

New Theory Says Neurosis Can Be Unlearned

LOS ANGELES -- Are the fears and anxieties which doctors call neurosis just bad habits that were learned and can be unlearned in most cases without the agonizing self-analysis of psychoanalysis?

This question has split the psychiatric profession, and test studies are being made to decide the most effective treatment.

Practitioners of the relatively new "behavior therapy" have shown that a rat subjected to repeated shock in a small cage soon will display neuroses whenever he is placed in the cage -- whether or not he is shocked.

He has "learned" this neurotic response, and thus can "unlearn" it, they say. Comparable treatment of neurotic patients has been highly successful, they say.

According to one of its leading exponents, Dr. Joseph Wolpe, a Philadelphia psychiatrist who teaches at Temple University School of Medicine, almost 90 per cent of patients who expose themselves to the techniques of behavior therapy either recover or improve markedly.

WHETHER THE ANALYSIS can do as well is a controversial subject. But the analysts and their theories are being challenged by the new school which maintains that neuroses aren't as mysterious as they say the analysts like to make out.

Behavior therapy had its origin in experiments with animals which demonstrated, according to its proponents, that neuroses are acquired by learning.

For example, it has been shown that it is possible to produce a high level of anxiety in a rat by confining him to a small cage and giving him repeated shocks. Soon the animal will become anxious whenever he is merely placed in the cage but not shocked.

If a buzzer is associated with the shock, the animal will soon learn to show the anxiety. Behavior therapy is prepared to take on any neurosis," Dr. Wolpe said in an interview. However, it is not applicable to either alcoholism or drug addiction.

Deep relaxation is an essential part of the treatment. In humans it serves the same purpose that hunger did in the experimental animals--it helps to inhibit anxiety.

Dr. Wolpe and a group of psychiatrists at Temple University have just begun a study to compare the results of behavior therapy with those of psychoanalysis. Eventually 140 neurotic patients will take part in the study. Half will randomly be assigned to behavior therapy and half to analysis.

Before treatment begins, each patient will be evaluated by an independent psychiatrist. The same psychiatrist will then evaluate each patient following 20 sessions of therapy.

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Dr. Leo Rangell, a Los Angeles psychiatrist and twice president of the American Psychoanalytic Assn., said in an interview that in his opinion behavioral theory and therapy turn back the scientific clock. "The mechanism of conditioning is not new," he said, "but much more has been discovered. As a sole explanation, behavior theory is two-dimensional in a three-dimensional world as it is living in the world as it was discovered to be found."

"We are not against conditioning. Conditioning is included in analysis and is involved whenever a patient recalls an episode which was responsible for his anxiety. And by replacing his fears with understanding, we are also reconditioning him."

"But there is much more than conditioning involved in human neurosis and their treatment. Conditioning alone leaves no room for biology and for human instincts. These play a role in human neurosis in addition to man's learning and experiences. All are needed and much more."

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Dr. Rangell, who is also clinical professor of psychiatry at UCLA medical school, stated that it is a far cry from the conditioning of rats to the complexities of man.

"The role of wishes, of fantasies and of moral conflicts are quite different, as far as we know, in humans than they are in rats, and make for a much more complex situation. It is not that we analysts want it to be so, but that clinical experience finds it so," he said.

Even three days of starvation did not cause hunger strong enough to overcome the inhibiting effect of the anxiety, so the experimenters decided to attempt feeding under conditions of weaker anxiety. They accomplished the weaker anxiety, as earlier experiments had shown, by changing the environment.

So he offered food to animals in rooms other than the one where they had been made anxious. Some of the rooms resembled the laboratory; others did not. But Dr. Wolpe was able to find a room where anxiety was weak enough to be overcome by hunger.

He found that repeated helpings of food there led to a complete elimination of the anxiety. The cat was then moved to the next room more like the laboratory and the feeding procedure was repeated. At last the animal was able to eat inside the laboratory cage without any signs of anxiety.

THE TECHNIQUE used by Dr. Wolpe is to present small doses of the feared experience to the patient while he is in deep relaxation. For example, if the patient fears heights, the assumption is made that he would be less afraid looking out a second story window than a 10th story window.

The therapist has the patient imagine that he is looking out the second story window. As the patient gets used to the experience he is told to imagine himself looking out the third story window, and so on. In most cases, according to the psychiatrist, the anxiety is reduced after three or four sessions so that the patient can actually go to the 10th floor without fear.

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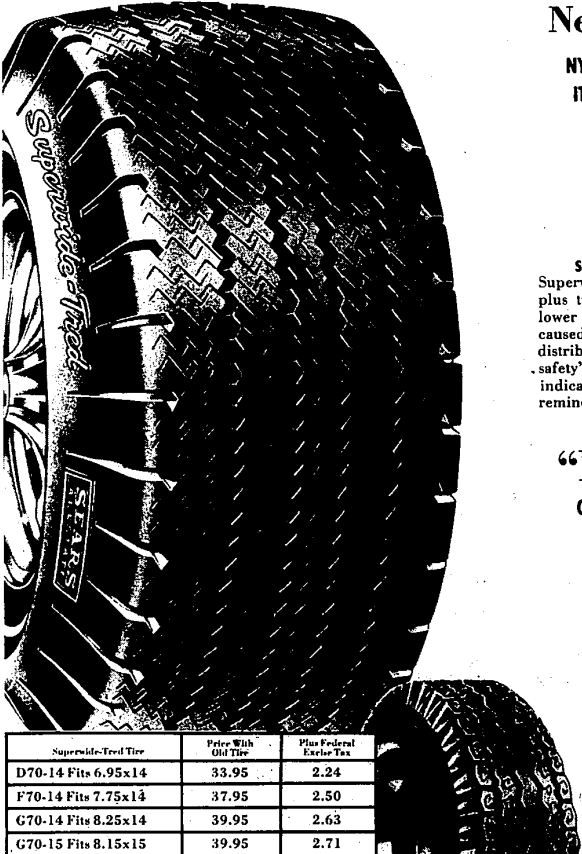
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