

amputations and other operations, and benefited insanity, epilepsy, hystero-epilepsy, hysteria, stammering, neuralgia, asthma, torticollis, headache, functional diseases of the heart, rheumatism, etc.

James Braid and others carried on this work in England under the name of *Hypnotism*, and many famous names are connected with this treatment in France, such as Dr. Liébeault of Nancy; Bernheim, who wrote *La Thérapeutique Suggestive*, and Charcot, who cured hysterical contractures and paralyses in the celebrated hospital of Salpêtrière.

In 1856, Sigmund Freud, who has revolutionised our knowledge concerning the ætiology and treatment of the psycho-neuroses, was born in Freiburg in Czecho-Slovakia. Having taken his medical degree in the Vienna University, he went to study under Charcot in Paris, and then returned to Vienna to continue working with Dr. Joseph Breuer, who had recently discovered a treatment combined with hypnosis for hysteria, which he called *Catharsis*, or the *Cathartic treatment*, as well as a new theory concerning the origin of the hysteric symptom. He believed the symptom to represent a detail of some traumatic event in the life of the patient, which had aroused great emotion without providing corresponding discharge. When this took place (Abreaction), and memory was restored between the traumatic event and the symptom, cure was established.

Freud afterwards made important alterations in this method. He substituted *Free-association* (talking of all thoughts that enter the mind in a waking state) for hypnosis, and called the new treatment, *Psycho-analysis*. His most important theories are as follows:—The significance of *Repression* in human life, causing *conflict between the Sexual and the Ego Impulses*, which often inhibits mental activity; the existence of the *Unconscious Mind*; the importance of the infantile life and experiences of childhood in the formation of neuroses, and the conflict between the Pleasure Principle and the Reality Principle. *Psycho-analysis* and its derivatives attempt to discover the hidden root of nervous trouble and deal with this so that the patient shall be liberated, and so able to face life untrammelled.

#### THE NERVOUS TROUBLES OF CHILDREN. HOW THE NURSE MAY HELP THEM.

In reviewing the incidence of neurosis in childhood, we may ask ourselves four questions:—

1. What are the Neuroses of Childhood?
2. What are their predisposing causes?
4. How soon may the symptoms develop?
4. What can the Nurse do to help these children?

1. *What are the Neuroses of childhood?* These are often unrecognised as such, but when we examine them carefully, we observe the symptoms to be identical with those which are present in the adult neurotic. Thus we may find the juvenile hysteric, usually considered a spoilt, highly-strung child, who rules the house alternately with temper or tears, attacks of breathlessness, or loss of appetite, who is always seeking attention or sympathy; possessing fears innumerable, the early form of *anxiety hysteria*, or already showing *conversion hysteria* in headaches, periodic vomiting, general malaise, growing-pains, etc.

We may also see the little *Obsessional Neurotic*, under compulsion to touch things, to say things or to ask innumerable questions and plead for reassurance that he or she hasn't broken anything or looked at something that was forbidden. *Melancholia* will also be found in quite young children, who feel unwanted or that life offers endless disappointment without compensation, because, perhaps, a new baby has alienated a certain amount of love that was once undivided. The child's wish to escape from the difficulties of life will often appear in dangerous recourse

to phantasy, and the avoidance of real life that we may recognise in rather later stages of development as *Dementia Praecox*.

2. *What are the predisposing Causes, and 3. How soon may symptoms appear?* may be taken together for the most part.

Some of the most important of the predisposing causes of child neuroses are tendencies to nervous trouble in the parents, or those who have charge of the child during its early years. Modern research has shown us that the parental attitude towards an infant will become readily impressed upon the character of the child. Thus we will find the baby who came unwanted into the world, or with whose sex the parents were dissatisfied, gains this impression at an early age and shows it in future unhappiness or expectation of failure. Again, the *feeding of the infant* will influence early character development, in that the well-nourished infant grows up more contented and nervously stable than the marasmus baby, or one who has suffered early and severe deprivation in this respect. The same anxious expression on the face of the baby with digestive troubles is easily recognised upon that of the adult who is afflicted with anxiety neurosis, accompanied with fears of all descriptions, especially that of the uncertainty of life. The *early training of the infant*, through love or punishment for *cleanliness and other good habits*, if urged too soon or too insistently, will sometimes lay the foundation of over-conscientious tidiness or a scrupulosity concerning dirt, doubts or other obsessions, as well as exaggerated guilt and fear.

The *Great Triangle of the Oedipus Conflict*, of Father, Mother and Baby, with baby struggling to be the most important side, supported by the other two, is the basis of a large percentage of youthful as well as adult neuroses, especially hysteria.

4. *The Nurse's part in Child Neurosis* differs in some ways considerably from that which she plays in the nervous complications of adults, because in these difficulties she is faced frequently with the problem of altering the attitude of the parents towards the child, or changing the real environment so as to make it more suitable for the healthy nervous development of the child; while in adult nerve cases the patient continues to act as a child and to react to old situations that are no longer real for the present time, and from which the patient must struggle to free himself or herself without the interference but with the help and encouragement of the nurse, who may point out this repeated situation which is the cause of so much trouble.

#### THE NURSE'S PART IN ADULT NERVOUS TROUBLES.

It is useless to disguise the fact that the nurse has a difficult role to take in nursing adult neuroses, so that she may be able to help her patients without becoming involved herself in their symptoms. So that this may be accomplished successfully, she needs to know her own psychological tendencies well and be able to recognise nervous symptoms wherever she sees them, either in herself or her patients, because it is by no means rare for the unconscious mind of the nurse to respond by some echo of forgotten events of her childhood to the requirements and nervous symptoms of her patients. This will usually be the reason why nurses find the nursing of these cases so tiring and exacting for their patience, since old conflicts are recalled in some way by their patients. These are complications that need considerable study, because they are of grave significance and require thought by all those who undertake this branch of her profession.

We may ask ourselves, *what do patients want of the nurse who attends to them when nervously ill?* First and foremost, they wish to find a kind and loving mother

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