

LIFE STRESS AND BODILY DISEASE

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PREFACE

It was held by some of us that the time was ripe for a review and criticism of the methods of study, observations and prevailing concepts concerning man's reactions to stress. This symposium was oriented about the view that adaptive and protective capabilities are limited, that the response to a variety of noxious agents in any given man may be similar, that the form of this reaction depends more upon the individual's nature and experience than upon the particular noxious agent evoking it. Also, that man, constituted as he is, is capable of reacting to symbols of danger as to actual assault. Since, further, he is a tribal animal with a long period of development and dependence, jeopardized as well as supported by his fellows, he may feel more threatened by cultural and individual human pressures than by other forces. Hence, conspicuous in such a symposium must be consideration of the effects of man upon man especially as they are relevant to disease. To what extent such a concept is tenable and profitable, the ensuing essays will testify.

Many thanks are due to the contributors to this volume who gave so freely of their time and substance to bring this meeting on "Life Stress and Bodily Disease" into being. Especial thanks are due Helen Goodell and Jean Moller for tireless efforts with manuscripts. Gratitude is also expressed to the Journal of the American Medical Association, to Psychosomatic Medicine and to the Journal of Clinical Investigation for permission to use certain material. Lastly, appreciation is expressed to the many other colleagues and friends whose aid was often sought, to the Commissioners whose discussions of the contributions added so much, and to the officers and Trustees of the Association who have made the meetings and this book possible.

H.G.W.

FOREWORD

In 1936, the author had an interview with Dr. Alan Gregg, Director of the Medical Sciences of the Rockefeller Foundation. He asked me what in my opinion was the reason for the fact that psychiatry had profited so little by the tremendous advances that had been made in the other branches of medicine during the last fifty years. I answered, as well as I could, that the development of modern medicine was largely due to the introduction of exact methods of thinking, the application of physics and chemistry to the study of disease and the experimental and if possible quantitative approach to clinical problems. The human mind, however, which is the domaine of psychiatry, had not been explored in this way and it was mainly through a lack of suitable methods that psychiatry apparently had lagged behind so long. The situation was made worse by the fact that most investigators accustomed to pragmatic thinking, shrank away from a field where analogies rather than measurements seemed to be the only available tool of research.

Dr. Gregg praised me for the explanation. "But", he said, "suppose I should ask you, as a modern physician, to improve the situation, to show *how* exact methods could be used in this field, what would be your answer?" To this question I had no reply. I had never given it a thought.

I recall this incident without too much shame, for my own ignorance was characteristic of almost all clinicians of that time. It is true that Pavlov and Cannon had done their pioneer work in physiology many years previously. In psychiatry Freud, Adler and Adolph Meyer had paved the way for a more systematic approach. It is also true that every clinician who could take a good history and who was not in the habit of regarding emotions (except his own!) as "mere nonsense," had had ample opportunity to observe almost daily how patients with peptic ulcer, hypertension, asthma and angina pectoris improved during a favorable life situation and got worse or died under adverse circumstances. In fact, such observations were so common that a wise practitioner once told me that he would never have dared to write a paper on the influence of emotions on bodily disease because it would mean writing about things which everybody already knew. In Europe, Schwarz, Alkan, Mohr and Wittkower had compiled and extended these clinical observations. In the United States Dunbar had published a comprehensive review, and Draper, Murray and Alexander had carried out their pioneer studies. All these attempts, however, had evoked more criticism than enthusiasm and the role of life situations as factors in the origin and course of human illness remained a field for speculation rather than investigation. The foundation of the

American Society for Research in Psychosomatic Problems and the appearance of the journal "Psychosomatic Medicine" did much to stimulate interest among those who were already psychiatrically minded, but its influence among clinical investigators established itself much more slowly. Clinicians apparently saw no way to apply their physico-chemical approach to problems of disease connected with life stress and they could not be wooed to do so, even by the most clarifying concepts about the deeper mechanisms underlying human behavior or by the most impressive symbolic interpretation of disease phenomena. Without exaggeration it can be said that a meeting like the one which has just been held would have been impossible as little as ten years ago.

