The Role and Meaning of Emotions in Psychosomatic Medicine.

A Plea for Conceptual Research.

Dirk von Boetticher
“No aspect of our mental life is more important to the quality and meaning of our existence than emotions. They are what make life worth living, or sometimes ending.” (de Sousa)
Emotions belong to the most complex bio-psycho-social phenomena of human experience as

- bodily
- psychic
- moral
- sociocultural Phenomena
“It [...] has never been fully realized that for 1700 years there has been in existence a continuous tradition of psychosomatic under the label of ‘passions’”

*Erwin Ackerknecht (1906 - 1988)*
Chapter 16

The Concept of Psychosomatic Medicine

Herbert Weiner

The Role of the Emotions (Passions and Affections) in the History of Psychosomatic Medicine

Ackerknecht\textsuperscript{10} pointed out that for centuries the latent content of psychosomatic medicine was subsumed under the heading of the passions. There are a number of reasons for the concern with the passions and emotions: They are characteristics of living organisms, but not of machines; they are observable phenomena; they change the appearance and expression of persons (Bacon’s “lyneasments”) and cause sensations and changes in bodily function; they are associated with “movements” in muscles and glands (“moved to tears”); and they are communicated; they have been linked with dramatic clinical phenomena—the hysterias—and to persons prone to it. Hysteric in turn is the most paradigmatic disorder in which bodily symptoms occur and in which actions and the mental faculties are altered without anatomical lesions. One need not be a philosopher or physician to be aware of such phenomena; in fact, the poet describes them far better than the biomedical scientist.

Nonetheless the matter is as puzzling as it ever was. The causal relationship between emotion and bodily change is complex; the specificity of physiological (not behavioral) changes with individual emotions remains unproven; and the role of the emotions in the production of structural changes in organs is far from established.
Emotions in History

Pathos (greek: παθός) (latin: passio) passion:

- Human suffering, incl illness,
- Strong emotion
Emotions in History

Pathos (greek: παθος) (latin: passio) passion:

- primarily bodily feeling or perception of bodily states

or

- mainly cognitive, world-directed intentional state
Aristotle (384 – 322 B.C.)

Considered the strong emotion (παθοσ) of wonder to be the cause and reason (αρχη) of philosophy
Aristotle (384 – 322 B.C.)

pathos (παθοσ)

1. Perception
2. Evaluation
3. Motivation
4. Bodily change
The introduction of the bio-psycho-social model and the concepts of multicausality and bidirectionality, which constitute basic postulates of present psychosomatic medicine, replaced the ideas of a unidirectional impact between emotions and bodily processes.
Bio-psycho-social Model

Empirical research
- Neurobiology
- Physiology
- Epigenetics

Hermeneutic research
- Ethics
- Self / Identity
- Intersubjectivity
92 definitions – no theoretical framework


A Categorized List of Emotion Definitions, with Suggestions for a Consensual Definition

Paul R. Kleinginna, Jr., and Anne M. Kleinginna
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A major problem in the field of emotion has been the wide variety of definitions that have been proposed. In an attempt to resolve the resulting terminological confusion, 92 definitions and 9 skeptical statements were compiled from a variety of sources in the literature of emotion. These definitions and statements were classified into an outline of 11 categories, on the basis of the emotional phenomena or theoretical issues emphasized.

“. . . there is at present no generally accepted theoretical framework for human emotion” (M. Phillips et al., 2003)
An emotion is (1) a multidimensional experience that is (2) characterized by different levels of arousal and degrees of pleasure--displeasure; (3) associated with subjective experiences, somatic sensations, and motivational tendencies; (4) colored by contextual and culture factors; and that (5) can be regulated to some degree through intra- and interpersonal processes. (p. 2)
A Current Comprehensive Philosophical Concept

Human beings are
- self-interpreting animals
- aiming at leading a good life

Charles Taylor (* 1931)
A Current Comprehensive Philosophical Concept

"We are selves only in that certain issues matter for us. What I am as a self, my identity, is essentially defined by the way things have significance for me."

Charles Taylor (* 1931)
Strong evaluations “are woven into our emotional experience [...] are anchored in feelings, emotions, aspirations; and could not motivate us unless they were”
Emotions

- not only central objects, but also leading motives
  and formative intentions
“Hence, what philosophy a man chooses depends entirely upon what kind of man he is; for a philosophical system is not a piece of dead household furniture, which you may use or not use, but is animated by the soul of the man who has it.”

JOHANN GOTTLIEB FICHTE (1762 - 1814)
Thesis 1

What kind of medicine we want to practice depends upon what kind of humans we are (and want to be), for our medical practice and their corresponding concepts are never neutral towards or detached from our innermost ideals, but animated by our soul respective that what matters most in our life.
The clinical realm is rested “on complementary and basic human needs, especially the need to know and understand and the need to feel known and understood ... Herein ... converge the scientific and the caring (samaritan, pastoral) roles of the physician”
George Engel (1913 – 1999)

The biopsychosocial model would enable the physician “to extend application of the scientific method to aspects of everyday practice and patient care heretofore not deemed accessible to a scientific approach” and that therefore “a truly scientific physician will come closer to reality.”
What concepts we shape and choose, depends entirely upon the aims and ideals of the medical practice we strive for; what medical practice we strive for, depends entirely upon what kind of humans we are and what matters most in our life.
What is an emotion?

- Both a central object of and a strong motive for our psychosomatic practice

What is the task of conceptual research?

