

Hope and Help for Your Nerves

by
Dr. Claire Weekes,
M.B., D.Sc., M.R.A.C.P.

Consulting Physician to the
Rachel Forster Hospital
Sydney, Australia



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Contents

- [1. The Power Within You](#)
- [2. How Our Nervous System Works](#)
- [3. What Is Nervous Breakdown?](#)
- [4. The Commonest, Simplest Form of Nervous Illness](#)
- [5. Cure of the Commonest Kind of Nervous Illness](#)
- [6. Cure of the More Constant Symptoms](#)
- [7. Cure of Recurring Nervous Attacks](#)
- [8. Fear of Leaving the Safety of Home \(Agoraphobia\)](#)
- [9. Being Yourself Again](#)
- [10. Nervous Illness Complicated by Problems, Sorrow, Guilt, or Disgrace](#)
- [11. How to Cure Nervous Illness Complicated by Problems, Sorrow, Guilt, or Disgrace](#)
- [12. Problems](#)
- [13. Sorrow](#)
- [14. Guilt and Disgrace](#)
- [15. Simple Explanation of Strange Experiences in Nervous Illness](#)
- [16. A Feeling of Unreality](#)
- [17. Obsession](#)
- [18. Depression](#)
- [19. That Dreaded Morning Feeling](#)
- [20. Sleeplessness](#)
- [21. Difficulty in Returning Home](#)
- [22. Apprehension](#)
- [23. Three Good Friends: Occupation, Courage, Religion](#)
- [24. Dos and Don'ts](#)
- [25. Taking the First Steps](#)
- [26. Advice to the Family](#)
- [27. A Husband's Attitude to His Wife's Nervous Illness](#)
- [28. Fear of Recurring Nervous Illness](#)
- [29. What Kind of Person Suffers from Nervous Illness?](#)
- [Index](#)

Hope and Help for Your Nerves

The Power Within You

If you are reading this book because your nerves are “in a bad way,” you are the very person for whom it has been written, and I shall therefore talk directly to you as if you were sitting beside me.

I shall show clearly and simply, and yet with all necessary detail, how such nervous illness begins and develops and how it can be cured. *The advice given here will definitely cure you, if you follow it.* This will take perseverance and some courage. You may notice that I have not asked for patience. A nervously ill person is rarely patient, because “sick” nerves are usually agitated nerves—that is one reason why he is bewildered by them. To wait patiently in line can be almost intolerable misery for such a person. However, there is a substitute for patience, and this I shall present to you later.

It will not be difficult for you to read this book: it is about you and your nerves, and for this reason you will read it with interest, whereas to read an ordinary book or newspaper may seem an impossibility or, should you succeed, may leave you more distressed than when you began.

I used the word “cure” and this may surprise you, because it implies an illness and you may think of yourself as more bewildered than ill, lost in a maze, trying to find your way back to being the person you used to be.

On the other hand, you may be so depressed and exhausted that you may readily agree that you are ill. Whether or not you consider yourself ill, more than anything else you want to be yourself again. You probably look at others in the street and wonder why you can’t be like them. What is this “terrible thing” that has happened to you? What is the meaning of these terrible feelings?

Such feelings may have possessed you for a long time, even for years. Indeed, you may have reached a point of such desperate suffering that you could be thinking of ending it all, or may even have attempted to do just that. And yet, however deeply involved you may be in nervous illness, however long you may have suffered, you can recover and enjoy life again. I emphasize *however deeply involved and however long.* The main difference between a person ill for many years and someone ill for a short time is that the one who suffered for long has had more time to

collect disturbing memories, especially the memory of much defeat, so that he despairs easily. But there is nothing altered within this person determining that because he has been ill for so long, he cannot possibly recover now.

However long you may have been ill, your body is waiting to recover in exactly the same way as the body of a person who has been ill for only a short time. It is important to understand this, because your illness is very much an illness of how you think. It is very much an illness of your attitude to fear, panic. You may think it is an illness of how you feel (it most certainly seems like this), but how you feel depends on how you think, on what you think. Because it is an illness of what you think, you can recover.

