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EMOTIONS AND GASTRIC FUNCTION¹

By Dr. HAROLD G. WOLFF

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REVIEWING the life histories of the patients with ulcers, Mittelman and Wolff found that the patients had been subject to prolonged emotional turmoil, involving mainly conflict, anxiety, guilt, hostility and resentment.

During periods of experimentally induced anxiety, hostility and resentment, they found a rise in acidity and increased contractions in the stomachs of all the patients suffering from ulcer and in many of the normal subjects. Moreover, they were able to reverse this process and cause a decrease in acidity and motility by inducing in their patients feelings of contentment and well-being.

In all the patients with peptic lesions it was possible to demonstrate a chronological parallelism between the onset, recrudescence and course of gastroduodenal symptoms, and the occurrence of untoward emotional reactions. The situations that prompted these reac-

tions were not necessarily dramatic or in the nature of crises, but, because of the existing emotional frame within which they occurred, they had important effects on the patients.

To demonstrate that the above-described emotional states were relevant to the gastroduodenal dysfunction and peptic ulcers in the particular patients studied, situations were experimentally created which induced destructive emotional reactions and precipitated symptoms when the patient was free of symptoms. Moreover, if such effects, symptoms and tissue defects already existed, all increased in intensity during such experimental procedures. On the other hand, in situations which engendered feelings of emotional security and assurance, gastric function was restored toward normal and symptoms eliminated, in those with symptoms and abnormal function.

The facts of this study emphasize the occurrence in the same individual of the aforementioned destructive emotions coupled with increased motility and secretion

¹Delivered at the New York Academy of Medicine Graduate Fortnight, October 11, 1943.

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