

Introduction To
PSYCHOBIOLOGY
AND
PSYCHIATRY

RICHARDS

2nd. Edition

Introduction to Psychobiology and Psychiatry

By

ESTHER LORING RICHARDS, M.D., Sc.D.

Associate Professor of Psychiatry, Johns Hopkins University;
Physician-in-Charge of the Out-patient Department, Henry
Phipps Psychiatric Clinic, Johns Hopkins Hospital;
Psychiatrist-in-Chief, Baltimore City Hospitals

SECOND EDITION

ST. LOUIS
THE C. V. MOSBY COMPANY

1946

COPYRIGHT, 1941, 1946, BY THE C. V. MOSBY COMPANY

(All rights reserved)

Printed in the
United States of America

Press of
The C. V. Mosby Company
St. Louis

CONTENTS

PART ONE

FUNDAMENTALS OF HUMAN BEHAVIOR FUNCTIONING

I. Historical Survey of Man's Study of Man	17
II. Psychobiology—The Study of "Normal" Human Behavior and Functioning	26
III. Personality Investigation and Study Outline	36
(a) The Conative Processes—Action Tendencies	48
(b) The Cognitive (Learning) Processes	62
(c) The Emotional (Regulating) Tendencies	72
IV. Psychosexual Patterns and Emotional Maturity	81
V. Concluding Comments to Students	96

PART TWO

FUNDAMENTALS OF PSYCHIATRIC WORK

I. Historical Survey of Treatment of Psychiatric Illness	100
II. Fact-Gathering in Psychiatry (Examination Procedures)	111
III. Some Objectives of Psychiatric Nursing	135

PART THREE

FUNDAMENTALS OF PSYCHIATRIC ILLNESSES AND GENERAL TREATMENT PROCEDURES

I. Preliminary Discussion	143
II. Varying Degrees of Defectiveness	148
(1) Intellectual Maldevelopment (Varying degrees of intellectual retardation)	148
(2) Emotional Maldevelopment (Psychopaths)	155
III. Neurotic or Psychoneurotic Reactions	165
(1) General Nervousness, including Motor Tics and Mannerisms	168
(2) Neurasthenic Reactions	176
(3) Hypochondriasis	180
(4) Anxiety States	183
(5) Obsessive-Compulsive States	189
(6) Hysteria	196
IV. "Major" Types of Psychiatric Illnesses	201
V. Organic Brain Disorders or Involvements	205
(1) Senility	206
(2) Cerebral Arteriosclerosis	208
(3) Syphilis	212
(4) Post-traumatic States	217

(5) Korsakow's Psychosis	222
(6) Focal Deficit Reactions	224
(7) Epilepsies	225
(8) Postencephalitic Residual States	233
VI. Delirious Reactions	243
VII. Mood Disturbances (Excitements and Depressions)	256
(a) Recurrent Depression	258
(b) Middle Life Depressions	265
(c) Excitement-Depression (Manic-Depressive)	277
(d) Stupor in Affective Reactions	284
VIII. Thinking Disturbances	296
(1) Paranoid Group	296
(2) Schizophrenic Group	308
(a) Simple Deteriorating Type	310
(b) Hebephrenic Type	311
(c) Paranoid Type	311
(d) Catatonic Stupor	311
IX. Alcoholism (By Robert V. Seliger, M.D.)	347

APPENDIX

I. Psychobiological Terms—Meyerian	360
II. Psychosomatic Illnesses	362
III. Tools Used in Psychiatry	364
(1) Psychological Tests (The Binet, Wechsler-Bellevue, Rorschach, Thematic Apperception Tests, etc.)	364
(2) Physiological Tests (Electroencephalography and Encephalography)	380
IV. Description of Some Therapeutic Techniques	383
Distributive Analysis	383
Group Therapy	383
Hypnoanalysis	384
Hypnosis	384
Narcoanalysis	385
Narcosis Therapy	385
Psychoanalysis	386
V. Description of the Assaultive Therapies	388
Prefrontal Lobotomy	388
Shock Therapies	388
VI. Behavior Chart	391
VII. Habit and Habit Changing (William James)	395
Reading References	396
Authors Index	409
Subject Index	411

INTRODUCTION TO
PSYCHOBIOLOGY AND PSYCHIATRY

Introduction to Psychobiology and Psychiatry

By

ESTHER LORING RICHARDS, M.D., Sc.D.

Associate Professor of Psychiatry, Johns Hopkins University;
Physician-in-Charge of the Out-patient Department, Henry
Phipps Psychiatric Clinic, Johns Hopkins Hospital;
Psychiatrist-in-Chief, Baltimore City Hospitals

SECOND EDITION

ST. LOUIS
THE C. V. MOSBY COMPANY

1946

COPYRIGHT, 1941, 1946, BY THE C. V. MOSBY COMPANY

(All rights reserved)

Printed in the
United States of America

Press of
The C. V. Mosby Company
St. Louis

To

ELSIE M. LAWLER

Superintendent of the Nurses' Training School

Johns Hopkins Hospital

1910-1940

In appreciation of her wise and
constructive contribution to nursing education

PREFACE TO SECOND EDITION

The present need for psychiatric nurses and psychiatrists is well known. Our state hospitals, schools, and prisons are today deplorably understaffed.

