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## THE MEANING OF PSYCHOSOMATIC MEDICINE

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When words are used with a multitude of meanings there arises the danger that they will have no meaning at all. Such is the problem with the term "Psychosomatic Medicine," and the purpose of this presentation is a brief discussion of the present meaning of the term in mid-twentieth century medicine.

As to the word itself, it seems to have been used in the German psychiatric literature of the early nineteenth century, although not in the sense that we use it today. Heimroth employed it in a paper which set out to prove that all mental illness originated from sin. There also was a "somatogenic" school in nineteenth century Germany which diligently observed certain physiological minutiae of pulse, respirations, etc., in relation to emotional disturbance, but failed to relate them to an interdependence of mind and body. Even well before 1800 there was pertinent thought on the importance of an individual's thinking, feeling, and doing in relation to his disease. John Hunter made mention of "passions" as factors in the descriptions he wrote of his own anginal symptoms, and Sydenham made an observation that about two-thirds of the diseases of his day were fevers and of the remaining third he felt that probably half were what he called "hysterical passion." Even though at the beginning of the nineteenth century the organization and use of medical knowledge were significantly conditioned by concepts of mind-body relationship, the actual expression of such concepts were handicapped by the fact that while the medicine of the body had appreciably liberated itself from theological and moral restrictions in its freedom of investigation and speculation, the medicine of the mind was still largely bound to religion and dogma.<sup>1</sup>

Psychosomatic medicine in the modern sense is firmly bound up with and dependent on dynamic psychiatry, and this did not truly emerge and clear itself of some of the restrictions mentioned above until the twentieth century. A phrase that is used in the understanding of comparative anatomy and embryology is that ontogeny recapitulates phylogeny. This is an erudite way of expressing the idea that an organism in its growth passes through the evolutionary states that have brought it to its present development. One might consider that medicine has progressed (phylogenetically, if you will) through certain great phases and that the medical education (or ontogeny) of the individual medical student tends to recapitulate it.

The first great "phase" of modern medicine was that of anatomy. In the fifteenth and sixteenth century, Vesalius and Paré, utilizing observation and experience, contributed understanding of the body's structure. In the next great "phase" which spans and follows the life of William Harvey, the functions of the body were first understood, and physiology became a part of medical understanding. Following the invention of the microscope by Leeuwenhoek, attention was focused on pathology and bacteriology, and all emphasis was on finding an etiology for

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disease. The late nineteenth century ushered in the concept of bed-side teaching and the conviction that the physician could only learn of the patient from talking with him and examining him. With the discovery of Salvarsan early in the twentieth century, the great age of chemotherapy began—an age we are still in, to some extent. Also has come intensive technological advance with sensitive equipment for registering objectively more and more of the body's functions in health and disease. So far, the "phases" of medicine as outlined above fairly closely paralleled the standard instruction given to the medical student. He begins with anatomy, learning the body's structure. He then progresses to physiology and understanding of its function. Next is pathology and a study of the morbid changes produced in structure and function by disease. And after his pre-clinical period he is instructed in the art of history taking and the practice of physical examination and is heavily saturated with the details of technological advance. This phylogenetic progress of medicine has led to greater general knowledge, but has also meant greater specialization and a narrower scope of inquiry for the individual doctor.

There is cause to speculate that later day historians may find our present moment in medicine the beginning of another great turning point with two major new emphases. One is on rehabilitation and a better understanding of the aging process. The other is on a better understanding of emotional function in relation to disability. It is this latter emphasis, which seems to this writer to constitute the true meaning of psychosomatic medicine, which could be defined as an approach to medicine characterized by the conviction that what goes on in the mind and in the emotions influences the way in which the body functions and may cause or influence the course of physical disease.

Three major factors seem to contribute to this new emphasis and they may be stated as follows:

1. New understanding of unconscious motivation is derived from the systematic psychoanalytic study of some thousands of patients over 50 years. This has given meaning to a host of previously unrelated and inexplicable clinical phenomena. (This orientation for an understanding of dynamic unconscious processes is the chief distinction between the "intuitive" family doctor and the modern psychosomaticist.)

2. Scientific studies of animals and man have demonstrated that profound disturbance in body functions may result from emotional stress. These studies would range from the observations of Beaumont on Alexis St. Martin to the comparable observations of Wolf and Wolff on Tom—the modern day Alexis.

3. Experiences of World War II brought thousands of physicians into contact with the way in which severe disturbances of both social behavior and bodily function developed as a result of emotional stress.

The "war neuroses" of World War II were no different from the "shell shock" of World War I, but there was a different impact on medical thought. With orientation to the psychosomatic point of view, such patients provided dramatic validation of the power of unconscious motivation and often new understanding

of previous clinical experience. The disappearance of symptoms under appropriate psychotherapy, and, even more important, the new insight into the interrelation of mind and body gained by many physicians in military service made it clear that the psychosomatic approach provides an invaluable tool for the practice of medicine in all its branches. Many such physicians sought additional training in psychiatry and psychosomatic medicine after discharge.<sup>2</sup>

Today, in marked contrast to twenty-five years ago, most doctors realize that a large fraction of all who seek medical advice suffer from emotional stress and conflict which play an important role in precipitating, intensifying, or prolonging their symptoms and disability, and which cannot be ignored in diagnosis or prognosis and plan for treatment.

Today it is well known to informed lay public as well as to physicians that emotional factors—either wholly unrecognized by the patient or, at best, poorly understood—are operative not only in "nervous breakdown," where no disease can be detected, but also in many well established disease processes, such as peptic ulcer, asthma, arthritis, hypertension, glaucoma, diabetes, menstrual disorders, impotence, and even infertility, epilepsy, thyroid disease, colitis, obesity and many skin disorders.

The discovery and management of the emotional factors pertinent to an illness require considerable special training for the physician. In psychosomatic medicine the point of departure is the emotional life of the patient and especially some understanding of the unconscious processes which are inevitably a part of all personality function. One needs a knowledge of normal personality development as a frame of reference and with it an idea of what constitutes appropriate responses to various problems and stresses.

Also, one needs an attitude of sympathy and permissiveness. This may have to be cultivated tangentially to conventional medical education where the combination of knowledge of basic science plus good history taking ability and technique of physical examination presumably will guarantee a diagnosis. Modern medical education seems to be taking these emphases into consideration in curriculum planning. More and more of the students' time is being allotted to systematic study of the concepts mentioned above.

#### *SUMMARY:*

The concept that man's state of mind and state of physical well being are intimately related is not new.

Systematic investigation in animals and man plus a greater understanding of unconscious processes have put this concept more on a scientific and less on an intuitive basis.

As the present teaching of medicine parallels the way that medical knowledge has developed, increased interest and emphasis may herald a new phase in medicine.

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