

# EMOTIONAL AND PSYCHOSOMATIC DISORDERS IN GENERAL PRACTICE

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## **Summary:**

**The incidence of psychosomatic and emotional disorders in general practice was recorded and found to corroborate the findings of other authors. Psychotropic events were correlated to psychosomatic illnesses.**

Any practising physician will necessarily be confronted with a certain proportion of patients who seek medical advice for emotional reasons having no apparent organic disease. Though it seems simple to classify illnesses into organic and emotional or psychosomatic, it soon becomes apparent that at certain times it is very difficult to draw a dividing line. It is obvious that organic illnesses generate emotional disturbances and emotional disturbances generate organic illnesses. The knowledge of the genesis of emotional and psychosomatic illnesses is of paramount importance in medicine. This paper is an attempt to obtain a perspective of the problem as it presents itself to the general practitioner. It consists of (a), a study of the incidence of emotional and psychosomatic illnesses in general practice, and

(b) of a study of the causes of such illnesses.

950 cases were studied consecutively in the month of November, 1969 as they attended the office. Each patient, on coming to the office, for whatever reason, would have his name taken down and listed on a special chart where he would be classified as to age, presenting symptom, diagnosis, race, education, civil status, religion and medication received whilst miscellaneous items relating to his medical and social history would be noted. These cases were gathered in sixteen working days. These consultations would include some patients that would come weekly for an allergy injection as well as those that would come for a certificate for work. Some other patients would be included twice, being cases of injuries sustained at work who would be seen once a week for follow up. So inevitably some visits would be very cursory. Many of these patients would have been known beforehand and their previous histories would have been recorded, thus making a quicker appraisal possible.

The main object of this first stage of

the study was to sift those adults that were suffering from emotional disorders. Very few patients would present with a depression, anxiety state or just bad nerves. A larger percentage would present with a somatic complaint. Those patients that were suffering from an emotional disturbance as a result of an organic disability were excluded from the group. Amongst these would be included those patients who had suffered a coronary thrombosis or were suffering from cancer or from other prolonged illness. It is natural that such patients should suffer from emotional repercussions after such an event. What is not equally clear to many is the fact that such events generate emotional upheavals amongst close kinsmen. These emotional upheavals result from grief, can occur in dependents experiencing financial difficulties and in persons closely related to the event, experiencing other social repercussions.

For example when the father of a family is hurt at work or elsewhere, this would cause emotional disturbances not to himself alone but also to his wife and children with varying intensity, emotional effects being felt also by his friends and by other associates to a varying emotional extent. These emotional upheavals in the next of kin can generate a certain amount of organic illness. Many individuals would overcome the crisis without seeking medical advice, but others will present to the doctor as epigastric discomfort, or spastic colitis, or tachycardia etc.

A case would be classified as psychosomatic on 3 conditions:

- (1) The condition must belong to one of those listed as possibly psychosomatic.
- (2) The patient must admit to an emotional disturbance.
- (3) The emotional disturbance must precede the somatic condition.

The first 950 patients, including infants, seen in the first sixteen working days in November, 1969, were classified as already described, but no diagnosis of psychosomatic illness was attempted on children under 15 years of age. It is recognised that children of all ages, from

infancy onwards can suffer from symptoms of stress and emotional disturbances, but these would require a different perspective and would be better dealt with as a separate series.

This group of patients consisted almost entirely of new Canadians, whose stay in Canada varied from a few months to twenty years. Many of these patients had some English language difficulty.

The patients examined consisted of:

Children (under 15)	...	...	230
Males (over 15)	...	...	325
Females (over 15)	...	...	395

Incidence of nervous and psychosomatic disorders:

Males (over 15)	...	...	71
Females (over 15)	...	...	140
Total	...	...	211

	Incidence	%	
Males	325	71	21.8%
Females	395	140	35.4%
Total	720	211	29.3%
			M. 9.8%
			F. 19.4%

### Events and psychosomatic illnesses

In this survey an attempt was made to trace the relationship between life events and emotional illness. It is quite clear that we are continuously influenced by events. The fact that there is a war in South Vietnam is an event. The psychotropic effect that this war is causing or has caused on the Vietnamese people is obviously different from its effect on the American people and again different from its effect on the Canadian people. It is quite possible that some people around the world are not even aware that a war is going on. In such a case there would be no mental effect at all. So we may safely say in general terms that there are many events happening all around us, many of which we are not even aware of, some of which do not concern us at all, others still that strike home. It is with the latter that we are mostly concerned in this paper. There are some events which occur within the family group which are very momentous and generate emotional conflicts. These are events that may happen

**Classification of certain conditions with reference to psychosomatic status.**

	<i>Excluded</i>	<i>Included</i>
Skin reactions: Musculoskeletal reactions	Urticaria Backache	Neurodermatitis Tension Headache
Respiratory reactions	Rheumatism Asthma Hay fever	Hiccups
Cardiovascular reactions	Vascular spasm such as angina pectoris  Coronary thrombosis	Migraine  Labile or reversible hypertension Tachycardia Arrhythmia Ulcer
Gastro-intestinal reactions		Anorexia nervosa Nausea & Vomiting Spastic Colitis Ulcerative Colitis
Genitourinary reactions General physical conditions	Menopausal flushing	Dysmenorrhea  Neurasthenia Tremors Palpitations
Mental reactions		Insomnia Irritability Loss of interest Confusing thoughts Apprehensive dreams
Endocrine reactions	Thyrotoxicosis Hypothyroidism Obesity	

to any family and there are many of them that must happen to all of us and yet though we are aware that such events should occur we find ourselves ill prepared to meet them when they do happen.

