PROBLEM EVENTS AND PSYCHOSOMATIC DISORDERS IN FAMILY PRACTICE

G. T. FIORINI
M.D.

In April, 1970 a group consisting of 134 patients was chosen and studied, with results which were published in this periodical for June 1971. It will be recalled the group consisted of 77 patients suffering from what were diagnosed as psychosomatic illnesses, and of another 57 patients who had come to the office for some reason such as pregnancy, an injury, a minor cold etc who served as controls. In that survey patients had been questioned about the occurrence in their lives of recent or chronic psychotropic events, as well as about their hobbies or tension relief activities. Each event had been given a score of one. The number of events had been recorded and an attempt was then made to relate the incidence of psychotropic events to psychosomatic illnesses. The following had been the score obtained by the psychosomatic cases and by the control group:

Psychosomatic Cases	No. of Events	Acute	Chronic	No. of Tension Relief Activities
77	372	204	158	303
Average	4.93	2.6	2.05	3.9
Control Group				
57	187	127	60	256
Average	3.28	2.23	1.05	4.5

The same 134 patients were reviewed two years later, in 1972. Most of the patients had been followed as they either returned to the office for other complaints or else members of their family had come to the office for other reasons enabling us to obtain a continuous history and to assess the effect of treatment. It became very interesting to follow these patients and to see how their lives had evolved in the process. In this way more insight was gained into the patient's problem and the effect of treatment could also be assessed. It became even more apparent than ever that events do indeed play an all important part in the causation of emotional and somatic illnesses. Undoubtedly there is a certain degree of emotional participation or concern on the part of the family physician with the upheavals in a patient's life and rightly so. It has to be realized that a patient coming to a family physician may not only accept a professional, medical appraisal but may also appreciate non-medical advice.

In reviewing the previous study it became apparent that the assessment of the psychotropic events had been inaccurate. All psychotropic events had been given a score of one regardless of the type of event. Marriage, pregnancy and bereavement had each been given a score of one. In many instances even the same event may have a different psychotropic effect on different individuals depending on circumstances. A first pregnancy to a married woman may not have the same effect as a first pregnansy to an unmarried girl. The accidental death of a young father in a young family

will not have the same effect as the death of an elderly father after a wearying, long drawn out illness. It has to be equally emphasized that even a happy event by causing a high degree of excitement can be equally stressful and exhausting. On the other hand the same event may not be equally stressful. As soon as the patient's history and event history are studied in depth the patient will be seen in a different perspective. An insight is obtained in the mechanism of operation in the home life of that particular person weighing the conflicting stresses acting on the family unit from the outside in the form of economic and social stresses, while, the conflicting stresses and strains between the members of the family can also be studied.

It was obvious from studying these patients that while their complaints were persistenly somatic there was a degree of emotional disturbance which required direct individual consideration apart from its somatic counterpart. It also became apparent that on many occasions by concentrating therapy on the emotional disturbance the somatic symptoms improved without it being necessary to have recourse to any of the standard somatic prescription items. However, to prevent a recurrence or to effect a lasting cure the emotional disturbance had to be treated for longer than the somatic complaint warranted. On studying the event history closely in relation to the medical history and findings it became apparent that the events of greater relevance were those that presented the patient with problems which were insurmounteable or unresolvable by him. It has to be emphasized that while a psychotropic event may create a problem for one patient, it may not do so for another patient. The physician will have to judge whether an event will create a problem for the patient or not, even though in some instances the patient may deny that a particular situation (event) actually does so.

The main problem events affecting these patients were found to fall mostly within ten main groups. A relationship was established between the problem events, the age and sex of the patient and the presenting symptom. The symptoms have been divided into four groups. They are usually limited and surprisingly repetitive.

The incidence of the ten problem Psychotropic events in the two groups.

	Problem Psy. Event	Psychosomatic Pts.	% of Total	Control Group	% of Total
1	Immigration	15	19.5	5	9.4
2	Teenagers in Home; Son or Daughter to be married	11	14.0	2	3.5
3	Major Debts or buying a house	6	7.8	6	10.5
4	Newly wed and/or First Pregnancy	4	5.2	9	11.8
5	Elderly spinster or widow	2	2.6	0	0
6	Alcoholic Spouse	1	1.3	0	0
7	Unemployed husband or both husband & wife unemployed	8	10.4	0	0
8	Beravement or chronic illness or disabling injury in member of family	13	17	4	7
9	Infertility or sterility in either of married couple	4	5.2	2	3.5
10	Separation or Divorce	2	2.6	1	1.7
	TOTAL	66	85.6	29	46.4

In Group 9 symptoms are related to the head and general well being consisting of headaches, dizziness, mental confusion, irritability, bad nerves, lassitude.

