

X1301  
R39  
no. 5  
1908

I certify that this is Publication No. 5 of the Emmanuel Church Publications on Religion and Medicine.

**ELWOOD WORCESTER.**

**EMMANUEL CHURCH**

**Boston, Mass.**

**July, 1908**

70966



# Psychotherapy and Its Relation to Religion

## 1. *Definitions.*

**I** THINK one should apologize for using such a jaw-breaking word as psychotherapeutics. Why does anyone use such a word? Etymologically it is nothing but the Greek for "mind-cure." Why, then, so ponderous a term?

First, because psychotherapy is a neutral word and involves no entangling alliances. It does not suggest any alliance with "faith-cure" or the Christian Science movement or any special set of mental healers. It means to include all legitimate means of helping the sick through mental, moral and spiritual methods.

An additional reason for using this very long word—psychotherapy—is that it allies those of us who use it with that large and increasing body of French and German scientific literature which has existed for ten years unread in this country, and which we have just begun to wake up to and profit from. In France and Germany, psychotherapy is wholly in the hands of the physicians. There is no lay movement; there is no consid-

# Psychotherapy and Its

---

erable lay interest; it is entirely a scientific movement, entirely a medical movement, and it is there called psychotherapeutics. One allies himself then with that great body of solid scientific work when he uses this word.

## 2. *Limits.*

It is very difficult to make an accurate statement as to the limits of psychotherapeutics. No scientific man ever uses the word "possible" or "impossible;" no scientific man knows in the least what is possible or impossible. All he can say is what has happened so far and what has been accomplished up to this point so far as he can ascertain.

A great deal of the difference of opinion between different bodies of persons as to what has or has not been accomplished for disease by mental, moral and spiritual methods—a great deal of this difference of opinion has its root in the fact that different bodies of people are thinking of different groups of cases. Very remarkable processes of natural selection go on in this matter. To the Christian Scientist go, of their own accord, a certain group of cases. To the hospitals and hospital physicians go, of their own accord, another group of cases. To those who

## Relation to Religion

---

are in charge of such a movement as the Emmanuel Movement, go a third group of cases. To the Osteopaths go another group. A leader in any one of these movements is apt to say what has been done by his method for "disease" and what cannot be done by any other method for "disease." But if he were accurate he would speak of "that portion of disease which has come within my observation;" and that portion is very far from being the whole.

To the Christian Scientists go largely what we physicians call cases of "functional" disease. To the hospitals and hospital physicians go largely what we call cases of "organic" disease. When a person, speaking from his own experience, tells what he knows and then applies it (wrongly I think) to the whole field of disease, it results in a mass of inexact and mutually contradictory statements.

The osteopath will tell you that he cures or helps every disease that comes to him. And what he tells you may be true; but that he can cure *any disease* is an entirely different matter. He undoubtedly helps a large proportion of the people who come to him; but, owing to natural selection, he is dealing with a special group.

The physician who is dealing with hospital

## Psychotherapy and Its

---

cases may tell you that "disease" is not to be helped much by mental methods, because *disease as he sees it in the hospitals* is not to be helped much by mental methods.

The Christian Scientist or "New-thoughter" will tell you that "disease" is to be helped and helped very much by mental methods, meaning again that portion of disease which he sees in his field of work.

Now, I think it is most important to bear in mind that the people who make these apparently contradictory statements are often right as far as their observation goes; their statements need not necessarily contradict. No one is telling lies; no one need be accused of error except the failure to look over the whole field, and the resulting supposition that the cases which he sees constitute the whole field.

Now, without trying to limit the field precisely, I should say that the diseases which are essentially mental or moral or spiritual in their origin should be treated (in part at least) by mental, moral and spiritual agencies. Cases of this type constitute in my experience about two-fifths of all the cases that come to an ordinary physician who does not confine himself to any one specialty or single out any one group. But, furthermore,

## Relation to Religion

---

even in the most obvious organic diseases, mental treatment has a certain place. I treated recently a case of tuberculosis in a woman not seriously diseased, a case of the incipient type of that trouble, but with a persistent insomnia due to persistent worry and a spiritual struggle. She does not sleep, and since she does not sleep she is not properly nourished and cannot resist the disease. That woman's body is trying to get well. The physicians are doing all they can from the physical side, but if their treatment could be combined with mental treatment, she could be helped much more than she is now. In some cases, then, of obvious organic disease, mental treatment may be of great value in the way in which I have just suggested.

Now, when one says that so far as one knows organic disease as such (that is, the morbid anatomical change in organs) is not affected by mental means, one says nothing about what is possible or impossible. One means simply that, so far as can be ascertained, diseases such as cancer, Bright's disease and meningitis are not cured by mental means.

### *3. Historical Types of Psychotherapy.*

As I have said, the word psychotherapeutic is a neutral word; it allows us to mean, when we use

## Psychotherapy and Its

---

it, any legitimate type of mental, moral or spiritual treatment; and I think I cannot properly discuss the subject without saying something of the historic forms in which this movement of which we now hear so much has grown up.

### a. Unconscious Practice.

If you speak to any doctor about psychotherapy, the first thing he will tell you will be, "I have been doing that all my life. That is just what any physician who has a successful practice is always doing. He could not succeed if he did not." There is truth in that statement, although not quite so much truth as some physicians hold. It is true in the same sense that Molière's *M. Jourdain* had been all his life talking prose. He had always been talking prose, but still he could learn to talk better prose if he took a little trouble to train himself. So the physicians who have been using psychotherapeutics effectively all their lives can use it more effectively if they will take some account of the modern scientific psychotherapeutics that has grown up in the last ten or fifteen years, especially in France and Germany.

Aside, then, from the unconscious practice of mental healing which is inherent in the voice, the eye, the hand,—all that goes to make up the per-



## Relation to Religion

---

sonality of the physician, and which so often makes his visit do us more good than the prescription,—aside from that, I should say that the most ancient form of mental healing was

### b. Miracle Cure.

The miracles which have come down to us from the time of Christ, through the early Christian centuries, and are still performed in our own time, may be variously interpreted, but the facts are obvious; the facts are that a certain number of persons are cured. In my opinion they are cured by suggestion, but anyone has a right to interpret the same facts differently. In my opinion, persons go to such a cure and are benefited as a result of what the psychologists call "*expectant attention*." They know many others who have been cured there; they make a long trip; they see many others coming. They are possessed by something like what the French psychologists call "crown contagion," infectious enthusiasm. When they arrive at the shrine at which miracles have been performed, as they suppose, they sometimes lose their maladies—provided, always, it seems to me, that their maladies are of a functional rather than an organic type.

