VALUE OF GROUP PSYCHOTHERAPY IN PATIENTS WITH "POLYSURGERY ADDICTION"

BY SELWYN BRODY, M.D.

Although frequency may be considered the chief determinant, the history of chronic readiness for and susceptibility to the operation—"mania"—would constitute the "addiction to surgery" syndrome. The surgical habit can be almost a lifelong pattern, and the polysurgery patient is recognized in medicine as an extremely complex, baffling and challenging problem. In fact, it was the gravely-expressed concern of the Lenox Hill Hospital surgical service which was confronted by these patients that encouraged the author to pursue this study.

No sharp issue is made here as to whether surgery was performed with or without pathological tissue changes. The problem of polysurgery is hardly limited to the occurrence of palpably unnecessary operations. The emotional factors are of as great importance in the organic disorders leading to polysurgery.

Among the consistent findings of chronic self-damaging processes in the polysurgery patient, is an endless pursuit of "peace of mind," which would include an almost "psychotic" elimination of problems and anxiety. This infantile, irrational search is predicated on a naïve, magical belief in surgery, which becomes associated with a passive "mania" for surgery. This state of mind readily victimizes and subjects such patients to the active counterpart of their passivity—surgery. The symptoms leading to surgery—and the mania for operation—express an infantile cry for care and attention, for which these patients feel starved. The mechanism of self-sacrifice in their ego and character structures is reflected in their impulsive submission to surgery. It is derived from the need to placate and surrender to important family figures.

In this paper many of the characteristics of the polysurgery patients observed by previous psychoanalytic and psychiatric investigators were evidenced by behavior in the group therapeutic


**New York City.
process. It will be shown how these patients made destructive efforts to break up the group, as well as attempting to keep together and build the group. The point which the author wishes to convey concerns the various disadvantages and negative aspects, together with the advantages and positive aspects, of group psychotherapy with such patients.

As far as the writer can determine, this is the first study reported of group psychotherapy on the problem of surgery addiction. There was moderate, general improvement in these patients and a reduction in the polysurgery trend. A process of therapy was seen to counteract and replace the surgery addiction, as manifested in the group situation.

Preliminary observations were made on three adult female patients who had a combined total of 18 major and minor operations for removal of, or upon, various organs and parts of their bodies. The material was selected from one and one-half hourly group psychotherapy sessions, based on psychoanalytic principles, held weekly for more than three years, from March 1955 until July 1958. The request to patients to express and communicate their feelings and thoughts took the form of a free association to their symptoms. They were also asked to give past and present emotional material on their life situations. Expression of attitudes, both negative and positive, toward the group therapy and the therapist was encouraged. Sexual and dream material, as well as reports on childhood history, were significant in their paucity.

The aim in the early phase of the group was to reinforce the patients' fragile defenses in their need for help and release. Only a minimum of testing and interpretation was indicated. The primary task was to create a therapeutic atmosphere in which these patients, with their marked ego debility, could be encouraged to function to their maximum.

Throughout the sessions, material was disclosed suggesting that the patients' somatic and organic symptomatology was basically related to narcissistic and pre-genital conversion mechanisms, traced back to pre-ego and pre-verbal phases of personality development.

The Patients

The three patients were: Mrs. B., 49, with 10 operations, and 17 hospital admissions; Mrs. C., 43, with a history of five operations; and Mrs. E., 59, with three operations.