In Group B symptoms are related to the gastro-intestinal tract consisting of burning in the epigastrium, epigastric pain or epigastric bloating, abdominal discomfort etc.

In Group C symptoms are related to vague aches and pains usually in the muscles such as dorsal spine, rib cage, lumbar or sacral region which are usually diagnosed as myalgias or mild rheumatoid arthralgia but to which the patient reacts vigorously.

In Group D symptoms consist of pruritus ani and paraesthesia all over the body.

In analysing these figures it will be noticed that immigration, teenagers, unployment and bereavement form 60% of the Problem Psychotropic events, while in the control group these four events form only 19.9% On the other hand buying a new home and newlyweds and/or first pregrancy show a higher incidence in the control group, forming 22.3% of Problem events against 13% in the psychosomatic group of patients. The stress factors in-

Control Group

1. Immigration — 5 cases Ages 20-27 — 4 cases 4 F 1M
   Age 57 — 1 case
   Presenting Symptom — Injury — 1
   Scar on face — 1
   U.R.D. — 1
   Sinusitis — 1
   Diabetes — 1

2. Teenagers in Home — 2 cases Ages 40-47 2 F
   Presenting Symptom — Bells' Palsy — 1
   Injury — 1

3. Buying a House — 6 cases Ages 22-36 4 F 2 M
   Presenting Symptom — Respiratory Diseases — 3
   Lumbosacral strain
   Pregnancy — 1

4. Newly Weds or est. Preg. — 9 cases Ages 21-27 8 F 1 M
   Presenting Symptom — Pregnancy — 8
   Tinea versicolor — 1

5. Elderly Spinster of Widow — no cases

6. Alcoholic Spouse — no cases

7. Unemployed Husband or both Husband and Wife unemployed — no cases

8. Bereavement or Chronic Illness in Family — 4 cases
   Ages 49-59 — 2 F 2 M
   Presenting Symptom — Lumbosacral strain — 1
   Tennis elbow — 1
   Diabetes — 1

9. Infertility or Sterility — 2 cases Ages 39-55 — 2 M
   Presenting Symptom — Bronchial Asthma — 1
   Chest Pain — 1

10. Marital Separation or Divorce — 1 case Age 42 1 F
    Presenting Symptom — Pap Smear & Diabetic Child

Relationship Between Problem Psychotropic Event, Age, Sex, Presenting Symptoms in Psychosomatic Group

	Ages	cases	males	females	A	B	C	D
1 Immigration — 15 cases	40-61	6	4	2	2	2	1	1
	20-30	9	3	6	4	4	1	
2 Teenagers in home. Son or daughter to be married — 11 cases	42-58	11	5	6	7	2	1	1
3 Major debts or buying a house — 6 cases	25-46	6	3	3	3	3		1
4 Newly weds and/or 1st. pregnancy — 4 cases	18-24	4	2	2	2	1	1	
5 Elderly widow or spinster — 2 cases	36-73	2	0	2	1		1	
6 Alcoholic spouse — 1 case	19	1	0	1		1		
7 Unemployed husband or both wife & husband unemployed — 8 cases	18-19	2	1	1	1			1
	33-55	6	2	4	3	2	1	
8 Bereavement or chronic illness in a member of family — 13 cases	19-55	13	3	10	5	5	3	
9 Infertility or sterility in either of a married couple — 4 cases	25-45	4	2	2	1	2	1	
10 Separation or divorced — 2 cases	31	2	1	1	0	2	0	0

herent in these events are self evident in some cases and not so clear in others. Many people go over these hurdles in life successfully unaided. The fact that not everyone will succeed in getting over the hurdles is a fact we all know and happens at any age. As infants and children we need nursing and assistance and loving care. Through education we become more and more independent and self reliant. However great or strong we may be, even when we are adults and mature, there again may still come a time or two when calamity strikes, our reasoning becomes confused, our emotions cause us to behave erratically, our whole system gets out of gear and again we need the protecting hand of a friend or of a member of the family. When these are lacking or insufficient there is the protecting hand of the medical profession. It would be wrong for a physician to fail to understand the socio-economic problem along with the medical problem afflicting a patient. At this stage the patient may not only require the sympathy and understanding, which he normally expects from his family physician, but also the assistance which could help him in his particular socio-economic problem.

Three of the patients in the psychosomatic group, through the occurrence of other subsequent aggravating events, required psychiatric help eventually. In the control group there was only one patient who required psychiatric help.

In an age where bacteriological illnesses are on the decline emotional illnesses are becoming more prevalent and more apparent to the medical profession. It is also being understood that emotional disturbances, caused by events, may cause psychiatric conditions as well as organic illnesses.

The conditions affecting these patients, such as lassitude, are repetitive and referred mostly to the gastrointestinal tract or to the general health, but there are other illnesses such as thyroid dysfunction, bronchial asthma, cardiovascular diseases that have an emotional connotation that in many cases precedes the organic illness.