Thoughts that are keeping you ill can be changed. In other words, your approach to your illness can be changed.

Now don't despair when you read this. I know how easily you despair and how impossible it may seem to you at this moment to imagine changing your approach to your illness. It is my work to show you how to do this, to help you do this. Have the courage to read on and see what you must do. Don't despair. Take heart!

When I see a person who has suffered from nervous illness for a long while, I do not think of him or her as hopelessly, chronically ill. Neither do I see a coward. I see a suffering, bewildered person, who has possibly not had adequate explanation of his illness, adequate help. So many people have been cured at last after having been ill for many years that no one should be discouraged by a history of long illness.

The guidance you need is in this small book. The perseverance you can, with help, find within yourself. *The strength to recover is within you, once you are shown the way.* I assure you of this.

Each of us has unsuspected power to accomplish what we demand of ourselves, if we care to search for it. You are no exception. You can find it if you make up your mind to, however great a coward you may think yourself at this moment. I have no illusions about you: I am not writing this book for the rare brave people, but for you, a sick, suffering, ordinary human being with no more courage than the rest of us but—and this is the important thing—with the same unplumbed, unsuspected power in reserve as the rest of us. It is possible that you may be aware of such power but may feel, because of your nervous condition, unable to release it. This book will help you find this power, and show you how to use it.

First, you must know how your nervous system works.

2

How Our Nervous System Works

Our nervous system consists of two main parts, known as voluntary and involuntary (autonomic).

THE VOLUNTARY NERVES

These nerves direct the movement of limbs, head, and trunk, and we control them more or less as we wish, hence their name, voluntary. They consist of brain and spinal cord, from which a number of paired nerves arise, each ending in the muscle it supplies.

THE INVOLUNTARY NERVES

Endocrine glands govern and regulate the normal functions of our body, including our body's reaction to stress. They do this with the help of involuntary nerves that act as their messengers. The involuntary nerves have their headquarters in a brain center connected with a delicate network of fibers (involuntary nerves) lying on either side of the spinal column (backbone), from which numerous threadlike branches pass to the internal organs—heart, lungs, intestines, etc. Unlike the voluntary nerves, the involuntary nerves are not under our direct control but—and this is of paramount importance in understanding “nerves”—*they respond to our moods*. For example, when we are afraid, our cheeks blanch, our pupils dilate, our heart races, and our hands may sweat. We do not consciously react this way and we have no power to stop these reactions *other than to change our mood*. This is why we call these nerves involuntary.

The involuntary nerves themselves consist of two parts, the sympathetic and the parasympathetic. Of these, the sympathetic “sympathizes” more demonstratively with our moods, hence its name. The action of the sympathetic nerves strengthens an animal's defenses against the various dangers that beset it, such as extremes of temperature, deprivation of water, attack by its enemies, *any form of stress*.

Have you ever seen a frightened animal standing stock-still from fear before taking flight? Its nostrils and its pupils dilate, its heart races, it breathes quickly. The sympathetic nerves, taking signal from the endocrine glands and acting as their messengers, have

prepared the animal for fight or flight.

THE PATTERN OF FEAR

We human beings react in the same way when afraid. Fear begins as an impulse in our brain that excites the sympathetic nerves to stimulate various regions (skin) and organs (heart, lungs, eyes) to produce the signs and symptoms of fear—the sweating hands, racing heart, quick breathing, dry mouth, etc. The sympathetic nerves do this mainly by a chemical called adrenalin, which is released at the nerve terminals in the organs concerned. Also, our two adrenal glands, themselves under sympathetic nervous stimulation, secrete additional adrenalin into our bloodstream to enhance the action of the sympathetic nerves.

When we are afraid we also feel a horrible sensation in the “pit of the stomach.” This is the most distressing component of fear. However, the complete picture of fear includes all the symptoms induced by adrenalin: the sweating hands, churning stomach, racing heart, tight chest, etc., as well as the spasm of fear left in our “middle.”

