

**CLINICAL COMMUNICATIONS
(1928).**

Georg Groddeck

That disease of every kind is susceptible to psychotherapeutic treatment cannot be proved; it can only be a matter for trial and experiment. My only aim in making these communications is to induce as many physicians as possible make the trial.

The first case I shall deal with is that of a lady who came under my care in 1921 suffering from general oedema, the result of non-compensation in heart disease. The first three weeks of combined physical and mental treatment produced good results, but things came to a stop in the fourth week, and then there was a serious relapse. I therefore decided to take certain action which I had often found beneficial, though only when taken at the right juncture in any treatment. I explained matters to the patient as follows: 'You know you have been up and about and have had no pain these many years, although the condition of the heart has been the same. That you are now ill and have oedema cannot therefore be due to the heart trouble, but to some disturbance between the action of the heart and the opposition of your organism to this action. The attempt to strengthen the power of the heart has failed, as you know. The attempt we have made during the first three weeks to diminish the resistance against the heart's action led to improvement, yet during the last eight days, although apparently the treatment has not changed, we have first come to a standstill and then lost ground. That shows, if we like to understand the message, that something in the treatment has changed so that it no longer is effectual. All treatment includes two factors: First, what is prescribed, and second, the personal influence of the doctor. Since no change has been made in the regimen prescribed for you, the disturbance must concern my personal influence. I would ask you to think over what it is that you have against me.' I received the usual reply, the patient had nothing at all against me. At last, as I remained obstinate in my belief and the patient equally so, I resorted to cunning and asked her, without warning, to repeat one of the commandments. At once, without stopping to think, she repeated the commandment against adultery. 'Why do you think that I have committed adultery?' I asked. 'I have been told that you were divorced, and although your first wife is still alive, you have married again.' 'That is so,' I replied, 'but you forget that I am a Protestant, and so my faith does not prohibit a second marriage while my first wife is alive. But when did you hear that my first wife was still living?' 'Eight days ago.' 'Then that was when you first began to get worse. I must now tell you something else if we are to get any good from all this. You have made a charge against me which cannot be justified, and this you did knowing that I was a Protestant. Now unjust charges are only made when the accuser has committed the fault with which he taxes another, I know, then, quite certainly, that you yourself have broken your marriage vow.'

Greatly moved, my patient then told me the following story: 'It is not the vow of earthly fidelity that I have broken, but a far more sacred pledge. As a young girl I longed to be a nun, but my parents set themselves against my desire and I gave it up, making a secret and inviolable oath to myself that I would remain a virgin for the whole of my life. This vow, made to God, I have betrayed, for, as you know, I am married. Since my wedding I have had bitter struggles with my conscience, always renewing them as soon as they die down. I have spoken of it in confession, but although the priest has assured me that no validity can attach to such a vow, and therefore no mortal sin is committed in breaking it, still I never lose my burden of anxiety nor find any peace of mind.' After this confession I had a further conversation with the patient, and advised her when she returned home to discuss the situation with a priest, not in confession, but in his private capacity. What she had told me showed that she did not trust the judgment of the priest as her confessor, and so that could only increase her sense of guilt. This she promised to do.

After I had gone from the room she started to urinate, and in such quantities as I have hardly ever experienced with any patient, certainly not with any suffering from incapacity to urinate like this patient. Within four hours her weight had gone down by five kilograms, and the next morning by another kilogram. From the moment she told her story her condition grew better every day, and in a short time every sign of defective compensation had disappeared. Some idea of her condition may be gathered from her loss of weight, which amounted to four kilos in the first four weeks of the treatment, and in the week following her confession to twenty-five kilos. The patient returned to her home quite recovered. Six months later her husband wrote, asking me to come to her, but I could not answer the summons, for the distance was great and I was tied by other duties in Baden Baden. A week later he wrote again to tell me his wife had died from dropsy. He added that severe symptoms had made their appearance after his wife had been to confession. She had then told him of her belief that she had broken a sacred oath and said that in her last confession she had again included this sin and the priest had once more assured her that such a vow made by a young girl was of no importance, but she could not believe this.

From my way of relating these events it will be clear that I am inclined to believe that the disturbance of the circulation was, in fact, overcome through the patient's talk with me, and that accordingly the treatment of a conflict in the heart -and religious belief in common parlance is an affair of the heart- may well be included in the treatment of heart cases. This cannot be proved, at any rate not at present, but after all it is not the duty of a medical practitioner to furnish proofs, although, of course he will always think he is in the right. But it is surely permissible to regard an indication arising out of practical experience, such as I have given, as sufficient grounds for scientific investigation.

