

HYSTERIA AS A WEAPON IN MARITAL CONFLICTS

A. MYERSON, M.D.

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Hospital Papers, 1914-5

THE progress in our understanding of hysteria has come largely through the elaboration of the so-called mechanisms by which the symptoms arise. These mechanisms have been declared to reside or to have their origin in the subconsciousness or coconsciousness. The mechanisms range all the way from the conception of Janet that the personality is disintegrated owing to lowering of the psychical tension to that of Freud, who conceives all hysterical symptoms as a result of dissociation arising through conflicts between repressed sexual desires and experiences and the various censors organized by the social life. Without in any way intending to set up any other general mechanism or to enter into the controversy raging concerning the Freudian mechanism, which at present is the storm center, the writer reports a case in which the origin of the symptoms can be traced to a more simple and fairly familiar mechanism, one which, in its essence, is merely an intensification of a normal reaction of many women to marital difficulties. In other words, women frequently resort to measures which bring about an acute discomfort upon the part of their mate, through his pity, compassion and self-accusation. They resort to tears as their proverbial weapon for gaining their point. In this case the hysterical symptoms seem to have been the substitute for tears in a domestic battle.

Case History—Patient is a woman, aged thirty-eight, of American birth and ancestry. Family history is negative so far as mental disease is concerned, but there seems to have been a decadence of stock as manifested in the steady dropping of her family in the social scale. She is one of two children, there being a brother, who, from all accounts, is a fairly industrious, but poverty-stricken farmer. Her early childhood was spent in a small village in Massachusetts. She received but little education, largely because she had no desire to study and no aptitude for learning, although she is by no means feeble-minded. The menstrual periods started at fourteen, and have been without any noteworthy accompanying phenomena ever since. History is negative so far as other diseases are concerned. She worked as a domestic and in factories until she was married for the first time at the age of twenty. She had no children by this marriage. It is stated on good authority that she took preventive measures against conception and if pregnant induced abortion by drugs and mechanical measures. At the end of eight years there was a divorce. Just which one of the partners was at fault is impossible to state, but that there was more than mere incompatibility is evident by the reticence of all concerned. Shortly afterward, she married her present husband with whom she has lived for about nine years. He is a steady drinker, but is a good workman, has never been discharged, and, apparently, his drinking habits do not interfere with the main tenor of his life. He lives with the patient in a small house of which they occupy two garret rooms, meagerly furnished, though without evidence of dire poverty.

From her fifteenth year the patient has been subject to fainting spells. By all accounts they come on usually after quarrels, disagreements or disappointments. They are not accompanied by blanching, by clonic or tonic movements of any kind, they last for uncertain periods ranging from five minutes to an hour or more, and consciousness does not seem to be totally lost. In addition she has vomiting spells, these likewise occurring when balked in her desires. She is subject to headaches, usually on one half of the head, but frequently frontal. There is

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no regular period of occurrence of these headaches except that there is also some relation to quarrels, etc. On several occasions the patient has lost her voice for short periods ranging from a few minutes to several hours following particularly stormy domestic scenes.

On July 29 of this year she was suddenly paralyzed. That is to say, she was unable to move the right arm, the right leg, the right side of the face, and she lost the power of speech entirely; there was complete aphonia. This "stroke" was not accompanied by unconsciousness, but was preceded by severe headache and much nausea. During the three weeks that followed she remained in bed, recovering only the function of the arm. Her husband fed her by forcing open her mouth with a spoon. She did not lose control of the sphincters. As she manifested no other progress to recovery despite the administration of drugs, numerous rubbings and liniments, the physician in charge called the writer into consultation.

