

The Physical Consequences of Frustration

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THE recent revival of interest in psychosomatic medicine has impressed many people. The general public has been inclined to think of it as a new science, when in fact it is as old as the hills. The interest in psychosomatics is as old as the recognition that an emotion, such as anger or fear, produces physical change.

When startling discoveries revealed the existence of bacteria as possible causes of illness, it was natural for medical research to turn toward investigations in that area. When biochemistry forged ahead it was natural for medical interests to increase the study of the chemical functions of the body. From this accelerated interest came endocrine studies and our vast array of chemical aids for the support of life.

The maturity of psychology as a more exact science has led to a new and greatly needed interest in the subject of emotions and bodily changes. Much of the credit for this revived interest belongs to Dr. Flanders Dunbar whose book "Emotions and Bodily Changes," revised in 1938, lists a bibliography of 2200 articles and books dealing with the subject. Since that time there has been a systematic cultivation of the field with rich results.

The question now arises as to whether mental hygiene may become as specific in its benefits as physical hygiene has been. The general public has been fairly well trained in the art of self-protection against bacterial infection. The increasing willingness to submit to inoculation and vaccination has almost caused us to forget that there was a time when there was wide-scale resistance to such interferences with "nature." The continuous reformulation of

public health laws has been matched by an increasing observance of them. If we can secure such fine response to programs of physical protection, will it be possible to secure comparable support for a more adequate program of mental hygiene? Can we halt our vast increase of organic failure which has its roots in emotional inadequacy?

It must be remembered that we cannot separate the mind and body. A person who is suffering from bacterial infection is also suffering mentally. A person who suffers mentally is experiencing bodily changes. The human organism must be thought of and treated as a unit.

This means that we cannot deal with the problem of public health unless our program includes an adequate service to people who need help in making emotional and intellectual adjustment to situations of frustration which lie at the bottom of most maladjustments.

It is one thing to locate the source of bacterial infection and deal with it. If a person has already acquired a disease, we must treat the person. At the same time, however, we seek the source of the infection and drain the swamps, pasteurize the milk or in some other way try to prevent spread of the disease.

It is another thing to deal with the diseases of humanity which have their origin in the difficulties of making an adequate response to an environment which may or may not be harmful in itself. One person may suffer from the atmosphere of hatred created by a malicious person, but another person of a different type might be completely unharmed by a similar situation. This sort of immunity to environmental influences of a non-physical type has its parallel in the immunities some persons achieve in relation to bacterial infection, but it is

much more difficult to know whether there is an actual immunity which will continue, for a person may be psychologically immune to emotional distress one day and prone for acquisition of it the next.

In the most general sense a personality may be considered healthy if it can make adequate adjustment to situations of partial or complete frustration. A situation of frustration is one which cannot be manipulated by the person. An adequate adjustment is one which permits the person to maintain emotional stability and a continuing interest in life.

Consideration of a wide program of mental hygiene rests upon the answers we can make to two basic questions. Is it possible to determine in advance whether a given person is likely to fail or succeed in making an adequate adjustment to situations which are beyond personal manipulation: that is, are we able to predict the response pattern a given person will make when involved in a situation of frustration?

If this can be done, can we then predict, within reasonable range, the probable physical consequences of the particular response pattern so employed.

Let us seek an answer to the first question. Can the habitual pattern of response of a given person, if he is involved in a situation of frustration, be determined? Perhaps the first thing we must deal with is the definition of "habitual response." Is there such a thing?

It has long been noticed that specific persons tend to react in terms of habit. This is so true that it seems to need no argument to support it. Is it true, however, that when a given person is confronted by a situation of frustration that he will always make the same general response regardless of what the frustration is?

The evidence is in the affirmative. There are some persons who are

plunged into depression when a matter beyond their control continues to intrude its existence into consciousness. Others become ill and the selection of the bodily illness as to type and location can be known in advance. Some will be nauseated, others may have headaches, heartaches, muscular pains, or any of the multiplied ailments of the flesh; but each individual has his typical response.

Adequate clinical study of an individual can soon provide enough information about that person to say, "If this person is confronted by a situation of frustration the reaction will be thus and so."

This much has been recognized for a long time. It has also been recognized that clinical study of each individual is an economic and physical impossibility.

Is there any possibility of a short-cut in this matter of determining the personality response? With this question we touch the spearhead of progress in this matter. It is something of a venture to discuss advances while they are being made, but the actual possibilities of large-scale testing of individual response patterns are here. It is not wild theory to predict that our public health program will soon include provision of individual information for any person who desires to know how he habitually responds to situations of frustrations.

Along this line the developments of group-testing with the Rorschach Technique are most noteworthy. This test is the one which has been popularly called the "Ink-Blot Test." It consists of ten cards which have standardized ink-blot patterns upon them. The individual is asked to tell what he sees when he looks at the Ink-Blots. The general public cannot realize the intricate skill required to evaluate the responses; nor does the public realize how exact the information thus derived can be when graded by an expert.

In its earliest phases of development the test could be given only to indi-

viduals, but rapid advances have been made in group-testing where the Ink-Blots are thrown upon a screen and the persons being tested are given opportunity to make multiple-choice responses. These responses are then measured against standards secured from control groups.

