A COMPARATIVE STUDY OF RESULTS IN NEUROTIC PATIENTS TREATED BY TWO DIFFERENT METHODS

By

ARTHUR HARRIS, M.A., M.D., D.P.M.

Physician

Bethlem Royal Hospital and The Maudsley Hospital

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In the outpatient department of the Maudsley Hospital, patients are seen in the first instance by members of the medical staff of consultant status at the diagnostic clinics, to which they are referred from a variety of sources, by far the greater number coming from general practitioners. From the diagnostic clinics there are several possible disposals, one of which is referral for outpatient treatment of a more prolonged and elaborate type, as opposed to treatment at a purely supportive level with brief interviews concerned with environmental factors and immediate practical problems. The more prolonged and elaborate outpatient treatment is under the supervision of a physician of consultant status with a Freudian analytical training and strong interest in psychotherapeutic methods. It is carried out by registrars under his guidance and may consist either of individual or group sessions, or of a mixture of the two, as he directs. His general outlook is well known (Foulkes, 1948). It has been a constant source of difficulty that the number of patients referred for this type of outpatient treatment has been greater than the resources of the hospital could manage, with the consequent development of long waiting lists and of the necessity for making awkward decisions with regard to priorities.

This state of affairs afforded an excellent opportunity for the investigation of the comparative efficacy of different therapeutic methods and it was decided that for a definite period all the patients referred for special outpatient treatment would be paired off and divided by the toss of a coin, half to be offered the usual psychotherapy and half to be offered the carbon dioxide treatment as recommended by Meduna. The period during which this was carried out was July, 1951 to March, 1952. During this time Dr. Foulkes, the physician in charge of the outpatient psychotherapy, agreed to accept all patients referred for psychotherapy. The patients had two more treatment interviews, one with the physician who recommended special outpatient treatment and one with the author at which they were told the type of treatment they were being offered, the coin having been tossed meanwhile, and at which the grading was done. Those whose first diagnostic interview happened to be with the author were graded at the time of the first interview and told their type of treatment by the therapist who was to carry it out.

All reports of the results of treatment in the psychoneuroses have encountered the same difficulty, namely that of assessment of the patients' condition. The subjective nature of the terms in common use, much improved, improved and so on, is self evident and needs no further elaboration, this being true even of such recent careful and painstaking publications as that of Miles,

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Barabee and Finesinger (Miles *et al.*, 1951). For the purpose of this enquiry a method of grading dependent on social adaptation was employed which, although crude and liable to ignore small but substantial degrees of improvement, has the advantage of being readily understood and of conforming largely to the point of view of the general public. It had been found serviceable in a previous prognostic study (Harris, 1938). The four grades are as follows:

1. Unable to pursue their occupations on account of symptoms, and consequently an economic burden on their families or the community.
2. Able to work and earn a living, but forced by their symptoms to modify their lives considerably, resulting in much limitation of their interests and activities.
3. Able to lead full active lives, but at times seriously inconvenienced by symptoms.
4. Free from symptoms and apparently well.

The distinction between Grades I and II is usually very easy, the only difficulty arising in the case of housewives. Where someone else has to carry out the major part of their housewifely duties for them, however, I have put them in Grade I. The essential characteristic of Grade II is the restriction of activity by symptoms, inability to travel or to go out alone, fear of mixing with people leading to the dropping of healthy social contacts, fatigue necessitating excessive periods of rest or intolerance of crowds, closed spaces, cinemas and the like. Sometimes one had to evaluate such a symptom as occasional headaches, the consideration there being whether the patient regarded herself as ill and in need of treatment, in which case she was put in Grade III, or not, in which case she was put in Grade IV.

Out of a total of 120 patients 60 were put down for psychotherapy and 60 for carbon dioxide treatment. In the psychotherapy group 18, mainly on account of their unwillingness to co-operate but occasionally because of insuperable practical difficulties with regard to their work or family situations, never received any treatment at all and 4 had to be admitted to hospital, so that they must be regarded as failures from the outpatient treatment point of view. In the carbon dioxide group on the other hand 17 for similar reasons never received any treatment and 5 had to be admitted to hospital. There is therefore no substantial difference between the two groups as regards (*a*) the number of patients unwilling to accept treatment and (*b*) the number whose condition deteriorated so much that admission to hospital became necessary.

