HISTORICAL BACKGROUND

PLATO:

"the ability of the ‘physicians of Hellas’ to cure disease is limited because they disregard the Whole, which ought to be studied also, for the part can never be well, unless the Whole is well".
DESCARTES
Causal interactionism

World = made up of substances, which have independent existence and are made up of tinier parts, with which they get in connection.

Substances, irrespective of their nature, can not exist in the absence of a Creator.
The substances can be:
- material (exist in space, are public);
- mental (do not exist in space, are not public).

Mental substances are more important, because they have the capacity to animate material substances!
"COGITO, ERGO SUM!"
(I think, therefore I exist)

Thought precedes material substances and has a bigger value than them!
LEIBNITZ

Psychophysical parallelism

Mental and bodily experiences occur in simultaneously, but without any causal interaction.

Leibnitz denies the interaction between the body and the mind. This is replaced by the synchronicity stemmed from God: any psychological phenomenon (e.g. pain perception) is synchronized with a certain physical physical phenomenon (e.g. hand withdrawal).
Occasionalism

Substances cannot cause by themselves any event. All events are caused directly by God. In this sense any human action is the result of God's will.

The interaction body-mind is not important, as both are instruments in Creator's hands.
Denies the existence of an objective world. Humans can get close only to a reflection of reality and but not to its essence.

The world is essentially made up only of mental contents: "esse est percipi" (To be is to perceive).
PSYCHOSOMATIC MEDICINE

In Early Middle Age, the important figures are quite a few

Abu Zayd al-Balkhi (10th century): a tight relationship (*ishtibak*) exists between the functioning of body and soul.

He observes the distinction between neuroses and psychoses, and also, between endogenous and exogenous depression.
Ali Abbas (10th century)

Is the author of "Kitab al-Maliki" (Complete Book of the Medical Art), which comprizes early concepts of Psychosomatics.

("Joy and contentment can bring a better living status to many who would otherwise be sick and miserable, due to unnecessary sadness, fear, worry and anxiety")
MODERN AGE

Heinroth

1818: the first use of the term “Psychosomatics” ("being ill is a dysfunction of the whole organism").
BRIQUET (about 1850):

In „Traité clinique et thérapeutique de l’isterie” he describes the symptoms of numerous hysterical patients, with many of them associating organic symptoms.
MAUDSLEY (1867)

- the positive role of catharsis;
- the absence of catharsis can lead to illness ("if the emotion will not be liberated in a physical activity or in an adequate mental action, it will impair the functioning of internal organs").
1900-1920

Development of Psychosomatics has relied substantially on clinical observations of psychiatric patients.
Hysterical patients: somatic symptoms, if present, are not random and they reflect a symbolic (indirect) connection with a psychological trauma.

The „Anna O.” case: paresthesias, speech impairment, visual disturbances, that disappeared whenever the patient described her symptoms.

„5 studies on hysteria” (1895):
- „conversion disorder”;
- argue in favor of psychoanalysis as a way to approach not only neurotic symptoms, but also somatic symptoms.
Groddeck

The Symbolic language of organs
Several terms: "psychosomatic disorders", "somatoform disorders", "functional disorders", are implemented, to describe the so-called "medically unexplained symptoms", in fact somatic symptoms without a material cause.

Characteristics:
- non-specific;
- chronic;
- reversible without treatment or with psychotropic drugs;
- moderate / low effect of conventional medication.
MODERN THEORIES
1) theory of the specificity of personality type (a specific personality type = a specific PS disease):

Dunbar: coronary personality type (essential features: anxiety, frustration, hostility);
Friedmann & Rosenmann: type A personality;
Sifneos & Nemiah: alexithymia;
Kobasa: hardiness;
Rotter: locus of control;
Antonovsky: sense of coherence.
2) theories of the specificity of emotion (Franz Alexander):
a specific emotion = a specific PS disease.
3) theories emphasizing the importance of conditioning: Cannon, Pavlov
A specific context, if repeated = key for the onset of a PS disease
4) theories emphasizing the double importance of a certain situation and of the exposure time (e.g. dysprotection syndrome: chronic adrenal insufficiency).
THE BIO-PSYCHOSOCIAL MODEL (Engel)

