DEGREE OF REPRESSION AND FREQUENCY OF PSYCHOSOMATIC SYMPTOMS

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ABSTRACT

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by Judith A. Basch

The purpose of the present study was to determine the relationship between psychosomatic symptoms and degree of repression using pencil and paper questionnaires. This relationship was previously reported by Reyher (1961, 1967). Using post-hypnotic stimulation of a hypnotically-induced conflict to produce symptoms, he found that as repression progressively weakens, somatic symptoms tend to be replaced by psychological or subjective ones. In both investigations, the number of symptoms were found to be inversely correlated with the degree of repression.

Ninety-two introductory psychology students were asked to complete a questionnaire which consisted of the Byrne (1961) Repression-Sensitization Scale and a 74-item inventory of psychosomatic symptoms. The study was replicated using 32 subjects. Only nonsomatic items of the R-S Scale which reflected three different degrees of drive representation were used to assess degree of repression.

The results showed that there is a significant relationship between the degree of repression and number of somatic symptoms and lend support to the theory that the type of psychopathology is a function of the degree of repression (Reyher, 1961, 1967).

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by

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INTRODUCTION

In discussing the concept of psychosomatic disorder, it is customary for psychoanalytically oriented investigators to differentiate between conversion (hysterical) and vegetative symptoms. Both kinds of symptoms are psychogenic with the former being symbolic of repressed conflicts and the latter being an indicator of unrelieved emotional tension. It is the vegetative type of symptom, with its medically identifiable physiological loci, that is defined as psychosomatic. A psychosomatic disorder is a real physical illness, but it has a psychological etiology.

Two major theoretical issues in psychosomatic research are: (1) the reasons for a certain individual developing a psychosomatic symptom and (2) the principles that govern the selection of the organ system that is finally affected. Several hypotheses have been set forth to resolve one or both of these issues. Mendelson, Hirsch, and Webber (1956) have reviewed some major theoretical models which they have classified in four major types.

One of the earliest theories, representative of the "Personality Profiles" type, was proposed by Dunbar (1935) who attempted to refute the conversion theory of psychosomatic symptoms and to demonstrate the proposition that certain diseases have a high correlation with certain personality types; that is, certain specific personality types develop certain diseases.

Representing the "Conflict Situations and Specific Responses" type, Alexander (1950) theorized that personality type is not critical in the formation of a given disorder, but a specific conflict situation develops in individuals with varying personalities. Known as the "specificity theory", Alexander's model makes use of the idea that different emotional states have different patterns of discharge; that is, each psychosomatic disorder results from a specific constellation of emotions and defenses against them.

Representing the "Protective Adaptive Response" type, Wolff (1950) postulated that individuals respond somatically to stress and conflicts of many different kinds in a fashion that is consistent for them and determined on a hereditary basis. Serious disturbance occurs first in the bodily organ which is most vulnerable innately.

Representing "Physiological Regression" type, Michaels (1944) proposed that the somatic expression of psychological disorder is the result of physiological regression of the adult to an infantile physiological level. One characteristic feature of this infantile mode of functioning is relatively greater reactivity to stimuli. There is a quantitatively more marked disturbance of homeostasis. The increase in physiological variability, due to the regression, is beyond the narrower limits of the adult, producing a breakdown in function.

The preceding theories have their own particular

weaknesses when they are put to the test of explaining or conceptualizing the vast amount of experimental and empirical data collected in psychosomatic research. However, a more basic conceptual problem is their inability to explain the entire continuum of psychopathology from the purely physiological symptoms at one end to purely symbolic or psychic symptoms at the other. The major theories of psychosomatic disorders have been oriented toward the physiological end of the continuum of psychopathology (ulcers, colitis, hypertension, etc.) without at the same time being able to explain the more psychic or psychological symptoms (compulsions, obsessions, anxidty, etc.) For instance, none of these theories accounts for the apparently whimsical change of symptoms in some patients , both physical and mental, over time. Most certainly, rather than being integrative, these theories have served to isolate psychosomatics as a branch separate from the rest of psychopathology when this division has no validity.

An attempt at such an integrative theory was made by Reyher (1964) as a result of two investigations concerning the posthypnotic stimulation of hypnotically-induced conflict. "Deeply" hypnotized subjects were given a paramnesia which generated intense feelings of anger and a destructive act toward a given person. They were to tear up some important papers belonging to this individual after they were awakened in response to prearranged cues. Observation alone revealed that as subjects became increasingly aware of less repressive

of their hostile impulses, their symptoms seemed to change from those of a somatic nature to others of a psychic or psychological nature. Only a few symbolic symptoms (conversion reactions) were noted. In view of their intrinsic interest, the obtained reactions were placed in categories that seemed to be clinically meaningful. Repression was conceptualized as a continuum and an objective index of repression of the induced conflict was obtained for each subject. In the two investigations reported by Reyher (1967) the degree of repression was found to correlate .74 and .78 (.05 and .01 levels of significance) with the relative frequency of somatic symptoms. Correlations of -.68 and -.80 between the degree of repression and number of symptoms were also reported for the two investigations (Reyher, 1967). The latter finding was verified by Perkins (1965).