Equally needed, perhaps not so well known, is that every nurse and doctor be sufficiently aware of major and minor sweeping emotional and mental illnesses (psychoses and psychoneuroses) so that patients in the early stages of these illnesses can be competently treated or promptly referred elsewhere. The importance of general psychiatric groundwork knowledge for every student cannot be overemphasized. Perhaps more than any other agent in helping in the return to health is the nurse. Her value and service will depend on her understanding of the medical and psychiatric factors involved in the illness of any patient, and, through this understanding, on her ability to cooperate fully with the doctor, cooperation that transcends merely carrying out orders, and means actually working with him as part of a team. The doctor, too, must understand some of the general nursing principles as well as duties. He must be intelligently aware of what the nurse is up against, and of her great suggestively therapeutic role in the management and care of the ill. The day is past when nurses had to curtsy when an intern sauntered by: but the day has not yet come when all doctors and nurses realize that they are a working team, obligated to understand each other's needs and contributions, and obligated above all to seek out the human denominator in every disease and to treat the patient as a person, not as a collection of symptoms nor as a "case."

In this book for students of nursing and medicine, an attempt has been made to put into writing the results of twenty-six years of effort directed towards giving undergraduates some idea of the need for understanding

human behavior in its relationship to the practice of their profession. During this period the behavioristic sciences of psychiatry, psychology, sociology have developed by leaps and bounds. In like manner the requirements for admission to training schools and the standards of training school curricula have changed with equal rapidity. In nursing education, there has also been a definite and progressive trend towards the elimination of schools of nursing in small hospitals and the concentration of education in large hospital training schools, with an ultimate objective of placing nursing among the academically recognized professions.

The task confronting any instructor of undergraduate nurses is that of culling and organizing essentials in the topical field under discussion and presenting them in a concrete, practical manner. The student nurse cannot be expected to cover intensively the wealth of material available in any branch of departmental knowledge to which she is exposed in her course of training. Her contribution to the art of healing is that of intelligent nursing skill in the acquirement of which she must of necessity spend two-thirds of her training school time. Specialized learning and the development of special fields of interest are ready and waiting for her in the post-graduate period. It is for this reason that I have not discussed psychiatric nursing in detail.

At the present time the undergraduate nurse of the Johns Hopkins Hospital Training School, and nurses who affiliate with the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital have the following curriculum: Psychobiology; individual personality study; psychiatry; mental nursing; bedside clinical instruction; mental hygiene problems. (Dispensary, lecture, clinics.) The bedside clinical instruction is given by the resident physician, ward intern, head nurses, and nursing instructor. The case of every patient in the Henry Phipps Psychiatric Clinic has a special formulation of its study

and treatment problems written by the ward physician for the nurses. Other hospital training schools in the City of Baltimore also require of their undergraduates from eight to ten weeks of affiliation with psychiatric hospitals in and near Baltimore.

The question is often asked, "What do students get out of a personality study?" The student nurse and medical student get out of a personality study as much as they are able and willing to put into it. There is nothing deep, mysterious, or profound about its inquiries. It is a procedure offering an opportunity for the student to take stock of his equipment of biology, emotions, intellectual set-up, and life experiences as they all work and function in his job of living. The results of the process are not to be measured by what he or she writes down and hands in. They are evaluated by the amount of thought and reflection which the exercise stimulates *within* the student. The material in Part I on psychobiology is presented to teachers and students for whatever they have the desire and ability to get out of it.

My purpose in this book is not to instruct, but to introduce, the student to the complex fields of psychobiology and psychiatry, which affect and are affected continuously by narrow and wider circumstances in the varied worlds of local, national, and international flux and direction. Illness itself always occurs in the individual; but the individual lives in his own social environment, and in the eruptive challenging contemporary world. We cannot properly understand nor treat the patient without comprehensively interpreting his patterns of living and problems generated by the demands and changes of his environments—home, job, community, world.

While specific reference readings are for the most part appended for each section of this informal introductory text, I would suggest that the student add to his list the

great books reflecting the wisdom of mankind's greatest thinkers. We are in need of light, of stars to follow.

Above all, let us remember constantly that we are human beings trying to help other human beings; and, with self-respecting humility, do what we can and learn how to try to do it always better.

Esther Loring Richards

Baltimore, 1946

ACKNOWLEDGMENTS

To Adolf Meyer, teacher, clinician, and international leader in the field of wiser understanding of human behavior, I wish to express my appreciation of the rich opportunities given me for teaching, and, under his guidance and inspiration, of learning through teaching.

To Dr. Thomas A. C. Rennie goes appreciation of the valuable help in suggestions and criticisms which he gave in the earlier reading of this material.

To Dr. Robert V. Seliger, my thanks for his chapter on Alcoholism in Part Three, Chapter IX.

In this revision of the book published in 1941, appendices have been added in which are discussed some of the psychological and physiological tools now used in contemporary practical psychiatry, and some of the therapeutic procedures (assaultive therapies) and types of analytic methods. I am indebted to the House Service and the Dispensary of the Henry Phipps Psychiatric Clinic of The Johns Hopkins Hospital, and to the former Psychopathic Division of the Baltimore City Hospitals for case material, for while the text itself has been rearranged, the essential material, including representative case histories, is unchanged. In matters psychiatric we do not require new models every so often, or "new approaches," or new classification systems. Rather we need—definitely—to understand more deeply that which has already become, through experience, relatively accurate knowledge.

Especial thanks go to my friend and secretary, Alice B. Meyers, for her patient cooperation in the original preparation of this material, and to Mrs. Harold S. Goodwin. My sincere thanks to Miss Victoria Cranford for her psychiatric research assistance and editing of this second edition.

E. L. R.