### c. Christian Science.

If you speak to the man of the street about

## Psychotherapy and Its

---

mental healing he always thinks that you mean Christian Science. Now, if there is anything I want to make clear, it is that I do not mean Christian Science when I speak of mental healing. Christian Science, in my opinion, has done a great deal of good. It has also done a great deal of harm. I think the first task in psychotherapeutics is to separate in all the non-medical schools of healing the good from the harm, to promote the good and stop, so far as we can, the harm. I have not the least doubt in my mind that Christian Science has been the cause of a good many deaths. I do not on that account feel that it should be altogether condemned. I have not any doubt that physicians have also been the cause of a good many deaths;—and yet I think there is good in the medical profession. What we want then is, so far as we can, to “prove all things and hold fast that which is good.”

Christian Science, in my opinion, has deeply erred by ignoring diagnosis. Entirely aside from the merits of the question here under consideration, it seems to me that any reasonable person must agree that you ought to ascertain *what the matter is* in any situation before you try to cure. If it is a case of municipal corruption, we need to know what the matter is before we try to cure it.

## Relation to Religion

---

So it is in any other field. In criticising a production of art, surely the first thing is diagnosis, surely we need to know what the matter is before we try to reform it. Is it not reasonable and likely that in the medical field, as in the ones I have cited, we ought to know what the matter is before we begin to cure—and *especially before we claim to have cured?* The Christian Scientist tells you glibly that he has cured cases of cancer or consumption and broken bones; and when you ask to have proof that it was cancer or consumption, he gives you some third-hand hearsay and is perfectly content with it.

Diagnosis then, for reasonable men and women, should precede treatment, but it does not seem so to our friends the Christian Scientists. Further, our friends the Christian Scientists entirely ignore the distinction between organic and functional disease. I believe that organic disease is not helped to any extent by mental means, while functional disease has been helped a great deal by this means. Hence there is nothing more important than to make clear this distinction.

Thirdly, our friends of Christian Science will not co-operate in any way with medical science or with physicians. They refuse to recognize or to take account of what has been accumulated by physicians in the form of medical science.

## Psychotherapy and Its

---

1. To leap before you look;—
2. To confuse structural disease with perverted function;—
3. To ignore history and the knowledge accumulated by our predecessors;—

These it seems to me are three fundamental errors.

Nevertheless, I believe that Christian Science has done a great deal of good by impressing upon the community certain truths to which we were until recent years almost blind. I believe that a great deal which the physicians have now taken up into their practice they really owe to Quimby and to Christian Science, although they are usually unconscious of that fact.

The first great truth the Christian Scientists promulgate is that *people are sick because they think they are sick*. In its unmitigated rigor that statement certainly is not true. We do not need to spend any time in exposing that error. It is much more important to show the truth that there is in it. No physician who has had any considerable experience will deny that there is an element of truth in it. I do not refer to the people who are ignorant of hygienic truth and suppose they are sick when they are not; I mean people for example (I see such every week) who

## Relation to Religion

---

come to a physician or a hospital for a pain in the left side of the chest. Now, to a physician who deals with such a case, the first call naturally is diagnosis. He examines the patient, and if he finds (as he usually does) that the patient's heart is perfectly sound, he will use some such procedure as this: He will say to the patient, "Suppose you had exactly that same pain, no better, no worse, in your shin, would you have come to see me here to-day?" Generally the patient will look a little sheepish, hesitate and say, "Why no, I thought it was my heart." Such a patient has usually worried, and so worrying has lost sleep, and losing sleep, has lost appetite and run down in strength and flesh, till he often gets himself into a really miserable condition—genuinely ill—and all because he thinks he is ill, when he is not.

You have all heard the story of the man whose friends conspired against him and arranged that as soon as he came down to breakfast in the morning some one should say "Why, how ill you look," and as soon as he stepped outside of the door a friend greeted him on the street with "Why, you certainly are not well, you ought to call a doctor," and as soon as he got to the office the office-boy and others began to talk about his appearance

## Psychotherapy and Its

---

and comment on it. Each time the poor man protested that there was nothing the matter with him at all, that he felt perfectly well; but before night he had to give in and go home to bed.

Now, whether that ever happened or not, there is no doubt something like it has happened. Again and again a man has come to me very ill (so he supposed) because a patient in an adjoining house has recently died of heart disease, and he had a pain in what he supposed to be the situation of his heart. Or some one of his neighbors has recently died of kidney disease, and he has had a pain in the place where he supposes his kidneys are placed. Such mistakes are aided by the newspaper advertisements, which do all they can to mislead us; the advertisements which tell you that if you have a pain in the back you have kidney trouble. I never lose an opportunity when I have a chance of telling people that if they have a pain in the back they probably have *not* got kidney trouble, and that kidney trouble is rarely accompanied by pain in the back.

In such cases as these it is obvious that people are sick or become sick because they think so. And the mediating term here between mental error and bodily sickness is *nutrition*. Nutrition can be disturbed by loss of sleep, and sleep is

## Relation to Religion

---

easily disturbed by mental disturbances of any kind. It is a truth then, as our friends the Christian Scientists have said (although they have made it far too wide in its application, and exaggerated that application until it is practically false), it is a truth that people are sometimes sick because they think they are sick. Fear thus creates disease—functional disease.

But, secondly, Christian Scientists have said that *people are sick because they do not know how to behave themselves*; they are sick because they are sinful. When applied to certain cases I do not know any statement which excites my resentment more than that. I cannot imagine anything more cruel than to say to a person who is suffering from pneumonia, "You are sick because of your sins." It is adding insult to grievous injury. And yet, if you overlook the exaggeration (which is too obvious to deserve exposure), I do not see how we can help seeing that people *are* sometimes sick because they do not know how to behave themselves. I do not mean the people who are suffering from vice or alcohol. I mean the innumerable men who get sick because they are rushing, rushing nowhere, and the women who get sick because they are drifting, drifting nowhere in particular; the people who do not

## Psychotherapy and Its

---

know how to manage their lives; who let their plans manage them instead of managing their plans; who are pushed along by circumstances instead of governing circumstances. Such people get sick because they do not know how to behave themselves. They never acquire cancer and rarely tuberculosis because they do not know how to behave themselves, but they do have a great many of the ordinary functional nervous troubles, which are the most painful of all troubles in my opinion, which are among the most chronic and long-standing of troubles and which cause in the community as much suffering, as much loss of time, loss of money, loss of energy, loss of usefulness, as any class of diseases which we know.