The development of this technique is being carried forward with great success and without any attempt to popularize it. The claims made for it are more modest than its merits justify.

Another type of test, based upon the idea of "personality inventory" has been devised by Professor Starke R. Hathaway and Dr. J. Charnley McKinley, both of the University of Minnesota. It is called The Minnesota Multiphasic Personality Inventory.

This test consists of the use of 550 cards in a filing box. The person discovers a direct question on each card. He is instructed to file it under either "True," "False," or "Cannot Say." The replies are all in terms of personal reaction to a question which would ordinarily be asked in extended clinical conference.

The test requires an hour or so, but it can be taken without supervision. When the cards have all been filed, they are charted according to a carefully chosen device so that a "profile" is secured. This "profile" indicates how the person being tested compares to previously tested groups of chosen "normals" and "abnormals." This test has moved beyond the experimental stage and has been employed with great success during the war. In its most general use, this test is for the purpose of determining the general type of response a person will make to any situation of frustration.

This discussion of personality response has been an attempt to show that we have begun to travel the road toward accurate determination of how any particular individual may be expected to react when involved in those situations of frustration which consti-

tute the major source of psychological maladjustment; and that these habitual responses may ultimately be understood for what they are by the person who makes them.

Now for the second question. Can we predict with any reasonable amount of accuracy the possible physical consequences of these habitual responses? We know, of course, that we can predict the general social consequences of almost any type of behaviour, but we are primarily concerned at this time with the consequences upon physical well-being.

Again we refer to Dr. Flanders Dunbar; this time to her studies published under the title "Psychosomatic Diagnosis." In this book she provides us with the personality profiles of individual types which are characteristic of those who tend to acquire one of the following physical ailments: Fractures, Coronary Insufficiency and Occlusion, Hypertensive Cardiovascular Disease, Anginal Syndrome, Rheumatic Fever and Rheumatic Arthritis, Rheumatic Heart Disease, Cardiac Arrhythmias, Diabetes.

There is a significant difference in the personality profiles of those involved in each of these different ailments. This suggests that if the true profile of an individual could be secured early in life, the possibility of altering the predisposition toward an acquisition of a specific ailment is very real. Further study will no doubt produce data concerning the relationship of behaviour patterns and ailment acquisition.

Upon the basis of testing techniques as they now stand, it is possible to say to an eighteen year old boy that he should seek to alter his typical response to situations of frustration if he would avoid becoming a member of a group predisposed to a certain type of physical ailment whose origin is in psychological functions!

It is possible to say, upon the basis of present techniques and information, whether or not a given person is now living in such a way that predisposition

to acquire a specific kind of physical disability sometime in the future is being built up.

Naturally the provision of this information cannot be made "over the counter," for if a person is responding to the multifold frustrations of life in a manner which bodes ill for the future, there may be serious need for careful psychotherapy. There will never be a time when people can be given an equivalent to a hypodermic needle in order that they may deftly deal with the complexities of life. But there is already at hand sufficient devices to locate the people who are headed for trouble because they have not learned how to handle situations of frustration.

In a culture like ours, frustration is almost the dominant experience of life. Rivalry is the spirit of the hour. It runs from the playground through church, industry and government. Our doctrine of life is pretty much that of win or perish. In a very real sense, those who do not win do perish. They perish in ways that are painful beyond description. Actually no person wins complete dominion in every situation of striving. All of us are frustrated from time to time.

Our hospitals are busy with efforts to cure the results of habitual, inadequate response to situations of frustration. No one will ever know how many persons who present themselves with actual organic complaint could have been kept out of the hospitals and have remained happily at work or play if there had been an hour or two spent in discovering and evaluating the specific response-habit which was being built up for purposes of dealing with frustration.

Of course it will not be enough to discover the person's habitual response and then warn him of the probable specific consequences. This much might serve to put him on his guard, but more is needed than that.

The individual must then be brought

into a new relationship with life; which relationship includes his fellowmen as well as the totality of the environment which is always around him.

Religion may on this score stand at a new threshold of opportunity. As a matter of fact, some theologians, notably William Henry Bernhardt, are saying that it is the function of religion to aid men in making hopeful adjustments to the situations of life which cannot be manipulated; in other words, religion must promote healthful response to frustration!

If religion can surmount the obstacles of doctrine and at the same time bring all of its power into use, it might actually become the means of saving thousands from sickness and the poverty caused by sickness. Probably it would be only fair to suggest that if it were not for religion, even as it now is, the general public would be in a more tragic state indeed!

It is reasonable to expect that our educational system may ultimately join hands with the medical profession, social agencies, the clergy and all public health services in a utilization of available techniques for filtering out the persons who need a little special guidance in this realm. These persons would then be given the small amount of guidance necessary at a time when it can have quick effect and before physical ailments have begun to develop.

The net product of such an effort would, by force of demand, soon produce a different atmosphere in the community or even in the nation. When we discovered the cause of smallpox, we used the cure. We have long known the cause of a vast percentage of all physical illness. It is now time for us to launch a scientific program which will save people from the horrible destruction of their own bodies simply because of failure to make adequate emotional adjustments to situations of frustration.