An event is defined as a "happening or an occurrence". This implies a beginning. It also implies a duration, which is a variable. Some events last a very short time, others last longer and others still are chronic. The event may therefore have an ending or it may be such that its ending may not be in sight. The seriousness of an event is also a variable. What we

are concerned with here is not merely a list of all the possible significant events that may influence an individual, but those occurrences which strike at a person's innermost constitution. These events we shall label as Psychotropic Events, and we shall divide them into acute or chronic. By definition psychotropic events can never be neutral in effect. They may either be traumatic, if noxious, or euphoric, if pleasant, or mixed. A pleasant life is usually built from day to day by a balancing of the traumatic with the euphoric events. It is when some unusual and un-

expected traumatic event occurs, that the individual is thrown out of balance and in some cases falls ill.

A group of 134 patients were chosen and asked to answer a series of 60 questions. The patients were divided into two groups. The first group consisting of 77 patients who were suffering from what was diagnosed as psychosomatic illnesses; the second group of 57 persons were patients who did not seem to have any emotional disturbances and had come to the office for some other reason, such as pregnancy, a minor injury, a minor cold etc. In this survey all the patients were questioned as to the incidence of recent or chronic events, as well as to their hobbies or tension relief events. The score was recorded per patient.

The following is a list of the events, divided into 3 groups, on which the patients were questioned:

(A) — *Acute Psychotropic Events (Events that occurred within 2 years)*

1. Change of residence.
2. Change of health in a member of the household.
3. Personal injury or illness.
4. Immigration to Canada.
5. Separation from parents and siblings.
6. Death of a close friend.
7. Death of a parent or close relative.
8. Taking on a major debt, such as a mortgage or loan.
9. Promotion at work.
10. Change to a different kind of work.
11. Son or daughter leaving home.
12. Demotion at work or loss of a job.
13. Retirement.
14. Separation or divorce.
15. Arrest and/or court conviction.
16. Business and financial setbacks.
17. Family and in-law squabbles.
18. Pregnancy.

19. Marriage.
20. Birth.
21. Began or ended school.
22. Menopause.
23. Inter-racial marriage.

(B) — *Chronic Psychotropic Events*

1. Chronic illness of a member of the family.
2. Chronic illness or disability of person concerned.
3. Tight finances.
4. Homosexual spouse.
5. Involuntary lack of children to married couples.
6. Teenagers in the home.
7. Alcoholic spouse.
8. Separation from parents or next of kin.
9. Parents died over five years ago.
10. Parents do not get along.
11. Husband and wife do not get along.
12. Bachelorship or spinsterhood.

(C) — *Hobbies or Tension Relief Events*

1. Fishing. Summer or Winter.
2. Sports. Games. Outdoor or Indoor.
3. Visiting friends or relatives.
4. Cinema.
5. Theatre.
6. Watching television at home.
7. Reading.
8. Craftwork at home.
9. Daily alcoholic drink with meals or in the evening.
10. Playing a musical instrument.
11. Card games.
12. Music — records or radio.
13. Dancing.
14. Membership in a club.
15. Other hobbies.
16. Social gatherings — weddings, parties.

The following is the score obtained by the psychosomatic cases and the control group:

<i>Psychosomatic Cases</i>	<i>No. of Events</i>	<i>Acute</i>	<i>Chronic</i>	<i>No. of Tension Relief Events</i>
77	362	204	158	303
Average	4.70	2.6	2.05	3.9
<i>Control Group</i>				
57	187	127	60	256
Average	3.28	2.23	1.05	4.5

## Analysis of the incidence per event.

(A) Acute Psychotropic	Psy. Grp.	Per cent	Control Grp.	Per cent
1. Change of residence	36	18	23	17.5
2. Change of health in a household member	17	8.5	4	3
3. Personal injury or illness	7	3.5	14	13
4. Immigration to Canada	18	9	12	9
5. Separation from parents and siblings	20	10	11	9.5
6. Death of close friend	10	5	1	0.8
7. Death of a parent or close relative	10	5	1	0.8
8. Taking on a major debt, mortgage or loan	20	10	12	9.5
9. Promotion at work	1	0.5	1	0.8
10. Change to a different kind of work	6	3	7	5.6
11. Son or daughter leaving home	7	3.5	1	0.8
12. Demotion at work or loss of a job	10	5	0	0
13. Retirement	1	0.5	0	0
14. Separation or divorce	10	5	8	6.4
15. Arrest or court conviction	1	0.5	3	2.61
16. Business or financial setbacks	0	0	0	0
17. Family and in-law squabbles	2	1	0	0
18. Pregnancy	9	4.5	3	2.3
19. Marriage	8	4	7	5.6
20. Birth	12	6	4	3
21. Began or ended school	0	0	4	3
22. Menopause	7	3.5	0	0
23. Inter-racial marriage	2	1	0	0