The third and last service which I think we ought to acknowledge has come from Christian Science is the service which they perform when they state that *a medical atmosphere*, an atmosphere in which one thinks of disease and pain, *is a poisonous atmosphere*. It is essentially true, I think, in the sense in which one can interpret it, if not in the literal sense in which Christian Scientists use it. If it were true literally, why is not the physician, who is thinking of disease all the time, why is he not a physical wreck? As a matter of fact physicians are unusually healthy



## Relation to Religion

---

people. Why is not the physician sick? Because he is not thinking about his own diseases but about yours. His mind is directed outward all the time. That is entirely different from thinking of one's own diseases. .

I was much impressed some years ago, in Chesterton's "Life of Browning," with the account of Mrs. Browning's nervous prostration (for we should call Mrs. Browning's illness nervous prostration nowadays), and of the long guardianship of her father and her doctor who kept her confined to her room, practically confined to a couch, until Robert Browning broke into the house, carried her off, married her and made her well. Chesterton says after describing these conditions:—"Mrs. Browning was surrounded by that most poisonous and degrading of all atmospheres, a medical atmosphere." Now, it is hard for a physician to hear that said, and yet no one who carefully reads the context of that passage in Chesterton's book can doubt for a moment that what he said was true. Mrs. Browning was forced by her father especially, and more or less by her physician, to consider ill health the natural condition of a human being, to think about herself, her nerves and her organs for a considerable portion of her time; and the best thing that ever hap-

## Psychotherapy and Its

---

pened to her was when she was given another interest in life to make her stop thinking about these things.

So much for Christian Science. We cannot help seeing the truth in it and hoping that it will some day get rid of the three grave errors alluded to above.

### d. Hypnotism.

When you speak of mental healing, if you are not understood to mean Christian Science, you are generally thought to mean hypnotism; but I do not mean hypnotism either. Ten years ago there were in Boston two well-trained physicians who gave their whole time to hypnotism. To-day there is no physician in Boston who gives any considerable portion of his time to it. It is going out of use all over the world. It has a limited field of usefulness; but its field is becoming more and more circumscribed in the hands of men who study it critically for any considerable period. To-day the only persons who use hypnotism extensively are men using it experimentally for scientific purposes, the charlatans using it for commercial purposes, and those who have just begun to use it and do not know its capacity for evil as well as for good.

There is a great deal of superstition and false

## Relation to Religion

---

thought abroad about hypnotism, and I feel that I ought never to neglect an opportunity to offset those ideas. Many people are alarmed because they think that some day they may be hypnotized in spite of themselves. I do not believe that any person was ever hypnotized for the first time in spite of himself. It is a very hard thing to be hypnotized; as a rule the patient has to work at it himself. The vast majority of people cannot be deeply hypnotized under any conditions.

The second point to be emphasized is that there is no special personal magnetism or anything else inherent in the person who hypnotizes. Any one can use hypnotism if he or she tries it. It is nothing but a trick, such a trick as learning to ride a bicycle or play a piano, but much easier than the latter. It is not that fearfully dangerous or mysterious power that many people think it. It has a certain field of usefulness, as I have said, although in my opinion that field is more and more circumscribed. Why? Because hypnotism, as it has been used by physicians, has been used always as a means to *suggestion*; not for the sake of hypnosis; but for what comes through and after the hypnosis. But, as a rule, those same therapeutic suggestions can be intro-

## Psychotherapy and Its

---

duced into people's minds without hypnosis, and whenever this can be done, as I believe it usually can, it is on the whole a much safer and more sensible method. "Waking suggestion," "auto-suggestion," suggestion through various means that do not involve hypnotism, are, in my opinion, taking the place of hypnotic suggestion as it was used ten years ago.

I come now to the main subject of my paper:—

#### 4. *Scientific, Educational Psychotherapeutics.*

Scientific psychotherapy involves, among other things, *explanation*. Now, explanation is very common-place, not at all a high-sounding word; it has familiar uses outside medicine, but it has also a great field of usefulness in the cure of functional nervous disorders. I have already referred to a patient who consulted me for a supposed disease of the heart and on whom I forced a little piece of psychological analysis. This is typical of what I mean by the value of explanation. When a person has a pain, or any other form of suffering, there are always two elements in that suffering; *the thing itself and what he thinks of it*. Now, the thing itself may be bad, but what he thinks of it is, as a rule, much worse. The pain in the side may be quite sharp, but it

## Relation to Religion

---

is not anything like as bad as the total result of the pain itself, and what the individual thinks it came from—his heart; and what he thinks it is leading to—sudden death. Now, although that distinction involves a very simple psychological analysis, very few people make it for themselves. It is introduced into the patient's consciousness easily by that simple question of which I told you a moment ago: "Suppose you had the same pain in your shin, would you have thought anything of it?" By the question you have disassociated the pain from all ideas of the heart and of death. You have led the patient to consider the pain on its own merits, and you have thus led the patient to make a most important piece of psychological analysis. If you explain that to him, and do nothing else, in the great majority of cases he is well in a few days. The recovery cannot be regarded as coincidence; it has happened too often. People who looked seriously ill are thus sent back to their work in a few days with their "disease" entirely gone; the cure is nothing but a simple straightforward explanation. They have a crooked idea; you straighten it out and they are cured.

Many people come to me, as to every physician, sick as the result of the newspaper adver-

## Psychotherapy and Its

---

tisements to which I have referred. They have a pain in the back, and they have been told by the philanthropist who advertises that if they will simply take his cure they will be cured of this pain in the back which means kidney trouble, because everybody who takes his remedy gets well. We have now a bill in the Massachusetts Legislature to suppress *such advertising as creates disease*. Such malignant, pernicious advertising is in all our papers and in the papers of the whole country, advertising which aims to create disease and succeeds in its design. I do not know of anything which arouses my indignation more than that. There are many varieties, but the type is that to which I have referred: take some common, nearly harmless pain, swear that it points to some serious disease, and that it can be cured by some medicine.

When we get hold of people who are sick as a result of these lies, explanation is all that is necessary; the truth and nothing but the truth performs the cure.