Physical Examination Aug. 20—A well-developed, fairly well nourished woman, appearing to be about thirty-five years of age. Face wears an anxious expression and she shuns the examiner's direct gaze. Movements of the right hand and arm are now fairly free. There is no appreciable difficulty in any of its functions according to tests made for ataxia, strength, recognition of form, finer movements, etc., in fact, she uses this hand to write with, as she cannot talk at all. Such writing is free, unaccompanied by errors in spelling, there is no elision of syllables and no difficulty in finding the words desired. The face is symmetrical on the two sides. There is no evidence of paralysis of the facial muscles. In fact, the cranial nerves, by detailed examination, are intact, except in so far as respiration and speech are concerned. The right leg is held entirely spastic, the muscles on both sides of the joints, that is, flexors and extensors, being equally contracted. It is impossible to bend this leg at any joint except by the use of very great force. The reflexes everywhere are lively but are equal on the two sides, and none of the abnormal reflexes is present, including in this term Babinski, Gordon and Oppenheim.

Sensation—There is very markedly diminished reaction to pin prick all over the right side, including face, arm, chest, leg and tongue. In some places complete analgesia obtains. Reaction to touch is likewise diminished and recognition of heat and cold is impaired.

Speech—There is complete loss of the ability to make any sound, either voiced or whispered; that is to say, there is complete aphonia,— there is loss of all voice. The patient understands everything, however, and writes her answers to questions rapidly and correctly. She can read whatever is written, there is no difficulty in the recognition of objects, no evidence of any aphasia whatever.

The diagnosis—hysteria—can hardly be doubted. The history of headaches, fainting spells without marked impairment of consciousness, vomiting spells, hemianaesthesia, hemianalgesia, complete aphonia and an exaggerated paralysis, not only of the right leg, but of the ability to thrust out the tongue, while at the same time all other cranial functions were unimpaired together with the apparent health of the individual in every other respect, make up a syndrome hardly to pass unrecognized.

Treatment—The patient was entirely inaccessible to direct suggestion, for no amount of assurance that her leg was all right enabled her to move it. When such suggestions were made, she shook her head firmly and conclusively, and this is true of suggestions concerning speech. This point is of importance in the consideration of the mechanism. Attempts at hypnotism failed ingloriously. Psychoanalysis was deferred for the time, and recourse was had to indirect suggestion and re-education.

The first function to be restored was the power of bending the leg which hitherto had been held entirely spastic. The patient was assured that while she had lost the power of using the limb, a little relaxation of the muscles of the front of the leg would permit it to be bent. Her attention was distracted while at the same time a firm, steady pressure was put upon the leg above and below the knee joint and advantage taken of every change in the tone of the muscles involved in keeping the leg extended. Little by little the leg was bent until finally it was completely flexed, this for the first time in three weeks. Her attention was called to this fact and she was assured that upon the

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physician's next attempt to bend her leg, resistance would be lessened and she would be able to aid somewhat as well. This proved true. Then the leg was only partly supported by the physician while the patient was assured that with his help she would be able to bend it more freely. From this, she passed on to the ability to move the leg without any assistance on the part of the writer. After having been given exercise in bending the leg for some twenty or thirty times, with complete restoration of this ability, she was induced to get out of bed, and while standing erect she was suddenly released by the physician. She swayed to and fro in a rather perilous manner but did not fall. Finally, by gradation of tasks set, by a judicious combination of encouragement and command, she was enabled to walk. She was then put to bed and assured that upon the physician's next visit she would be taught to walk freely. Meanwhile, the husband was instructed that he must not allow her to stay in bed more than an hour at a time and that she must come to the table for her meals.

On the physician's next visit, two days later, it was found that the husband had not been able to induce his wife to come to the table, and that he had been unable to get her to walk. The physician then commanded her to get out of bed, which she did with great effort. She was then put back to bed and instructed to get up more freely and without such effort, demonstration being a visual one, in that she was shown how best to accomplish the task set. Finally, at the end of the visit, she was walking quite freely and promised in writing, for she had not as yet learned to talk, that she would eat at the table.

