

Physical Manifestations of Psychic Disturbances

DR. ALFRED ADLER

Some day it will probably be proved that there is no organ inferiority which does not respond to psychic influences and does not speak the organ's language, a language conditioned by the problems confronting the individual. This is important in regard to symptom selection and, particularly, in regard to what we still call hysteria, or functional neurosis. It also justifies one of the basic tenets of Individual Psychology: "When a transitory or permanent defect becomes apparent in an organ, this organ must be scrupulously examined, so that it may be determined in what way it is characteristic of the individual himself." Sometimes one organ, sometimes another, is outstandingly responsive to the pressure of outside influences. In this paper I will deal chiefly with those organs which, when feelings, emotions and affects are aroused, transmit the stimulus through the body.

Psychic influences are being accepted more and more today. Even from the standpoint of general medicine it is no longer denied that the idiosyncrasies in the individual's disposition cause variations in every illness. The doctors of yesterday realized that a child who was always subject to infectious diseases was a hyper-sensitive child. But only recently has it been discovered that less sensitive children are able to rely far more upon their endocrine glands.

It is important to observe whether a psychic trauma induces transitory or lasting changes. For instance, people usually respond to shock with heart symptoms, but what is important is the duration of this change in the functioning of the heart. Only occasionally is it lasting, as in certain neurotic cases. But we know very definitely that an inferior heart, or a heart that has been injured through illness, is more susceptible to such influences, and that they can open the door to subsequent lasting and serious illnesses. It must always be remembered that the organic structure is a unity, and that a shock in one sphere throws the whole body into vibration. Our knowledge is far too meager to permit us to lay down any definite laws, but it seems fairly certain that such a shock can cause permanent organic injury.

Not much is known as to how a psychic impression reaches the organs, but without doubt its effect is a general one. The whole organism makes strong efforts to preserve its equilibrium. There is plenty of evidence that psychical disturbances can be caused by affects, which means that we must begin our diagnosis by making a thorough study of the individual's disposition.

Once more I must stress how frequently we find ourselves treating patients who look to others whenever they are in difficulty, and search unceasingly for alleviation of their problems. This disposition can almost always be traced back to their training in early life. In such a world as

ours it is such a type of individuals who appear to be the most heavily burdened, for to them the world is a place of enmity, a place in which difficulties cannot be overcome, but must be avoided. If we wish to see this in relation to organic disturbances, I hardly know of any organ which cannot be used as an example.

For instance, most gynecologists agree that many disturbances during menstruation can be attributed to emotional reasons. The patient herself understands little about her feeling of irritation, her frame of mind. She does not comprehend why she should feel so oppressed by such an insignificant event. She is reconciled to the fact that something happens once a month, but she does not realize that her whole disposition exerts the greatest influence upon this relatively minor occurrence.

We must realize that many girls quite unconsciously oppose menstruation by adopting a defensive attitude. They are not helped if we merely tell them this. We all know from experience in other walks of life that good suggestions are not necessarily accepted. What we must do is to study the patient so as to find out why she is not prepared to face her difficulties, and then explain this lack of preparedness to her. Wherever there are menstrual troubles we will find a certain disposition, one which occasions a defensive attitude and leads to some kind of occlusion. This unconscious adoption of a defensive attitude has a particular significance in each individual case. The peculiar idiosyncrasies of these very girls give us an important key as to why they intensify their customary defensive attitude. Perhaps the patient has learned of or experienced the difficulties in which a girl can become involved during and after puberty. This is a point which must be given serious consideration; we must remember that it is the exogenic situation which sets the match to the fire, for it affects the whole disposition.

Pseudo-pregnancy is another interesting subject that comes within the sphere of this paper. Today we still know very little of how pseudo-pregnancy is caused. But I once had a case which was most revealing. The patient had had sexual relations with a man for many years and he had told her he would marry her if she should ever become pregnant; the abdomen began to swell just as in pregnancy and continued to do so for six or seven months. It was then that I saw the woman and became suspicious; I advised her to consult a gynecologist. An hour later she returned; the woman's abdomen had shrunk to its normal size. The gynecologist had found that she was not pregnant at all. Under heavy manipulations the flatus had been expelled through mouth and anus. It had been a case of meteorism, the non-conscious creation of the woman herself, possible only in the case of a person desirous of taking on this symptom.