Take another example of cure by explanation. Many people lie awake because they are watching themselves to see when they are going to sleep. Now, it seems as if such a trick as that would be too simple even to need explanation;

## Relation to Religion

---

and yet I have seen some people with the milder types (not the severe type) of insomnia who needed nothing but to be told that getting to sleep is a nearly sub-conscious process which will not go on if you watch it—like the watched pot. There are many processes which do not go on normally if you watch them. It is a pretty clearly established law that all those processes in our bodies which are meant to go on unconsciously are interfered with and go on wrong if we watch them. The action of our hearts is meant to be perfectly unconscious. If you watch your heart suspiciously enough, it will begin to beat disagreeably, then irregularly, and at last may even begin to pain you. Our stomachs are meant to do their work without our consciousness; if we watch them anxiously enough they begin to do their work wrong. We are meant to fall asleep unconsciously, without ourselves interfering with the process; but if we watch to see if we are going to fall asleep, why—usually we lie awake. Persons who have heard of insomnia as a very serious thing fall to wondering how on earth they are going to do their work if they lie awake; hence they watch themselves in such a way as to prevent sleep.

In simple cases explanation stops such trouble as that.

## Psychotherapy and Its

---

People are seldom sick, in my opinion, from over-work, but very often sick from a habit of chronic worry which is mistaken for over-work. It does no good to tell people not to worry; they do not behave any differently. You must explain to them the difference between worrying and thinking—for the majority of people do not clearly know the difference. I have often found it effective, in bringing home to people the difference between worrying and thinking, to use this simple method; I say: "Thought goes straight on from point to point and never turns upon its own track. True thought always takes the form of planning, making a plan for the future or of recalling something that has happened, passing from point to point in a story. But worry goes around and around in a circle and returns to the same point again and again." This is almost too simple to be worth saying and yet I have known educated persons nervously broken down because they never have stopped to notice the difference between thought and worry, and who have supposed themselves to be deeply and fruitfully meditating when in fact they did nothing but worry.

I have often heard physicians say to a patient, "Now you must not let your mind go on so ac-



## Relation to Religion

---

tively; you must stop thinking.” That involves an ignorance of the most fundamental psychological laws. No one stops thinking on purpose. All you can do is to take one thought out and put another in. This, again, is a ludicrously simple matter; yet it often has to be explained before we can get people started on the right track.

There are a great many people in my part of the world, and I suppose in this part of the world, who do not know that if any thought or desire does not work *outward*, it is not worked off; it will *turn in* upon a person and rend him. W. H. Allen speaks of these as “ingrowing thoughts,” “ingrowing desires.” They turn in upon a person and consume him if they are not set to work. To point this out to a patient is another use of this very simple method,—*explanation*,—which seems to me to be at the root of a great deal of the best psychotherapy.

### e. Encouragement.

Encouragement is, I suppose, the medicine which doctors are oftenest dealing out, yet I think many physicians feel that their encouragements are not very effective. Can we really help a sick person merely by encouragement? Yes, I am sure that we can. In the first place there is much help in the kind of encouragement which

## Psychotherapy and Its

---

a physician can give as the result of a thorough and searching physical examination. If one can say to a person, "I have examined you thoroughly; I know that no organic disease stands between you and recovery," one has done more than could be accomplished by any amount of vociferation and eloquence without examination. We are voicing facts which have a great deal more power than any kind of eloquence.

Another very effective form of encouragement, familiar to all of us who are interested in this matter, is the quotation of other similar cases. We say, "I believe you are going to get well, because I have seen plenty of other people who were sick exactly as you are, who have used the methods I am pointing out to you, and who have gotten well." Such simple methods of encouragement are in common use with most physicians. I think there are two or three others that ought to be spoken of. Prof. James, in an article in the November (1907) number of the *American Magazine*, called "The Powers of Men," uses a metaphor which I have, ever since reading his article, found most useful. I mean his metaphor of "*Mental Second Wind*." All of you who can remember your childhood know that if when you run and lose your breath, you force

## Relation to Religion

---

yourself to keep on running (if you are in any sort of physical trim) you may get back your breath. In other words, just when you are feeling that you can go no further, still more exertion is followed by a return of strength. It is one of those strokes of genius which we get now and then from Prof. James that he conceived the application of this metaphor to mental and moral life. I have used it again and again in speaking to patients, and again and again I have found that it worked. I have said to people: "You are tired; you were born tired and you have always been tired. There is no use waiting until you are rested. You will never be any less tired. *The only thing that will rest you is work.*" This is true for the reason that I have given, namely, that there is, as Prof. James says, a mental second wind which comes to us after fatigue if only someone will give us the sufficient motive to push on a little further.

Let me mention one more most effective form of encouragement,—the most effective of all, I think—namely, to put a person into a position where he can earn some money. That does not sound much like encouragement, but I have seen it proved time and again that a person will not get well until he gets into some position where he

## Psychotherapy and Its

---

can earn money. After all, is there anything in the world that encourages us more than that,—to know that we are really worth while and that someone cares enough to pay something in cold cash because we are on the earth? I do not care how spiritual a person is, I believe he is affected by that consideration, and ought to be affected by it. We have no other equally sure and effective way of finding out that we are needed, and there is no other such stimulant as the thought that somebody else needs us. I am not speaking from theory at all; I am speaking from practice, from my own experience.

About a year ago, after an address I had made similar in character to this, I was asked by one of my audience to see her sister, who had not worked for almost four years, and who had been in bed resting most of that time. The patient came to my office in a carriage, unable to walk out of doors. After sufficient physical examination to satisfy me that she was organically sound, I said, "We will take a walk." I did not ask her whether she could or not, because I knew she could. She and I issued from my front door, and to the great surprise of the coachman who had previously assisted her to and from the carriage, went off up the street. From that, I

## Relation to Religion

---

required her to walk regularly, with the result that on her second visit, one week from that day, she twice walked five blocks, the distance between my house and the car. She did not at that time exhibit any gratifying degree of pleasure in this improvement in her condition; she took it "on faith," so to speak. Then I felt that she was ready for work. She was not lacking in intelligence, but by an unhappy combination of causes she had been reduced in health and usefulness. She was one of a wage-earning family, and much depressed at having ceased to be able to contribute her share to the general support. I learned that she had been a stenographer, and when, on her third or fourth visit, I said, "My stenographer is sick to-day and I would like to give you a little dictation,"—I felt, in her delight in finding that she had not forgotten her trade, that I was really accomplishing something towards helping her. But the thing that did her the most good of all was the first cheque I sent her for regular work: it was the outward and visible sign of her restoration to usefulness.

