

A LINE ON LIFE

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Silence and Illness *

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Somatoform disorders are *psychological* disorders that can make a person feel physically ill. Symptoms can include headaches, stomachaches, seizures, chest pains, vomiting, shortness of breath, diarrhea, dizziness and others. With somatoform disorders, physicians cannot find any organic cause for the problem. There are no broken bones, tissue damage, disease organisms, or hormonal or chemical imbalances that can be detected. Nothing can be found physically wrong. An explanation for this situation is that emotions can cause physical illness.



Physicians often become frustrated. Some will angrily accuse their patients of wasting their time with "*fake*" illnesses. The health care system drains its resources giving useless medical treatment for these somatoform disorders. In 1990, experts estimate that about 20% of our whole national health care budget is spent uselessly treating these disorders.

Mental health professionals have not had much more luck in treating somatoform disorders than physicians. Therapists try to get their clients to realize that the cause of their disorder is psychological rather than physical. This is hard to do. Clients may feel stigmatized as "*crazy*," if experts indicate that their physical symptoms are "*all in their heads*." Even recent advances with drugs are ineffective, unless the symptoms are tied to broader disorders, like depression or anxiety disorders.

However, a better understanding of what is happening comes from the field of **medical anthropology**. Anthropologists have studied

somatoform disorders in other cultures ranging from China to the Arctic. A common thread seems to appear. Somatoform disorders seem to occur when people are distressed, but they think that they cannot talk about their problem with others. They may view speaking about their problems as pointless, risky, or harmful to themselves or others. If their distress cannot be expressed verbally, it seems as if the body expresses it nonverbally through physical symptoms.

Essentially these people are caught in an **unspeakable dilemma**. Usually they are forced to make a painful choice by their family, friends, or their social or political environment. They believe that they cannot reveal their personal conflict to others involved with the problem. They must hide their conflict. Even though the conflict has not been resolved, symptoms usually improve – if patients can share their dilemmas openly with others involved with the problem.

As an example, a nine-year-old girl saw her father having an affair. She was caught between betraying him or keeping the secret from her mother. Her dilemma was expressed by having blackouts. She was given

neurological exams, including EEGs and brain scans. Of course, no organic problems were found. However, when she told the secret in family therapy – the blackouts stopped.

Another source of these unspeakable dilemmas can be related to genuine threats of harm or rejection of a sexually abused child. In some cases, unrevealed past dilemmas may affect future relationships. For example, in keeping silent about her parents' unhappy marriage, a woman may fear revealing any problems in her current marital relationship.

The effects of unspeakable dilemmas can be reduced. These tales of blame, shame or threat can be made less harmful with therapy that makes the events safer to discuss. When therapy is centered on the social factors of the dilemma, therapy can include family members or others who are involved. The therapeutic situation provides a setting where the client's dilemma can be safely acknowledged and discussed. As the "*unspeakable*" story is repeated, the dilemma and threat are reduced. This helps to reduce the physical symptoms that developed from keeping silent about the dilemma.

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Talking about the dilemmas with those involved can be too threatening. If so, it still helps to talk about the dilemma with any empathetic person. This needs to be someone you can trust – someone who will *not judge* you and who will keep the information *confidential*. The best listeners are trained psychotherapists – psychologists, psychiatrists or social workers. If they are not available, seek out trusted counselors, clergy members, teachers, friends or relative who will listen.

When people have these dilemmas, they often incorrectly think that "*nobody could ever understand*" or "*nobody has ever had these feelings before*." They hold their dilemmas inside, where their feelings become magnified. As dilemmas linger, the person feels more isolated, anxiety increases, and self-esteem is diminished. Once these feelings are shared with any empathetic listener, they lose much of their power. None of us need to wait until our unspeakable dilemmas are expressed as physical symptoms. Find a trusted listener now!

* Adapted from James L. Griffith's "Physical symptoms result from unspeakable dilemmas," *The Menninger Letter*, November, 1995, pages 4-5.