

THE CORRELATION OF PHYSICAL AND EMOTIONAL ASPECTS OF DISEASE*

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The patient as a whole is the problem in medicine and should be so considered whenever illness attacks him. He is an acting and thinking being subject to many minor and major physical, emotional and psychic reactions. His normal functional activity and the correlation of its various factors depend on his vegetative and voluntary nervous systems, his endocrine products and various electrolytes. It is affected by stimuli which arise in the viscera, superficial body structures and the cortex. Correlation is such that activity in his physical body may be modified by his thinking and emotions, and his thought and emotions may be affected by stimuli which arise in his physical body. Normal man is so constructed that all action is harmonious, but disharmony may result when disturbances arise in either his physical or his emotional sphere.

In the construction of man's nervous systems there are many ganglia which act as centers for the reception and transmission of impulses from one organ or structure to another. Ganglia in which action between the voluntary and vegetative nervous systems and between the nervous and emotional systems is correlated are situated in the diencephalon. Here are centers which influence many activities, among which are carbohydrate metabolism, respiration, circulation, digestion, body temperature, water balance, dilatation and contraction of the pupil, erection of hairs, secretions of the endocrine glands, and the regulation of the lacrimal, salivary and sweat glands.

Here is located the hypothalamus, in which impulses from the visceral and somatic structures meet and are relayed so as to influence various functions. Impulses from here also are transferred to the cortex, and those which originate in the cortex may be relayed to the viscera and superficial structures. These centers make it possible for man's physical and emotional mechanisms to react as a well balanced, functioning organism in health, and to act inharmoniously in case of disease.

Man in his normal state is under the influence of many emotions of a minor nature—some pleasing, others displeasing—to which he responds promptly. For example, so simple a setting as a beautifully appointed table, food served in an appetizing manner and pleasing company at mealtime all stimulate the appetite and digestion. Disgusting conditions and unfavorable companions, on the other hand, interfere with digestion; but fortunately equilibrium may be quickly restored.

Major emotions, if temporary, may cause only temporary reactions. Cannon (1) showed how fear, hunger, pain and rage by acting through the vegetative

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nervous system throw many body functions out of harmony. For example, a man might see a ferocious wild animal coming toward him. He reacts quickly. His pupils dilate, his circulatory and respiratory mechanisms are speeded up, adrenaline is increased, sugar is forced from the liver into the circulation for muscular use, and his muscles show increased tension. That all energy may be ready for use in fight or flight, digestion and other functions unnecessary for the supreme effort are slowed down or stopped. When the danger has passed, the body functions return to their previous state fairly quickly in individuals who are normally stable, and more slowly in the unstable.

However, if harmful emotions are of a chronic nature, such as those which result from unhappiness, worry, fear, anxiety or persistent pain, then the individual suffers a continuous disturbance to his equilibrium. Both acute and chronic harmful emotions affect the daily lives of many. They are met so frequently in the practice of medicine that it is the duty of the physician to recognize them and to understand their nature, and furthermore to do what he can to alleviate them; for they may interfere seriously with the patient's recovery.

Few illnesses are sufficiently severe to cause the patient to see a physician without some emotional disturbance being present, but the effects are much greater in some diseases and in some patients than in others. Emotional disorders are especially common in chronic diseases in which the patient is continuously cognizant of his illness. He fears that he may not get well or that he may be handicapped and that his future economic, social and domestic relations may be disturbed. This is just as much a part of his illness as the physical disease itself and calls for help. He may have had unbalanced physical and emotional systems previously and they now become increasingly disturbed.

Psychosomatic Medicine

Here is where the old family physician was especially helpful. Patients were his intimate friends. He may have presided at their birth. Often he had been the friend and adviser of the parents and grandparents. Thus patients felt secure in his care. Scientific medicine as we know it today did not exist then; but the patient was known to his physician and was always in the hands of a friend.

Nor was the struggle for existence so demanding a few decades ago. People escaped much of the anxiety and fear caused by the struggles of industrialized life today.

Never before have physicians been able to give better scientific care to their patients, but do we find the patients satisfied with it? Does it not too often lack that personal feeling which carries reassurance and made the family physician of yore so dearly beloved? Scientific medicine alone is too cold for one whose present or future seems threatened because of illness.

This brings us to the recognition of the fact that disease is a psychosomatic problem or, in cases in which the physical problem is of the greater importance, we might call it a somaticopsychic problem. It is important to recognize that the

psychic and somatic are closely bound together, and rarely is one seriously disturbed without the other being also affected.

The example previously mentioned, in which the ferocious animal is in position for attack, may seem far-fetched in case of disease. Nevertheless, we have all observed the reaction of patients suffering from long-standing unhappiness, disappointment, discouragement, fear or pain. These reactions take place over the same nerve paths as the fear of attack. Frequently these emotions, instead of being temporary and quickly subsiding, become chronic. The heart, the respiration, the gastro-intestinal tract and the patient's metabolism may all become chronically disturbed. Treatment of the physical illness, no matter how scientifically carried out, may not be able to relieve the emotional and psychic symptoms. These may be better relieved by a combined physical and psychologic approach, through a physician possessed of human interest and love of mankind.

To emphasize the manner in which emotional and psychic states produce disturbances in the physical man, the term psychosomatic medicine has been devised. Unfortunately this phase of medicine has been neglected by the profession as a whole, and it has been left to those who are particularly interested in the subject of psychiatry to grapple with it. They have described the conditions in psychiatric terms and in so doing have removed it too far from general medicine, where it belongs as much as in psychiatry.

Psychosomatic medicine or somatopsychic medicine represents a broad conception of the reactions which take place between the psyche and the soma, no matter in which sphere they originate or in which their greatest expression is shown (Alexander (2)). It answers no medical problem for the physician who does not find an organic lesion to say "It is only functional, due to nervousness," or for the psychiatrist to say "The patient is psychically disturbed." This attitude can incapacitate as much as any well recognized disease. Nor does it answer the problem for the psychiatrist to ignore definite medical problems in patients whose trouble seems to be preponderantly emotional or psychic. What the patient desires is relief. Understanding the emotions is as much the duty of the internist as understanding diseases of the heart, lungs, digestive tract or any other system; and understanding physical disease is as important for the psychiatrist as understanding the psychiatric picture.

What a wonderful opportunity in this day when medicine is making such strides in general medicine and psychiatry to bring these phases of medicine together to the glorification of medicine and the benefit of mankind! One can not practice scientific medicine unless he recognizes both phases of the patient's reaction.

REFERENCES

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