Normally we do not feel our body functioning, because parasympathetic nerves hold the sympathetic nerves in check. It is only when we are overwrought (angry, afraid, excited) that the sympathetic nerves dominate the parasympathetic and we are conscious of certain organs functioning. A healthy body without stress is a peaceful body.

Most of us associate kindness and understanding with the word “sympathetic,” and as the reactions of the sympathetic nerves can be anything but kind, some people find it difficult to reconcile themselves to the term “sympathetic nerves.” Therefore, to avoid bewilderment, I shall henceforth refer to the sympathetic nerves as the adrenalin-releasing nerves. Adrenalin is not the only hormone concerned with expressing emotion, particularly stress. However, for the sake of simplicity, I am concerned only with it.

So, briefly, we have voluntary nerves by means of which we move our body; and involuntary nerves consisting of adrenalin-releasing nerves and parasympathetic divisions that help to control the functions of our internal organs, each part checking the other. Normally we do not feel our involuntary nerves working, but when we are overwrought, the adrenalin-releasing nerves are especially stimulated and we may feel our heart beat quickly, our hands may sweat, and our mouth feel dry. In addition, our stomach may “churn,” we may feel breathless, giddy, and may have an urgent need to retire to the toilet.

What Is Nervous Breakdown?

It will be appreciated that there are different grades of “nervous” suffering. Countless people have “bad nerves” and many of them, although distressed, continue at their work and cannot be said to suffer from nervous breakdown. Indeed, while they readily admit to having “bad nerves” they would indignantly refute any suggestion of breakdown. And yet a nervous breakdown is no more than an intensification of their symptoms. Although this book is concerned mainly with the development and treatment of nervous breakdown, almost every symptom complained of by people with “bad nerves” will be found here, and such people will recognize themselves again and again in the patients with breakdown described in the following pages. *The symptoms are the same, it is but their severity that varies.* The person with breakdown feels these symptoms much more intensely.

Where do “bad nerves” end and where does nervous breakdown begin? By nervous breakdown we mean a state in which a person’s “nervous” symptoms are so intense that he copes inadequately with his daily work or does not cope at all. To put it more scientifically and more fully, by nervous breakdown we mean a major interruption in the body’s efficient functioning as a result of emotional and mental fatigue brought on and maintained by stress, mainly by fear.

The term “nervous breakdown” has an ominous sound to the average person and is veiled in mystery and confusion. Doctors are asked if people really “break,” and if so, how? We are also asked how a nervous breakdown begins and what causes it.

THE BREAKING POINT

Many people are tricked into breakdown. A continuous state of fear, whatever the cause, gradually stimulates the adrenalin-releasing nerves to produce *a set pattern* of disturbing sensations. These are well known to doctors but so little known to people generally that, when first experienced, they may bewilder and dupe their victims into becoming afraid of them. If asked to pinpoint the beginning of a nervous breakdown, I would say that it is at this moment when the sufferer becomes *afraid* of the alarming, strange sensations produced by continuous fear and tension and so places himself, or herself, in the circle of fear-

adrenalin-fear. *This is the breaking point.* In response to growing fear, more and more adrenalin is released and organs are stimulated to produce even more intense sensations, which inspire still more fear. The circle goes around and around until the sufferer becomes lost and confused.

TWO TYPES OF BREAKDOWN

Most nervously ill people who have come to me for help have had either one of two different types of breakdown. The first is relatively straightforward, and its victim is mainly concerned with physical symptoms, disturbing sensations, *the way he feels*. This person has minor problems only, such as an inability, because of illness, to cope with his responsibilities. We call this kind of illness an Anxiety State, and it is the simplest form of Anxiety State we know.

The second type of breakdown is begun by some overwhelming problem, sorrow, guilt, or disgrace. Continuous tension and prolonged, anxious brooding arising from these causes may not only eventually produce the physical symptoms of stress found in the first type of breakdown but may also bring certain distressing experiences, such as indecision, suggestibility, loss of confidence, feelings of unreality, feelings of personality disintegration, obsession, depression. The sufferer may finally become just as concerned with these sensations, these experiences, as with the original cause of his illness; indeed, he may become more concerned with them. This, too, is an Anxiety State but more complicated than the first one described above.