The next day instruction was commenced along the lines of speech. Upon being asked to thrust out her tongue, that organ was protruded only a short distance, and she claimed, in writing, to be unable to protrude it further. Thereupon it was taken hold of by a towel and alternately withdrawn from and replaced into the mouth. After a short period of such exercise she was enabled to thrust the tongue in and out. She was then instructed to breathe more freely; that is to say, to take short inspirations and to make long expirations, this in preparation for speech. She was unable to do this, the expiration being short, jerky and interrupted. Thereupon the examiner placed his two hands, one on each side of her chest, instructed her to inspire, and when she was instructed to expire forced his hands against her ribs in order to complete the expiratory act. After about fifteen or twenty minutes of this combination of instruction and help the patient was able to breathe by herself and freely. She was then instructed to make the sound "e" at the end of expiration. This she was unable to do at first, but upon persistence and passive placing of her mouth in the proper position for the sound, she was able to whisper "e." From this she rapidly went on to the other vowel sounds. Then the aspirate "h" was added, later the explosives, "p," etc., until at the end of about two hours she was enabled to whisper anything desired. Her husband was instructed not to allow her to use her pencil any more, and she promised faithfully to enter into whispered conversation with him, although it was evident that she promised this with reluctance.

Upon the next visit, two days later, she was still whispering, and when asked if she could talk aloud, shook her head and whispered "No," that she was sure she could not. Efforts to have her make the sound "a," or any of the vowels in a voiced manner failed completely. She was then instructed to cough. Although it is evident that a cough is a voiced sound, she was able to do this, in a very low and indistinct manner. She was then instructed to add the sound "e" at the end of her cough. This she did, but with difficulty. Finally, after much the same manoeuvring which has been indicated in the account of how she was instructed to whisper, she talked freely and well. When this was accomplished the husband was instructed to have her dress herself and to take her to: some place of amusement, and to keep her out of doors almost continuously.

At all times the patient had complained of a pain in her side which she claimed was the root of all her trouble. It had been "doctored," to use her term, by all the physicians in the city and, it was alleged, came after she had been lifting a paralyzed old lady in the house across the way. Despite all treatment this pain had not disappeared and the various diagnoses made—strain, liver trouble, nervous ache had not sufficed to console the patient or to relieve her. There was no local tenderness, no pain upon movement, but merely a steady ache. No physical basis whatever for this trouble could be found. Her medicine for the relief of it was discontinued, and so, too, were certain medicines she had been obtaining for sleep.

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Upon each visit the husband and wife had been informed by the physician that he did not believe the trouble was organic in its nature, that he believed it depended upon some ideas that the patient had, and that, furthermore, it was the result of some mental irritation, compared for the purpose of fixing the point to a festering sore and which, if removed, would permanently eliminate the liability of such seizures. The patient and her husband were informed that the physician intended to delve to the bottom of this trouble and, by deferring investigation as to its exact nature until the symptoms had practically disappeared, a way was cleared to obtain their complete confidence, and at the same time to overcome any unwillingness to accept a psychical explanation for such palpable physical ills. This latter point is of importance in dealing with uneducated persons. For the most part, they are intensely practical and materialistic, and a mere idea does not seem to them to account for paralysis although, of course, such skepticism is usually accompanied by superstitious credulity along other lines. Moreover, by establishing himself as a sort of miracle worker (for so the cure was regarded), it would be understood that curiosity was not the basis for the investigation into the domestic life of the patient and her husband, but that a desire to do more good inspired it.

The physician started his investigation with the statement that he knew from past experience that some conflict was going on between husband and wife; that there was some source of irritation which caused these outbursts of symptoms on the part of the patient, and that unless they told him what was behind the matter his help would be limited to the relief of the present symptoms. It was firmly stated that any denial of such discord would not be believed, and that only a complete confidence would be helpful.

