The evolution of psychosomatic thinking:
From the psychoanalytic approach
to current theories

Since the establishment of the terms “psychosomatic medicine” and “psychosomatic diseases”, in the psychoanalytic papers of Ferenczi S, Alexander F, Dunbar HF, Deutch H etc, there has been an effort, during the first half of 20th century, by scientists to explore the relation between psychological procedures (specific psychic conflicts, symbolism, childhood traumata, types of personality) and medical conditions. Franz Alexander’s theory of specificity is regarded as the classic one which explains the formation of the seven well-known psychosomatic diseases (hypertension, rheumatoid arthritis, peptic ulcer, thyreotoxicosis, ulcerous colitis, asthma, neurodermatitis).

During the following years, gradually, the leading role of psychoanalytic facts began to decline giving space to new proposals such as Adolf Meyer’s psychobiological model, George Engel’s biopsychosocial model along side with Herbert Weiner’s proposition of multifactoriality. At the same time, doubts and criticism began (to raise) on the term “psychosomatic”, due to dualism which is implied by this term, as well as due to the absence of social influences on etiopathogenetic view in a number of human diseases. Therefore, progressively, other terms were suggested like holistic and biopsychosocial approach or thinking.

According to the above, it becomes clear that the traditional psychosomatic thinking of a direct pathogenetic relation between psychological factors and physical diseases has for long stopped to exist, a fact which is evident in the diagnostic and statistical manuals. However, the psychodynamic or other kinds of psychotherapy in preventing or treating such diseases have not lost their therapeutic value.

In the last edition of ICD-10 there is a category “F54: Psychological and behavioural factors associated with disorders or diseases classified elsewhere (in the rare instances ..., a second additional code should be used to record the psychiatric disorder e.g. asthma F54 plus J45)“.

In the DSM-III and DSM-IV the “psychosomatic” diseases are under the category “Psychological factors affecting general medical condition”. In order to conclude in such a diagnosis, some criteria should be met, such as psychological factors adversely affect the general medical condition and set a treatment obstacle which creates an additional health risk for the individual. They may precipitate or exacerbate symptoms of a general medical condition by eliciting stress-related physiological responses. According to the current data, although the term “psychosomatic disease” is being used for historical reasons, the term “psychosomatic medicine” has gained an enlarged meaning while nowadays contains the mental and psychosocial influences of the physical diseases, the hospitalization, the therapeutic programs (somatopsychic view), the patient-doctor relationship etc.
During the last decades the multifactorial bases and the complexity of pathophysiological mechanisms in the “psychosomatic processes” have been demonstrated. Therefore, current scientific trends are developed and enriched constantly with multi-interdisciplinary approaches and recent data mainly in the field of psychoneuroimmunology and psychoneuroendocrinology. The rapid progression of specialization and the collaboration of psychiatrists with other medical specialties in Consultation-Liaison psychiatric practice has led to the development of new subspecialities such as Psycho-oncology, Psychodermatology, Psychocardiology, Psychogastroenterology, Psychosomatic Gynecology, Psychonephrology etc.

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References

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