It is worth noting, however, that the patients did not know what kind of treatment they would be offered until they came to the preliminary grading interview with the author. All the seventeen patients who failed to receive treatment in the carbon dioxide group had seen the author and did know the details of the treatment proposed, but of the eighteen similar patients in the psychotherapy group six never came to the grading interview and so did not know what they were refusing. It seems pure chance that the six who did not come for their second preliminary interview were all in the psychotherapy group and this coincidence may obscure a tendency to refuse a treatment involving the inhalation of gas to a greater extent than one involving talking to a doctor. The impression was gained that more patients found the former unacceptable than the latter.

We are left with 38 patients in each group. It will be seen from Tables I and II that the two groups are very similar in regard to mental state, age, sex and duration of illness.

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TABLE I

Age Group	Psychotherapy		CO_2	
	Female	Male	Female	Male
19–29	7	11	9	7
30–39	8	8	9	6
40–47	1	3	3	4
Marital State				
Married	13	13	18	8
Widowed	0	1	1	0
Single	3	8	2	9

TABLE II

Diagnosis	Psychotherapy	CO_2
Anxiety State	32	30
Obsessional Neurosis	3	3
Impotence	1	2
Depression	2	0
Hypochondriasis	0	2
Stammer	0	1
Grade at Onset		
I	8	4
II	14	14
III	16	20
Duration of Symptoms		
Under 2 years	13	14
Over 2 years	25	24

THE FOLLOW UP

The patients were all interviewed again by the author after an interval of between twelve to fifteen months, with the exception of three who were then living over 200 miles from London. These three all replied to a questionnaire and gave sufficient information by letter to enable them to be graded satisfactorily.

TABLE III

Grade at Follow up	Psychotherapy	CO_2
I	1	1
II	10	10
III	21	17
IV	6	10
Patients' View of Treatment		
Helpful	27	19
Unhelpful	8	16
Does not know	3	3
Changes during Year of Follow-up Period		
Remaining in I	1	1
From I to II	3	0
From I to III	3	1
From I to IV	1	2
Remaining in II	7	9
From II to III	7	3
From II to IV	0	2
Remaining in III	11	12
From III to IV	5	7
From III to II	0	1
i.e.		
Recovered	6	11
Improved	13	4
Unchanged	19	22
Worse	0	1

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All the carbon dioxide group had finished their treatment, but 13 of the psychotherapy group were still attending for group or individual sessions. With regard to the relationship between the patients' opinions and the grading of those patients in the psychotherapy group who had improved or recovered, 15 thought the treatment helpful and 1 unhelpful; of those whose condition remained unchanged 12 thought the treatment helpful and 7 unhelpful. The corresponding figures for the carbon dioxide group were 7 and 5, and 12 and 11. The discordance is thus more marked in the carbon dioxide group. Some patients attributed their improvement to extraneous circumstances, such as the resolution of marital difficulties, often with good reason. Many of those who considered that they had been helped, although there had been no upgrading, reported minor alleviations of their condition, such as a reduction in the insistence or distressing quality of their symptoms.

Discussion

The figures show no significant differences between the two groups or a convincing superiority of one form of treatment over the other. Such differences as do exist indicate a trend in favour of psychotherapy, which the patients seem on the whole to appreciate as more helpful. It is clear, as was found in the previous investigation (Harris, 1938), that if one starts with a patient in Grade I it is much easier to secure substantial improvement. In other words getting the patient back to work is usually the easiest therapeutic task. The method does enable comparisons to be drawn between the progress of groups of neurotic patients. Use is made of social criteria of a fairly objective kind whose virtue is that they mean the same thing to different people and should not be affected by the idiosyncrasies of individual assessors. Such a procedure sheds no light on the indications for various treatments in neurotic illness and it is only made justifiable by the fact that these indications are at the present time so extremely ill-defined.

Summary

Hundred and twenty psychoneurotic patients were divided into two groups of sixty each and put down for treatment by two different methods, psychotherapy and carbon dioxide treatment. Their condition was assessed after an interval of a year. No really significant differences between the two groups were discovered. The methods employed were designed to eliminate subjective criteria as far as possible.

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References

Foulkes, S. H., *Introduction to Group-Analytic Psychotherapy*, 1948. Heinemann, London.
Harris, A., "The Prognosis of Anxiety States", *Brit. Med. J.*, 1938, **2**, 649.
Miles, H. W., Barabee, E. L., and Finesinger, J. E., "Evaluation of Psychotherapy with a follow-up study of 62 cases of anxiety neurosis", *Psychosomatic Medicine*, 1951, **13**, 83.

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