

AFFECTIVE PROBLEMS
Education in cerebral control
Practical suggestions

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As Gaston Berger would say, with a touch of irony, when he was Director General of National Education: «Ignorance makes many complicated things easy». For him, one of the «complicated things» was affectivity, still a taboo subject in 1955.

Advanced scientific research enables us nowadays to consider affectivity as a fundamental dimension of a human being, which cannot be dissociated either from instinctive behaviour, on the one hand, or from thinking and acting, on the other. Many of its findings apply particularly to consecrated persons in crisis (See Lasalliana 42-I-O-52).

Affective problems can manifest themselves under a number of forms, identified and analysed by the Viennese school of Freud and in-depth psychology. Between the two extremes, there are certain affective problems which are a combination of organo-dynamic weakening and more or less acute moroseness, and which take the form of depression, stress, anxiety, fear, obsessional psychoses, etc.

We are slowly learning to recognise the factors which diminish the capacity of a person to control successfully his emotive reactions. Thanks to scientific research and new methods of exploring the unconscious, we now know more about the causes of affective problems and the signs by which they are manifested.

1. Signs indicating a lack of control in a person

There are certain «danger signals» which need to be better known and publicised, so that, when they are noted, the reaction is not to treat them as something minor, a question of willpower or a call for encouragement. There are times when such signs indicate the need for expert help, and normally the problems they indicate cannot be remedied without it.

Psychological symptoms

Symptoms are normally classed according to two principal categories. The first includes early symptoms, a latent period, in which cerebral control is already insufficient, but not in a permanent way. The second includes a state in which the lack of control has become established in a more stable and complete manner.

During the latent period, symptoms are quite difficult to identify. Even if the symptoms do not have any distinctive characteristics, or they do not differ greatly from those associated with normal moroseness, an observer with some ex-

pertise will not be fooled by the overall impression given.

The first symptom is exaggerated impressionability. Its distinctive characteristic is its lack of permanence, unlike in the case of ordinary nervousness. The person is unstable, oscillating for no apparent reason between happiness and being moody, between being outgoing and introversion. If you question him, he will not be able to define his state. He might speak of moral uneasiness, an undefined fear, some vague preoccupation.

In most cases, there tends to be instability of control: however temporary this instability, it inevitably brings about cerebral fatigue, and the awareness of this instability brings about indecision and a lack of self-confidence.

If this situation remains unchanged, symptoms become more acute, and apathy, fatigue and disgust with life become apparent.

The *symptoms* of the period which is a state depend on one another. In a word, instability of control progresses towards a permanent lack of control.

Moreover, an important phenomenon, which clearly distinguishes the second period from the first, is that the person in question becomes increasingly conscious of his cerebral state. This awareness, even though often ill-defined, creates a kind of fear and anxiety which is very typical. This awareness causes a symptom, which was tolerated without much difficulty in the first period, to be intolerable in the second.

This explains how a fact of minimal importance can be exaggerated out of all proportion, as the person concerned loses sight of the real reason for his crisis, and feels only that he has lost control.

The inevitable result is a continual state of anxiety. This feeling, so painful for the person, derives from the same cause: he spends his life expecting misfortunes. He is afraid of the present, and is constantly anxious about what the future holds in store for him.

Psycho-organic symptoms

There is no question of looking at all the symptoms that can manifest themselves, depending on how the body reacts, because they are not particular to the state of insufficiency of control, but are due rather to the bad way the body functions. Certain clinical states, however, because of their frequency or their originality, stand out from the others and are worth describing, not as autonomous and clearly identified factors, but as benchmarks among which one can find all kinds of combinations and connections.

Hyperemotivity: reactions are generally excessive. The usual state of the person is one of hyperexcitability affecting all emotive reactions, and accompanied by a multiplicity of small signs: trembling, fluttering of eyelids, staccato voice, darting eyes, brisk and clumsy gestures, in a word, a state characterised by maladjustment and instability.

Hyperemotivity can exist from birth, as a character trait. It can also be brought about by emotive shocks, serious nervous disturbances, overall weakening of the system (acute fatigue), drug or alcoholic intoxication.

Psychopathic asthenia: a lack of will and life-force. The asthenic person can be recognised immediately from his bearing and his posture. He is not active, is sparing in his gestures, speaks little and with difficulty. If this asthenia is accompanied by a strong affective element, the face takes on the appearance of profound and anguish-filled sadness. The person complains of lassitude, fatigue and, very often, insomnia. He suffers constantly from the impotence of his will and of his efforts, which are often erratic.

