The Psychopathology and Psychotherapy of Cardiospasm

J.

Jiří

Roubíček

Prague

During the past six years I have investigated 25 cases of cardiospasm at the Psychiatric Clinic in Prague. The group consisted of 18 females and 7 males. The average age was 47 years. The youngest patient was an 8-year-old girl, the oldest a 74-year-old woman. The average duration of the illness before psychiatric examination was 1-2 years. Out of the 25 patients investigated it was possible to demonstrate pronounced psychogenic factors in 22. In 7 patients it was a case of marital conflicts, in 6 of them distress and dissatisfaction at work were in the forefront, in 4 the illness arose in connection with events and stress of war, in two of whom there was a sudden onset during air raids.

In 15 patients it was possible to trace retrospectively anxiety feelings related to the first signs of the illness; in the others investigation pointed rather to a state of chronic emotional tension and dissatisfaction. In 3 patients there was fear of cancer brought about by incorrect medical handling. Amongst the relatives of 4 patients there was a history of serious psychosis. One patient was herself a sufferer from periodic endogenous depression.

With regard to occupation housewives and women with occasional, seasonal employment, mostly in agriculture, predominated.

In the investigation of the personality of our patients 11 appeared conspicuously quiet, mild, rather serious, submissive and inclined to resignation, with inadequate ability to cope with life's difficulties. Their reactivity was mostly defensive, conflicts were repressed, sometimes resentfully "chewed over". They showed little inclination for humour and were suspicious. Only during more intensive narcoanalytic investigation did aggressive manifestations and desires for retaliation and revenge for real or imagined slights show up. In the remaining patients no further clear-cut type of personality was observed. Two were agile, active and extraverted people. The course of the illness was in the majority of the cases intermittent and new exacerbations were related to fresh psychological injuries.

The dilated and elongated oesophagus with a defined obstruction appeared as the final stage of the pathological process brought on by repeated conditioned emotional stress. The reaction of closure of all the organismic orifices is one of the primitive archaic reflexes in response to approaching danger. Repeated and pent up emotions of fear, anxiety and danger generally increase the tendency to spasticity. Spasm of the oesophageal musculature may be part of a biological reaction which

15 Gastroenterologia, Vol. 86, No. 3 (1956)

212

Roubíček

Congress 80

is appropriate to the ingestion of offensive food, but occurs also inappropriately in certain individuals in their adaptation to external stress. A special type of personality which would be

constant in all the cases was not observed, but 11 out of the 25 patients were conspicuously passive and the majority of the patients were lacking in adequate social attainment.

If the aberrant mode of defensive reactivity of the organism is continued over a long period, it may lead to dysphagia and ultimately also to organic deformities. The motility of the oesophagus can be altered up to a certain stage of the illness by action on the emotional condition of the patient.

Systematic psychotherapy was carried out in 12 patients with good results. In the early stages of the illness it was sufficient to employ a more superficial, explicative and suggestive type of psychotherapy. In longstanding cases longterm individual psychotherapy was required to which sometimes group psychotherapy was added. This was not attempted, however, in permanent and gross dilatations.

In my experience the neuropsychiatrist may be of assistance in the problem of cardiospasm in the following ways:

Diagnostically in uncovering the psychogenic factors and ascertaining the type of personality and the reactivity of the patient.

In the treatment by psychotherapy the type of which depends on the state of the oesophagus and the duration of the illness.

c) Radiological Studies

Chairman: Sir Stanley Davidson

Koch, E., y M.-J. M. Corcuera: Gastroenterologia 86, 212, 1956

Servicios de O. R. L. y Radiología Hospital Carlos van Buren, Valparaiso-Chile

Estudio clínico radiológico en Disfagias por alteraciones Faringo-Esofágicas

Por Walter E. KOCH y M.-José M. CORCUERA

Con relativa frecuencia llegan al O. R. L. enfermos que presentan sintomatología caracterizada, principalmente por dolores a la deglución, que localizan a la altura del cartílago tiroidescricoides.

Ante estos síntomas debe hacerse un estudio dirigido O. R. L. y radiológico, para descartar una lesión orgánica.

Nociones anatómicas: El esófago comienza en el borde inferior del cartílago cricoides, siendo continuación en este punto de la hipo-