The classification of symptoms is given below:

1. Symptoms characterized by dominance of autonomic system innervation such as feelings of nausea, gastric distress, headache, tiredness, sleepiness, tachycardia, pressure in head, sweating, flushing, skin disturbances, organ dysfunctions, heaviness, temperature alterations, and such feelings as "queasy" and "antsy".
2. Symptoms dominated by innervation of somatic or muscular nervous system such as stiffness, aches, pains, tension, ties, tremors, physical discomfort, etc.
3. Disturbances of affect
   a. Flattening: lack of feeling, apathy.
   b. Superego reactions: feelings of being alone, abandoned, ashamed, depressed, disgusted, guilty, worried.
   c. Inversion: definite feelings of well being upon recognition of a critical word.
   d. Alienation: feelings that seem weird, strange, funny, unreal, unnatural, foreign.
4. Unspecified distress that cannot be clearly cate-

gorized as either physical or emotional in nature, in S*s frame or reference, and are expressed in such conventional terms as being upset, ridgety, jittery, nervous, on edge, restless, bothered, etc.

5. States or emotional agitation that reflect the reaction of the ego to the threat of complete breakdown of repression, such as feelings of anxiety, fear, apprehension, terror, etc.
6. States of confusion, doubt and disorientation that include statements that one*s thoughts are being pushed or pulled and that the content of thought cannot be specified.
7. Dissociative reactions
   a. Somatic and ideational delusions, such as limbs feeling detached and paranoid ideas.
   b. Strong compulsive urges not carried out in behavior, such as wanting to move hands around, scratch at something, etc.
   c. Compulsive destructive urges acted out in behavior without awareness of relevant hostile or destructive impulses.
8. Disturbance or distortion in perception of the tachistoscopic stimulus.
9. Derivatives of the induced conflict.
10. Conscious correlates of the unconscious hostility, such as feelings of irritation, annoyance, frustration, etc.
11. Delayed awareness of one or both aspects of the conflict.
12. Immediate awareness of one aspect of the conflict.
13. Immediate and complete awareness of both aspects of the conflict.

The theoretical basis for the obtained relationship between the degree of repression and type of psychopathology has been presented elsewhere (Reyher, 1964) and denotes shifting patterns of excitation and inhibition in the Central Nervous System as an impulse is progressively represented over higher levels of cortical integration.

The purpose of the present investigation was to verify Reyher*s reported relationship between the number of symptoms and the degree of repression using paper and pencil questionnaires.

METHOD

Subjects and Materials

Ninety-two psychology students at Michigan State University in an introductory course were given the Byrne (1961) Repressor-Sensitizer Scale and a 74-item symptom questionnaire.

Procedure

The Byrne (1961) Repression-Sensitization Scale was rejected for three reasons: (1) it contains many somatic items; consequently, when correlated with the symptom questionnaire the outcome would represent a simple test-retest or S's tendencies to report somatic symptoms; (2) the R-S Scale indicates the probability or whether a person represses, not the degree or repression or certain drives and impulses; and (3) the experimenters preferred a theoretical rather than an empirical approach to the development of such a scale.

For these reasons, only non-somatic items of the R-S Scale were used which could be scored for the degree to which drives or impulses were repressed. The senior investigator scored the items in terms of level of awareness of the impulse or feeling. Three degrees of repression were used: those questions which were weighted 3 are indicators of impulses on the brink of awareness, whereas those questions weighted 2 or 1 are progressively remote

indicators or impulses. With the use of this scoring system, a numerical score indicating the degree of repression of an affect or impulse was obtained for each S. Table 1 shows the items from the Byrne Scale and the 74-item questionnaire that were used.

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Insert Table 1 about here.

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The two questionnaires were scored individually for (1) the total number of somatic symptoms (categories 1 and 2) and (2) the degree of repression (the summation of weighted items).

Subjects were then grouped according to the total number of somatic symptoms exhibited, beginning with those Ss with only one symptom. The types of somatic reactions for each group were recorded. Since both Reyher (1967) and Perkins (1965) reported that the number of symptoms is a function of the degree of repression, it is expected that the ratios between categories 1 and 2 for Ss with many symptoms would tend to be smaller than those ratios for Ss with few symptoms ; as repression weakens, more symptoms representing category 2 should be added.