I give a second case which illustrates anew the importance of the fundamental principle in all medical treatment, 'See that you do no harm.'

A lady with chronic inflammation of the joints of both upper and lower extremities sought my help after trying many fruitless treatments. She had already been about six weeks in Baden Baden under the care of a doctor in this town, and had been taking the baths on his advice. Instead of improving she got worse, for a severe pain in the upper part of her spine made it impossible for her to lie either on her side or on her back, so she was forced to sleep lying face downwards.

This pain began on the first day of her treatment in Baden Baden, and had got worse and worse. Before examining her carefully, I gave her the following explanation:

'If we like we can regard an illness associated with increasing pain as a self-punishment. In your case, assuming this to be so, it would be easy to get an answer, not a learned, but still, perhaps a useful one, to the question as to why your arms and your legs are affected, for it is with arms and hands that evil is done, and legs and feet may wander into ways of sin. But this unscientific though practical explanation gives no reason for the pain in your spine. Can you tell me of any incident which may have led to the punishment of your spine where inflammation is rarely met with?'

'Yes,' replied the patient, 'I can. The doctor whom I have been under in Baden Baden threw me into a state of excitement the first moment that I saw him, and of this I am deeply ashamed, for he has not the slightest inkling of the effect he has on me, and my feeling seems to me a proof of my vileness. My excitement and at the same time my feelings of guilt rose to an almost intolerable degree when the doctor helped me to prepare for his examination by unfastening a button at the back of my blouse which I was unable to reach with my bad arm. I do not ever remember feeling so deep a sense of shame as I had when I felt his hand on my back. And as far as I can judge, the painful place is exactly where his touch produced in me this strange confusion.'

Not until after this conversation did I make any searching examination of the patient. The remarkable swelling and sensitiveness of the fourth vertebra led me to conclude that there was inflammation there. I discussed very fully with her the question of her excitement and feeling of guilt, and the unconscious sources of her transference. On the following day the swelling and the pain had disappeared and did not return. The patient has come for several years in succession to spend six weeks or so in Baden Baden. In the first year I treated her with massage, baths, dietary

and psychoanalysis, but subsequently only with analysis, and the result may be considered as a complete cure.

The analysis led to the conclusion that the illness had arisen through the 'double sex' of the patient, that it was what Adler calls a masculine protest. The most noticeable somatic phenomenon was a strong growth of hair on the upper lip, and that has not altered. Her deep, manly voice has quite gone, and she has lost all swelling and stiffness of the joints, symptoms which in my opinion are symbolic of the masculine protest. However, I am not quoting this case to justify these views, but to show that without any blameworthy action on the part of the doctor, even without his being in the slightest degree aware of what he has done, great harm may be suffered by the patient in the course of a necessary and unavoidable examination. To observe any harm when it occurs, and to rectify it as far as possible, is the most difficult task in the whole of psychotherapy.

Another case, taken from the surgical field, is a further example of the masculine protest. In 1911 an English lady came for treatment because of severe abdominal pain. Four years before, she had had her first operation for hysteroptosis, and the womb had been firmly stitched in place. The following year floating kidney had been discovered, and a second operation was performed to put that right. The third year the stomach was stitched in place because of gastropotosis. This last operation did nothing for the patient, while the first two had at least for a time ameliorated her many pains. I only treated her by psychotherapy, from which it emerged that from the time of her earliest childhood she had been dissatisfied with her fate of being a girl and had tried to imitate the peculiarities of boys in all sorts of ways. When eight years old she was put in charge of a governess whom she loved passionately, and who with some success tried to wean the child from her playing at being a boy. An apparently trivial incident changed the little girl's tender love into overwhelming hate. She had been accustomed, through her desire to be a to stand on the closet when urinating. One day the governess surprised her in this act, and there was a stormy scene in the course of which the child's love was altogether destroyed. In her conscious mind she now abandoned the attempt to be a boy, but the desire appears to have been reinforced in the unconscious through repression. The patient at least accepted my suggestion that her sufferings, this continual sinking of the abdominal organs, were due to the attempt to press out of the body the masculine organ which must there be concealed. All pain disappeared and had not returned three years later, but the outbreak of war prevented my hearing anything more from this patient. Her treatment lasted three weeks.

From this and other cases in my experience I am inclined to think that there is some causal relationship between the 'double-sex' of a girl and multiple enteroptosis, but this is merely a subjective opinion of little practical value. At the same time I hope that the history of this case makes it clear that psychotherapy has a special significance, hitherto unfortunately quite neglected, in surgical cases.