Encouragement then, in such forms as these, is a great power, as any physician who has ever tried it will tell you. It is also a great strain upon the physician, for in this sort of case there

## Psychotherapy and Its

---

is often a genuine fight of will against will. The patient's tendency to be discouraged is contagious and will contaminate and discourage the physician unless he resists it. In order to resist it a physician has to fight, and is often pretty well exhausted in that fight. He knows that the patient has no good reason to be discouraged, but, in spite of what he knows, the influence of that discouragement often infects him, and comes so near to possessing him that it is nip and tuck who wins,—the patient with his black despair, or the doctor with his reasonable hope.

### f. Education and Re-education.

I need not give much space to this topic, because I have already suggested it in what has been said with regard to explanation. There is no fundamental difference between explanation and education, except that education includes the wider idea of *training*, of study and work day after day in a given field. Psychotherapeutic education is of course not book work, but mainly the training of the mind, the training of the emotions and the training of the muscles.

When that epoch-making book, "*Dubois on Psychotherapeutics*," was translated into English, we had for the first time an adequate account by a scientific man of the educational treatment

## Relation to Religion

---

of nervous disorders. Without going beyond the limits of this paper, I cannot explain in detail what I mean. But I will give you a few isolated examples.

There are many persons who have never been educated to take up and follow a routine. There are many persons who have never known what it is to minimize the number of decisions in a day, and to save the nervous fatigue that goes with every decision by adopting a routine. Any of you who have ever thought of this matter will verify what I say: There is nothing in the world which costs so much labor, so much nervous force, as a decision; and when one can diminish the number of decisions, one is saving himself just so much strain. A written program, a plan of life for a week or a month written out and followed saves us decisions by making them once for all. It makes all the decisions at one stroke. There are many people who do not know this, who have, therefore, to be taught it and taught it over and over again. The reiteration and revision of the details of such a plan as that is sometimes a terrible strain. I remember one patient for whom I made out every day for six months a decidedly different plan covering every single hour in that day, and trying to provide

## Psychotherapy and Its

---

for the different elements of that person's life, mental, moral and spiritual.

On quite a different line I will mention the case of a patient who had been in bed for nineteen years, and had been speechless for ten years. She was supposed to be a hopeless paralytic. On examination of her, the physician, Dr. H. C. Baldwin, found that she was organically sound, although she was so emaciated that her limbs were nothing but skin and bones, because she had been lying in bed all these years. He showed her to a group of physicians at the beginning of the treatment. A year and a half later he showed us a woman who was literally running and leaping and praising God, yet nothing in the world had he done for her except to educate her; he had done it all by heroic patience in supervision. It was a charity case, by the way, and he had to go to her house every day and to encourage and force her to make an effort. At first she could move the ends of two toes and nothing else, but he kept her wriggling those toes until she could wriggle something else, and then he got her up on to her feet, held her up on her feet on props until she could swing and scuff her feet along, and by one trick and another finally got her to walking.



## Relation to Religion

---

In re-educating her voice, he used an interesting trick, which illustrates another side of psychotherapy. She had not spoken for ten years. Some of these cases of hysterical speechlessness are very stubborn. He knew that there was no use to attack the problem by that direct front attack that the British tried to use in the Boer war; he knew that he must get around the obstruction. So, admitting that she could not speak, *he taught her to sing*; then gradually he taught her to intone (half way between singing and speaking); then he got the pitch of her voice down lower and lower, till finally she could speak in a natural voice. Soon after that I had a similar case of a girl who could not walk at all. I taught her to ride a bicycle; then I taught her to run, and finally after she and I had run up and down my entry many times together, she learned to walk.

Such stories are very apt to seem to you as if there were in the patient an element of deception, or as if it was a case of "pure cussedness," but it is not. Neither of these patients was getting anything but dire suffering from her ailment. They found no profit in being cut off from every joy of life; but they had *forgotten* how to use their muscles and it took a long time to remind them.

## Psychotherapy and Its

---

Under education and re-education comes a great deal to which I shall refer later in connection with the Emmanuel Movement. I think the ministry is a part of the great group of *educators*, and hence, I think, ministers have a great deal to do and a great place to fill in medicine so far as the treatment of nervous disorders is concerned. To this point I shall return later.

### g. Psycho-Analysis.\*

Psycho-analysis is a special type of treatment and a little more strange than any of those I have already spoken of, but as it is adapted only to a relatively small group of cases I shall not spend much time on it. Psycho-analysis means the attempt to reach the deeper strata of a person's consciousness until we find something about him that he did not know himself, yet something which he needed to know, because it is poisoning his mental life. Let me give you a simple example of what I mean. A young nephew of mine when he was about twelve years old said, in speaking of the bitterness of childish grief, "When you begin to cry you cry for the thing that made you sorry, but you go on crying for all the sad and sorry things that ever happened to you in your life." That seems to me always a very

\* See Taylor & Linenthal. Also, Breuer & Freud, "Die Hysterie."

## Relation to Religion

---

subtle bit of analysis. There have been griefs, wounds, far back in the past which we supposed we had forgotten; we supposed that they were dead; but they are buried alive, and more or less unconsciously we brood over them until, when the occasion sets us off, they all boil up to the surface and re-enforce the natural occasion for grief until it becomes a "*fit of grief*,"—a real paroxysm.

You will recognize the same thing in regard to fits of anger. Sometimes when a person annoys you, you begin to be annoyed by reason of the immediate occasion, but you go on being annoyed by reason of everything that this person ever did that annoyed you; it is this re-enforcement that makes the "*fit of anger*."

This means that in such a case there are parts of our lives that we are not conscious of, parts of our mental apparatus split off and lying more or less separated from the rest of our mental life, like a foreign body, and poisoning our minds as a bullet might stay in the tissues long after it had been shot into them and there might poison those tissues.

The proof of all this, the proof that it does poison life, is the fact that people who have once gotten those areas of sub-conscious life up to the

## Psychotherapy and Its

---

surface, faced them and understood them, are not subject in the same way to these fits of grief or temper. If you once realize that when you are angry with Mrs. A., it is not with the things that she did just this moment, but with the things that she did twenty years ago, things which ought to be done with and forgotten, you cannot go on to enjoy your anger; it is half gone already. It is a very interesting fact that many very important serious illnesses which seem like "fits," and which have a good many points in common with epilepsy, are due to the irritation of portions of our mental life which have been split off and segregated by themselves where they can poison the rest of the mental life. Losses or slights to which we have never become reconciled, grief, disappointment, pique, which we have not ever expressed, which we never have "blown off" like steam, as it were, lie there and poison our mental life.

By nothing more radical or strange than a heart to heart talk, those things are sometimes brought to the surface, and by being brought to the surface are understood and overcome.