In this book I am concerned only with these two types—the most usual types—of breakdown. The term “breakdown” is unscientific and unnecessarily alarming, and the term “Anxiety State” is too “medical” for the purpose of this book, so I will henceforth avoid using them where possible and will replace them with the term “nervous illness.”

The Commonest, Simplest Form of Nervous Illness

People suffering from the commonest, simplest form of nervous illness (simplest form of Anxiety State) complain of some, or all, of the following symptoms: fatigue, churning stomach, indigestion, racing heart, banging heart, palpitations, “missed” heartbeats, a sharp pain under the heart, a sore feeling around the heart, sweating hands, “pins and needles” in the hands and feet (especially the hands), a choking feeling in the throat, an inability to take in a deep breath, a tight feeling across the chest, “ants” crawling under the skin, a tight band of pain around the head, a heavy weight pressing on top of the head, giddiness, strange tricks of vision such as the apparent movement of inanimate objects, weak “spells,” sleeplessness, depression. Nausea, occasional vomiting, diarrhea, and the frequent desire to pass urine may be added to the list.

The following is a typical list brought to the doctor by such a patient. This was brought by a young mother. It is printed exactly as she wrote it:

All tied up
Headaches
Tired and weary
Palpitations
Dreadful
Nervous
Sharp pain under the heart
No interest
Restless
My heart beats like lead
I have a heavy lump of dough in my stomach
Heart shakes

Sufferers from these symptoms are quite certain that there is something seriously wrong with them and cannot believe that anyone else could have had such a distressing experience. Many feel convinced that they have a brain tumor (at least something “deep seated”) or that they are on the verge of insanity. Their one wish is to be, as quickly as possible, the person they used to be before this “horrible thing” happened to them. They are rarely

aware that their symptoms are nervous (emotional) in origin and follow a well-recognized pattern shared by numerous sufferers like themselves, *the pattern of continuous fear and tension*.

THE THREE MAIN PITFALLS LEADING INTO NERVOUS ILLNESS

Three main pitfalls can lead into nervous illness. They are *sensitization, bewilderment, and fear*. Sensitization is a state in which our nerves react in an exaggerated way to stress; that is, they bring very intense feelings when under stress and they may react this way with alarming swiftness, almost in a flash. There is no mystery about sensitization. We have all surely felt it in a mild way at the end of a day's tense work, when our nerves feel on edge and little things upset us too much. Constant tension alerts nerves to react in a mildly exaggerated way. It's not pleasant and we don't like it. If it is more severe, we may be alarmed and think that our nerves are in a very bad way indeed. *So much nervous illness is no more than severe sensitization kept alive by bewilderment and fear.*

THE CLEANER'S BROOM AGAINST HIS BED

Severe sensitization can come suddenly or gradually. It can come suddenly following a shock to our nervous system, such as an exhausting surgical operation, a severe hemorrhage, a difficult confinement, an accident. For example, a patient "without a nerve in his body" may go to the hospital for an operation and after the operation may awaken to find that the gentle impact of a cleaner's broom against his bed may shoot through him like a whipping flash and the strain of waiting for visitors to arrive may bring such agitation that waiting may seem intolerable. Severe sensitization may come more gradually following too strenuous dieting; severe anemia; indeed following any debilitating illness; or it may accompany the constant tension of being in some difficult life situation such as living with an alcoholic husband or wife, an incompatible in-law, an erring child. In other words, long, anxious brooding on *any* difficult life situation may gradually bring sensitization.

AT THE END OF THE PEW

AT THE BACK OF THE CHURCH

Also, some nervously ill people have no cause for their illness as apparent as those just mentioned, and much time may then be spent searching in such people for deep-seated causes—so called subconscious causes—in the hope that by finding them the

patient may be cured. While exposing a hidden cause for nervous illness may be interesting, I have rarely seen it help a person who has been ill for a long time. *Present sensitization remains to be cured*, whatever the original cause. The sensitized person is concerned with *the state he is in now*, not with what may possibly have caused it a long time ago. He is afraid of so much. On Sunday he sits at the end of the pew at the back of the church, so that he can slip outside unnoticed if, as he thinks, his fears grow beyond him. At the school function, at the restaurant, he sits near the door, “Just in case, just in case!”

