



ÖFFENTLICHE VORTRAGSREIHE IM SOMMERSEMESTER 2010 UND WINTERSEMESTER 2010/11
PROF. DR. CLAUD VÖGELE / RESEARCH AXIS "PSYCHOSOCIAL STRESS AND HEALTH"

KLINISCHE PSYCHOLOGIE, GESUNDHEITSPSYCHOLOGIE UND NEUROWISSENSCHAFTEN

Verhaltenswissenschaftliche Erkenntnisse sind von entscheidender Bedeutung für ein besseres Verständnis von Gesundheit und Krankheit, und die Entwicklung von Präventions- und Therapiemaßnahmen. Die Vortragsreihe an der Universität Luxemburg illustriert diese Bedeutung anhand neuester Ergebnisse aus der Klinischen Psychologie, der Gesundheitspsychologie, der Verhaltensmedizin und den Neurowissenschaften. Die Veranstaltung richtet sich gleichermaßen an Wissenschaftler/-innen, Studierende, in der Praxis tätige Psychologen und Ärzte wie an Akteure im Gesundheitswesen. Zu Wort kommen internationale Experten, die in ihren jeweiligen Vorträgen den Blick vor allem auf die Verbindung von grundlagentheoretischer Forschung und deren klinisch-praktischer Anwendung richten.

Subjective health complaints:
When do they tell about
the body and when about the brain?

Donnerstag, 2. Dezember 2010, 18 Uhr

Professor Omer Van den Bergh, PhD • University of Leuven

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Professor Van den Bergh is director of the Research Group on Health Psychology at the University of Leuven and co-founder and member of the Board of ISW Limits, a spinoff company of the University of Leuven providing services to prevent stress and improve wellbeing in organisations. He is also supervisor for the Flemish association for Behavior Therapy and member of the editorial board of several Dutch language journals and associate editor of "Biological Psychology". Key words in his work are subjective health and respiratory psychophysiology in response to stress and negative affect. He is especially inspired by learning psychology and symptom perception theory to investigate the links among these issues. The research involves both normal subjects in laboratory experiments, clinical studies on psychosomatic and pulmonary patients in the university hospital, and field studies on subjective health symptoms. He has published over 100 papers in international journals. A disease model relies on the assumption of a direct link between self-reported health complaints and physiological dysfunctions: medical diagnosis implies mapping complaints to a dysfunction,

and treatment assumes that complaints disappear when the dysfunction is remedied. However, in a large number of cases this disease model does not fit, frustrating both the patient and the doctor and causing excessive health-costs. It will be argued that we need a symptom model rather than a disease model. In this perspective, health complaints are the result of a complex process integrating afferent (bottom-up) interoceptive information with (top-down) perceptual-cognitive and affective processes. Afferent interoceptive information from peripheral physiology are an important source of health complaints, but a variety of variables can make correlations between objective indicators of pathology and reported complaints vary anywhere from zero to almost perfect. An important research question, then, is to determine when self-reported complaints are related to peripheral physiology and when they are not. In search for these critical conditions, we will review evidence from both clinical studies and controlled laboratory work with experimental symptom inductions. The clinical implications for primary and secondary care will be discussed.



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