### h. Suggestion.

Suggestion, as one uses it in connection with psychotherapy, is not suggestion in the ordinary

## Relation to Religion

---

sense. Suggestion here means *getting an idea into a person's mind by the back door* so that he is not conscious of its entry and does not know how it got there.

There are many forms of suggestion. Perhaps the commonest is that which occurs when a physician gives you an inert medicine because of its probable effect upon your mind, what the physicians call a "placebo." They think that they are obliged to give you *something*, but with that drug is conveyed something much more important than the drug, and that "something" is the suggestion of healing, the suggestion that something is being done, that something of power is being given. This trick is necessarily kept secret because the physician could not explain what he is doing in so many words. He cannot say to you, "I am giving you this drug (although it is powerless), because it will have a great effect upon your mind." If he said that the drug would have no effect. In other words he could not put it in by the front door; it must go to the back door. I do not believe in this method because it seems to me a clever lie—a piece of quackery.

In a similar way, but without any deceit, a great deal of suggestion comes to patients

## Psychotherapy and Its

---

through their physician's personality; much of the good which comes from his visit is due to suggestion. I have spoken of the good that comes from his manner, his voice, his hand; but suppose he were to introduce those same ideas by the front instead of the back door; suppose he said, "You see it is by my cheerful voice, my sparkling eyes, my manly hand grasp that I am doing you good." Of course it would do no good at all. The good must come subconsciously or not at all.

A great deal else that is done in the name of medicine to-day is really suggestion. A great deal of suggestive therapeutics comes, I believe, by means of homeopathy and osteopathy. I have already referred to the "miracle cures," which I believe are due to suggestion. A more important opportunity for suggestion I think is presented by those relaxed, drowsy, semi-conscious states of mind that occur while we are going to sleep. Those who have to do with small children know that if you want to impress a thing upon a child's mind, the time you can best do it is just before he goes to sleep, when he is "good," *i. e.*, quiet, receptive, and more or less drowsy. At that time you can make a good deal more impression upon his mind for moral or other purposes than when he is wide awake. That is true

## Relation to Religion

---

also of adults; when they are in this sleepy stage, just after they wake up in the morning or just before they go to sleep at night, they are more susceptible to the force of ideas introduced by themselves or by another.

This form of suggestion is used extensively at the Emmanuel clinic. The patient is put in a comfortable Morris chair in a quiet room, where he is told to relax himself and try to go to sleep, assisted by soothing monotonous words. Just before he goes to sleep valuable suggestions, ideas of recovery and health are introduced. If he does not get sleepy spontaneously, you can accomplish something by talking of sleep, telling him that he is beginning to feel sleepy, and in one way or another getting the idea of sleep into his mind.

Suggestion given in a relaxed, drowsy state of this kind is not properly called hypnosis. The person is conscious throughout; he can open his eyes and get up; he is not asleep nor hypnotized in the strict sense.

Suggestion given either in that way or in other ways has, I think, a certain amount of value, but not a very deep value; it will remove certain symptoms, but it rarely goes to the root of any trouble, because the root of the trouble in almost

## Psychotherapy and Its

---

all these cases is in character, and character is built up from within, not introduced from without and by the back door. Suggestion is helpful in regard to certain habits, such as constipation, and to certain parts of the morbid mental life (morbid fears for example), which are relatively isolated and have nothing to do especially with character; but in the majority of functional nervous cases suggestion, unless supported and aided by other psychotherapeutic methods, has, in my opinion, a very limited field of usefulness.

### i. Home and Business Conditions.

Domestic and industrial conditions are, I think, very important in the cause and cure of nervous disorders. We all know that nervous sufferers are apt to get on better with any one than with the members of their own immediate family. Often it is necessary to remove a member surgically, to separate a nervous patient from his family. We ought, I think, to pay more attention than we do to a study of all the family conditions of a nervous sufferer.

Work conditions have also very much to do with functional disorders. A patient—whom we will call Jones—came to a friend of mine,—a physician,—tired out, broken down, and desiring a tonic; later he confessed he was worrying



## Relation to Religion

---

because he feared that he was going to lose his job. The doctor asked him why he thought so, and was told that the foreman was criticising him all the time when he did good work and when he did bad work. He thought that the foreman wanted to get him out in order to give the job to another man. Of course tales like that are often more or less exaggerated or distorted. My friend took the trouble to go to see the employer for whom Jones worked. This employer looked into the matter and found, for a wonder, that the story was absolutely true, that the foreman had a friend whom he wanted to get in and therefore he wanted to get Jones out. With the discharge of that foreman came the cure of the patient.

When a physician seriously studies a case like that it often turns out that he must go far out of his ordinary field of work, for he is pledged to go to the root of the trouble and that root may be industrial or domestic conditions. Such study and such treatment, it seems to me, are, therefore, a proper part of psychotherapy.

### j. Work-Cure.

I come, lastly, to speak of *work-cure*, which is, in my opinion, the most important type of psychotherapy, because, if properly applied, it sums up and includes all the other types. We used to

## Psychotherapy and Its

---

hear a great deal of the *rest-cure*. I believe that we shall hear less and less of it in the future. Of course it has a place; when a patient has encountered some special strain of mind or body he must be rested.

But the vast majority of people who are given the rest-cure were born tired and have been getting more so ever since; such a sufferer is not much helped by such a "cure." It is like trying to cure a weak muscle by rest; you cannot cure a weak muscle by anything else than exercise. Even though it may have sustained a strain, you cannot cure it without proper exercise. Properly selected and graded exercise is the best cure even for the strained muscle, far more for the weak muscle. So work-cure, in my opinion, is the essential method in psychotherapy, (a) because it may be easily combined with *explanation*, explanation of what mistakes the patient has been using in his previous life and work; (b) because it is, in my opinion, the most effective *encouragement* that can come to any human being; (c) because it is the best *education* for most human beings; (d) because it does the most to bring together the separated parts of a person's divided or distracted life, using the fruits of *psychoanalysis*; (e) because I think the best of all sug-

## Relation to Religion

---

*gestions* are those that flow into us unconsciously from our daily work and from the workers beside us. For these reasons I think that work-cure, in the proper sense, combines all other methods of psychotherapy.