The stresses induced by the ten psychotropic problem events are understandable. However, there are two problem events, immigration and teenagers in the home, which are worthy of some additional comments.

Immigration

Immigration, at whatever level, is expected to disturb the milieu. Leaving one's homeland is a traumatic experience. The prospective emigrant has to sever his relationship with his immediate family and close friends and his familiar terrain. It is true that in the young the whole episode could be tinged with a spirit of adventure. The hurdles an immigrant has to overcome may be the language barrier, job insecurity, a demanding economy, competition, isolation from what could have been a closely knit family, loneliness, a different way of life with its different social customs, a different climate requiring a different leisure time, a change of job, with what might be considered a loss of self esteem. It is true that many immigrants overcome these challenges and are able to improve the image they have of their own self. That others are not so fortunate is not very surprising. The fact remains that the recent immigrant, for the first few years, is more vulnerable and a contrary event can be very unbalancing. Illness, injury, unemployment will become even more traumatic to a landed immigrant without any friends or relative to rely on. Such a momentous event is bound to cause psycho-physiological problems and reactions. Whether this biological reaction will be contained within the limits of normality will depend on subsequent events and on the potential and personality of the individual concerned. It is interesting to note that the incidence of psychosomatic illnesses between the ages of 20 to 40, when immigration seems to be a problem, is twice as prevalent in the female sex, while in the ages between 40-60 the ratio is reversed, being twice as prevalent in the male sex. This would suggest that women between 20 and 40 and men between 40 and 60 have a harder time adapting to a new environment.

Teenagers in the Home

Watching children grow from a state of complete helplessness to mature, articulate, competent adolescents who are inform-

ed and sensitive to events around them inspires wonder. Parents, very often, find it hard to believe that their children, whom they completely possessed when they were infants, have grown beyond their influence. These so-called children have become almost unrecognizable distinct entities with their own morality, intellect and outstanding capabilities and they have ceased to be objects or things. They cannot be manipulated anymore, and they are being influenced by extraneous forces which the parents may not completely understand, and over which they have no control. The resulting reaction, between parents and children, may be one of conflict unless there is an accomodating mental and emotional readjustment by all parties concerned.

Naturally the so called generation gap that exists between parents and their teenage children is not a problem in all families. In some families there is complete harmony between parents and their children, while at the other extreme there is a breakdown in understanding and communication in the home with the usual behaviour problems. However, to the ordinary stresses in a teenage home other special ones may commonly appear in some segments of non-English speaking immigrant families. This is the case when the parents in their own country have been badly educated and will therefore find it very difficult to assimilate the English language. The generation gap in the family, in such instances, will be accentuated by a language and cultural barrier between parents and children. It is a fairly common experience to find the parents speaking their own ethnic mother tongue between themselves and to their children while the children answer in English and speak English amongst themselves. In the early stages when the children are young, the bilingual structure in the home may be considered as amusing. However, subsequently as the children become older and their emotional demands more complex the language barrier becomes frustrating. For guidance the children will rely on school teachers whose social and cultural values could be in conflict with those of the parents. As the children grow older the parents may feel that they are losing their influence and their control over the children, and also that the children are losing respect for them. The final outcome may result in stress disorders of a psychological or somatic nature or behaviour problems affecting the children and parents alike, such as drug abuse or increased alcohol intake.

Events may affect man's destiny and well being. Psychotropic events may cause mental and somatic aberrations. Disturbing events if of long standing and productive social problems may cause mental or somatic illnesses. Patients coming to the office for so-called functional illnesses should not be discharged from the office or hospital with a few well-chosen words of reassurance at one extreme, (although this could be sufficient with some patients), or referred immediately to a psychiatrist at the other extreme. The family physician should have a comprehensive appraisal of the disturbing factors in an individual's life. Any socio-economic cultural illness should be handled through the appropriate channels. The family psysician should also try to establish rapport with the patient, developing a line of communication which allows him to exert influence gradually while watching the progress of the patient. Public health nurses, social workers and other agencies should be used readily when required. An attempt was made here to show that psychotropic problem events may cause psychiatric and organic illnesses if not treated and checked at an early stage. The number of psychosomatic illnesses listed here were restricted to certain conditions affecting the brain and the gastrointestinal tract, to menstrual disorders, and to neuro-dermal conditions. There are other conditions such as rheumatoid arthritis and other related conditions, cardiovascular disturbances such as essential hypertension, bronchial asthma, thyroid disturbances, and upper respiratory tract infections — all of which have an emotional connotation which it would be negligent to disregard and it is more than likely that these conditions are triggered by stress factors and events. In other words while events may be a product of man, man is also a product of events.