When a person is constantly sensitized and afraid of the state he is in, we say he is nervously ill. Fear must come into the picture to bring this kind of illness. Sensitization alone is not enough, because without fear a body will quickly repair its sensitized state.

THE SIMPLE SHOCK OF TRIPPING IN THE DARK

The feeling of fear that a sensitized person experiences can be very intense. The simple shock of tripping in the dark may be enough to bring a flash of panic to a severely sensitized person. Also, under the constant strain of anxiety about the way he feels, such a person may find that, from time to time, he may feel all the upsetting symptoms I described above—the churning stomach, racing heart, sweating hands, etc.

THEY FEAR THE UNKNOWN AS MUCH AS THE KNOWN

As I have already mentioned, very few nervously ill people realize that their symptoms follow a well-known pattern shared by numerous sufferers like themselves, the pattern of continuous fear and tension. They do not understand that theirs are the normal symptoms of stress, the ordinary symptoms of anxiety, made intense by sensitization. They do not know that their symptoms are caused by adrenalin secreted when they are afraid, anxious. Nor do they know that adrenalin can act only on certain organs and then only in a certain way and that this is why the pattern of their symptoms is set, limited. The pattern is so set that many nervously ill people have already experienced the worst their nerves can bring them, but they do not know this. Their body has brought so many frightening surprises in the past that they live in constant fear of what further surprise may yet be in store. They fear the unknown as much as they fear the known. They may fear the unknown more than the known, so they live anxiously, tensely wondering what will happen next. Their very anxiety determines that symptoms will continue to come, but whatever new symptoms may arise, they are always part of the same pattern of stress, still part of an expected pattern.

CONCERNED WITH THE WAY THEY FEEL

I wish to stress very strongly that many sufferers from nervous illness have no specific problem keeping them ill, other than finding the way to recovery. *The great majority of my nervously ill patients have been made ill and kept ill because of the way they feel; because of fear of what they think may happen next.*

I will now describe, step by step, the development and cure of such an illness, and you may recognize much of yourself in the person described here.

THE BEGINNING: PALPITATIONS

Many people, sensitized by one of the many causes described above, are precipitated into nervous illness by the fear induced by some sudden, alarming, yet harmless bodily sensation such as their first unexpected attack of palpitations. Such an attack can be frightening to a highly strung temperament, especially if it comes at night and there is no one to turn to for comfort and reassurance. The heart races wildly and the sufferer is sure it will burst. He usually lies still, afraid to move for fear of further damaging himself. *So fear arises.* It is only natural to be alarmed by sudden, unexpected, uncomfortable happenings in our body, particularly in the region of our heart.

FEAR-ADRENALIN-FEAR CYCLE

Fear causes an additional outpouring of adrenalin, so that a heart already stirred to palpitations becomes further excited, beats even more quickly, and the attack lasts longer. The sufferer may panic, thinking he is about to die. His hands sweat, his face burns, his fingers tingle with “pins and needles” while he waits for he knows not what.

The attack eventually stops—it always does—and all may be well for a while. However, having had one frightening experience, he dreads another and for days remains tense and anxious, from time to time feeling his pulse. If the palpitations do not return he settles down, loses himself in his work and forgets the incident. If, however, he has a second attack, he really is concerned. Apparently the wretched thing has come to stay!

Not only is he afraid of palpitating, but he is also in a state of tension, wondering what further alarming experience may yet be in store for him. It is not long before tension, releasing more and more adrenalin, makes his stomach churn, his hands sweat, and his heart constantly beat quickly. He becomes even more afraid, and still more adrenalin is released. In other words, he becomes

caught in the fear-adrenalin-fear cycle.

TENSION THROUGH FEAR. “DON’T OVERDO IT!”

