualistic performances. One of the first distinctions ever made among human disorders was, apparently, between those which resulted from the unwanted visitation of the devil, and those caused by the sins of the sufferer who was believed to be in league with the devil. A glance at a modern classification of mental disorders, one of which covers more than 200 pages in outline form, gives us an idea of the progress that has been made in a few thousand years of human endeavor.

A survey of the history of healing reveals an everwidening practice of scientific physiotherapy, while psychotherapy—whether of the religious or scientific type—has made only a few spasmodic advances. At the present time the average man uncritically accepts various combinations of several kinds of therapy. He takes his medicine faithfully, but he also believes in the efficacy of prayer and mental attitude. In its early stages religious psychotherapy was unlimited in its range of application and methods of treatment were simple and unvaried. The patient must have complete faith in the miracles, and he must believe that the miracles would be repeated in his own case. No knowledge of disease was necessary, nor was there any need for a rational understanding of the forces by which the healing was effected. If this kind of treatment did not succeed, the patient simply did not have faith enough. We may

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observe this crude type of therapy in operation today, as for example in Dowieism.

The higher forms of religious psychotherapy begin to make some distinctions among human ailments. We have in Christian Science, the most powerful of all religio-psychotherapeutic cults at present, an acknowledgment of its inefficacy in healing broken bones and certain infectious diseases, in which cases the main reliance is placed on medical and surgical science. The benighted laity, however, often swallow the hog whole, which is a dangerous practice whether the hog be science or superstition. The lesson of history seems to the writer to be that we advance as we get finer classifications of diseases, and one of the major problems before us now is to obtain some unified working conception of human disorders as a whole.

On making a rational investigation of this problem of classification we find a number of real or apparent dualisms, the chief one being the separation of disorders into the mental and the physical or physiological. The position taken in this paper is that such dualisms are apparent rather than real, and that the resulting separation of general therapy into two or more rather distinct fields has hampered us in healing a large number of sick people. We should not think of any disorder as being purely mental or absolutely organic, but as relatively one or the other in nature, having at one and the same time both characteristics. We need not involve ourselves in a metaphysical tangle here if we honestly confess that we do not know the ultimate nature of a person, whether it is mental, physical, or both, or possibly something between mental and physical. For practical purposes let us assume that this unknown is a substance of which mind-body are aspects.

Applying this monistic theory to the problem of classification and treatment of diseases, we may say that all human maladies can be arranged along a scale at one end of which we find disorders that are chiefly bodily, such as lesions, toxic conditions, etc., and at the other end of which we find functional disturbances that are predominately mental, such as psychasthenia and paranoia. Medical workers will admit that there is a mental aspect even in the case of broken limbs; psychiatrists must be willing to admit a physiological correlate in the most mental of mental disorders, paranoia. Psychogenesis, as a scientific principle, is thereby ruled out, if by the term any distinctly mental self-starter is implied. Between the two extremes just mentioned can be found places for all human diseases. The new problem of classification is to arrange diseases on this scale according to the extent to which each is mental or organic. This could best be done by a collaborating group of anatomists, physiologists, neurologists, and psychologists.

Since all therapeutic methods are based on some theory, however crude or fine, such a classification would have a valuable effect on the future practitioners, provided it is more accurate than our present pluralistic or dualistic interpretations, and provided instruction in our medical schools is broadened to cover more of the functional or mental disorders. It is not suggested here that our doctors are not using psy-

cho-therapeutic methods in dealing with their patients. Every successful doctor learns by trial and error to use more or less psychotherapy according to the needs of the patient and in proportion to the doctor's ability to employ suggestion skillfully. The writer has paid the regular consultation fee a number of times to doctors for nothing more than psychotherapeutic treatments, the technique of which was admirable. What is suggested here is that this phase of therapy be studied scientifically; that it be raised above the trial-and-error, hit-or-miss level; that medical students, who are well prepared by their study of neurology, be required to obtain all the reliable information we have to date concerning psychotherapy.

The results of such a program will be, first, an increase of data from further research in this field by investigators who have, as students, been prepared for it, and second, an increase in human welfare as the result of the treatment of the many minor functional disorders which the practicing physician now considers beyond his sphere. The medical attitude toward such cases is often expressed briefly as, "That is purely mental. The patient must control his own mental processes." According to monistic psychology, no disorder is purely mental, nor can the patient be expected to control his mental processes any better than his physiological processes.

A word must be added concerning the kind of psychology that will be found useful in such a program as has been outlined above. The traditional psychology of consciousness, sometimes called "structural psychology" on account of its attempt to build up a mental structure from sensations, perceptions, images and ideas, will be found of little aid in the attack upon diseases, whether structural or functional. Practitioners have-already found this to be true, and many as a consequence have condemned all psychology as ineffectual. The "new psychology" is, to some extent, simply the older psychology of consciousness with the restraints of scientific methodology removed. Finding consciousness of little avail, the pseudo-scientific psychologists have compensated by positing or projecting a subconscious mind, in terms of which they attempt to explain all otherwise inexplicable phenomena. When questioned concerning the nature of this subconscious mind these ardent mental explorers have attempted to distract their critics by conjuring up other minds. Within the present century mental archeologists have brought to light an unconscious, a disconscious, a fore-conscious, and a co-conscious mind. The limit is apparently philological rather than neurological.

Psychoanalysis is probably an excellent concept which has been very sadly misused. A thorough application of scientific method to psychoanalytic procedures will result in the loss of a great amount of "romantic psychology," and in the gain of much useful and reliable, but disappointingly natural, methods of diagnosis and treatment.

While the physiotherapists are to be praised for refusing to accept the vagaries of unscientific psychology, the greatest healers of the future will be those who seek to convert human ills into human happiness by

by means of a general therapy which also takes into account the larger and more subtle processes characterizing mental activity. It is the writer's opinion that physiotherapy, psychotherapy, and religious therapy should be unified and harmonized; that they should be studied and taught in the same institutions; that the worker in psychiatry and mental hygiene or in religion needs this general instruction as much as the medical practitioner; and that the way of progress in healing whole selves lies in this direction.