What then has brought about the change in attitude which was so manifest in this meeting, devoted entirely to the subject of life stress and bodily disease? Of course there is never one cause for any phenomenon in nature or in science. It is always a constellation of causes that brings about a change. The pioneers mentioned above had ploughed the field. Since then the second world war had confronted internists and surgeons all over the world with the influence of the emotional aspects of enlistment, combat and internment on the health of hitherto normal selected soldiers. The constantly negative results of the physico-chemical search for the cause of asthma, hyperthyroidism, ulcerative colitis, peptic ulcer, and hypertension had made some physicians more open to look for other, less tangible etiological factors. But these circumstances did no more than incite curiosity and pave the way. The real stimulus, the spark that ignited the chain reaction of investigational energy, came from the encounter with a seemingly unimpressive small man, named Tom.

The researches carried out on this gastric fistulous subject Tom and other subjects offering comparable opportunities for study, were not only just another set of good experiments. They showed to everybody who could see, that the problem of so called psychosomatic relationships could be studied with straight forward methods of clinical investigation. Their demonstration had a meaning that reached far beyond the problem of the influence of emotional factors on motility and vascularity of the stomach. What had been done with the stomach of a gastric fistulous patient could be carried out with other organs, provided a good methodological approach could be developed. In the following years the general applicability of this method was exemplified in investigations on hypertension, diseases of the nose, colon, the urinary bladder, and diabetes. This was the language which physiologists, biochemists, clinicians and clinical investigators understood and to which they responded. Much of the data presented at this meeting was obtained with the operational approach which, invented by

Cannon and Pavlov, tried by a few lonely pioneers before, had since then been systematically applied.

Apart from the importance of the data in the 69 papers that were presented, the realisation that the field of psychosomatic relationship was now wide open for a systematic and preferably quantitative investigation, was the main gain of this gathering. It is not too hazardous to predict that henceforward progress in our knowledge of the role which emotional stresses play in the etiology and course of human illness will follow in an accelerated pace. The coincidence of the meeting with the discovery of the great importance which the adrenocortical hormones play in the adaptation of the body to stress, will doubtless add another stimulus to our future research.

One of the most interesting general conclusions that could be drawn after the meeting was the realisation that the mechanisms which the organism utilizes in its continued efforts to cope with stress situations are often strikingly similar, whether the stress situation is of a physical (e.g. thermal), biological (e.g. nutritional or allergic), or emotional nature. This concept had already been expressed by investigators in various fields, on former occasions. This meeting, however, was one of the first attempts to bring together the factual data on which such a concept must rest before it can be accepted. In doing so the meeting demonstrated its trend towards a more scientific way of arriving at conclusions.

Another advance of a more general nature was noticeable during the two days of this gathering. The platform united at one table an unusual combination of psychiatrists of various creeds and psychologists, together with some of the leading internists, physiologists and representatives of the specialties of this country. In the course of the days it became clear that none of them sat there without a specific task. Apparently the subject of the effect of life stress on the human organism was so vast that here was a field where men from such a variety of disciplines could come together and attempt to integrate their distinct approaches to the problem into a composite picture. Certainly, it has been said often before that man is a unity and that this unity cannot be torn apart when man is ill. At this meeting, however, the philosophical concept of the organism as one whole, found its practical expression in the presence of investigators of so different background and point of view on the same committee. At this meeting it was possible for an internist to question the psychoanalyst on his concept of the unconscious, for the psychiatrist to ask the endocrinologist about his interpretation of life stress. The meeting, in other words, not only preached reintegration of the differentiated medical disciplines, it made a practical attempt to achieve it.

Every evaluation of the status of any branch of science must, in addition to the pointing out of its advances, pay attention to the field that is still uncovered and to possible dangers that may encumber future progress. The field that lies ahead of us is indeed vast. We realize that we are only beginning to understand some of the mechanisms that operate in the adaptation of the human organism to life stress. This, however at the *present status need not frighten us any more: The field is open, the approach is clear*, even if the methods to be employed for each particular problem have to be especially developed and carefully tested for their suitability.

Truly, just a description of personality traits and conflict situations in certain diseases is not enough to draw conclusions about the existence and nature of psychosomatic relationships in various diseases. The formulation of such a relationship must be supplemented by experimental, reproducible evidence before it can graduate from an indication to a proof. But the careful taking of a history and the assiduous clinical observation of a patient's behaviour in various situations should never be forgotten or despised.

The production of data is the basis on which medical progress rests. An integration of the data, however, into comprehensive thinking is necessary to give the extension of our knowledge, its finishing touch and final aim. The following pages contain the data presented together with a provisional formulation. More leisurely contemplation of their contents will do much to achieve this end.

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Amsterdam

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