The patient, who had been listening to this statement with lowered eyes and nervously intertwining fingers, then burst out as follows: There WAS trouble between them and there always would be until it was settled right,—this with much emphasis and emotional manifestation. So long as he insisted on living where they did, just so long would she quarrel with him. She did not like the neighbors, especially the woman downstairs, she did not like the room, she did not like anything about the place or the neighborhood, hated the very sight of it and would never cease attempting to move from there. It came out on further questioning that the woman downstairs, whom the patient particularly disliked, was a storm center in that the wife was jealous of her, although she adduced no very good reasons for her attitude. Moreover, the patient stated that she wished to move to a district where she had friends, though other sources of information showed that these friends were of a rather unsavory character. Her husband was absolutely determined not to move from his house. He stated that he would rather have her go away and stay away than move from there; that the rent was too high in the place where she wanted to move, and that the rent was suitable where they were. Moreover, for his part, he hated his wife's desired neighborhood and would never consent to changing his residence from the present place to the other. It came out that her fainting and vomiting spells and headaches usually followed bitter quarrels, and on other matters these symptoms usually placed the victory on her side. On this particular point, however, her husband had remained obdurate. It was shown that the present attack of paralysis and aphonia, symptoms of an unusually severe character, followed an unusually bitter quarrel which had lasted for a whole day and into the night of the attack.

The question arises at this point, "Why did this attack take the form of a paralysis?" At first this seemed unaccountable, but later it was found that the old woman for whom the patient had been caring had a "stroke" with loss of the power to speak, though no aphonia. The patient had gone to work as a sort of nurse for the old woman under protest, for she did not wish to do anything outside of her own light housekeeping, although the added income was sorely needed since work was slack in her husband's place of employment. The pain in her side caused her to quit work as nurse, much to her husband's dissatisfaction until she convinced him that her pain and disability were marked. It was evident that despite the controversies and quarrels that prevailed in the household, her husband sincerely loved her, for he stayed away from his work during the three weeks of her illness to act as her nurse. Moreover, he spent his earnings quite freely in consulting various physicians in order to cure her.

It was shown from what both the patient and her husband said, and from the whole history of their marital life, that she had used as a weapon, though not with definite conscious purpose, for the gaining of her point in whatever quarrel came up, symptoms that are usually called hysterical; that is to say, vomiting, fainting spells and

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pains without definite physical cause. This method usually assured her victory by playing upon her husband's alarm and concern as well as by causing him intense dissatisfaction. With the advent of a disagreement which could not be settled her way by her usual symptoms, there followed, not by any means through her volition or conscious purpose, more severe symptoms; namely, spastic paralysis and aphonia, which, in a general way, were suggested by her patient. There seems to have been, and there undoubtedly was, a sexual element entering into this last quarrel; namely, that she was jealous of the woman who lived downstairs, though without any proof of her husband's infidelity.

Both patient and her husband finally agreed to the physician's statement that the symptoms were directly referable to the quarrels, although both claimed that it had never occurred to them before, a fact made evident by their questions and objections. No psychoanalysis was possible in this case, for the man and woman belong to that class of people who feel that they are cured when their symptoms are relieved. It may be argued, without any possibility of contradiction, that a psychoanalysis would have revealed a deeper reaching mechanism and that a closer relationship and connection between the paralysis and other symptoms with the past sexual experiences of the patient could have been established. This last claim may be doubted, however, for there is always a gap between the alleged "conversion" of mental states into physical symptoms, and this gap can in no case be bridged over even by Freud's own accounts. The conversion always remains as a mere statement and is a logical connection between the appearance of physical symptoms and the so-called conflicts; in other words, it is an explanation and not a FACT. Compared with the complex Freudian mechanism, with its repressions, compressions, censors, dreams, etc., the conception of hysterical symptoms as a marital weapon as comparable with the tears of more normal women seems very simple and probably too simple. In fact, it does not explain the hysteria, it merely gives a USE for its symptoms, and the writer is driven back to the statement that the neuropathic person is characterized by his or her bizarre and prolonged emotional reactions, which, in turn, brings us back to a defect ab origine. And the Freudians, starting out to prove that the experiences of the individual ALONE cause hysteria, by pushing back the TIME of those experiences to INFANCY (and lately to foetal life), have proved the contrary, that is, the inborn nature of the disease.