At this stage the sufferer consults a doctor, who usually succeeds in reassuring him and banishing his fear. However, he may not be sufficiently reassured and may be unfortunate enough to be put to bed and advised to “Take things carefully” and to “Be sure not to overdo it.” When so advised, the average person, particularly if young and not yet protected by the philosophy of age, lies in bed brooding over his “bad” heart, afraid to move for fear of straining it further. This patient was already in a state of nervous tension worrying about the palpitations. Can you imagine his tension now? Perhaps you have experienced it.

On the other hand, should the doctor, in an effort to reassure him, make too light of the palpitations, the patient may stay in bed of his own volition, convinced that the doctor is withholding the worst and has not told him all. If he remains tense and afraid, he is certain to have further attacks, and the more frequently they come the more he hugs the couch. The more he rests, the more time he has to brood and the more tense and apprehensive he becomes. His finger is constantly hovering above his pulse, and in response to this anxiety his heart constantly beats more quickly than it should, although not so fast as when palpitating. Actually he thinks it is beating faster than it is, because he is conscious of every beat. To him it is thumping, banging, racing. One ingenious woman arranged her pillows end to end, so that she could lay her ear on the crack between them. In this way she thought she heard less thumping.

The sufferer by now is really sorry for himself. He loses appetite, loses weight, and dreads being alone “for fear of having a spell”; at the same time he is afraid to be with people for fear of having one and making a fool of himself. It is not long before he develops most of the sensations of nervous illness—the churning stomach, giddiness, headache, pains around the heart, etc.—in other words, the full fear-adrenalin-fear cycle.

FEAR OF SOME OTHER UPSETTING BODILY SENSATION

If fear of palpitations has not drawn this person into this type of illness, fear of some other upsetting bodily sensation generally has. Perhaps he has had pain in the region of his heart that he, in alarm and ignorance, diagnoses as angina. Perhaps a strenuous, highly tensed life has given him a constantly churning stomach or “shaking” heart at which he becomes alarmed. Whatever the cause, in answer to his continuous apprehension his adrenalin-releasing nerves become sensitized, always ready to trigger off

the upsetting sensations described above. He tries to fight or escape, until he, too, becomes caught in the same fear-adrenalin-fear cycle as the person afraid of the palpitations.

As mentioned, nervously ill people have these sensations as a more or less constant background to their day. They may have moments of respite; for example, some on waking feel strangely calm and may be able to lie at peace for an hour or so before the churning starts. Others feel calmest at night. Others know no peace.

PANIC

Some people, as well as having this background of disturbing sensations, are swept from time to time by intense waves of panic. It will be appreciated how disturbing this panic can be when a sufferer is working and trying to appear normal and how he lives in dread of its coming at inappropriate moments. Unfortunately it is most likely to come at such times, as he is then most apprehensive and afraid.

It is possible that the recurring attacks of palpitation have now left him and that he is more concerned with the other manifestations of fear, although it is more usual to find the palpitations continuing and adding to the miserable burden.

“WHY DOESN’T HE PULL UP HIS SOCKS?”

This is not a far-fetched story. I have heard it so often that I give it respectful attention. I have known this stage, inadequately treated, to last years, the patient going from doctor to doctor.

To healthy people this history may sound all too childish and stupid. They think, “Why doesn’t he pull up his socks and get on with his work and forget all this nonsense?” That is exactly what he would like to do. But what we, the healthy ones, do not realize is that by this time the fear felt by such a sufferer is greater than any the average person has known or has paused to imagine. Repeated spasms of panic, when accompanied by exhaustion and sensitization, not only increase in intensity but need less and less to start them. Dread of having them may bring on a whole sequence. Meeting a stranger, the thought of being left alone, even a slamming door may suffice. Also, in spite of a great desire to pull up his socks and get to work, such frequent, intense spasms of fear seem to paralyze his will to act.

Some years ago, when recuperating from an operation, I stayed with friends who were planning a hike. They asked a young man to join us. It was not a long walk, they assured me (but long enough for me, thought I, as I looked at his long legs). To my

astonishment this big fellow soon fell behind and we frequently had to wait for him to catch up. At lunch he lay exhausted on the grass. Later he told me his story. For years, since student days, he had had recurring spasms of intense panic, so that his life had become a nightmare. He was not afraid of anything in particular, only of the feeling of fear itself, and this had become so intense and exhausting that even that short walk had seemed too much.

