Psychosomatic Mechanisms

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In this presentation is offered a concept pertaining to psychosomatic disorders. This concept is considered significantly different from extant ideas, and, if basically sound, anticipates a revision of current therapy for psychosomatic disorders.

Simply described, psychosomatic disorders have been considered the resultant of autonomic nervous system dysfunction, and this autonomic dysfunction, in turn, is held to be tied in with varied emotional conflicts. Researchers in psychosomatic medicine with a patho-physiological bent, often seek lesions or physiological aberrations in the autonomic nervous system and the associated endocrine system. Researchers with a patho-psychological bent seek central nervous system lesions and/or precise emotional conflicts which are felt to cause autonomic nervous system dysfunction. Although the contributions from such research rank among the highlights of twentieth century medicine, it is considered that both groups have included in the research major premise an erroneous idea; namely, the assumption that in psychosomatic disorder there exists autonomic dysfunction—implicit in which assumption is the idea of a structural or functional autonomic defect.

Basic to the concept herein presented is the recasting of the autonomic nervous system from its role of the villain in psychosomatic disorders to that of overworked hero. Such a concept of autonomic stability requires a relocation of the diseased or mal-functioning organ system, etiologic to the psychosomatic disorder.

Modern neurological and psychological research have afforded the two understandings that lead to the indictment of the true offender; that part of the central nervous system termed the intellect. The first of these is the demonstration of the blind subservience of the autonomic nervous system centers to stimuli from the cerebral cortex. The second is the demonstration of the existence of unconscious mechanisms, which, through a phenomenon termed projection, distort the external environment. That such a mechanism is unnatural is considered self-evident, but the fact that such a mechanism is normal in our society probably would come under the heading of "news" to the majority of physicians and laymen alike.

Unaware of the unconscious mechanism of projection, the conscious intellect misapprehends the external situation. This erroneous estimate of the situation is then relayed to the subservient autonomic centers for appropriate homeostatic action. The internal milieu so created is a sound physiologic response to the misapprehended situation, but by its very inception, an unsound adaptation to the real environment. This phenomenology could be paralleled to the activities of a strong, blind servant following the dictates of his misadvised master.

If the foregoing concept of autonomic stability be considered sound, then such procedures and drugs currently directed towards the correction of autonomic dysfunction can only be leading to the compounding and confounding of psychosomatic
phenomenology. From a perusal of medical literature and from the laboratory of active medical practice come three common sense evidences considered supportive of the current thesis:

First, the universal view of practicing physicians that people with psychosomatic disorders are nervous, worrying and tense people, an observation directly incriminating the cerebral cortex. Second, despite indefatigable research inquiries seeking anatomic or physiologic defects of the autonomic nervous system, the integrity of this system remains unassailed. Third, the compounding of cortically acting drugs, such as barbiturates, into proprietary products intended for the correction of so-called autonomic dysfunction, is considered to represent a subtle, yet significant, indictment of the cortex.

Having defined the primary lesion in psychosomatic disorders as being cortical in location and functional in character, it is apparent that sound therapy will be that which corrects the etiologic, intellectual dysfunction. Assuming the correction of this dysfunction by psychotherapy which is sound and effective, the result will be a return to appropriate homeostatic mechanisms, which in itself spells out a healthy individual. There will be two groups of patients wherein the assumed sound and effective psychotherapy will not reverse the symptomatology. In one group of such patients, long standing inappropriate adaptive mechanisms will have resulted in fixed structural changes in the adaptive organ, for example, the blood vessels in essential hypertension. In the second group the intellect has so confused the external and internal milieu that its integrative conclusions are either an ineffectual hodge-podge or a fixedly, misadvised pattern. In such an individual, that is the psychotic, the psychotherapist, as part of the external environment, is misapprehended along with the rest of the external milieu and, hence, ineffective.

Sound and effective psychotherapy will be that which corrects the intellectual dysfunction; more precisely, corrects the projection mechanism which cornerstones the intellect's difficulties. For the physician to correct the psychopathological mechanism of projection he must have a sound understanding of the structure of projection itself; for, if psychotherapy is to be effective, the patient must be taught the structure of his projections in order to be able to realign his intellect. The key to such comprehension appeared when Freud (and others) brought into medicine the knowledge that man had unconscious, conditioned reflexes. Through their contributions it was learned that the individual had motivations and feelings which the intellect did not recognize as being inside the individual; for unconscious simply means feelings and attitudes within an individual that are not known by the intellect to be a part of that individual. This understanding, in turn, facilitated recognition of the fact that behavior is initiated by need stimuli generating in the internal milieu. Excepting instinctual behavior, such needs bring themselves to the attention of the intellect, which in turn scans the external environment for opportunities allowing satisfaction of the need. It is the further function of the intellect to determine the behavior response most appropriate in the light of its inside-outside appraisal.

In projection, the intellect is made aware of a feeling or a need and, ignorant of the fact that the stimulus arises inside, it appraises its origin to be the only other place possible—outside. When an inside drive is experienced as being outside, the energy vector is changed one hundred and eighty degrees. For example, if an individual
has x units of anger directed towards the environment and finds this anger not in himself but in his environment, the result is that he feels the environment to have x units of anger toward him. Having once so misappraised the environment, all further efforts by the intellect will be maladaptive behavior. It is to be noted that even in the most sick of mentally ill patients, the intellect functions logically if one excludes the original defect of misapprehending the inside-outside situation by projection.

When the intellect is performing its function as just described; then, in the framework of human relationships, it can misapprehend the feeling of another person. As in the example given before, failing to recognize the intra or inside location of the anger, it will apprehend it outside in another person to be angry. When the intellect in such a situation then decides on defensive action, it is apparent it is gearing the individual to fight his own angers. In this example it can be seen that projection makes intra personal feelings appear to be inter personal.

Human relationships are intrapersonally determined and experienced—not interpersonally. Where an individual fails in his human relationships, it is not a problem between himself and others, but rather a problem within himself. By the mechanism of projection this intra-personal conflict feels inter-personal.

A corollary of the mechanism of projection is found in the fact that most, if not all, individuals believe they can feel the feelings of others. The fact that anatomy and physiology have failed to locate such a receptor organ in the human body should have led long ago to serious questioning as to how such a belief comes about. This, in turn, could only lead to understanding that in his ignorance the individual has found a part of himself outside himself.

Two simple formulas allow for the determining of what internal motivations or behaviors are being projected by the individual. First, whatever behavior any individual heately criticizes in any other individual, such patterns will be the unconscious patterns of the decrier. Such is the succinct wisdom of, “Let he without sin cast the first stone”. Second, whenever an individual feels driven by other individuals to act in manner A, B, C, or D, such will be his own drives to act in manner A, B, C, or D. He has simply by the mechanism of projection made an intra-personal drive an inter-personal feeling and, in so doing, changed the drive vector one hundred and eighty degrees. Having so determined the projected material, the goal of therapy is simply to bring the products of these formulas to the awareness of the intellect. This is considered to be no more than a re-educative process.

In summary, there is presented in outline an understanding of the role of the autonomic nervous system in psychosomatic disorders, along with what is considered to be a new construct of intellect dysfunction and its therapy.

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