PSYCHIATRIC ASPECTS OF ASTHMA*

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Since earliest times it has been suspected that psychological factors have played some role in connection with bronchial asthma and syndromes of hypersensitivity. A relationship between the psyche and allergic diseases appears to have been recognized since the earliest medical recordings. Abramson has provided a review of the most important literature on the psychosomatic aspects of hay fever and asthma prior to 1900. He points out that Hippocrates mentioned asthmatic symptoms and recognized that anger and hostility influenced the asthmatic paroxysm. He also observes that, “Up to the seventeenth century the opinions of Galen and other Greek physicians concerning asthma were quoted and had remained essentially unchanged for more than a thousand years.” Then, “Numerous publications appeared, giving detailed descriptions of the symptoms, causes and cures for asthma.” Among these writers, “There were a few who sensed that in some cases of spasmodic asthma, the initiation of the attacks and their subsequent relief could not be traced to any known physical or organic cause.”

Willis, in 1685, stated, “Medicines wont to be given in hysterick passions are also proper in convulsive asthma.” In 1726 Floyer reported a case history indicating a direct connection between an asthmatic attack induced by an infection, which was intensified by a superimposed emotional disturbance. Bree, in 1800, confirmed and expanded Floyer’s concepts, “The passions of the mind may excite a paroxysm (of asthma) or strengthen the predisposition to it. Love, grief, terror appear to distress the mind and relax the habit; they may not in this view so frequently excite the paroxysm as they may add to the predisposition to it.” “Every sensation of the body raises a perception or idea of the mind which being recalled by the memory or imagination brings back the sensation combined with it. If a complex idea be recalled, complicated sensations may be revived.” These excerpts anticipate the significance of the part played by repression and conflict in enhancing the intensity of physical symptoms.

In 1860, Salter wrote that he considered “that asthma is essentially and with perhaps the exception of a single class of cases,

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exclusively a nervous disease; that the nervous system is the seat of pathological condition.” He listed the following as causes of asthma, proving, he stated, that it is of nervous origin: “fatigue, physical exhaustion, sudden or violent emotion and venereal excitement.”

Thorowgood, in 1879, said, “My own observation has shown me that a most severe fit of bronchial asthma . . . may develop in the space of two minutes. . . . A youth going up for examinations is breathing with comfort when the anxiety due to the non-arrival of the carriage . . . causes a speedy attack of asthma which subsides as the carriage draws up to the door.”

These few references reveal significantly the importance which these earlier observers placed upon the presence of a psychogenic factor in the pathogenesis of bronchial asthma. With the discovery of anaphylaxis in the early part of this century, however, the significance of allergic factors in asthma became recognized, and for a few years the literature was almost entirely dominated by the conception of asthma as a hypersensitivity to allergens. This was particularly true of the American reports, as Dunbar has pointed out. She found a considerable interest in the psychosomatic relationships in a review of the German literature from 1910 to 1933.

In the past 15 to 20 years there has been another reversal of emphasis without minimizing the part played by the allergies. Asthma has proved a fertile field for psychosomatic investigation, and reports of psychoanalytical observations have left little doubt as to the importance of emotional conflicts in many cases of asthma. Some laboratory experiments provide even further support.

Wittkower, in 1935, presented a formulation of his studies on the influence of emotions on the pathogenesis of asthma which represented an early psychosomatic conception of the syndrome. He considered that:

1. An allergic genesis of asthma without neurotic component is certainly true in many asthma cases.

2. A purely psychological conditioning without somatic predisposition is possible, in some cases even probable, but unproved.

3. The large majority of asthma cases have a two-fold causation: Either that, with allergic predisposition, psychological factors actuate the latent disposition for the disease and make it ap-