Contribution to Understanding of the Nature and Management of the So-called Organ Neuroses*

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In this paper I want to discuss a problem which has recently become a focal point of great interest and which has been intensively dealt with in Individual Psychology for decades. I refer to the problem of organ neuroses which we consider as psychogenic functional disturbances of certain organs.

As long as medicine was controlled by the pathologic-anatomic concept, almost any disturbance of an organic or even a psychic function could and had to be traced to anatomical changes. Only through the research carried out by the French School, by Charcot in particular, did it become possible to raise the question of whether there are disturbances and pathological symptoms which are not necessarily caused by anatomic pathology but by other factors. It took a long time before we arrived at the very lucid and practical formulation: "*Before*: Disturbed organic structure — disturbed organic function — pathological symptom. *Now*: Vegetative dystonia — disturbed organic function — functional disease—pathological changes of structure." (M. Boss) (1). Bergmann, in his book *Functional Pathology*, presents the results of a new trend in medical research. In brief, we may summarize his concept thus: we should consider as diseased not those organs which despite anatomic changes continue their functions without disturbing the general function of the organism, but rather those which even without demonstrable structural changes do not function adequately for various reasons, and disturb the general functioning of the organism. In other words: Besides structural pathology we find also functional pathology. Bergmann objected to the term "psychogenic" because he did not accept as valid the "dualism" implied in the terms "somatogenic" and "psychogenic." In his opinion, organic disturbances may be caused by structural or functional etiological factors. The psychic factor represents only one of the functional factors.

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The individual-psychological approach to the so-called organ neuroses or psychogenic functional organic disturbances is characterized by an endeavor to grant all decisive factors their proper role. In the so-called organ neuroses we must consider three factors:

(1) *Exogenous factors*, which include all events and circumstances in the external world impairing (or being felt as impairing) the life or mode of living of the individual. All events and circumstances which impair a person's feeling of security and self-confidence *may* cause psychic tension which, according to our individual-psychological concepts, may lead to functional disturbances.

(2) *Somatic factors*, which produce a certain "organic readiness"; they are a prerequisite for exogenous factors and psychic tension to develop to functional disturbances. By organic readiness we mean the inclination of an organ or an organ system to respond to a minimum stimulation with a manifest change in function. I should like to stress here that this "organic readiness" does not necessarily imply organ inferiority, but not infrequently even organ superiority, i.e., increased sensitivity and responsiveness. Of course, a "lowered threshold of stimulation" may apply not only to the symptom producing organ or organ system, but also to the neuro-endocrine system and possibly to the circulatory system playing a sort of mediating role which probably varies with every individual. This opens up a wide field for medical research. We have to realize that the tonus of the autonomic nervous system is different in every individual. The terms vagotonia, sympathicotonia, and the later ones: vegetative stigmatization, vegetative dystonia., etc., did not evolve by chance. We also know of the mutual influence of the vegetative and psychic tonus. Zeehandelaar (5), in his study of the relationship between psyche and vegetative nervous system, demonstrated that hyper- and hypotonia are possible not only in the autonomic nervous system but also in the psychic sphere; he therefore speaks of a "psychotonia." Furthermore, vegetative and psychic tonus are said to be in direct relationship. According to Bergmann (2), the "somatic" and "psychic" elements do not "influence" each other but represent holistic psycho-physical states (psychosomatic conditions, we could say) in which symptoms of the "body" and of the "psyche" appear at the same time. It is the individual who uses both simultaneously. Thus, in tension, fatigue, excitement, hypotonia, etc., "body" and "psyche" are equally tense, fatigued, excited, hypotonic, etc. With this concept we may approach the third factor in the causation of "organ neuroses," namely:

(3) *Psychic factors.* In order to avoid unjustified dogmatism in discussion of increased psychic tonus or tension—which we believe always to be present in organ neuroses—we have to consider four possible etiological possibilities in any increased psychic tension. One has to assume that:

(*a*) increased emotionality, or readiness for tension, may autonomically exist as a form of disposition varying with every individual;

(*b*) psychic dystonia may be caused by vegetative dystonia or by other somatic factors;

(*c*) exogenous factors may have a reflexive and emotionalizing effect; and last but not least,

(*d*) an increased psychotonus—in fact any psychic dystonia—depends not only on pre-existing disposition, exogenous and somatic factors, but also to a rather large extent on an individual's basic attitude, or mentality.

From a psychotherapeutic viewpoint the first and the last categories are of the utmost importance because the approach to cases belonging to the second and third categories, i.e., psychic tensions due to somatic and exogenic causes, respectively, should mainly aim at the correction of the pathologic somatic or external conditions. It should not be overlooked that not infrequently what may appear to us as a basic or "primary" individual emotionality may actually be a conditioned response to some unrevealed external or internal occurrences. Furthermore, the importance of the correlation between "psychic" and "mental" factors influencing the psychotonus should not be underestimated. There is much talk about "psychogenesis." But the fact that there also exists what we could term a "noogenesis" has generally been overlooked or passed off as unimportant. Frankl (3) speaks of nootherapy besides psychotherapy.* In this respect, it is unimportant whether we use the word *logos*, or *noos*, or *noia*. The important revelation is that in many cases we have been practising for a long time not only psychotherapy but also nootherapy at the same time. Individual Psychology with its holistic approach has always occupied a favorable position in this respect. We have always taught that thinking, feeling, willing, and acting cannot be separated "pre-philosophically" except for didactic or investigative purposes. Thinking, feeling, willing, and acting are regarded as functions of the indivisible personality, and we approach this person-

* The term "noogenesis" would indicate the importance of distinguishing between the respective roles of the mental (attitudinal, "*geistig*") and the psychic (emotional, "*seelisch*") elements in "psycho-logical" phenomena.

ality—as Hugenholtz (4) correctly said—through language. In order to reach a human being effectively by speech, it must have content and reveal mental qualities. In psychotherapy, even if we think that only "psychic" effects have to be achieved, we try to appeal to and influence the patient's "mentality." Our present concepts and terms regarding "mentality" are rather vague, but from the viewpoint of our present discussion, we do not mean by mentality a person's apparent, mostly superficial and changing opinion about the world, but his basic attitude toward life as revealed by his "life style."

Summary

In the development of psychogenic functional organic disturbances the author considers external factors as direct "causes" and a sort of organic susceptibility (not necessarily organ inferiority) as a prerequisite without which the causative psychic factors generally would fail to precipitate manifest clinical symptoms. He also believes that the psychic factor in organic neuroses is centered in the spiritual-mental area which plays a rather important role in "conditioning" of what we generally consider psychic factors. Therefore, proper management of psychogenic functional organic disturbances should stress the psychic elements by approaching the individual's spiritual-mental sphere. An individual's emotional behavior will largely depend on what he considers important for his particular approach to life. We may help a person by replacing major mistakes in his life-pattern with minor ones. By helping a person to assume a basic attitude which conforms more to reality we may not only help him in solving many conflicts but also eliminate or decrease the psychogenic or noogenic factors responsible for the psychogenic functional organic disturbances.

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