

## The Psychotherapy of Professor Dubois.

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### II.

#### ATTITUDE OF DOCTOR TO PATIENT.

Before giving the methods adopted by Professor Dubois in dealing with the different symptoms of the neuroses, it will be well to describe the general attitude he advocates towards patients who are suffering from these maladies.

"It is essential that the doctor should establish from the commencement, a strong bond of confidence and sympathy between the patient and himself. As a rule, the first interview decides this.

"The patient must feel at once that the doctor does not look on him only as a client or as 'an interesting case,' but that he is a friend who thinks only of how to cure him. He must manifest to the patient so keen, so *enveloppante* a sympathy, that he feels it would really not be nice of him not to get well!" This is the first step towards the road of recovery: and how largely nurses can aid the doctor in preventing the step backwards, our intelligence and our conscience can best decide. In fact, where Dubois says only "doctor," we may, almost invariably, add "and nurse." But in Switzerland educated women are rarely nurses: training schools, as we understand them in England and America, are unknown. Deaconesses, nuns, and lay nurses are at a dead level of mediocrity in technical training, and Dubois, in consequence, makes no use of them in his clinique, as *collaboratrices*, but employs them solely for massage, housekeeping, and the ministrations to purely physical needs.

After this digression, we will return to the Professor's advice to his colleagues—this time not applicable to nurses.

"The doctor's power of action depends on the profoundness of his conviction. For it to be profound, it must be sincere; it must be based on the diagnostic and the prognostic. It is this vision of the future which will cause the birth of hope in the patient, and transform it into certainty. . . . This prognostic can only be based on an examination made according to all clinical rules. The doctor must, from the commencement, *make the differential diagnostic between organic affections and the psychoneurosis which simulates them so well.* . . . Sometimes the question of this differential diagnostic is so difficult that weeks of observation are needed before the

doctor dares to pronounce the magic words, 'You will be cured.'"

Once convinced himself of the nervous origin of the malady, the doctor must keep up the belief of curability in his patient throughout the whole treatment. "Whenever he comes across a fact which confirms the favourable prognostic, he must point it out to the patient, impressing it on him unwearingly. Every little improvement, however slight, must be noted, and held up to the patient as a new cause for encouragement.

Some patients quickly accept the needed hopefulness, others are sceptical, seeming even to take a malicious pleasure in proving that they are incurable. Others only reach a vague expectation—the tepid faith which will not remove mountains, whilst sometimes conversion takes place very late, at the end of the cure, and is due only to the patience, the imperturbable perseverance used by the doctor to obtain the result. But in all cases where the doctor has to combat serious nervous conditions he must "never lose sight of the leading idea that there is no symptom without importance, and that the very slightest improvement must be used to keep up hopefulness. He should be like the sailor (and here, indeed, how great can be the nurse's help!) who foresees a favourable change of weather in perceiving a clearing invisible to the passengers, or on which they had not set any value."

Another clinical rule which must never be forgotten by the psychotherapist is that "without absolute necessity he must not admit two concomitant affections in his patient." Unless there are manifest proofs that the patient is tubercular, or arthritic, or otherwise organically affected, as well as neurotic, the doctor must not admit the possibility, since "all organic complications darken the prognostic which is favourable regarding the neurosis." It is well not to trouble oneself about clinical symptoms, whose exact value is not sufficiently established, hoping to be proved mistaken in their importance; as Dubois has not infrequently found.

"Once a certain diagnosis is reached, Dubois informs the patient that his illness is nervous, and instantly adds: Now mark this well: in my dictionary the word *nervous* is attached to the word *curable*: these two adjectives always come out together. And when, still doubting, he objects: 'Yes, doctor, but you speak in a general—an abstract way,' Dubois answers decisively: 'No! I speak concretely: You are a neurotic, and you will be cured!'

"In such decisive moments the doctor must

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