

HOW PSYCHOLOGY MAY HELP THE NURSE.*

BY MARY CHADWICK.

(Member of the British Psychological and International Psycho-Analytical Societies.)

Florence Nightingale gave us the precept, "Nurse your patient and not the disease," and we are following out this advice, when we begin to enquire into the psychological side of physical illness. Were the disease itself all we had to combat, the profession of the nurse would be far more simple than it is, and, one must own, far less interesting. If the course of the illness followed the lines laid down in the textbooks for nurses and there were never any unexpected complications, or unlooked-for occurrences, we should become so bored that we should either give up nursing entirely or become machines. It is the patient, the differences to be observed in every case, whether nominally suffering from the same trouble or not, that makes our profession worth while, and it is our interest in these individual variations that leads us on or leaves us standing still.

During recent years, this individual side of people has become the subject of careful study under the name of *psychology*; in America another name is also given to it, *Behaviourism*, and it has been found that there are many patterns or types of persons who may usually be relied upon to act in a given way, according to their type, while others cannot be ranged in any category and always behave in an unexpected manner. Yet another science, still more modern than the academic psychology has arisen to give us more, deeper and wider knowledge of ourselves and others so that in the wake of knowledge may come understanding, and following understanding help.

An Austrian nerve-specialist, Sigismund Freud, discovered some thirty years ago now, that the most important part of ourselves, that which creates the dynamic force of the individual, is a part of us about which very little is known by ourselves or anyone else, unless we have specially studied the subject, and to that part he gave the descriptive name of the *Unconscious Mind*. An American psychologist has compared this to an *iceberg*, one-tenth of which is above water and visible, while the remaining nine-tenths, is out of sight under the water. This is the difficulty we have to encounter in illness, it is always the unknown quantity that prevents the patients from getting on, this Unconscious Mind about which we and they know so little. Hitherto we have fought it blindly and instinctively, our Unconscious against theirs, and without definite knowledge, as our ancestors struggled against all disease and death, without the knowledge and scientific aids that are at our disposal to-day.

Now, to begin with, let us see what we may expect to find in this unknown tract, and I think, when I have explained it, you will agree with me that we find evidence every day in the manifestations of illness or its approach and encroachment into the personality of persons who generally contrive to drive it away and succeed in keeping it out of sight. The Unconscious Mind is a region where wishes, feelings, desires and strivings go when they have been banished from the rest of the person's mind and thoughts, in the course of his or her education or the culture of the race. During the whole course of our lives, as we have grown up from childhood, we have had to learn that it is not possible or desirable to *do*, to *have* or to *be* all that we would like. We may successfully repress these wishes, or turn them into some other different and permitted channel, which has the sanction of civilisation, but on the other hand we may not. They may disappear from sight, go into hiding in our Unconscious and from that shelter constantly strive to take us by surprise and win their own

gratification. Perhaps in the first line should be placed, *having our own way*, the desire to do exactly as we like and give up to no one else; to have all the attention, and to be the centre of attraction, like an only child; to eat when and what we like, to sleep as we like, only to see the people that please us and to banish those who annoy. The Unconscious wishes are thoroughly egoistic. These wishes and many like them are to be gained by illness to a degree they cannot be by health, and it is on this account that the following phenomena arise, which are often the subject of remark, that those folks who have the least attention when they are well become the most exacting when ill, or are most fastidious over their food, even though they may at the same time constantly apologise to the nurse for the trouble they are giving her; or the resentment shown by one patient in a ward when another more dangerously ill than herself comes in and proves a serious rival. To be the only or best beloved child, is the aim of every sick person. *Child*, I use the word intentionally, for every illness is a *regression*, a retreat in face of overwhelming odds, to a position of safety, where the difficulty will be temporarily avoided; a running backwards to a condition of irresponsible childhood, when everything was done for us, when we were washed, dressed, fed, attended to, and not very much was expected of us, mother or nurse did everything and ourselves nothing.

But I should like to go into this question of *Regression* a little more fully, because as I said, when we understand this, we understand so much more about the onset of illness. It is a recognised fact to-day, that we are immune to illness, from infection, that is to say, as long as our resistance is high, when this becomes enfeebled we fall a prey to the invading germ, as our resistance increases we recover, should it decrease, we get worse and succumb. We may well ask what governs this resistance. We find bacteriologists nodding their heads and talking wisely about white corpuscles or leucocytes, phagocytes and all our other faithful allies in this war against microbic infection, but they cannot give us precise information as to what controls their origin or what sends them into the field in hundreds of thousands or millions, their habits are somewhat obscure and will finally be solved by the psychologist rather than the bacteriologist, I fancy. To gain a little light on the question let us remember our War experience, and those wards full of soldiers so many of whom were wounded in much the same way. But, if we remember, no two followed the same course of healing, and not all responded to the same treatment. The tissues reacted in a different way, why, we did not know, perhaps some of us were curious, perhaps some of us were not. We said, maybe, this man lost more blood than another, his vitality is low; but another with a splendid physique and comparatively small wound also failed to get on, why? Did we ever consider then this question of regression, and the opposite case, what may lie in front of a patient that he dare not get well and face. The difficulty was not always going back to the Front, sometimes it was a sweetheart who had jilted a man who had lost a leg, or a wife who had been unfaithful in her husband's absence.

Let us take another instance, this time from the nursing staff, and not the patients in a hospital. If we could see beneath the surface and know the psychological state of every nurse or probationer who goes to the sick room with a septic throat or poisoned finger, we should generally discover that it was really caused by some anxiety, worry or misery, probably in the ward from which she had come, and that she was faced with a state of affairs which, or some person who, was more than she could stand, and from which her psyche was forced to retreat, to regress to a condition where the demands were not so exacting, and some of the comforts and consolations of childhood were to be gained by way of compensation.

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