In analysing the figures the first impression seems to be that there are more events happening to psychosomatic patients than to the control group. In analysing the figures further we find that the average for the psychosomatic and the

control group as far as the acute events are concerned is about the same, while the average chronic events is higher in the psychosomatic group than in the control group. The reason that the acute events are about equal in the two groups is ob-

(B) Chronic Psychotropic Events	Psy. Grp.	Per cent	Control Grp.	Per cent
1. Chronic illness of a member of family	12	7.5	4	6.7
2. Chronic illness or disability of person concerned	3	2	8	13
3. Tight finances	55	35	25	41.5
4. Homosexual spouse	1	0.63	0	0
5. Involuntary lack of children to married couples	0	0	2	32
6. Teenagers in the home	2	1.26	3	48
7. Alcoholic spouse	7	4.41	1	1.6
8. Separation from parents or next of kin	13	6.3	0	0
9. Parents died over 2 years ago	1	1.63	0	0
10. Parents do not get along	30	18.9	7	11.2
11. Husband and wife do not get along	14	8.82	4	6.4
12. Bachelor or spinster	9	5.67	3	4.8

viously because the control group came to the office for a medical event such as a pregnancy, an injury etc. If the control group were picked up from the general population the score of the control group would obviously be lower.

The tension relief events hit about the same average in both groups. Again this is to be expected considering that both groups come essentially from the same ethnic background, having the same cultural and social status. There is however, a slightly higher occurrence of tension relief events in the control group.

#### Discussion:

An attempt was made to find the incidence of emotional illness in general practice. This was found to be in the region of 22% for men and 35.4% for women. On comparing the results of other authors (Coats, a 1969; Coats, b 1969;

Kessel and Shepperd, 1962; Kessel, 1965; Mazer, 1967; Roessler, 1961; Rowen, 1960; Silverman, 1968; Watts and Cawte, 1964), observations were found to be essentially similar except for the fact that these illnesses were labelled as neuroses by these authors. The term neurosis has been avoided in describing these patients as the term seems to have a morbid personality connotation which seems to imply a certain degree of frustration on the part of the doctor in handling these patients. It is felt that these patients are ordinary citizens in the grip of the currents of human civilization and facing the hard facts of life. Their symptoms are only an expression of the uncontrollable reactive processes that automatically occur within the body as a result of psychotropic events. What the physician sees in his office from behind his desk is only a snapshot of a physiological reaction in a process of resolution. Hence

the frustration of the physician when prescribing the usual antacid and antispasmodic for the symptomatic relief of gastric symptom caused by the fact that the worker has been laid off from his work. These emotional problems should not be considered as merely functional and therefore not requiring treatment, as they would otherwise lead into actual organic illness, which would naturally satisfy the organic oriented doctors. It is true that many events correct themselves in time. The worker who loses his job may find a better one. It is therefore important to enumerate the events in his history when assessing the medical status of a patient. Medication and advice should be given accordingly. The human biological reaction may be presented in this manner.

Event > Emotional disturbance > Somatic disturbance > Actual organ pathology.

A list of psychosomatic illnesses has been given. Many conditions that are questionably psychosomatic such as bronchial asthma, thyrotoxicosis etc., have been deliberately omitted; other conditions that are still possibly psychosomatic have not been even mentioned, such as repeated respiratory infections.

The score on events among the two groups was found to be moderately higher in the psychosomatic group. It is obvious that man is capable and prepared to cope with a certain number of unpleasant events, but there are a few events which, when they occur, cause a break in the adaptive processes of man. According to

this survey the catastrophic events are:

- Ill-health in a household member
- Bereavement
- Son or daughter leaving home
- Demotion or loss of a job
- Menopause
- Alcoholic spouse
- Separation from parents or next of kin.

These are events that actually happen to most people at some time or other. Yet we seem to be so unprepared for them when they do happen. It would appear that mental provisions should be laid out in preparation for such events. The tension relief events, one notes the lack of physical exercise especially in the female population. The mental stimulation and the physical well being engendered by physical exercise or sporting activities seem to have been missed by this group of persons.

### References

- COATES, D. (1969) Yorklea study, June. Primary relationships in the city: some preliminary observations.
- COATES, D. b. (1969) Yorklea study, Dec. Symptoms, problems and life events.
- KESSEL, N. (1965) *Pract.*, 194, 636.
- KESSEL, N. and SHEPPERD, M. (1962) *J. Ment. Sci.*
- MAZER, M. (1967). *Am. J. Psychiat.*
- ROESSLER, R. (1961) *Psychosom. Med.*, 23, 413.
- ROWEN, M.J. (1960). *J. Med. Soc. N. Jersey.*
- SILVERMAN, C. (1968) *Am. J. Psychiat.*
- WATTS, C.A.H. and CAWTE, E.C. (1964) *Brit. Med. J.*, 2, 1351.