I have found that many men and women are able to develop meteorism. They swallow air. This is a fact which is too often neglected in internal medicine. There may be various other accompanying manifestations, and the gulping down of wind can cause symptoms of anxiety neu-

rosis. This I have frequently observed. It is plain that a person with a tendency to anxiety symptoms can be seized by a state of giddiness arising from inflation of the stomach. Other symptoms, as well, can be caused by this. It should be understood that the swallowing of air takes place when the patient does not feel able to face a certain situation, when the inferiority feeling is intensified and a sense of oppressiveness arises. If we study these individuals, quite apart from their symptoms, we always find that from their earliest childhood they have been well aware of the social significance of anxiety, i.e. of how other people can be impressed by a display of anxiety.

In recent years I have had plenty of opportunity of studying the influences of the feelings and emotions upon the glands. It has been very clear to me that the endocrine glands can be affected by the emotions, and it seems to me that the sex glands, also, can be put in a passive state by emotional influence. Here again we must not fail to take the individual's disposition or attitude into account.

Take for instance the case of a youngster who feels he is unmanly and, accordingly, does not live a life conducive to the development of the sex glands. He eliminates certain activities which the normal glandular development demands. Some boys are kept in an environment in which only girls are found as a rule; they are made to sit quietly at home, interest themselves in dolls and cooking, and are prevented from behaving actively. This can result in their having feminine appearance in later years. I have seen such youngsters become more masculine looking once they have been brought into proper contact with other boys.

Boas has pointed out that sports have made the American girl approach nearer to the masculine type. There can be no question that, apart from whether the individual takes the sexual role seriously or not, the sex glands and, thereby, the physical structure are influenced by athletics. We also find that the sex glands of individuals who have an unusually strong leaning toward the other sex develop an increased activity and efficiency if this attitude persists.

When we consider how effective such influences can be we realize the nature of what we call "functional inadequacies." For instance, the retrogression of the woman during the climacteric is by no means an unvarying occurrence, but is also conditioned by the woman's disposition, by her regarding the climacteric as a danger or an illness. One of a doctor's chief duties is to examine his patient's beliefs and do his utmost to rid them of injurious ideas.

A most important role is played by the thyroid; particularly in the case of Graves' disease. I once had an opportunity to examine a number of such patients in Zondek's clinic in Berlin. Zondek claims that Graves' disease cannot be investigated without the individuality of the patient being taken into consideration. Now this is not always easy. For instance, there was one patient, a mechanic of 26, who had suffered from Graves'

disease for two years. The symptoms were distinct; the basic metabolism was increased 30 per cent. I found that the patient had been the only boy in the family and was most hypersensitive. He said to me: "When a person's ill, he's put under observation because human beings are always suspicious." He spoke very reproachfully, in a tone which suggested that he was very thin-skinned and found it difficult to get along with other people. I could see clearly that he was very impatient and probably prone to outbursts of emotion. He would tell me no dreams, but his earliest recollection showed that he greatly disliked any change of situation. Nothing would have induced him to leave the place in which he was working.

These details told little about the exogenic factor, the situation which had provoked the illness. I asked him if anything had happened which might have contributed to his trouble; whether he had been upset by anything. But he made little response. Finally he mentioned a love affair. Six months before he fell ill, the woman had gone off with another man, but he assured me that this break had been a very trifling matter. "On the whole I was rather glad," he said. "She did not suit me." Knowing as I did, however, that these nervous types are the very ones who want to keep their hold on another person and feel deeply injured if a third person is preferred, I felt justified in regarding this break as the exogenic factor, especially since it occurred at the same time as the first symptoms of trembling set in.

Let us now discuss what little we know about the influencing of the organs. How are they affected by the psyche? It is obvious that the psychic force must pass through the sphere of consciousness; there must be a transformation of the absorbed influences, followed by irritation of the vegetative system. Through the latter the irritation is transmitted further in very diverse ways, in accordance with the individual's disposition and organic peculiarities. His organs begin to respond. The irritation always excites the *whole* organism; however we are able to observe the excitation only in those parts of the organism which manifest it more clearly. Many glands can be affected, including the liver, which responds differently in each individual case. There are some persons who, while one might expect the irritation to induce anger, respond with attacks of pain in the liver area. It has been demonstrated that the irritation also causes a change in the bile outflow, and that it can affect the pancreas and the Islands of Langerhans. Certain people respond to the irritation by hyperglycemia and glycosuria, and it is obviously the physician's duty to put such patients in a frame of mind which does not expose them to disturbances of this nature.

