Editorial

Psychosomatic Medicine: Bridging emotion and disease

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"Affects and passions of the mind……. if they be immoderate….. annoy the body and shorten the life"
--------Sir Thomas Elyot (1539)

Rene Descarte, a French philosopher advocated that mind and body were two separate entities. During the time of Renaissance, when the world was formulating biological revolution, heavy emphasis was placed on how body works. Unfortunately many tended to neglect, deny and underestimate the effects of the psyche on body. In the 19th century before Sigmund Freud, medicine was epitomized by the contributions of biomedical researchers. They emphasized heavily that diseases arose from somatic malfunctions beginning at cellular and microscopical levels.

The history of psychosomatic medicines begins at the laboratory of Pierre Briquet. Briquette published "Traite Clinique et Therapeutique de l'Hysterie" in 1859. He reported 430 hysterical patients[1] observed at a Paris Hospital over a ten year period. Jean Martin Charcot following Briquet's lead studied hundreds of patients with hysteria. The relation between emotion and disease began a deeper exploration of hysteria. Although hysteria was long known in medicine it was around the seventeenth and eighteenth centuries that it was seriously associated with emotional causation.

Until that time hysteria was labeled an *"imaginary disease"*. Following an extensive study, Charcot emphasized that "nothing occurs at random but, on the contrary, all follows certain well determined rules".

Although the term *psychosomatic* is thought to have first been used in 1818 by Heinroth[2], it was Sigmund Freud who systematically studied a case of now famous "Anna O" who was suffering from what then was called hysteria. Freud hypnotized the patient letting her talk about her difficult memories and unfulfilled desires. Following this "talking cure" her bodily symptoms disappeared. Freud concluded that hysterical symptoms derive from undischarged "memories" connected to "physical and psychological" trauma. His thesis was that undischarged "mental energy" found no ventilation and got converted into somatic symptoms. He called these symptoms conversion symptoms. Sigmund Freud thus demonstrated very well that bodily diseases can be precipitated or maintained by unconscious psychological phenomenon. Cannon remarked on Freud's ideas of the effects of psyche on body by stating that conversion was a "puzzling leap from the mental to the physical."

Engel[5] in 1977 advocated for multiple factors viz., biological, psychological and social (Bio-Psycho-Social model of illness) in the precipitation and maintenance and similarly in the management of 'medical illnesses'. His notion of biopsychosocial paradigm has now been strongly followed world over in treating the mentally ill pateint.

The émigré psychoanalyst Franz Alexander tried to work out a compromise between physiology and Freudian theory of unconscious[5]. His viewpoint of emotion causing physical illness was that a specific type of prolonged psychological stress, which he called "conflict constellation" would lead to specific medical disorder, due to prolonged atcativation of the autonomic nervous system. He stated that autonomic overarousal was the cause of the conversion hysteria, although, he believed in the repression mechanism of "psychic stimuli" which pushed socially unacceptable wishes, desires, and conflicts. It also precipitated specific chains of physiological response and, ultimately, specific somatic disease.[3]

Flanders Dunbar coined the term "coronary prone personality" and tried to explain that certain personality traits were more likely to lead to a phsyical illness. Coronary prone personality were more likely to push their desires, wants, and conflicts into the unconscious which Freud called repression.

Friedman and Rosenman, two cardiologists, found that a personality type, which they called Type A were more associated with physical diseases, especially cardiac related diseases. They explained

Type A personality who were characterized by time urgency, impatience, excessive concern about achievement, a pervasive hostility were more prone to develop cardiac related illnesses. There was another type, Type B, who were relatively calm, relaxed and easygoing who were less prone to develop cardiac related diseases. This was then a hot topic among cardiologists and later many researches were done most of them indicating that pervasive hostility was the most correlated trait of such people[4].

After World War II the interest in psychosomatic medicine increased even more and reports of application of Freud's techniques in treating soldiers who suffered from "shell shock" started to appear. During the 1940s and 1950s the interest in psychosomatic medicine increased further and textbooks on psychosomatic medicine started to appear. The textbooks found its place in medical faculties as well as lay people who were interested in these phenomenon.

The main point that is of up most importance here is that are we giving sufficient room for the notion of a link between emotion and physical disease in a country like Nepal where trained psychiatrists and clinical psychologists are few in numbers, where the population is plagued by a stigma about emotional disorder thereby trying to deny its existence and taking their complaints to the general physicians and neurologists.

In a country like us most individuals suffering from the effects of stress come with various physical complaints. They have hard time accepting and recognizing that their symptoms are a product of psychological conflict or stress. Most people tend to deny it straightforward.

In the recent past we have been hearing about school children developing 'mass hysteria'. It created a big havoc recently and is still an ongoing process. Another factor is that although no research articles have been found has tried to study the phenomenology or prevalence of psychosomatic disorder in Nepalese population, we come across not few individuals suffering from the disorder in our day to day clinical practice. It has been found that patients in Nepal especially who come from remote areas and are illiterate, there is a tendency to present their illness in terms of bodily symptoms rather than psychological symptoms. Observation of this finding could be due to illiteracy, lack of knowledge and a stigma attached to mental illness. It is also true that those presenting with somatic complaints have poorer prognosis than those who present psychological or emotional symptoms.

Psychosomatic medicine especially becomes very important in our country especially at this moment when there is so much of political unrest, and many people are being displaced, kidnapped and murdered. Many vulnerable people will eventually develop symptoms for which they will seek medical help.

Reference

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