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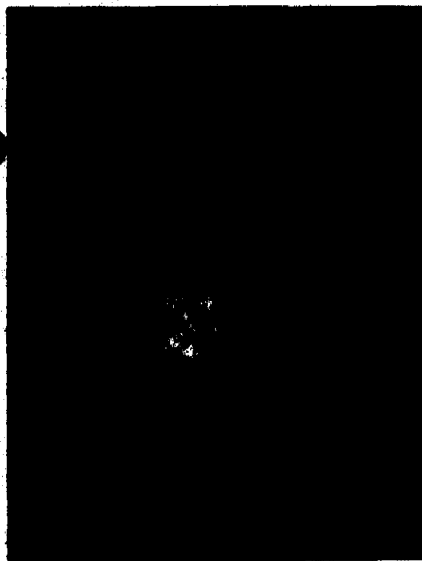
FEATURES

15

Why your patients can't sleep

Now you can put the theory behind sleep disorders into practice. Research has been done that enables you to treat many common sleep disorders. A listing of sleep centers is also given in this two-part article, to be completed next month.

22



Finding the true cause of insomnia

More often than not, emotional factors are the real cause of wakefulness. To get to them, you have to take a detailed history, asking questions that may make you and the patient uncomfortable. Tips on how to handle this, and a history check list, are given.

28



Eating habits: The forgotten risk factor

A gentle reminder that May is National High Blood Pressure Month and that emphasis should be put on the prevention of hypertension. Ways to motivate patients to eat healthier diets are given.

34

Your questions answered on pre-marital sex counseling

After the ceremony you could have two patients if the new spouse becomes a part of your practice. The right advice to help the newlyweds get a happy start on marriage is given here.

37

Treating stress disorders

There are four primary causes of stress. When you know the origins of the tension, it's a lot easier to treat the symptoms and help the patient to resolve everyday problems that lead to psychosomatic illness.

50



Living with chronic neurological disease

In this interview, noted neurologist Irving S. Cooper tells how it is to be a surgeon of last resort and how he counsels patients and their families on living with degenerative diseases.

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TREATING

STRESS DISORDERS

Not knowing a situation's outcome, and trying too hard to cope, are important factors leading to stress. Three types of tension are explained.

By Richard Roland Grayson, MD
President, American Academy of Stress Disorders

This year, an estimated 50 to 80 per cent of your patients and mine will suffer from some psychosomatically induced disease. In many instances, the principal cause will be stress. The form these ailments take will vary in type and intensity according to genetic predisposition and the amount of stress experienced by each patient.

In some cases—where stress and strain are minor—you'll be treating no more than a mildly irritating skin rash, or an attack of nervous diarrhea. But in others, chronic anxiety and worry, especially when combined with a sense of helplessness and uncertainty, may well trigger more stress than the human organism can handle.

Under such circumstances, stress syndromes are likely to appear. Generally speaking, they will fall into three categories:

Abdominal: peptic ulcer; gastritis; duodenitis; colitis; spastic colon; and the so-called "nervous stomach" or near-ulcer.

Systemic: high blood pressure; tonic headache; overweight.

Psychological: anxiety; depression; alcoholism; insomnia;

irritability—the gamut of emotional disturbances.

In treating stress-related diseases, experience has shown that the standard approach to illness is inadequate. If, for example, my patient has an ulcer, and I confine his therapy to diet, medication, or surgery, the chances for permanent recovery will be almost nil. Moreover, they will not be improved by letting him voice his worries from time to time. Psychosomatic complaints demand more than a sympathetic ear.

Essentially, dealing with stress is a problem-solving *process* which many of your patients will be able to learn successfully without expensive psychiatric treatment. They'll need your guidance, of course, and they'll also need to understand what causes stress before they can even begin to cope with it.

Before you start counseling, it's important to find out just how much your patient knows about psychosomatic afflictions. Many laymen use the term "psychosomatic" interchangeably with "psychological" and, initially, some of your patients may have difficulty in

realizing that their painful ulcer began as an emotional response.

Don't hesitate to explain that, beginning with the pioneering work of Hans Selye, numerous experiments have demonstrated the validity of the stress concept of disease. After all, it's the knowledge acquired from laboratory work which we apply directly to the management of everyday stress disorders.

For example, Dr. Jules Masserman, professor of psychiatry and neurology at Northwestern University, has shown, by extensive experimentation, that alcoholism may be produced in animals by repeatedly subjecting them to stressful situations where they can't predict outcome. Uncertainty literally drives them to drink.