By work-cure I do not mean drudgery. I do not advise a patient simply to keep busy, to do more work in the same way, the same mistaken way that he has been pursuing so long. We must try to tell people how to work, where to work, what work satisfies them, what work gives outlet to the forces that are cramped up in them. I think one half of all the nervous people who come to me are suffering for the want of an outlet, suffering for the lack of some way in which they can put forth their whole power. They have been going at half pressure, on half steam, with a fund of energy lying dormant. They want a chance to let out all that unused power. Of course this is much easier said than done. It is easy to say that a person ought to have his ideal work, the vocation that brings to him each week the sense that he amounts to something and that he is accumulating week by week and month by month something worth while,—easy to say and hard to accomplish,—yet I am convinced that we should seek for this end no less persistently because it is difficult.

## Psychotherapy and Its

---

With all these methods what can we hope to accomplish for the cure of nervous disorders? There are quite a number of them in which the malady is as easy (and as difficult) to cure as cases of bad temper, stage fright, or of shyness. Any of you who have ever had that last mentioned disease know that it is a difficult thing to cure, but that it is curable. Many politicians have it, but they get over it because they have to. Necessity here, as in many other cases, is the mother of the most important changes in our character. But in the more stubborn cases (and there are many who come to us physicians which we make a total failure of), cure is as difficult as it is radically to reconstruct character. Character is a bundle of habits. Any of you who have tried to change any single habit know what it must mean to change the whole structure of character; yet anyone who is a Christian must believe that it is possible. Anyone who has delved deeply in life knows that it is possible radically to change character, but he knows also that it is fearfully difficult. He knows that it is easy to become converted, but difficult to stay converted.

### 5. *Relation of Religion to Psychotherapy.*

This brings me to my last topic. What is the relation of psychotherapy to religion? So far I

## Relation to Religion

---

have been speaking of psychotherapy; but one might say: "This may all be true and yet there may be no reason for connecting these methods with religion." I think I can best make the matter clear by calling your attention to a distinction which I have already used, the *distinction between a pain and what we think of it*, or between a suffering or a misfortune of any kind and what we think of it. These two elements always exist, are always inseparable, and in my opinion they are usually to be dealt with by quite different methods. The pain must be dealt with largely by physical methods and by the physician, but *what the man thinks of it*, that goes down deep into his character, involves the whole mental life, his whole point of view, his religion. It is for this reason that psychotherapy is so directly and deeply connected with religion and needs so constantly the support and guidance of the religious conception of life.

Religion is so many-sided a term that I must try to suggest before I go further what it means to me. I mean by religion the deepest that there is in any human being. When you reach the core of any man, you reach, it seems to me, the divine spark in him, that is, you reach his religion. That center, that core as I have called it, lies behind

## Psychotherapy and Its

---

and issues in all that he does. Religion is not one energy or one interest among others; if it were it would soon be crowded out in this modern life of ours by other interests. Religion cannot hold its own side by side with the great vital interests of our time. It can only exist in the future as it has in the past, if it is the heart, the center, the core of every interest. If a person can be a thoroughly scientific man, a perfectly sincere and skilful man and yet leave out religion, then religion is going to be crowded into a corner and is bound to failure on this earth.

In my opinion these things are impossible. In my opinion any man is slovenly and slipshod who does not find religion as the ultimate motive and goal of his task, whatever it is. Under this definition it is obvious that we cannot go to the bottom of any trouble, whether it be health or grief or anything else, without reaching religion. If religion includes the whole of our life as a house includes a room, then the man who would set his house in order must know all the rooms, must know the whole of the house before he ventures to touch any part of it. I do not think that the time when a man is sick is the time to teach him religion. You know the old rhyme story about the devil: "When the devil was sick, the

## Relation to Religion

---

devil a monk would be, but when the devil was well, the devil a monk was he." That is very apt to be true in the case of religion acquired when you are sick. But many sick people with whom we deal have a religion somewhere submerged in their consciousness, and anyone who fails to appeal to that fails to appeal to the strongest motive that exists in the human being.

There are many people in this country to whom religion means chiefly the consciousness of sin and the dread of the Lord. I do not mean that these things have no place in religion; I believe they have; but whoever thinks that they are the whole or the chief part of religion is not going to get any good out of his religion for his health. This is of importance in relation to what I have called *the point of view*, the way the man faces his troubles. The point of view of religion is one of hope and confidence in the fundamental rightness of things. Many a nervous sufferer quavers out in one phrase or another the old lament: "Why does this trouble come to *me*?" Now, this means:—"Why do all the forces in the universe conspire to shoot down upon my defenceless head this arrow of misery?" He does not say that, but that is what he means. I think it does good to remind such a sufferer that the

## Psychotherapy and Its

---

universe is too busy with other things to bother with any such conspiracy. The world is not a conspiracy against him; it is a conspiracy *for* him, and he will get and give his best only when he works with the spirit of this world, with the spirit of God.

As mediating terms, terms intermediate between psychotherapy and religion, I shall deal first with prayer. I wonder if to some of my readers the thought has occurred, as they read what I have written above of suggestion and the ways in which it might be conveyed, that there is a similarity between auto-suggestion and prayer. To many persons it seems almost sacrilegious to speak in that way, but it is my intention to enoble psychotherapy and not drag down religion. When persons go into a house of worship, put themselves into time-honored, habitual position, relax themselves, turn away their minds and their attentions from all outside cares and thoughts, and make themselves so far as they can receptive to the truth that is to be spoken to them and by their own lips, I do not see how we can fail to see that something is going on akin to what I have called suggestion in the relaxed condition. I do not mean to be understood that that is the whole of prayer. I mean that it is the human



## Relation to Religion

---

side of prayer; that on the human side prayer is auto-suggestion, and that any scientific man who uses it is using something very akin to prayer. I have read a statement by the head of a great asylum for the insane and the nervous, that the greatest of all therapeutic agents for insomnia is prayer. I am thinking of prayer primarily, not as asking that something shall be changed in this world and made more favorable to one's self. I am thinking of prayer as the opening of the man's soul to God, the opening of himself to the sources of his power. There are powers, as we all know, that we have never drawn upon. We need to open ourselves to those powers.

Often I use another metaphor: Prayer is like taking an observation at sea; by prayer, as by the nautical observation, a man can find out where he is, where he is going, whether he is going where he wants to go, what the forces are that are driving him, and where he will go next. Akin to the spirit of prayer as I am using it, and to the kind of peace, certainty and decision that a person can get out of prayer, is auto-suggestion, self-suggestion, which therefore is rightly called the human side of prayer.

Education is the other mediating term be-

## Psychotherapy and Its

---

tween psychotherapy and religion. The minister is, or should be, the most important member of the great group of educators. If you take his profession in this sense and include the minister as part of the group of educators, I believe the minister should have his part in psychotherapy, because to arouse a man's dormant religious life, and to make it penetrate into every part of his whole life, is part of the operation of bringing the man back to his normal self and therefore to his normal health.

