Psychosomatic Disorders in Torture Victims

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Psychosomatic disorders, like several other ill-defined and inexactly delimited conditions, have a series of names:

Psycho-physiological, autonomic, and vegetative nervous system disorders. This suggests a connection with the stress-adaption theory of Cannon and Seyle.

The American Psychiatric Association's diagnostic and statistical manual III of 1980 has characterized these conditions as "psychological factors affecting physical conditions" (1).

Thus the range of the problem is wide and still difficult to define. There are some essential characteristics which show that

a. there is no correlation between psychosomatic disorders resulting from acute stress, and emotional dysfunction;
b. typically, the persons affected will change the reactions of the organ as time passes by so that an actual target organ may be difficult to find;
c. there is no essential difference in the psychopathology of psychosomatic persons and the one of healthy persons; and
d. there is a strong correlation between chronic physical diseases of any kind and premorbid psychopathology.

Item d) has ethiological significance. This will not be elaborated on here, apart from mentioning that knowledge of "type a behaviour" suggests a pathogenic factor. Research into life-events, which is based on the theory that adaptation exhaustion produces stress and thus illness, is supported by a study of events and traumatic experiences in a series of well-defined known diseases and among control persons (2).

From these assumptions and with knowledge about a series of deficiencies, mentioned in the previous article, some of the requirements are justified for later disturbances which can be called psychosomatic. The list of psychosomatic disorders is extremely comprehensive, depending on the definition. Here, these conditions are limited to gastro-intestinal disorders, cardio-vascular symptoms, arthralgia and back problems, headache and hyper-tension, and it should be born in mind that these conditions often correspond to organ affection of non-psychosomatic pathogenesis.

In the study made by Eitinger and Strøm, covering 498 surviving Norwegian KZ-prisoners and matched controls (3), there was a significant difference, with a higher frequency among the ex-prisoners of the following: tuberculosis, neuroses and nervous complaints, alcohol and drug abuse, gastric disorders and diseases located to the connective tissue. Among these categories of diseases the following are selected as possibly psychosomatic from the authors' extensive diagnosis register:

Eitinger and Strøm: 498 ex-KZ prisoners and 498 controls.

	Ex-prisoners	Controls
Headache, dizziness and sleep disturbances	51 (10,2%)	21 (4,2%)
Uncharacteristic symptoms located to the resp. System and dyspnoea	7 (1,4%)	1 (0,2%)
Uncharacteristic symptoms located to the gastro-intestinal functions and dyspepsia	59 (11,8%)	25 (5%)
Uncharacteristic symptoms located to the cardio-vascular function	3 (0,6%)	1 (0,2%)
Rheumatism-myalgia	59 (11,8%)	23 (4,6%)
Hypertension	13 (2,6%)	3 (0,6%)

Some studies regarding especially gastro-intestinal symptoms should be mentioned because these symptoms are numerically better supported, and they could be important for the understanding of prison-life.

When controlling 120 former KZ-prisoners in 1958, Hermann and Thygesen (4) found that 23% had gastric dyspepsia, 14% had verified ulcus D/V, and 57% had periodic diarrhoea.

Thygesen et al. (5) examined 572 members of the resistance movement in 1970. They found that among these 2% had ulcus and dyspepsia before imprisonment, less than 1% during imprisonment, and 7% in 1967.

Paul (6) examined 2,000 former German prisoners of war. 29,6% of these had disorders located to the stomach and/or the intestines.

Our own study of 135 torture victims showed that 22% had cardio-pulmonary symptoms, 36% headaches and 32% gastro-symptoms (7). This material is invalidated by the lack of controls and by its multiple origin.

The studies mentioned above reflects the conflict situation as inducing a mental trauma, or as a sustained state of stress as the basis for a series of overrepresenting injuries.

In Amnesty International's material on 135 torture victims, the gastro-intestinal symptoms broke out after the period of torture. They were both periodic and permanent, described as similar to the symptoms of ulcer

dyspepsia, like epigastric regurgitation pain, with food-related oppression and irritable colon of the hypermotoric type as the most common.

These disorders are composed of a complexity of symptoms, and it is not permissive to relate them solely to the torture. However, they could be related to the stress mechanism as such. Here, the torture - and also the physical conditions in the prison and the psychological effects of those - must be seen as major causes.

However, it is possible to imagine other causes or co-causes, such as starvation or limited supply of fluid in connection with heavy physical exhaustion. This typically takes place during the first period of imprisonment.

The low contents of protein and fibres in the prison diet and insufficient exercise are factors with pathogenic importance concerning the development of irritable colon. Protein and fluid restriction leads to insufficiency of salivation and digestion.

It should be mentioned that the dental reports included in the studies stressed these conditions as being responsible for a strikingly worse state of the teeth than was to be expected in a corresponding background population (8).

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