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The ways in which individuals cope with the experience of physical illness influence its course and outcome. The concept, determinants, styles, and strategies of coping in this context are discussed from a clinician's point of view. [The SSC[®] and SC[®] indicate that this paper has been cited in over 125 publications, making it this journal's most-cited paper.]

The Human Side of Medicine

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April 4, 1989

In 1969 I published an article on psychosocial aspects of disease¹ in which I formulated a conceptual framework for their clinical study. The proposed core psychological concept around which a person's reaction to physical illness is organized was that of the subjective meaning of all the illness-related information for him or her. Four broad categories of such meaning were distinguished: threat, loss, gain or relief, and insignificance. The article evoked a considerable positive response on the part of medical teachers. Shortly after its publication, a new journal, *Psychiatry in Medicine*, was established; and its editor, D.R. Lipsitt, invited me to write a sequel to the original paper, one focused on the concept of coping, and I responded eagerly.

My main area of clinical work was to act as a consultant psychiatrist to medical and surgical patients in a general hospital, while my chief theoretical interest was in psychosomatic medicine and the clinical problems at the borderline between medicine and psychiatry. In my clinical work I became fascinated by the variety of people's responses to their illness or injury and found that physicians on the whole paid little attention to them. Moreover, the medical literature showed a relative dearth of relevant studies and

theoretical formulations. Psychosomatic medicine was preoccupied with the study of and theorizing about the putative role of psychosocial factors in the etiology of various diseases. Workers in that field showed precious little interest in the ways in which patients reacted to and coped with physical illness regardless of its presumed causation. This fact struck me as a deplorable oversight. After all, illness is a universal aspect of the human condition and the experience of and reactions to it constituted a theoretically and practically important subject for research, I thought.

After a decade of working as a consultant at the Royal Victoria Hospital in Montreal and the Montreal Neurological Institute, I had gathered a body of clinical observations and impressions that inspired me to write the first paper, whose acceptance by a major medical journal was very encouraging. Consequently, Dr. Lipsitt's invitation found me ready to develop my concepts further. They are even further elaborated in two chapters of my more recent book.² In writing about coping I was influenced by the seminal book by R.S. Lazarus.³

In the past two decades the concern with people's reactions to and coping with physical illness has grown considerably and so has research on these subjects.^{4,5} I find this development personally gratifying and believe that it reflects a trend towards a humanistic medicine and away from a largely biomedical and technological approach to patient care. I was frankly surprised to learn that my article has been quoted more often than I thought. Why should this be so? Perhaps because its publication coincided with the growing interest in the subjective aspects of illness as an existential state and in their impact on the course and outcome of disease in an individual. The concepts formulated in my paper seemed to challenge researchers to subject them to a systematic empirical inquiry. It appears that there is still a need for conceptual articles in which a clinician presents a theoretical formulation and ideas derived from his or her experience with patients. Considering that my paper is neither a review nor a research report, its designation as a *Citation Classic* should encourage other clinicians to communicate their ideas, even when based on casual observations rather than on systematic study.

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2. ———. *Psychosomatic medicine and liaison psychiatry: selected papers*. New York: Plenum Medical Book, 1985. 453 p. (Cited 20 times.)
3. Lazarus R S. *Psychological stress and the coping process*. New York: McGraw-Hill, 1966. 466 p. (Cited 1,145 times.)
4. Keltikangas-Järvinen L. Psychological meaning of illness and coping with disease. *Psychother. Psychosom.* 45:84-90, 1986.
5. Viney L L. Expression of positive emotion by people who are physically ill: is it evidence of defending or coping? *J. Psychosom. Res.* 30:27-34, 1986.

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