PSYCHIATRY

Test Emotional Flexibility

Five questions which test the strength of social taboos on the unconscious mind form a new "psychopenetration" approach to mental patients.

➤ DO YOU unconsciously want attention from everybody and everything all the time? Do you unconsciously have sexual feelings toward everybody and everything all the time?

These are two of the five questions in a new "psychopenetration" method of testing and treating mental patients reported by Dr. Paul H. Wilcox, of the Traverse City, Mich., State Hospital, at the closing session of the American Psychiatric Association in Montreal.

The third question is: Do you unconsciously want to kill everybody and everything all the time? Four: Do you unconsciously want to show all your feelings to everybody all the time? Five: Do you unconsciously want to deceive everybody all the time?

You may feel like answering all of these with a stout No. There are words and ideas in those questions that our society puts a taboo on. But a person with sufficient freedom from an overwhelming taboo feeling can answer Yes to one or more of the questions for his unconscious mind, even though the answer is No for his conscious mind. Such a person has "emotional flexibility," Dr. Wilcox stated.

If you think you can guess how different people would answer these questions, you are mistaken.

"It is not possible to guess from general conversation or behavior what an individual's response to these questions will be," Dr. Wilcox declared.

To his surprise, confused patients with hallucinations often "come through with a clear answer to these questions."

The patient who is unable to answer Yes to any of these questions is emotionally rigid. If only very irrelevant answers are given, it is a sign of very serious disorganization of thinking in a person above the level of an imbecile.

A Yes answer does not imply a full appreciation of the meaning of the questions, Dr. Wilcox stated. But as time goes on, and the questions are repeated, their significance tends to grow on a person. Most persons will show various degrees of resistance to some of the questions.

Dr. Wilcox combines the questions with carbon dioxide-induced states of coma, or unconsciousness, and with electroshock convulsions and electrically induced coma without convulsions.

From the way the patients answer the questions and the way they react to the carbon dioxide coma, Dr. Wilcox puts them into six classes. When answers to the questions show emotional flexibility and reactions to carbon dioxide coma are mild, the person belongs in class I.

This in most cases is a "dynamically normal response." Such persons can utilize their everyday life experiences effectively. However, Dr. Wilcox reported, clinical symptoms of depression may occur in persons giving a class I response. In such cases, the carbon dioxide treatment will have no effect on the depression but electroshock convulsions are very efficient.

A large proportion of the population belongs in class II, Dr. Wilcox stated. In this class fall those who show emotional flexibility in response to the questions but who show tensions under carbon dioxide coma. This reaction is typical of most of the psychoneurotic and psychosomatic patients, the ones whose mothers-in-law may drive them into stomach ulcers, and the like. In people with no clinical symptoms a class II response probably is a sign of incipient neurosis.

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PSYCHIATRY

Draw-A-Person Test

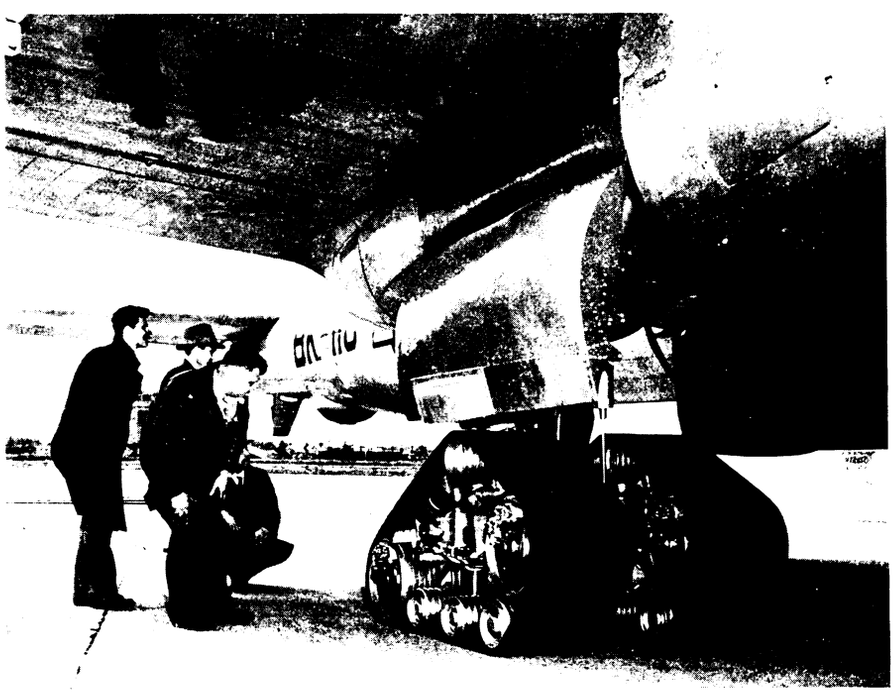
➤ A NEW test to help diagnose mental illness was announced by Dr. Renatus Hartogs of the Allan Memorial Institute of Psychiatry, Montreal, at the meeting there of the American Psychiatric Association.