In conclusion I will relate a case from another department of medicine. Many years ago a working man whom I had learnt to know and to respect told me the story of his life. He had grown up in a mountain village far from civilization, and had never been to school, but had spent his childhood as a shepherd boy. Only when he left home in later years did he learn to read and write. At fourteen he was taught shoe-making by the village shoemaker, and from morning till night he had to sit silent at his work, his only distraction being the conversation his master had with passers-by. Among those who came to the shop was a certain blind man whom all the village people called a blasphemer of God. They were ignorant enough to believe absolutely that he had been made blind by God as a punishment for not going to church.

This man had made an unforgettable impression on the boy. After some time he gave up his shoe-making and took to wandering, for he was suffering from retinal haemorrhage, and the doctor warned him he must find some other work less trying to his eyes. Years later he came to consult me, for his eyes had gradually got worse and the oculist had told him nothing more could be done for him. The retinal haemorrhage was continually starting anew. The very day he came to me his oculist had discovered a fresh bleeding. He told me that autumn was the worst time for the haemorrhage, and also he suffered from great depression in autumn as now — in October. When I asked him how he explained the outbreak of bleeding in October, he said it might be connected with the dying of Nature. The fall of the leaves made him sad, and it might well be that his eyes grew weaker on this account. Moreover, on this occasion he knew of another reason for the haemorrhage: his little daughter had struck him in the eyes while playing. At that time I was still a little bold in my associations, and I told him that while there must be some connection between autumn and

his retinal haemorrhage, it was obvious that it was nothing to do with the dying of Nature, since Baden in October gives no impression of death, but rather of glowing, fiery life. I asked the patient whether anything serious had ever happened to him in October, but he said there was nothing. As I was not convinced, I asked him to name any number, and he gave me 'eight'. To my further question whether anything had happened to him when he was eight years old, he again replied in the negative. At that moment it occurred to me that he had told me how the blind man was called a blasphemer of God, so I asked him whether he had ever blasphemed God. He laughed and said he had been very pious as a child, but for many years now he had ceased to trouble himself about these things. God and the Church, they were only bogies used to deceive the common people. Suddenly he stammered, grew pale and fell back in his chair unconscious.

When he came to himself again he fell weeping on my neck, saying: 'Doctor, you are right. I am a blasphemer of God, just as the blind man was, of whom I told you. I have never told a single soul about it, not even in confession, and now when I think of it, I find it almost unbearable. And you are right too about the autumn, and about my being eight years old. It all happened in autumn in the year I was eight. In my home district, which is strictly Catholic, there are wooden crucifixes on the borders between one village and another. At one such crucifix we, my brothers and I and a few other boys, were throwing stones, when I was so unfortunate as to knock the figure of the Christ from the crucifix so that it fell and broke in pieces. That is the most terrible experience in the whole of my life.'

When he had calmed down a little, I told him that I could not associate today's haemorrhage with the blow in his eye he had had from his little daughter. There must be some other connection, and he must think about the preceding day and name any hour to me. He said, 'five o'clock,' and to the question whether he remembered where he was at that time, he replied that he knew exactly, for he had got into the tram at a particular spot at five o'clock. I asked him to go again to that spot, and when he came back, he told me with some excitement that immediately opposite the place where he had mounted the tram there stood a crucifix.

I explained to him that it is possible to look upon every illness as a measure of protection against a worse fate, so one cannot escape the idea that retinal haemorrhages arise in order to prevent the sufferer from seeing something—in this particular case, so that the patient might not be reminded of his blasphemy by the sight of the Cross.

It is a matter of indifference whether this suggestion has any justification or not, and I know full well that it is not a complete explanation of the problem of disease, but it does not matter to therapy whether the doctor's action is correct or not. All that matters is that the patient should make use of this action in order to get himself well. I must conclude that this patient did so use my observations, for he had no further haemorrhages for a couple of years, although he gave up his outdoor occupation and settled down to sedentary work which required a great deal of writing. Two years later he had a fresh attack, which proved to be associated with the sight of an iron cross worn by an exsoldier. This cleared up, and from that time, thirteen years ago, no haemorrhages have occurred. Yet he is now a book-keeper and must use his eyes more than most people.

Everyone of these patients had consulted specialists before coming to me, and the diagnoses were made by them. For myself, I believe that errors are not infrequently due to the striving after exactness in naming diseases, and that a different type of diagnosis will be developed which will not be satisfied with names, nor even with the findings made by examining the patient, but which will attempt to understand his situation in regard to his environment. I should like to repeat once more that these communications are made solely in order to persuade other doctors to test my conclusions for themselves in their own practice.

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