It lead to the orientation of Psychosomatics into several distinct domains of study:

1. psychophysiology;
2. the relationship between negative life events and somatic illness;
3. the somato-psychological loop: psychological effects of somatic illness;
4. the positive effect of counseling / psychotherapy.
1. PSYCHOPHYSIOLOGY

„Evidence-based research” = the objective proofs for the connection between stressful events and illness.
Psychoneuroimmunology: there is a certain correlation between psychological variables and immunity:

- depression, but also negative mood (↓);
- perceived social support (↑);
- the coping style:
  - passivity, avoidance, denial, repression, fatalism (↓);
  - active coping style, hardiness, sense of coherence (↑);
- the open expression of hostility (↑) (more positive effects on the toxicity of the NK cells than latent ("cynical") hostility.
2. THE RELATIONSHIP BETWEEN NEGATIVE LIFE EVENTS AND SOMATIC ILLNESS
It is a direct (biological) relationship: repeated negative life events can decrease immunity, influence metabolic reactions, alter the balance of hormones, but it is also mediated by one's behavior.
- Alcohol decreases alters the function of hepatic macrophages, thus leading to the decrease of the body's ability to get protected from toxins;
- smoking decreases local immunity (macrophages, IgA, etc.), but also impairs the immune competence of the whole organism (because of the oxidants and mutagens contained in tobacco);
- sleep deprivation leads to an inadequate GH secretion, which normally would have a stimulating role on immunity.
CURRENT TRENDS

- periodic reevaluations of stress evaluation scales (such as Holmes-Rahe's);

- reconsideration of the idea that only major traumas can lead to illness (there is a substantial impact of minor daily hassles).
3. PSYCHOLOGICAL EFFECTS OF SOMATIC ILLNESS
- direct psychological consequences of illness:
e.g. perception of illness as a threat (resulting in anxiety), decrease in the abilities to run daily life (resulting in depression).
- psychological side effects of treatments for a chronic somatic illness: anxiety, depression, psychological addiction, nervousness.
- psychological characteristics of the patient (e.g. emotional instability, disarmonic personality, anxiety, depression);
- social circumstances: frequent stressors, lack of social support, stigma (e.g. at work, in the community), low socio-economic status.
Special psychological impact of several medical interventions:

- esthetic surgery;
- transplant surgery;
- dialysis;
- palliative care.
4. THE POSITIVE EFFECT OF COUNSELING / PSYCHOTHERAPY
Percentage of studies showing improvements:

- physical symptoms: 71% ;
- distress: 38% ;
- functional status: 47%
CBT

E.g. HIV: even after a short cure of CBT (10 weeks), the rhythm of immune functional deterioration decreased. This effect lasted up to 6-12 months after the end of the therapy.
HYPNOSIS/RELAXATION

E.g.1: at female patients with breast cancer (metastasized), the duration of survival increased averagely with 1.5 years.

E.g.2: at healthy subjects confronting an exam, hypnosis / relaxation increased the percentage of T lymphocytes, esp. helper ones, as well as the activity of NK cells.
E.g. 3: Pain control
BIOFEEDBACK

Used especially for a better control of chronic pain, and also of disabiliitating conditions, such as urinary incontinence or digestive motility disorders.
SELF-DISCLOSURE

Petrie et al.: half of participants wrote for 20 minutes / day, 4 consecutive days a week, about certain traumatic / significantly emotional events that they had encountered, whereas the other half wrote only about normal life events. The functionality of lymphocytes was significantly higher at the participants in the first group.
In some specialties (e.g. cardiology) the concept of "rehabilitation" has lead to a more complex standard of care, that includes also a psychosomatic approach.
Education: forming specialists in Psychosomatics (ROU: "liaison psychiatry")