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 psychosomucology, 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.
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- Peter Sifneos, John C. Nemiah (1970) They elaborated the concept of alexithymia. Developmental arrests in the capacity and the ability to express conflictrelated 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

Some Psychosomatic Disorders

Acne
Allergic reactions
Angina pectoris
Angioneurotic edema
Arrhythmia
Asthmatic wheezing
Bronchial asthma
Cardiospasm
Chronic pain syndromes
Coronary heart disease

Some Hypothesized Psychological Correlates of Psychophysiological Disorders

Disorder | Psychogenic Causes, Personality Characteristics, and Coping Aims
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Pepit ulcer | 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
Colitis | Was intimidated in childhood into dependence and conformity; feels conflict over resentment and desire to please; angry restrained for fear of retaliation; is fretful, brooding, and depressive or passive; seeks to camouflage hostility by sym-bolic gesture of giving
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>Essential hypertension</td>
<td>Was forced in childhood to restrain resentments; inhibited rage; is threatened by and guilt-ridden over hostile impulses that may erupt; is a controlled, conforming, and &quot;mature&quot; personality; is hard-driving and conscientious; is guarded and tense; needs to control and direct anger into acceptable channels; wishes to gain approval from authority</td>
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<td>Migraine</td>
<td>Is unable to fulfill excessive self-demands; feels intense resentment and envy toward intellectually or financially more successful competitors; has meticulous, scrupulous, perfectionistic, and ambitious personality; failure to attain perfectionist ambitions results in self-punishment</td>
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<td>Reason for Consultation</td>
<td>Comments</td>
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<td>Disorientation</td>
<td>Delirium versus dementia; review metabolic status, neurological findings, substance history; prescribe small dose of antipsychotics for major agitation; benzodiazepines may worsen condition and cause sundowner syndrome (ataxia, confusion); modify environment so patient does not experience sensory deprivation</td>
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<td>Noncompliance or refusal to consent to procedure</td>
<td>Explore relationship of patient and treating doctor; negative transference is most common cause of non-compliance; fears of medication or of procedure require education and reassurance; refusal to give consent is issue of judgment; if impaired, patient can be declared incompetent, but only by a judge; cognitive disorder is main cause of impaired judgment in hospitalized patients</td>
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