This man was eventually cured with explanation and was able to lead a scientific expedition. I mention him because he was no weakling but a clever scientist in a responsible position. He recovered quickly with help, after having suffered for ten years.

FIGHTING

The sufferer from nervous illness is neither fool nor coward, but often a remarkably brave person who fights his breakdown to the best of his ability with commendable although often misdirected courage. He may fight through almost every waking moment, with sweating hands and tensed muscles, agitatedly trying to force forgetfulness of his desperate state by consciously forcing concentration on other things. Or he may pace the floor of his mind, anxiously searching for a way out of his miserable prison, only to meet one closed door after another.

At night he falls into bed exhausted, to sleep the fretful sleep of nervous agitation, the heavy sleep of nervous exhaustion, the drugged sleep of the barbiturate swallower, or, worse still, to find no sleep in spite of heavy sedation.

At times the early evening may not seem so bad. He may feel almost normal and think he has conquered this "thing" at last, and may go to bed saying, "Now, that's the finish. Tomorrow I will be my old self again," only to wake and find the spasms and churning as severe as ever. He cannot understand why, having felt so much better by evening, he should wake the next morning feeling as ill as ever, perhaps even worse. He certainly feels more hopeless, if that is possible. He is either convinced that there is some short road to recovery that continually eludes him, or that there is not, and never could be, a way back to peace from such suffering as his.

"YOU'LL HAVE TO FIGHT THIS THING, OLD MAN!"

He looks back with longing at the person he used to be, the person who could sit peacefully and enjoy a good book, or happily watch television, and he apprehensively counts the weeks, months, years since he was that person. He reasons that if he cannot become himself again by fighting, how else can he?

Fighting is his natural defense, the only weapon he knows, so he fights even harder. *But the harder he fights, the worse he becomes.* Naturally—*fighting means more tension, tension more adrenalin and further stimulation of the adrenalin-releasing nerves, and so the continuation of symptoms.* To make matters worse, his friends do not hesitate to advise him to fight it. Even his doctor may say, “You’ll have to fight this thing, old man. You mustn’t let it get the better of you!”

What has happened to him he cannot understand. He is like a man possessed. He does not realize that there is no devil sitting on his shoulder and that he is simply *doing this to himself with fear, fight, and flight from fear.*

It is at this stage that he may develop severe headache, which he likens to an iron band encircling his head, or to a weight pressing on top of it. He may be giddy, nauseated, have difficulty in expanding his chest to take in a deep breath, feel a heavy soreness around his heart or a sharp pain under it, which he sometimes refers to as “the dagger.” He may also have recurring “funny spells” such as attacks of weakness, “missed” heartbeats, trembling turns, and spells of abnormally slowly beating heart. He loses interest in everything and in everybody, and mounting tension makes him easily upset by trifles. As one young mother put it, “I take it out on the poor kids.”

SEDATION

The doctor usually prescribes sedatives at this stage, and there is no doubt that the patient may need them. But with a layman’s distrust of such “dope,” his family is probably urging him to “Throw the wretched stuff down the sink,” adding, “It is only helping to depress you,” and “That doctor will make an addict out of you if you don’t watch out!” The sufferer becomes further confused because at the back of his mind he, too, is afraid of that. Part of a doctor’s problem is to convince the patient—and, what is just as important, the patient’s family—that such sedation is not only *not* harmful but, as a temporary measure, may be very necessary, and that it will not make an addict of him if carefully supervised. Usually when cured, the last thing these people want to see is one of those wretched capsules or a dose of that pink mixture.

Life is so contrary, it can put many unexpected obstacles in the way of recovery. In the words of one woman, “You would never believe the numbers of monkey wrenches that get thrown into the works.”

For example, it is possible that, just as the doctor is winning the battle over taking sedatives, someone chooses that moment to

illness we know. If yours is this type of illness, it is a step toward cure to see your various symptoms as part of a single pattern coming from a single cause, fear. *These symptoms are not peculiar to you, but are well known to many like you.*

However distressing your symptoms may be, I assure you that every unwelcome sensation can be banished and you can regain peace of mind and body.