Draw-A-Person is the name of the new test.

The name describes the test. All the patient does is draw a person. Artistic talent and training are not necessary. In fact, the less a patient has had of these, the better for the test, Dr. Hartogs said.

From the drawing, quickly made during a psychiatric interview, the doctor can tell much about the kind of anxiety the patient is suffering. Anxiety, he explained, is a kind of alarm mechanism to preserve the wholeness of the personality, in the face of a threat or danger that might cause a person to fall apart, or, as psychiatrists put it, might cause personality disintegration. Anxiety is mobilized and induces formation of defenses against the danger.

When a patient draws a person, his idea of how his own body looks and its



TRACK-TREAD LANDING GEAR—Mounted on a Boeing B-50 Superfortress, this installation is the largest of its type ever built and will be used in testing the practicality of flying heavy airplanes from unimproved airfields.

actual or imagined shortcomings shows itself in the drawing he makes.

Patients with middle-age depression, or involutional melancholia, draw a person with emphasis on the body axis or midline. Frequently the body axis inclines to one side. The figure is small in size, with weak legs with parallel curvature. Attention is paid to insignificant details and the genital zone is avoided. These patients prefer to draw a person seated or standing on an insecure baseline. Such a drawing, Dr. Hartogs said, shows an anxious preoccupation with physical decline, discontent with the way the body looks, especially in its sexual aspects, and increased need for dependence and emotional support.

Persons with brain damage or brain tumor, on the other hand, often, though not always, draw a person with unusual, asymmetrical hair or head or hat. These show the nature and origin of the patient's apprehension or fear, which appears mainly in insecure outlines, disturbed body proportions or body-part proportions, shortness of legs and arms, and unsuccessful attempts at shading.

If the draw-a-person test is given again after the brain tumor has been removed, the drawing shows a decrease in tension and anxiety.

Some patients give exaggerated attention to insignificant details, especially shoes, buttons, fingernails, eyes and ears. They make noticeable but rarely successful attempts at symmetry. They show an intense need for correct, reinforced outlines, as well as disturbances of head-body proportions.

These patients suffer from another mental disorder, called obsessive-compulsive neurosis.

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PSYCHIATRY

Suicides Cut by Shock

➤ ELECTROSHOCK treatment for mental disease has "brought about a reduction of nearly 25% in the death rate from suicide," Dr. Theodore R. Robie of Montclair, N. J., declared at the meeting of the American Psychiatric Association in Montreal.

He quoted U. S. Office of Vital Statistics figures as evidence for this statement. These, he said, showed that during the 10 years before electroshock treatment was introduced the average suicide rate in the United States was just over 15 per 100,000 population, while during the six years since electroshock treatment the average suicide rate has been 11 per 100,000.

Potentially suicidal "melancholy" patients, he declared, should be given electroshock treatment immediately, just as emergency surgical operations are performed to save life.