- Both to describe the concepts we have and to search for the concepts we need in order to achieve and assure that understanding of and caring for our patients we aspire to
“Although emotions punctuate almost all the significant events in our lives, the nature, causes, and consequences of the emotions are among the least understood aspects of human experience.”

Aaron Ben-Ze’ev
“Feelings are the true inhabitants of human life-courses”
(Chronicle of Feeling, 2000)

Alexander Kluge (* 1932)
“Although emotions punctuate almost all the significant events in our lives, the nature, causes, and consequences of the emotions are among the least understood aspects of human experience.”

Aaron Ben-Ze’ev
Consider emotions to be primarily bodily feelings or perceptions of bodily feelings

Argue that emotions are cognitive, world-directed intentional states

Regard emotions to be integrated with and modifiable by cognition

Claim emotions to be inherently independent of, or opposed to rational thought
William James: *What is an emotion?* (1884)

The stimulus-induced physiological arousal and change is primary and the experience of an emotion secondary due to a reaction of the brain:

“we feel sorry because we cry, angry because we strike, afraid because we tremble”
Galen (130—200)

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“...there is at present no generally accepted theoretical framework for human emotion” (M. Phillips et al., 2003)
No easy solutions

“For every complex problem, there is a solution that is simple, neat, and wrong.”

(H.L. Mencken)
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George L. Engel (1913-1999)
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No easy solutions

Engel celebrating grandpa’s 84th birthday

Dirk von Boetticher

Care and Cure

Conceptual research
“What disturbs and alarms man, are not the things, but his opinions and fancies about the things.”

1. Anthropological reasons for the formation of concepts – Man as animal symbolicum

2.

Epictetus (50 - 138)
Schizophrenia

- an endogenous biological process
- cannot be understood psychologically
- cannot be effectively treated psychologically
**Schizophrenia**

- an endogenous biological process
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- cannot be effectively treated psychotherapeutically
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A classic psychiatric opinion and attitude

Schizophrenia is an endogenous biological process that cannot be understood psychologically and cannot be effectively treated psychotherapeutically.
A classic psychiatric opinion and attitude

- Schizophrenia is an endogenous biological process that cannot be understood psychologically.
- It cannot be effectively treated psychotherapeutically.

Dirk von Boetticher

Care and Cure

Conceptual research
A classic psychiatric opinion and attitude

Figure 1
The classification of emotions.
Emotion is a complex set of interactions among subjective and objective factors, mediated by neural-hormonal systems, which can
(a) give rise to **affective experiences** such as feelings of arousal, pleasure/displeasure;
(b) generate **cognitive processes** such as emotionally relevant perceptual effects, appraisals, labeling processes;
(c) activate widespread **physiological adjustments** to the arousing conditions; and
(d) lead to **behaviour** that is often, but not always, expressive, goaldirected, and adaptive.
A classic psychoanalytic opinion and attitude

Freud

*Psychoanalytic notes on an autobiographical account of a case of paranoia* (1911)

- constructed an association between psychotic symptoms and the patient’s life history
- pointed to the potentially restitutitional function of psychotic symptoms
- claimed that psychotic patients are incapable of forming a transference and therefore cannot be cured by psychoanalysis

Daniel P. Schreber 1842-1911

*Memoirs of My Nervous Illness* (1903)
Psychotherapy of Schizophrenia?

Though for different reasons (psychological and biological), both Freud and the founders of modern psychiatry have engendered a pessimistic attitude towards psychotherapeutic treatment of schizophrenic psychoses
„I’m being persecuted, therefore I am“

- therefore I am, because another person is relating to me – although not well-intended
- therefore I am in contact – although it might be cruel
Schizophrenia - a psychosomatic disorder concerning not only the brain

- Schizophrenia is a life shortening disease
- Life expectancy of schizophrenic patients in industrial countries is reduced by about 20 to 25 years
- This mortality gap has probably widened in recent decades
- About 60% of this excess mortality is due to physical illness
- By which 30-50% of schizophrenic patients are affected to a relevant degree
Schizophrenia - a psychosomatic disorder concerning not only the brain

- Cardiovascular diseases and metabolic syndrome are ranking first, but many diseases from various medical fields are associated
- The prevalence of CVD in people with schizophrenia is approximately 2- to 3-fold increased, particularly in younger individuals
- Diabetes mellitus is 4 to 5 times higher in the age group from 15 to 60 years compared to the general population; 30-45% of these patients are not diagnosed and treated sufficiently
Schizophrenia - a psychosomatic disorder concerning not only the brain

Due to the extensive somatic morbidity and excess mortality of schizophrenic individuals, schizophrenia can be classified as a severe and complex to mind and body pertaining (psychosomatic-somatopsychic) illness requiring comprehensive integrated care.
Concluding remarks

Be aware

- that the patient in front of you suffers from intense and painful anxiety due to an unsolvably experienced dilemma
- that you are inevitably part of his dilemma – both needed and feared
- that you therefore are a reason of his anxiety, distrust and aversion
- of the extraordinary sensitivity of the patient
Concluding remarks

- Be prepared that hardly bearable countertransference feelings might occur in treating the patient.

- Become aware of these feelings and take them seriously, because by them you participate in the subjective experience of the patients.

- Try to relate to your negative feelings in a way that does not lead to an annoyance or derogation of your attention and care.
Concluding remarks

- Try to find a balanced position between good enough attention and good enough distance in order to take into account the schizophrenic dilemma.

- An active, empathic and yet distant enough shaping of relationship is necessary.

- To enable the patient to make a corrective relationship experience, thus maybe a little bit attenuating his dilemma.