Psychosomatic Medicine and Adler's Concept of Psycho-physical Unity

DR. HERBERT SCHAFFER, *Paris*

Our recent concepts of the physical universe, of living organisms, even of human relationships seem to dispense with the principle of a rigid causality. This outlook encouraged some medical scientists to change our old concept of disease according to which a functional disturbance was assumed as the expression of an organic lesion. Explanation of those functional disturbances which could not be satisfactorily corelated with demonstrable organic pathology were declared to be awaiting further development of medical knowledge or of diagnostic procedures. Even certain character and personality disturbances were supposed to wait for proof of their organic origin. They are still waiting for such "proof."

Opposed to this rigid organistic approach a new era of functional pathology (Widal, Abrami) and of functional medicine (Bergmann) came into existence which recognized functional disorders in the autonomic nervous system as a possible etiological factor in the pathogenesis of functional disturbances without actually demonstable structural organic pathology. It was even recognized that prolonged functional disturbances may lead to actual structural changes in the affected organs. The next step was to investigate the relationship between the autonomic nervous system and emotional states. Such a relationship had long ago been assumed. Tuke in England had recommended "mental" therapy in cases of asthma, chronic constipation, and of certain fevers (1872). Breuer in Austria, Pierre Janet, Bernheim and Liebault in France had prepared the way for later psychosomatic concepts. It was probably due to the rapid development of the various psychoanalytic schools that the new psychosomatic movement (Dunbar, Weiss, and English) set out to demonstrate the psychic origin of certain ailments. To the customary chemical, bacteriological, roentgenological, electrical, etc. examinations a battery of psychodiagnostic tests was added with which physicians have undoubtedly become more and more

acquainted. Emotions like hate, rage, anxiety, jealousy, dependency, etc. have thus been shown to produce functional disturbances which may even lead to organic changes.

If it is interesting to follow the development of a science, it is certainly useful to recognize its underlying guiding principles. When looking for a guiding principle in the development of psychosomatic medicine the well-known face of an old acquaintance becomes visible. Those who during the last half century treated organic neuroses by means of psychotherapy must have believed in psychogenic morbid conditions. To such observers psychosomatic medicine must appear not as a new discipline but as a new term to denote a medical idea, the origins of which date far beyond the coining of the term. In 1907, Alfred Adler called the attention of the medical world to the relatedness of the functional and structural value of the different organs and organ systems on the one hand, to the psychic superstructure on the other. He stated (1): ". . . Approximately normal organs with a corresponding nervous system sufficiently capable of assimilation adjust themselves without delay to the requirements of the surrounding culture." ". . . The harmony of physical and psychic functional capability, a psychophysical parallelism in the true sense of the word, characterizes the development of the normal child. In the inferior organ it is different." ". . . Inferior organs meet with difficulties and dangers everywhere, a fact which corresponds to their natural relation to their surroundings."

These passages unmistakably indicate Adler's concept of the interdependence of "soma" and "psyche"—in the widest sense of the word. The study of the further development of Adlerian concepts will reveal how other factors (family constellation, sex, environmental attitudes, etc.) were added to this organ inferiority—real or imaginary; they determined an individual's specific attitude and behavior. One need only refer to the different works of Adler and of his co-workers to take notice of the many observations regarding the psychosomatic role of "emotional shocks." According to these observations an assentially teleological dynamism seems to regulate the scheme of an individual's specific "reactions." Investigation of the neuro-endocrine manifestations of emotional shocks is certainly of great scientific and practical interest. However, it still does not answer the psychological aspects of the problem. In this regard one fact impresses us: Emotional shocks are produced by intense feelings of hate, rage, anxiety, aggression, guilt, etc. These feelings are never neutral. They all have an object as a target.

They all represent a state of mind in reference to somebody or to something. They all have a common denominator: lack of social feeling. *Quietness, kindness, charity, or pity are not traumatizing.* The realization that not the psychosomatic symptom but the psychosomatic patient is our primary concern will prove to be of great help in management of any given patient. An understanding of a given psychosomatic symptom was attempted by some through the assumption of a specific relationship between the emotional stimulus and the symptom; others made certain personality structures responsible for certain symptoms. We, however, may rather assume that an organ or organ system whose faults and shortcomings were felt in the course of a person's development will be felt also in adjustmental difficulties.

Alexander (2) described the case of a patient who, suffering from chronic diarrhea, had come for psychoanalytic treatment. Eleven years before, this patient had been operated upon for gastric ulcer. The patient who was described as ambitious and preoccupied with achieving extraordinary success had developed his ulcer while making "strenuous efforts" toward his envisoned career. His diarrhea started after his marriage, through which his dream of becoming a wealthy man was fulfilled but at the price of becoming dependent on his wife's family. The recurring gastro-intestinal disturbances definitely indicate an inferiority of his gastro-intestinal tract. Even his character traits (ambition, need for successful career) strikingly correspond with Adler's description of persons afflicted with gastro-intestinal inferiority.

As to the management of psychosomatic patients, we have to reiterate that if we could understand all the factors which have blocked the development of a person's "social feeling" and if we were able to fill that gap we could more successfully deal with many cases of emotional shocks and adjustmental difficulties with all their concomitant "psychic" and "somatic" manifestations. At the point where psychosomatic medicine seems to be at the end of its mission, there, perhaps, begins its true task: teaching the individual what Alfred Adler called "the science of living."

The following case history may illustrate this point. A medical student suffered from fainting spells whenever he witnessed an operation or an injection. Those spells recurred with such regularity that he was ready to give up his medical career. At that time he became acquainted with Adler's Individual Psychology which helped him to understand the psychogenic dynamics of his symptoms: being a youngest and pampered child, he became a man desirous of easily achievable success and

recognition, but hypersensitive to and fearful of failure. He also recognized that, actually, he was afraid of never being able to pass his qualifying exams because of his lack of perseverence and talent, and that he was willing to give up his medical career under the pretext of his "weak physical constitution" rather than to let his alleged inefficiency become manifest. After recognition and corection of his mistaken attitude he was able to overcome his fears and his hypersensitivity and successfully to complete his studies.

Summary

The author briefly outlines certain stages in the evolution of medical and psychological principles which at their point of intersection gave rise to psychosomatic medicine. Adherence to the principle of causality assumes a great number of ailments as being caused by nervous tension which via the neuro-endocrine system inflicts damage on the target organ. The author believes that an individual with a particular style of life and a real or imaginary organ inferiority, faced with adjustmental difficulties, will develop psychosomatic symptoms in which the interdependence of "body" and "mind" (the unity of which our philosophic language habits has broken up) will convincingly reveal itself. The relationship between "emotional" and "somatic" states—if it has at all costs to be expressed in terms of a relationship—is that of a *simultaneity* with regard to a given problem and thus is rather finalistic than causalistic.

Adherence to rigid causality prevents us from understanding the finality of the personality structure and the psycho-social aspect of the psychosomatic symptoms. The author points out that this understanding offers many therapeutic and prophylactic possibilities to psychosomatic medicine.

Bibliography

1. Adler, Alfred. *The Study of Organ Inferiority and Its Psychic Compensation.* Nervous and Mental Diseases, New York, 1917.
2. Alexander, F. *Psychosomatic Medicine.* W. W. Norton Co., New York, 1950.