Psychosomatic disorders

PTE ÁOK Pszichiátriai Klinika
Pécs

Major Conceptual Trends in 20th-Century Psychosomatic

- **Sigmund Freud** (1900) Somatic involvement occurs in conversion hysteria, which is psychogenic in origin, for example, paralysis of an extremity. Conversion hysteria always has a primary psychic cause and meaning; that is, it represents the symbolic substitutive expression of an unconscious conflict. It involves organs innervated only by the voluntary neuromuscular or the sensory-motor nervous system. Psychic energy that is dammed-up is discharged through physiological outlets.

- **Sandor Ferenczi** (1910) The concept of conversion hysteria is applied to organs innervated by the autonomic nervous system; for example, the bleeding of ulcerative colitis may be described as representing a specific psychic fantasy. (Diseases, such as colitis, are known today as psychosomatic diseases that occur only in organs innervated by the autonomic nervous system.) Ferenczi's interpretation of psychosomatic symptoms as being conversion reactions was the first application of the concept to diseases such as colitis.

- **Franz Alexander** (1934) Psychosomatic symptoms occur only in organs innervated by the autonomic nervous system and have no specific psychic meaning (as does conversion hysteria) but are end results of prolonged physiological states, which are the physiological accompaniments of certain specific unconscious repressed conflicts. In certain constitutional organic predisposing factors, in addition to the psychic factors involved, repressed psychic energy is discharged physiologically. Alexander's observations were supported by Herbert Weiner's 1957 study of pepsinogen hypersecretion.

- **Walter Cannon** (1927) He demonstrated the physiological concomitants of some emotions and the important role of the autonomic nervous system in producing those reactions. The concept is based on Pavlovian behavioral experimental designs.

- **Harold Wolff** (1943) He attempted to correlate life stress (conscious) to physiological response, using objective laboratory tests. Physiological change, if prolonged, may lead to structural change. He established the basic research paradigm for the fields of psychomununology, psychocardiology, and psychoneuroendocrinology.

- **Hans Selye** (1945) He demonstrated that under stress a general adaptation syndrome develops. Adrenal cortical hormones are responsible for the physiological reaction.
Major Conceptual Trends in 20th-Century Psychosomatic

- Peter Sifneos, John C. Nemiah (1970) They elaborated the concept of alexithymia. Developmental arrests in the capacity and the ability to express conflict-related affect results in psychosomatic symptom formation.
- Meyer Friedman (1959) He promulgated the theory of type A personality as a risk factor for cardiovascular disease. The concept has predominated much of psychosomatic research for the past 30 years. The basic concept was introduced by Helen Flanders Dunbar as early as 1936.
- Karen Horney (1939), James Halliday (1948), Margaret Mead (1947) They emphasized the influence of the culture in the development of psychosomatic illness. They thought that culture influences the mother, who, in turn, affects the child in her relationship with the child-for example, nursing, child rearing, anxiety transmission.

DSM-IV-TR Diagnostic Criteria for Psychological Factors Affecting General Medical Condition I.

A. A general medical condition (coded on Axis III) is present.
B. Psychological factors adversely affect the general medical condition in one of the following ways:
   - the factors have influenced the course of the general medical condition as shown by a close temporal association between the psychological factors and the development or exacerbation of, or delayed recovery from, the general medical condition
   - the factors interfere with the treatment of the general medical condition
   - the factors constitute additional health risks for the individual
   - stress-related physiological responses precipitate or exacerbate symptoms of the general medical condition

DSM-IV-TR Diagnostic Criteria for Psychological Factors Affecting General Medical Condition II.

Choose name based on the nature of the psychological factors (if more than one factor is present, indicate the most prominent):

- Mental disorder affecting ... [indicate the general medical condition] (e.g., an Axis I disorder such as major depressive disorder delaying recovery from a myocardial infarction)
- Psychological symptoms affecting ... [indicate the general medical condition] (e.g., depressive symptoms delaying recovery from surgery; anxiety exacerbating asthma)
- Personality traits or coping style affecting ... [indicate the general medical condition] (e.g., pathological denial of the need for surgery in a patient with cancer; hostile, pressured behavior contributing to cardiovascular disease)
- Maladaptive health behaviors affecting ... [indicate the general medical condition] (e.g., overeating; lack of exercise; unsafe sex)
- Other or unspecified psychological factors affecting ... [indicate the general medical condition] (e.g., interpersonal, cultural, or religious factors)

Some Psychosomatic Disorders

- Acne
- Allergic reactions
- Angina pectoris
- Angioneurotic edema
- Arrhythmia
- Asthmatic wheezing
- Bronchial asthma
- Cardiospasm
- Chronic pain syndromes
- Coronary heart disease
- Diabetes mellitus
- Duodenal ulcer
- Essential hypertension
- Gastric ulcer
- Headache
- Herpes
- Hyperinsulinism
- Hyperthyroidism
- Hypoglycemia
- Immune diseases
- Irritable colon

Some Hypothesized Psychological Correlates of Psychophysiological Disorders

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<thead>
<tr>
<th>Disorder</th>
<th>Psychogenic Causes, Personality Characteristics, and Coping Aims</th>
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<tbody>
<tr>
<td>Peptic ulcer</td>
<td>Feels deprived of dependence needs; is resentful; represses anger; cannot vent hostility or actively seek dependence security; characterizes self sufficient and responsible go-getter types who are compensating for dependence desires; has strong regressive wish to be nurtured and fed; revengeful feelings are repressed and kept unconscious</td>
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<tr>
<td>Colitis</td>
<td>Was intimidated in childhood into dependence and conformity; feels conflict over resentment and desire to please; angered restrained for fear of retaliation; is fretful, brooding, and depressive or passive; seeks to camouflage hostility by sym-bolic gesture of giving</td>
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