In another series of similar experiments at Rockefeller University, psychologist Jay M. Weiss induced peptic ulcers in rats. Feelings of helplessness were instrumental in creating the ulcers, he said. Based on subsequent work, Dr. Weiss found that four variables are identifiable in the development of psychosomatic disease:

Positive relevant feedback: in

continued

everyday English, this is the reward you get for work well done in a given situation.

Negative relevant feedback: punishment or disapproval.

Absence of relevant feedback: not knowing whether you're doing the right thing.

Amount of coping behavior: how much you try.

The most important of these variables, according to Dr. Weiss, is the absence of relevant feedback, or not knowing. Not being able to predict the outcome leads to intense feelings of uncertainty and helplessness. Moreover, the more a person attempts to cope, while unsure of the result, the greater the stress and incidence of disease.

To help alleviate symptoms, your patient will have to be aware of what stresses and strains have pro-

The most important variable in developing psychosomatic illness is a lack of relevant feedback. The more a person tries to cope, the greater the stress and amount of illness.

duced his symptoms. Question him thoroughly, then review his situation. Is he coping too much? Is he failing to get relevant feedback? Is he getting too much negative feedback? What, given his circumstances, can he do about it?

In personal areas of life, there's

usually a good deal he can do. But this will require careful pinpointing of all stressful conditions, including interpersonal relations.

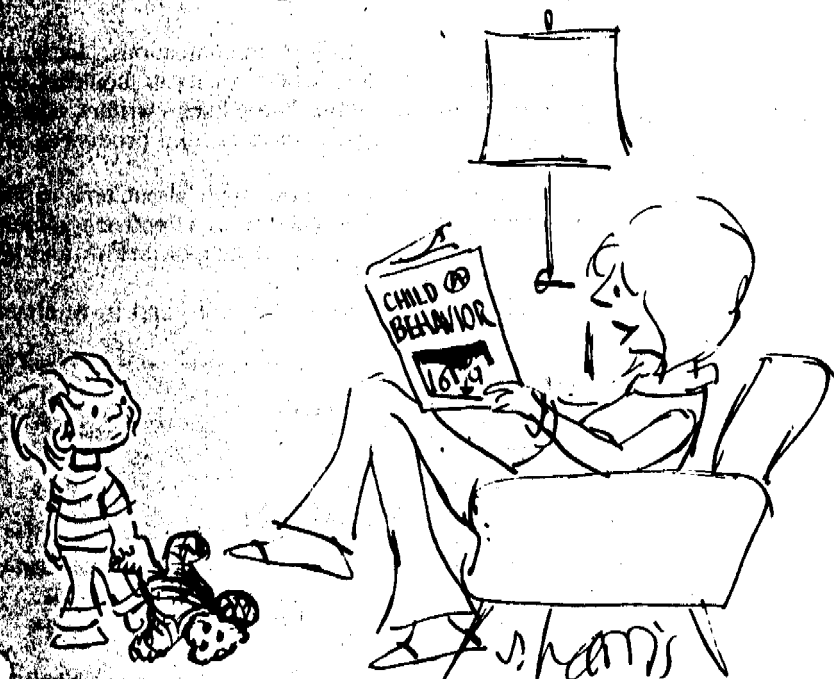
The seemingly easiest solution to stress is avoidance. But admittedly, this is difficult, if not impossible, when family and close friends are involved. Marital problems, problems with children or in-laws—all have to be thought about. But if your patient uses the four variables as a frame of reference for therapeutic discussions with his family, he'll be able to locate the sources of his stress with some degree of precision, and be able to deal with it.

Relaxation techniques

In many ways, occupational stress is trickier to handle, particularly in times of high unemployment when it's hard to change jobs. If your patient finds his work a burden and is unable to shorten his working hours, talk to his boss, or in any other way alter the stress-producing variables, there are still techniques he can employ.

Biofeedback machines and transcendental meditation have both been researched and written about extensively, and are possibly good methods of reducing stress. Recent studies also reveal that muscular exercise, especially jogging, has a beneficial effect on stress and is a fine outlet for psychological tensions. (For fuller accounts of the benefits of TM and of exercise, see PRACTICAL PSYCHOLOGY FOR PHYSICIANS' August 1975 story, "Transcendental Meditation in Medical Practice," and October 1975 story, "Prescription for Stress: Running.")

With persistence, and cooperation from friends, family, and employers, there's no reason why stress-related disease cannot be effectively eliminated. □



"AH HA!"