Diagnosing Psychosomatic Situations

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1. Changing Concepts in Psychosomatic Medicine

Since Franz Alexander (1950) gave prominence to the Holy Seven Psychosomatic Diseases, the field of psychosomatic medicine has come a long way. While Alexander's emphasis on essential hypertension, thyrotoxicosis, bronchial asthma, rheumatoid arthritis, peptic ulcer, ulcerative colitis, and neurodermatitis may have been inadvertent, it nevertheless established in the minds of several generations of physicians that these were the psychosomatic diseases, while implying that other diseases were not so or less so. Their designation as diseases in which psychological determinants could be identified implied that they could be treated by psychotherapy. Although there are some studies suggesting that some of these diseases at some stages in some individuals in specific circumstances can be ameliorated if not cured with psychodynamically oriented psychotherapy, there has not been overwhelming success with this approach (Karush, Daniels, O'Connor, et al., 1969). Alexander's work is perhaps more notable in his identification of other factors involved in the precipitation of disease processes. His emphasis on the occurrence of an environmental event proximal to the disease onset has been an invaluable concept for those of us studying and treating disease. It is a hypothesis that motivates much of the research in psychosomatic medicine and psychiatry today (Holmes & Rahe, 1967; Paykel, Prusoff, & Uhlenhuth, 1971). His further suggestion that the environmental event serving to precipitate disease reevokes latent, unresolved conflicts derived from early infantile childhood experience remains an intriguing hypothesis. The idea that the nature of the conflict has specificity for the specific disease process is more difficult to substantiate. Nevertheless, this suggestion has continued to intrigue researchers over the past quarter century (Engel, 1956; Nemiah & Sifneos, 1964).
Alexander’s third postulate of the vulnerable organ has survived largely because of its adaptiveness to several interpretations. It is not clear whether Alexander intended to invest it only with a psychogenic explanation (i.e., an organ sensitized by an early psychosexual trauma), a developmental conditioning explanation (i.e., an organ tuned by intrauterine or extrauterine environmental factors), a Mendelian genetic construct, or all of these. In the first situation, the postulate is at least partly redundant or implied in the conflict specificity concept, i.e., the organ system affected is the one undergoing development at the time of the psychosexual trauma. This hypothesis has been preferred also by Garma (1960) and Grinker (1967) as an explanation for the similarities in personality traits in different individuals with similar disease processes. Dunbar (1954) gave the greatest popularity to the idea of personality specificity as the basis for psychosomatic disease. Her theory gradually gave way to Alexander’s. Ironically, to a large extent the idea of personality specificity has gained popularity through the extensive investigations of Friedman and Rosenman (1969) and others. Previously Ruesch (1948) and more recently Marty and d'Muzan (1963), Sifneos (1974), and Nemiah and Sifneos (1970) have suggested a core personality for patients with so-called psychosomatic disease. Whereas the definitions of specific personality types in themselves appear useful, critics suggest that the spectrum of psychosomatic disease in terms of psychosexual theory is a broad one, with some diseases correlating with earlier defensive patterns and others correlating with later ones. Throughout much of Alexander’s work was the idea that a specific psychological predeterminant related to the development of a specific disease process, in line with earlier psychosomatic considerations.

Earlier speculations anticipated Alexander in postulating a psychogenic basis for illness. Groddeck (1961), in an early extrapolation from Freud’s theory, cavalierly saw all disease as a product of one’s psyche. Deutsche, Thompson, Pinderhughes, et al. (1962), in more abstract terms, viewed all illness as modified conversion reactions channeled through the autonomic as opposed to the voluntary nervous system. Engel (1968), in a later consideration, has postulated a neurophysiological mechanism as mediating the reaction. Experimental proof for this hypothesis remains to be performed. Miller and DiCara’s (1969) work through instrumental conditioning of animals has demonstrated that learned responses can be obtained in the autonomic nervous system in the same manner as in the voluntary nervous system, thereby giving potential support to the ideas of the above researchers.

Mirsky (1958) and Weiner, Thaler, Reiser, et al. (1957), however, picked up on the vulnerable organ concept, interpreting it as suggesting that a biological-genetic construct was the predetermining factor in the development of a specific disease under the right circumstances. Their work, although not replicated, has been suggested by others in work with other diseases (Voth, Holzman, Katz, et al., 1970). Engel (1962) has suggested a broader somatic predisposition explaining individual reactivity to an environmental event. He sees an organism’s reactivity as polarizing toward active arousal and engagement or withdrawal. This scheme is at variance with Freudian theory (Freud, 1959) on one hand, where the major reactivity is angst, and Cannon’s (1920) fight-flight reaction on the other, where the underlying mechanism is also one of arousal. Engel is closer to Gellhorn’s (1967) idea of the turning of the autonomic nervous system along the axis of the sympathetic (active)–parasympathetic (passive) component. Such conditioning may relate to biological, genetic, intrauterine, or extrauterine developmental influences. These are specific biological patterns that determine the behavior manifested. The work of some of these investi-