SOME PSYCHOLOGICAL ASPECTS OF PHYSICAL ILLNESS.

In the course of her career, a nurse frequently notices peculiarities in a familiar disease, which, maybe, she has been studying almost exclusively for many years without finding any two cases that run entirely the same course or produce identical symptoms. Should she reflect upon this phenomenon, she will in all probability ascribe it to the personal idiosyncrasies of her patients and then dismiss it from her mind. But instead of making this the solution of the problem, let us take it for the starting point of investigation, and we may be thus able to shed some light upon nursing problems that have puzzled many of us.

During the last twenty or thirty years a growing interest has been taken in that side of the individual which is not *physical*, or corporal, but *psychological*, that is, mental; recent research has demonstrated the very great influence of our minds over our bodies. Still further, it has been discovered that we are not conscious of all our mental processes. To this part of our mind of which we are not fully aware, the name, *Unconscious*, has been given. An American psychologist has compared our mind to an iceberg, only one-tenth of which is above the water, the rest being hidden, and for that reason all the more dangerous, beneath the surface; we can see the commotion of the waves caused by its movement but can gain no idea of its shape, this hidden part being like the Unconscious.

We used to be content to docket disease as physical, mental or nervous, but are now not so confident upon the reliability of this labelling. As nurses we are familiar with the expression, "*localisation*," denoting a condition strictly limited to the area of the lesion; we used to regard all somatic troubles as belonging to this category. Nowadays, however, we have discovered that there is considerable interplay between physical, mental and nervous trouble, and that patients who are suffering from physical disturbances frequently show a varying degree of psychological derangement, or to put it simply, their nerves are affected at the same time. It is only when we realise this side of the difficulty that we can see our way through some of the most baffling problems that confront us as nurses and which try our patience at times so very sorely.

The trained nurse, as a rule, only makes the acquaintance of her patients when the illness has taken possession of them, and is, therefore, unable to judge what changes have taken place in their character, as can those who have known them longer. Nevertheless, it is a generally accepted fact that during illness typical changes may be seen; the whole attention of the patient becomes concentrated upon the malady, or upon the sufferer's own person, wishes, feelings, or whims; only very occasionally do we find the reverse process, that the thoroughly egotistical person is transformed by illness into an unselfish one. We know that it is the constant, Unconscious wish of any person always to have their own way, but the conscious mind controls this desire to a certain extent. In illness the Unconscious Mind gains more power. Another observation one has made upon sick persons is that they become childish, and behave as small children would under similar circumstances; they are peevish, unreasonable, cry, take sudden and violent likes and dislikes. Illness in fact is a great retreat; *Regression*, it has been called; and it takes place in face of difficulties greater than the individual can meet. In the study of somatic disease, it is frequently pointed out that no infection to which we are exposed proves harmful as long as our resisting power is equal to the task of repulsing the invading micro-organism, only when this resistance is lowered does the invasion gain the upper hand. Factors that lower this resistance are twofold, physical and psychological, and we find among the latter that being unhappy or worried makes us particularly prone to disease.

We have called illness regression—retreat in face of overwhelming difficulties. In this way it serves also as a refuge for the time being, the struggle must be carried on by others, while the erstwhile combatant is consoled and tended. This advantage to be found in illness is emphasised by the fact that a marked improvement may sometimes be seen in the condition of a patient directly a doctor has been sent for, and when he comes and prescribes prolonged rest in bed, and, perhaps, even installs a nurse in charge, it is often the more striking. Here do we find the child attitude being aided and abetted; once more is established the dependent state of being ministered to instead of attending to the wants of others, and of obeying orders instead of issuing them. If the illness becomes more acute the regression is still more apparent. The patient must be washed, dressed and fed, and later may even lose control of the bodily functions. Milk becomes once again a staple diet, adult foods being cut out of the menu. The most profound regression of all is death, when the circle is drawn complete, and the inanimation is similar to that of the child before quickening has taken place.

We find doctor and nurse being put by the patient (generally unconsciously rather than consciously, of course), into the old positions of father and mother, whom he or she obeys or defies in faithful repetition of the behaviour of early childhood. This reflection of childish relations, now transferred to doctor and nurse in this time of need, is unavoidable, even necessary, and may be used as a powerful therapeutic agency. The doctor, as father, gives advice, and arouses the patient's confidence that under his care he or she will rapidly regain health and strength. The nurse, as mother, may use the authority derived from this source to get her orders carried out and her motherliness to soothe and inspire, never losing hope nor allowing her patient to do so.

During Convalescence the process is reversed. Gradually the patient must retrace the steps from this replica of helpless infancy to regain the independent condition of the adult, and for this reason convalescence is the most difficult and trying time for our patients. It is regaining ground lost to the enemy in the retreat before overpowering odds. Relapse may take place when the unconscious mind refuses to abandon this sanctuary in order to return to life's struggle. It is by means of the "*Transference*," the taking of doctor and nurse for father and mother by the patient that gradually the bridge is built up by which the patient can once more retrace his or her steps across that fearful chasm that divides illness and protection from health which involves cares and burdens of daily life.

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