Psychological excitation: almost a permanent state, characterised by the exaggerated nature of psychomotor reactions and, as a corollary, by instability. This is a primary type of character, always moving, easily moved emotionally or made angry. This kind of person is often brilliant, but rarely efficacious. He works sporadically, easily impersonating others.

2. Education in cerebral control

When we turn to the question of treatment, we need to see it as a twofold process, that is, both functional and psychological. In other words, treatment has two well-defined aims: to modify the cerebral mechanism by functional reeducation; and to modify the state of mind by psychological reeducation.

(a) Functional treatment. All insufficiency of control is characterised, it should be remembered, not only by psychological, but also by functional alterations. It is quite reasonable, therefore, to try to correct the abnormal functioning of the brain, in the same way as we try to correct abnormal ideas.

The first step in reeducating the brain is to make it establish control over actions. This is the simplest means. Initially, it may seem somewhat puerile to say this, but it produces quite appreciable results.

If we examine the way in which daily actions are performed by persons without sufficient control, we are struck by their vagueness and lack of precision. Let us take the example of a psychasthenic who wishes to fetch something from his room. When he goes into his room, most often he no longer knows what he came to fetch. If he takes the article from a locked drawer, when he leaves the room, he is not sure whether he locked the draw or closed the door of his room.

Progressive control over actions produces positive psychological effects. If the actions are really well performed, the person feels he is more in control of himself, calmer, more balanced. With his brain always occupied with something specific, he becomes less and less anxious, his self-confidence returns, and he becomes accustomed to exercising control.

Control over ideas, like control over actions, is progressive also. In the first place, the person must be conscious of his ideas. This awareness, which is natural in a normal mind, exists only in part in the person without control: ideas follow one another with such speed and are so unrelated, that it is impossible for him to keep track of all that passes through his head. How can he be asked to make judgments, to reason, to set aside ideas of which he is only partially aware?

In the second place, the person must be able to concentrate on ideas: this is the essential characteristic of control. Concentration is the ability to fix one's thoughts on a specific point, to follow the development of an idea without allowing oneself to be distracted, the ability to disengage one's attention from one's reading or work. This ability is almost totally lacking in the person without control.

In all cases of insufficiency of control, we have to deal not only with the will which may have been weakened by inaction, but also and especially with the way in which it is exercised, which is always defective. Either the stock of energy may be more or less exhausted, or the person without control does not know how to use his energy.

(b) Psychological treatment: creating new mental habits. With the reeducation of the will completed, the person has enough means at his disposal to cure himself. He now knows how to remedy an abnormal vibration, he can concentrate, he can use his will. All that remains for him to do, is to form new habits while keeping an eye on his control.

The second phase of treatment is concerned with the mental process, the conception of ideas, the various changes brought about in the mind by a state of sickness, and the way it distorts facts, ideas and feelings.

Despite all the goodwill of the person concerned, improvement does not follow a regular pattern: there are always periods of relapse, and the person must be warned about these.

In all cases of relapse, previous progress is not nullified, and so, given the goodwill of the person, improvement is rapid. At times, however, it has been noted that the person steps back, does not dare to take the step that will set him free.

3. Practical suggestions for controlling the emotions

One piece of advice is to avoid troubling thoughts by means of some activity which shifts the centre of interest. It is an excellent idea to have a special hobby to which one can turn in times of tiredness and depression.

Another piece of advice is to alter the impact of stimulants, to learn to react to them differently. The stimulants we mean are pain, suffering, failure, an insult received and similar happenings.

Time and patience are needed to achieve this, a sort of reeducation based on generosity, kindness, understanding and trust.

As Doctor Vittoz says, one needs also to open the safety valves. There are affective states which, when they are repressed, cause fatigue, suffering and even illness. An example of this would be an apparent clash between the requirements of duty and those of honour. The simple fact of speaking of them to a psychologist often brings about great relief, helps a person to take resolutions and to cure him.

Consulting a psychologist or a spiritual director is an excellent means of freeing oneself of oppressive burdens. As a general rule, this approach is efficacious on condition that it starts out from the inside of a person (an effort to overcome, to communicate with others). A test to see whether a person's mind has sufficient control is to check whether he thinks of other people. Self-forgetfulness is a sign that all feelings are under control.

At various points during the first consultations a relationship is established which is initially transference. This enables it to be also therapeutic.

Because there is transference, that is, a feeling of trust, accompanied by a certain amount of sympathy, the exercises will be accepted, performed and repeated. The attitude of the psychologist is crucial: if the patient feels that he will not be understood and supported in this process, which will not necessarily be easy or even interesting, even if it is essential, he will not perform the exercises and will withdraw from the treatment.

My hope is that people who suffer from what we call «affective problems» will find some help in this article, some answer to their questions, or simply a ray of hope. •