Psychosis and epilepsy are still more complicated problems, and no far-seeing psychiatrist can fail to realize that here, too, a part is played by the exogenic situation. (The same applies to all cases of melancholia and schizophrenia.) To touch on but a single aspect of the problem, we can state that in psychogenic epilepsy a part of the brain responds to the

irritation. It is possible that there are also certain organic changes. Perhaps edema can affect the brain. There are many neurotic manifestations which are conditioned through the tissues' being influenced by the retention of water, as demonstrated in cases of sudden withdrawal of morphine. (Alexandra Adler.) This aspect is significant for the study of other similar processes.

Structural changes, resulting from psychic irritation, are seen particularly clearly in cases of scoliosis and flat-foot. Such cases as I have seen were predisposed to these troubles; they had not always had them, but began to be troubled at some definite time—usually when the patient lost his poise and self-confidence on being confronted by a particular situation.

We have known now for twenty-five years that pains in the spine are more significant than appears at first glance. There are pains which become localized on the anterior wall of the chest and begin when the patient is in a depressed state. This we find, for instance, among melancholics, but also amongst individuals who do not get melancholy if they feel set back in some way.

I do not believe that the simple explanation of the nerves being pinched is correct; it is too naive an idea. Also, I have little faith in the idea of radiating pains, say according to the theory of Head's segments. Long before people began talking about "orthostatic albuminuria" I drew attention to the fact of how often curvatures of the spine are connected with manifestations in the kidneys. It is possible that the whole segment is irritated during embryonic development. All curvatures indicate very clearly that a congenital defect exists, which is characterized by the naevus (birthmark) at the top of the curvature or in the segment. I have had astonishing experiences in regard to this and have been able to predict where the naevus lay.

Cases of flat-foot are very similar; the sufferers are often depressed individuals. There can be but one explanation of this, namely, that depression can cause a loss of muscle tone. This fact is apparent in every man alive; whether he is flat-footed or not, his whole poise and bearing is characteristic of "the man within;" he speaks with his muscular apparatus. It is essential to understand this physical speech, which I have called "organ dialect."

When the vascular system is affected by the psyche, the skin is often affected too. It is recognized that skin diseases may be provoked in that way. Of course this does not apply rigorously to all patients with skin troubles, but it brings us to a very important question, namely: If a person is endogenically disposed to an illness, is he bound to contract it? Say, for instance, that he is predisposed to schizophrenia (we have partial knowledge of the physical make-up of schizophrenia) can we say that he is sure to fall victim to it? The answer is "No," so long as the physical peculiarity is not subject to conditions under which the equilibrium

cannot be maintained. His physician must be capable of so influencing him that psychic factors will not have a decisive effect upon him.

It seems that if an organ is subject to psychic influences over a long period of time it can be lastingly harmed only if it is already inferior. Here again we are faced by a question: "Where does the organ inferiority begin?" Perhaps we should pay more attention to disturbances which are in the framework of the whole constitution and which are manifested in "the place of least resistance." We often find lesions being caused by the general constitutional state, and I will give you an example of this.

A man is run over by a car. He has a malicious sort of disposition; the accident takes place on the very day he has been trying to force his attentions on a girl in his office, to which she has replied by banding her friends together against him. Follows the accident . . . Such coincidences being possible—and to me they are no mere coincidences—it is not hard for us to imagine that in the midst of the many dangers of modern life the ones most likely to be harmed are those whose psychic disposition is at a low ebb. They, too, will be threatened in the event of an epidemic.

I wish to mention one other phenomenon—the external formation of the human face, the physiognomy. There is some value in the science of physiognomy, but we cannot say how much, because the physiognomy is shaped by movement; it is movement which has become form. This transition is one which we recognize all too little. We judge by external appearances, often most rashly, but without always realizing that moods affect the physical substance, making the lineaments appear pleasant or unpleasant. It is quite amazing to see the appearance of a melancholic during a melancholic phase, and then to see how it has changed when the phase is over. In him and in every individual the emotion leaves its after effects in the expression.

The principles of Individual Psychology can tell us more about this. The basis of all proper functions is a state of being properly integrated within the current of human evolution. When we take this as our vantage point we are able to understand why we consider one man as likeable and another as distasteful, and how we reach such conclusions quite automatically. We must realize that the only factors which are of importance to the human species are those which pertain to the current of evolution; and unless we can see life from this angle we cannot tell what we should regard as faulty and what we should consider correct.

A widespread error exists regarding the conception of society, and to understand this conception we must realize how strongly society is interlinked to human evolution. Integrated society is a goal, something to which we must aspire. The physiognomy is bound up, far more than we have ever realized before, with the degree of harmony existing between the individual and the social goal.