A replication study was conducted using 32 Ss.

RESULTS

The relationship between degree of repression (R) and the total number of somatic symptoms was tested by obtaining the Spearman rank order correlation between R and the number of somatic symptoms for the 92 Ss. The obtained correlation of .43 (significant beyond the .01 level) is consistent with the earlier research reported by Reyher (1967) and Perkins (1965). The replication study indicating a correlation of .57 (significant beyond the .01 level) lends further support to the hypothesis mentioned above.

When the ratios were examined, there were no significant trends noticeable although it was difficult to analyze since for Ss with 5 symptoms and over, there were no "new" symptoms. Also, the numbers of symptoms in categories 1 and 2 were unequal and would cause category 1, with a greater number of items, to be favored. Finally base rates for these symptoms are unknown and are presumed to be unequal.

DISCUSSION

The significant correlations found in both the original and replication studies were surprising considering the crudity of the instruments. Investigators who espouse an empirical approach might criticize the judgemental or subjective element in categorizing the items of the Byrne Scale and the 74-item questionnaire in terms of degree of repression; however, the replication group justifies, on empirical grounds, the theoretical frame of reference employed. The favorable outcome of the replication sample also obviates the need for a measure of inter-rater reliability although such information is always of interest. A low correlation between raters might merely reflect a difference in their sensitivity to assessing data in terms of degree of repression or as derivatives of unconscious drives and impulses. Our experience with training students in "free imagery" (Reyher, 1963, 1968; Reyher & Smeltzer, 1968) indicates that there are gross individual differences in acquiring this sensitivity to unconscious processes.

The results of this study are consistent with the findings of laboratory research involving the posthypnotic stimulation of hypnotically-induced conflict and lend further support to the clinical relevance of hypnotically-induced psychopathology (Perkins, 1965; Reyher, 1962, 1963, 1967).

The significance of the results for clinical practice

is apparent when one considers the possibility that shifts in symptoms may indicate either an increase or decrease of repression. If this is the case, then the clinician may be able to determine whether his treatment is reinforcing or weakening repressive forces.

BIBLIOGRAPHY

1. Alexander, F. Psychosomatic medicine. New York: Norton, 1950.
2. Byrne, D. The repression-sensitization scale: rationale, reliability, and validity. J. Pers., 1961, 29, 334-349.
3. Dunbar, H. F. Emotions and bodily changes. New York: Columbia Univ. Press, 1935.
4. Mendelson, M., Hirsch, S., & Webber, C. S. A critical examination of some recent theoretical models in psychosomatic medicine. Psychosom. Med., 1956, 18, 363-373.
5. Michaels, J. J. A psychiatric adventure in comparative pathophysiology of the infant and adult. J. nerv. & ment. Dis., 1944, 100, 49.
6. Perkins, K. Repression, psychopathology, and drive representation: an experimental hypnotic investigation of the management of impulse inhibition. Unpublished doctoral dissertation, Michigan State Univer., 1965.
7. Reyher, J. Posthypnotic stimulation of hypnotically induced conflict in relation to psychosomatic reactions and psychopathology. Psychosom. Med., 1961, 23, 384-391.
8. Reyher, J. A paradigm for determining the clinical relevance of hypnotically induced psychopathology.

Psychol. Bull., 1962, 59, 344-352.

9. Reyher, J. A reply to Levitt's comments. Psychol. Bull., 1963, 60, 330-332.

10. Reyher, J. Free imagery: an uncovering procedure. J. clin. Psychol., 1963, 19, 454-459.

11. Reyher, J. Brain mechanisms, intrapsychic processes and behavior: a theory of hypnosis and psychopathology. Amer. J. clin. Hypn., 1964, 7, 107-119.

12. Reyher, J. Hypnosis in research on psychopathology. In J. E. Gordon (Ed.), Handbook of clinical and experimental hypnosis. New York: Macmillan Co., 1967.

13. Reyher, J. Hypnosis. In Introduction to general psychology: a self selection text book. Dubuque, Iowa: Wm. C. Brown Co., 1968.

14. Reyher, J., & Smeltzer, W. Uncovering properties of visual imagery and verbal association: a comparative study. J. abnorm. Psychol., 1968, 73, 218-222.

15. Wolff, H. S. Life stress and bodily disease: a formulation. In Proceedings of the Association for research in nervous and mental disease. Baltimore, Md.: Williams and Wilkins, 1950, 29.

Table 1. Items used to measure degree of repression and their respective weights.