Cure of the Commonest Kind of Nervous Illness

If you have the kind of nervous illness just described, you will notice that, as already mentioned, you have certain symptoms as a fairly constant background to your day, while others come from time to time. For example, the churning stomach, sweating hands, and rapidly beating heart may be more or less always with you; while fear spasms, palpitations, “missed” heartbeats, pains around the heart, trembling spells, breathlessness, giddiness, nausea come in attacks at intervals. The constant symptoms are those of sustained tension and fear, hence their chronicity; while the different recurring attacks are the result of varying intensity in sustained fear, hence their periodicity.

“THIS IS TOO SIMPLE FOR ME”

The treatment of all symptoms depends on a few simple rules. When you first read them you may think, “This is too simple for me. It will take something more drastic to cure me.” In spite of this, you will need to be shown how to apply this simple treatment and may often have to reread instructions.

The principle of treatment can be summarized as:

- Facing
- Accepting
- Floating
- Letting time pass

There is nothing mysterious or surprising about this treatment, and yet it is enlightening to see how many people sink deeper into their illness by *doing the exact opposite*.

Let us look again briefly at the person described in the last chapter, the person afraid of the physical feelings aroused by fear, and see if we can pinpoint his own treatment of his illness.

First, he became unduly alarmed by his symptoms, examining each as it appeared, “listening in” in apprehension. He tried to free himself of the unwelcome feelings by tensing himself to meet them or by pushing them away, agitatedly seeking occupation to force forgetfulness—in other words, by fighting or running away.

Also, he was bewildered because he could not find cure

overnight. He kept looking back and worrying because so much time was passing and he was not yet cured, as if this were an evil spirit that could be exorcised if only he, or the doctor, knew the trick. *He was impatient with time.*

Briefly, he spent his time:

Running away, not facing;

Fighting, not accepting;

Arresting and “listening in,” not floating past;

Being impatient with time, not letting time pass.

Need we be impressed if he thinks it will take something more drastic than facing, accepting, floating, and letting time pass to cure him? I don't think we need.

Now, let us consider how you can cure yourself by *facing, accepting, floating, and letting time pass.*

We will first consider cure of the constant symptoms and then of the recurring attacks.

Cure of the More Constant Symptoms

First, look at yourself and notice how you are sitting in your chair. I have no doubt that you are tensely shrinking from the feelings within you and yet, at the same time, are ready to “listen in” in apprehension. I want you to do *the exact opposite*. I want you to sit as comfortably as you can, relax to the best of your ability by letting your arms and legs sag into the chair as if charged with lead. In other words, let your body “flop” in the chair. Now examine and *do not shrink from* the sensations that have been upsetting you. I want you to examine each carefully, *to analyze and describe it aloud to yourself*. For example, you may say, “My hands sweat and tremble. They feel sore. ...” This may sound a little silly and you may smile. So much the better.

CHURNING STOMACH

Begin with the nervous feeling in your stomach, the so-called churning. This may feel like an uneasy fluttering or may bore steadily like a hot poker passing from your stomach to your back. Do not tensely flinch from it. Go with it. Relax and analyze it. Take a few minutes to do this before reading on.

Now that you have faced and examined it, is it so terrible? If you had arthritis in your wrist, you would be prepared to work with the arthritic pain without becoming too upset. Why regard this churning as something so different from ordinary pain that it can frighten you? Stop regarding it as some monster trying to possess you. Understand that it is but the working of oversensitized adrenalin-releasing nerves and that by constantly shrinking from it you have stimulated an excessive outflow of adrenalin that has further excited your nerves to produce continual churning. *By your anxiety you are producing the very feelings you dislike so much.*

While you examine and analyze this churning a strange thing may happen: you may find your attention wandering from yourself. This “thing,” which seemed so terrible while you stayed tense and flinched from it, may fail to hold your attention for long when you see it for what it is—no more than a strange physical feeling of no great medical significance, and causing no real harm.