Who is to do this work? I believe from the bottom of my soul that a proper alliance of religion and medicine is the solution of the problem. But that does not necessarily mean an alliance of minister and doctor. The two may be united in one person as they are so magnificently in Dr. Grenfell. If an alliance is desirable, I believe myself that the fittest people to be allied with the physicians in this movement to-day are the social workers. I think the social workers,—what we used to call the “charity” workers—are the best, the wisest, the most spiritual people in the community—more spiritual in my opinion, more religious, even, than the clergy. Therefore I believe that they should be allied with the physician in carrying out this work. Such an alli-

## Relation to Religion

---

ance we have put in operation at the Massachusetts General Hospital.

The educator I should rank next; some educators are already doing this work in connection with the physicians. But, obviously, the minister has in many ways a special fitness for this work. I can see great harm to come from the alliance of the wrong sort of minister with the wrong sort of doctor. Not every minister and every doctor can do good. But I have seen certain doctors and certain ministers in Boston doing great good. I have studied the Emmanuel Movement very carefully. The results of my studies of that clinic were reported in the *Outlook* for February 29, 1908. I have studied all the cases from March 1 to November 1, 1907. I have seen many of the patients, read all the records, and searched out so far as I could every rumor in regard to any harm from that clinic. The nearest approach to any harm that I can find out is that two persons have become interested in "New Thought" and one in Christian Science. That suggests to me a slight degree of mental deterioration, but aside from that I see absolutely no harm coming at any time from this work, and I see very great good.

I do not mean miraculous cures. Out of sev-

## Psychotherapy and Its

---

eral hundred cases there are two or three very striking cures in that clinic; but reasonable, moderate improvement has occurred in about 61 per cent. of all the cases. If you go to any doctor and ask him to look over carefully the result of his work with nervous cases, I think you will rarely find that he has cured or very much helped more than 61 per cent. of them. I think, therefore, as the result of careful study of this work, that the Emmanuel clinic is doing great good. But I do not think any minister and any doctor taking up the same work can do great good. Dr. Worcester and Dr. McComb have had a very unusual training for this work and they have gone at it in a very humble-minded way, ready to learn and constantly learning. They know a great deal more about it to-day than they did a year ago. They will know a great deal more a year hence than they do now. But even with the methods which they use now, and despite the over-crowded condition of their clinic, they have done great good.

I do not believe that this experiment ought to be tried except under the conditions in which it has been tried in Boston. Every single patient must be seen by a physician before the minister is allowed to begin treatment. No organic

## Relation to Religion

---

case should be treated. Every case should be seen from time to time by a doctor after the diagnosis is made. Medical treatment should be carried on simultaneously wherever there is a physical side to the case, and common sense should be used from start to finish.

If people will take it up on these principles, not in a slipshod way, not with a great "hurrah boys" and a cry from the housetops, not with any idea that it is a new religion or a new cult or that miracles will come out of it, but with determination and common sense, then I believe that there is a great body of sick people whose recovery the clergyman as well as the doctor can help. Most doctors have not shown any great interest in such sufferers so far; most doctors were not born with a taste for these cases, for which the minister, by reason of his training as an educator of souls, has a certain fitness from the start, provided he adds to that training a good deal of study in psychology, in psychotherapy, and in the close alliance of the spiritual with the physical.

In so far as he does this, I believe good will come. In every community people should see to it that only such movements are encouraged, movements in which the right sort of minister

## Psychotherapy and Its

---

allies himself with the right sort of doctor and works in the common-sense ways above described.

We shall see great disappointment if people get their hopes worked up to believe that any minister, working with any doctor, can cure a large proportion of the diseased persons that will come to him. We turn away one-third of all the cases that come to the Emmanuel clinic and do not even try to treat them; and even among those who stay we do not pretend to cure all; we do not pretend even to help all; but the majority *are* substantially helped, and in my belief no harm will come if a sane method is adhered to.

Phillips Brooks said in one of his sermons some years ago something like this (I write from memory): "A man can dig a ditch for a dollar a day, but he can dig that ditch a great deal better if, while he digs it, he thinks of the great thirsty city which is to be supplied with the water that goes through that ditch." So a patient may be treated by ordinary physical methods alone; but if, *without giving up anything that medicine has taught us so far*, we work upon the social, moral and spiritual side of each patient's nature, I think we shall see in the future, through the alliance of medicine with the minister, the social

## Relation to Religion

---

worker or the educator, or by such a reform of medical men as will make them include and treat all sides of suffering humanity, a far greater help for the diseases with which our bodies are burdened.





MOFFAT, YARD & COMPANY  
NEW YORK

## Religion and Medicine

BY

*Elwood Worcester, D.D., Ph.D.*

*Samuel McComb, M.A., D.D.*

*Isador H. Coriat, M.D.*

This book sets forth in clear and non-technical language the principles, and the methods by which these principles have been applied, that underlie the notable experiment in practical Christianity known as the *Emmanuel Movement*. The fundamental conception of the work is that a great number of disorders, half nervous and half moral, which are widely prevalent in American and English society, can be alleviated and cured by means which are psychological and religious. The book illustrates how an alliance between the highest neurological science of our time and the Christian religion in its primitive and simplest form, as modern Biblical scholarship has disclosed it, may become a powerful weapon with which to attack the causes that lie behind the neurotic and hysterical temperament that characterizes the life of to-day.

The work is written by two scholars trained in scientific theology and a physician of high reputation as an expert in psychological medicine.

# Contents

Introduction	General Principles of Psychotherapy
The Subconscious Mind	Fear and Worry
Suggestion	Abnormal Fears
Auto-Suggestion	Faith and Its Therapeutic Power
The Functional Neuroses	Prayer and Its Therapeutic Value
The Causes of Nervousness (Heredity)	Suicide and Its Prevention
The Causes of Nervousness (Environment)	The Healing Wonders of Christ
The Nervous System in Health and Disease	The Outlook of the Church
The Diseases of the Subconscious	Some Physical Disorders Having Mental Origin
The Nature of Hypnotism	Experiments in Auto-Suggestion
The Therapeutic Value of Hypnotism	
Psychic and Motor Re-education	

**12mo, \$1.50 net (Postage 13 cents)**

To be ordered through any Bookseller or direct  
from the Publishers

**MOFFAT, YARD & COMPANY**  
31 East 17th Street : New York