Weight of each item	1	2	3
Byrne R-S Scale			
Number of item	105 T 149 T 148 T 140 T 129 F 12 T	156 T 44 T 155 T	70 F
74-item symptom questionnaire			
Number of item	45 T 17 T 11 F 66 T 64 F 59 F	53 T 33 T	6 T 18 T 73 T 72 T 43 T

APPENDIX

Seventy-four Item Symptom Questionnaire

This questionnaire consists of some numbered statements. Read each statement carefully. If it is true as applied to you, mark T on the answer sheet and if false mark F. Please answer all statements as accurately as you can.

1. I do not often feel bothered.
2. I have never been paralyzed or had any unusual weakness of any muscle.
3. I find that I must urinate frequently.
4. I go to sleep without thoughts or ideas that make me feel guilty.
5. I frequently notice my hand shakes when I try to do something.
6. At times I am on the brink of having a feeling or impulse but am at a loss to know what it is.
7. I hardly ever feel pain in the back of my neck.
8. When something goes wrong, I generally feel that I am the blame.
9. I never wake up at night frightened.
10. Sometimes I feel as if I must injure either myself or someone else.
11. I am never ashamed of my thoughts and of the things that I do.
12. I am bothered by a persistent cough.
13. Parts of my body often have feelings like burning, tingling, or crawling.
14. I often notice that my body is tense and I have difficulty in relaxing.
15. Once a week or oftener I feel suddenly hot all over without apparent cause.
16. There have been times when I felt like jumping off when on a high place.

17. I often feel as if things were not real.

18. At times I feel as if something dreadful is about to happen.

19. At times I have trouble swallowing.

20. I am not usually afraid of things or people which I know cannot hurt me.

21. I practically never blush.

22. Sometimes I have strange, unnatural feelings which are hard to describe.

23. At times I have a strong urge to do something harmful or shocking.

24. At times when things are going particularly well for me, I become suddenly depressed.

25. Often, even though everything is going fine for me, I feel that I don't care about anything.

26. There are very few periods when I am on edge.

27. There are persons who envy my thoughts and ideas and would like to call them their own.

28. I have never had attacks in which I could not control my movements or speech but in which I knew what was going on around me.

29. I hardly ever notice my heart pounding.

30. There are some people who seem to have it in for me.

31. Sometimes without any reason or even when things are going wrong, I feel excitedly happy, "on top of the world.

32. Even though I know I do not have arthritis or rheumatism, I often have soreness in some of my joints.

33. I deserve severe punishment for my sins.

34. There are never times when I lose my bearings and am at a loss to know where I am.

35. At times my eyelid twitches for no accountable reason.

36. I feel weak all over much of the time.

37. My thoughts have never raced ahead faster than I could speak them.

38. My mind seems to be divided into two parts which appear to be struggling with one another.

39. Sometimes I have a loss or reeling or numbness in a part of my body.

40. Sometimes I break out in a sweat even though it is not hot.

41. I have never had a fainting spell.

42. My sleep is sometimes fitful and disturbed.

43. There have been times in my life when I felt panic or terror without any accountable reason.

44. I sometimes develop hives or rash for no apparent reason.

45. I love my parents dearly and wish that I could live up to their expectations.

46. I am seldom short of breath.

47. I am almost never bothered by pains over the heart or in my chest.

48. I seldom or never have dizzy spells.

49. In the presence of friends and familiar surroundings, I sometimes feel as if the people around me were strangers and the setting unfamiliar.

50. My mouth feels dry much of the time.

51. I have noticed on occasion that parts of my body have felt detached as if they were not a part of me.

52. There are periods during which I have abdominal cramps for no apparent reason.

53. I often feel irritated or annoyed without any particular reason for it.

54. At times I have problems with either constipation or diarrhea.

55. I never feel that all my friends and loved ones will abandon me.

56. I have periods or great restlessness.

57. I reel anxious almost all the time.

58. I am bothered by acid stomach several times a week.

59. I have never had strange and peculiar thoughts.

60. At times I become depressed and think that I am no good at all.

61. I have little or no trouble with my muscles twitching or jumping.

62. I hardly ever reel like smashing things.

63. I am easily frightened.

64. I hardly ever become upset without knowing why.

65. There are times that I suddenly become aware that I have been gritting my teeth.

66. At times I reel I lose control over my mind.

67. I reel frustrated much or the time.

68. I orten notice that I am ridgety.

69. During sad moments, I never rind myself laughing out loud or having the urge to do so.

70. I never get the jitters.

71. I sometimes reel that I am about to go to pieces.

72. There are times when I don't have any emotions or reelings at all, even though I wish I had.

73. I am aware of the presence or certain thoughts or ideas which I am unable to grasp.

74. I am not bothered by people outside, on streetcars, in stores, etc. watching me.