Statisticians and some psychiatrists may disagree with Dr. Robie's interpretation of the vital statistics on suicides.

"Immediately after shock treatment the suicidal drive is markedly reduced in patients," Dr. Paul H. Hoch of the New York State Psychiatric Institute and Columbia University stated. However, he added, the reduction in suicide is more a matter of clinical impression than of statistics, although superintendents of private and public mental hospitals find fewer suicides in their institutions since electroshock has been used. Since with careful surveillance of patients suicides are relatively rare in such institutions, the figures would not be large enough to be impressive.

Dr. Hoch agrees with Dr. Robie that shock treatment should be used immediately and not as a last resort in patients who might benefit by it. He explained that "shock" is a poor name for the treatment, since the patient does not feel pain or, except in a few cases, any fear.

At least 51 theories have been presented to explain why electroshock treatment works. Dr. Robie presented the 52nd. His theory is that the electrostimulus affects the pituitary gland in the head, and possibly through this, other glands and perhaps even causes formation of a new pituitary gland hormone.

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MEDICINE

Indian Poison Derivative Aids Disabling Disease

➤ RELIEF for victims of a disease which stiffens the spine and contracts the muscles with spasms of pain is now possible with a derivative of curare, the Indian arrow poison.

Tubocurarine, the compound isolated from curare, has the ability to relax muscles. If used with certain precautions, it will not have any bad effects on the patient, Drs. Bernard M. Norcross, Harold M. Robins, and L. Maxwell Lockie, of the University of Buffalo Medical School, reported in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION (May 28).

They treated six patients with rheumatoid spondylitis which is characterized by pain, limited motion of the spine which often becomes deformed, fatigue, loss of weight and strength. These patients did not respond to the accepted treatment which includes X-rays, physical therapy, and such corrective aids as spinal brace, exercises, bed rest and bed boards.

More than 200 injections of the d-tubocurarine in oil and wax mixture were given to the six male patients with the result that there was relief of muscle spasm and pain, increased range of motion and strength, correction of the spine deformity and ability to take more intensive physical treatment and posture exercises.

The physicians feel that since these improvements continued after treatment was stopped, the drug is a valuable addition to present forms of treatment for this disease.

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MEDICINE

Heart and Cancer Grants Aid Fight Against Killers

➤ LIFE-SAVING dividends are expected from a $250,000 gift for the construction of a new heart clinic at the University of Pennsylvania and an additional grant of $25,000 for cancer research. The presentation was made in Philadelphia by John A. Stevenson, president of Penn Mutual Life Insurance Company, to Harold E. Stassen, president of the University.

The new clinic will consist of 29 rooms providing facilities for both treatment and research. It will be known as the Penn Mutual Heart Clinic and upon its construction it will enable the University to triple its heart study and treatment from 4,000 to more than 12,000 patients per year, Mr. Stevenson said.

The cancer grant is an extension of an original gift made in 1940 to the University for setting up a tumor clinic.

"The results achieved through the company's grant prove conclusively that the project has been of inestimable value," Mr. Stevenson pointed out. "We know from testimony of medical authorities that it has saved human lives."

He predicted that heart disease and cancer, America's two leading killers, will take a toll of between 600,000 and 700,000 lives this year.

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ASTRONOMY

Year's First New Comet Discovered in South Africa

➤ THE FIRST comet discovered this year has been found by a South African astronomer. The new comet was spotted by E. L. Johnson of the Union Observatory, Johannesburg, May 20, and reported to the Harvard College Observatory.

Far too faint to be seen with the naked eye, the comet is probably too far south in the sky to be seen through most American telescopes. It was located in the constellation Lupus, the wolf, and is of thirteenth magnitude. The new comet may be heading north in the sky but only slowly.

Last year, 14 comets were spotted, 12 of them new discoveries, but Comet Johnson is the first of 1949. The South African astronomer has made other comet finds. In January, 1935, he made the first comet discovery of that year, and last September was credited with locating another faint, new comet in the southern sky.

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