

Psychosomatics in Hungary Yesterday and Tomorrow

Imre Lázár MD PhD

The Hungarian contributions to psychosomatics date back to the early period of twentieth century beginnings of psychoanalysis. The so called Budapest School, Sándor Ferenczi and his colleagues transformed the Freudian orthodoxy of doctor-patient interrelationship, and shortened the time framework of exploring and treating the hidden psychic mechanisms of somatic conversive symptoms and bodily consequences. This pragmatic turn in psychosomatic therapeutic dramaturgy led to positive reception of psychoanalytic approach in treating neurotic diseases among clinical circumstances too.

In the late twenties Mihály Bálint treated patients in the 1st Dept of Internal Medicine of Péter Pázmány University of Sciences. It is good to mention that psychologist Eszter Kiss, expert of psychosomatic diseases heals her patients in the same room following the psychosomatic traditions since the early sixties.

Followers of Ferenczi, like Mihály Bálint, Lipót Szondi or Imre Hermann contributed to psychosomatics far beyond the borders of the Freudian paradigm. Mihály Bálint, son of a general practitioner, created the so called Bálint Groups, a praxis of psychodynamic analysis of doctor-patient relationship.

Although the Freudian paradigm had to be turned into “underground” praxis in the Stalinist and the early Kadarist period, nevertheless the famous book of Bálint: Doctor, Patient and his Illness had been published in the early sixties in spite of ideological blockade of Freudism.

Szondi’s test for diagnostics of instincts based psychological features was widely used in diagnostics of psychosomatic symptoms and illnesses. Hermann’s achievements in the concept of ethological roots of mother and child bond pointed towards the attachment theory of psychosomatic diseases.

The Hungarian Freudist contributions exceeded the clinical and theoretical framework of psychotherapy, as one can trace their radiation to other disciplines reflected by the oeuvre of Géza Róheim in the psychoanalytical anthropology, or the neo-freudian contribution to anthropology by George Devereux. Son of the great Hungarian internist Imre Haynal, André Haynal gave a detailed and deep analysis of the psychoanalytic tradition of Budapest School.

A different way of thinking is mirrored in the psychophysiological contributions of Hungarian scientists to psychosomatics like the stress paradigm of Hans Selye, or the neuroendocrin-immunological researches by István Berczi, Andor Szentiványi, and Miklós Jancsó jr. or the ethological- psychophysiological results of Béla Bohus.

They revealed the deep, aspecific physiological mechanisms working in evolved, ethological constraints and patterns and in socio-bio- ecological context.

We can mention psychosomatic models bridging the gap between the analytic and psychophysiological framework too. In his classic textbook of psychosomatic diseases, Franz Alexander, son of the famous Hungarian philosopher Bernát Alexander, tried to integrate the psychodynamic, meaning centered, conflict-specific psychodynamic working mechanism with the contemporary results of autonomic nervous system physiology research of the fifties.

Although he revealed the psychophysiological and psychodynamical features of the psychosomatic “holy seven” of internal, rheumatological, pneumological and dermatological diseases, neglecting the Selye concept, he dismissed the potential psychoimmunological explanation laying implicit in the Selye’s stress model. This psychoimmunological hermeneutics appeared soon in the sixties and seventies in the works of Selye followers, like Berczi, Szentiványi and others. The psychoneuroendocrinology emerged offering new clinical therapeutic measures too.

In spite of the deep impact of these scientists of Hungarian origin, psychosomatic medicine remained only at the margin of the mainstream biomedicine for decades in Hungary. Although there were exceptional workshops, of psychosomatic tradition and experts of this tradition influenced consecutive generations of healers with this interest, psychosomatics could not break through its disciplinary borders bound to the psychiatry.

In the early sixties the neurovegetative concepts of some internal diseases like *ulcus ventriculi* has been conceptualized under influence of the so called *nervism*. Prof Géza Hetényi represented this direction, but other aspects of the psychosomatic heritage was not enforced.

The psychosomatic concepts and praxis could not be institutionalized in the frame of internal medicine neither in hospital work, nor in the outpatient departments, so psychosomatic outpatient services remained only part of psychiatric service.

The renaissance of psychosomatic medicine has been started with alternative initiatives of self organizations of GPs interested in the field, and medical students like the Pápai Páriz College of psychosomatic medicine in the early eighties in the Semmelweis University, just as the Bálint Mihály movement or the enthusiastic teaching activity of experts like Mária Kopp, Artur Hoffman, Endre Schnell, Eszter Kiss, Gyula Császár, Emőke Bagdy and many others..

This revival period of psychosomatics has been expanded by the official integration of psychosomatic medicine in the gradual medical education and research by establishing the Institute of Behavioral Sciences. in the Semmelweis University led by Maria Kopp, and later in other leading medical schools. The curriculum of Institute of Behavioral Sciences including medical sociology, communication, medical anthropology, bioethics, health psychology, behavioral medicine offers the widest repertoire and the greatest time volume of learning hours during medical education. More than a decade of teaching experience provide enough assertivity for us to expect a generational change in acceptivity towards psychosomatic view of medicine

Psychosomatic framework with its engelian bio-psycho-social „ambitus” helps us to integrate different perspectives, concepts, and methods of behavioural sciences as applied to public health too. Our task is to demonstrate the mutual interactions between health and disease and the human behaviour imbedded in its sociocultural, technological and natural environment, to investigate the succesful adaptation and the maladaptation at personal and public level. The psychosomatic training helps to integrate the elements of the behavioural science -with special emphasis on the topics of public health- to the professional public health mentality, problem sensitivity and decision skills based on pragmatic, system oriented, interdisciplinary approach too. The psychosomatic approach has emphasis on developing knowledge of the sociocultural dimensions of medicine. The points of behavioural sciences- allowing us to concentrate on the personality, and the psychophysiological processes organising the behaviour in the context of environmental interrelations,- enhance the effectivity of prevention, risk management, and the succesful interventions as well. It needs the integration of health psychology, medical antropology, medical sociology, behavioural medicine. The widening of psychosomatic education towards students learning psychology in several universities also makes us to wait for a great boom in psychosomatic concepts of prevention, care and healing.

The occupational health offers niches for psychosomatic screening of risk groups and prevention, opening a new frontier in organisational psychology and work-site health promotion. The other frontier at clinical medicine needs more active dialogue and mutual understanding of groups of different medical ideologies led by different concepts and interest.

In this paper I try to depict the tensions and complementarities of psychosomatic and biomedical framework by typology. I figure out the leading role of behavioral medicine and psychosomatic framework in searching answer to the enigma of Central and Eastern European health paradox based on the representative results of Hungary studies in context of new public health.