GRIEF AND ITS MANIFESTATION AS A PSYCHOSOMATIC DISEASE—HYPERTENSION

S. MAMMEN
Lecturer, College of Nursing, Ahmedabad

WE have been reading the news paper reports about hypertension as a 'silent, mysterious and universal disease'. WHO is trying to tackle urgently the problem of hypertension which prevails all over the world. As members of the health team, it is befitting to think about the causative factors of hypertension in order to control the problem of high blood presure. Let us consider grief as one of the factors that can cause hypertension.

What is grief?

Every one in this world confronts the loss of something or some one he loves sometime or the other. It is natural, and it is a universal phenomenon. Grief is a mental suffering or distress over loss. It is a response to a loss through death or separation of a loved one; but it occurs following the loss of anything; for example a material possession, a position of status, a special talent we have, a place one is forced to leave or loss of an organ of the body. The reactions differ, the outcome is varied.

Grief is definite syndrome with psychological and somatic distress. This may be manifested as a feeling of tightness in the throat, choking, empty feeling in the abdomen, lack of muscular power, loss of weight, loss of appetite, muscular pains, indigestion, constipation, dizziness, headache, insomnia, marked depression of mood, illogical fears and phobias, an intense subjective distress or mental pain.

The person who is experiencing acute grief through death may manifest somatic distresses alongwith intense preoccupation with the image of the deceased strong feelings of guilt, a loss of warmth toward others with a tendency to respond with irritability and anger, and finally disoriented behaviour patterns.

Elderly people who suffer grief after bereavement may predominantly experience changes in physical health. A few who suffer the stress of losing some one dear to them may experience not only bodily symptoms that accompany depression but also develop psychosomatic diseases.

Westberg in his "Good Grief" classifies normal grief in ten different stages. The majority of human beings travel through these stages in order to get back in to the normal stream of life.

A State of Shock

When the sorrow is overwhelming, we are temporarily aneasthetized in response to a tragic experience. This state of shock may last for hours to few days. The person eventually comes out of this. In case the person breaks down and does not experience the loss, some one should be willing to offer help to the person.

Expression of Emotion

When a person realizes how dreadful the loss is, he should express it out as he feels. If the custom does not permit to express it openly, the person ought to go off and express it which ever way he feels. Crying and shedding tears is one of the forms of expression which is accepted universally. If we try to repress it, it will lead to problems.

Depression and feeling of loneliness

No two persons face the same type of loss in the same way. Grieving person may experience a feeling of an utter depression and loneliness. For some it passes off quickly, for others it takes longer. This is the time the person needs help of those who really care for him and help him to come out of severe depression.

Experience of Physical Symptoms of Distress

Besides physical symptoms of distress as headache, backache and other aches and pains the grieving person may develop other psychosomatic illnesses

as asthma, ulcerative colitis and hypertension. At this point the team of doctors, nurses, social workers and ministers should join hand to treat more than just his physical symptoms. The person should be helped to work through the feeling of loss by helping him to do self examination, re-examination of his faith and meaning in living.

Becoming Panicky

Various kinds of unpleasant thoughts, sorrow, fear of the unknown may lead the person to deeper despair and state of panic. This can be overcome by opening new and different human relationships to work through grief. Otherwise it will become very hard to work out grieving process.

A Sense of Guilt about the Loss

When we recollect things which we did not do for the departed person when he was alive or things we did that hurt him, we sense a guilt feeling. This has to be handled by some one who is specially trained to help people in critical stage. If this is not done, it may hinder full movement back to life again and it may come out as physical symptoms of distress.

Hostility and Resentment

When something precious is lost, we become very critical of everything and everyone who was related to it. "It is normal part of the process and it is to be expected and it is to be wrestled with, and it can, by the grace of God, be overcome."

Being Unable to Return to Usual Activities

Something unexplainable holds us back from usual activities. This is true when the loss and grief is through death of a loved one. The norms of the society and culture limit the outward display of grief which creates conflict within the person. The friends and people around offer sympathy immediately and forget the grieving process of the person which makes it more difficult for the person to expres in public. Again, at this stage friends can help the person by keeping memory of loved ones alive and showing concern for one another, demonstrating that we do want to share the burden with him.

Gradually Hope Comes Through

This stage may vary with each individual. Some may not express their feelings overtly and be able to handle their grief very well by themselves; but others may shut off all new opportunities of meaningful living. In the latter instance, they need help to reopen the chapter and it requires warm affection and encouragement to go through grieving and then to the normal life.

Struggle to Reaffirm Reality

The grieving person comes out of the struggle of grief experience as a different person. A spiritually mature person may be able to wrestle with grief more effectively and come out creatively. On the other hand, people who have an immature faith tend to face the loss in a variety of unhealthy ways. They sometime never really work through their grief.

With this introduction of grief, let me introduce a living example from my experience how an unresolved grief can lead a person to hypertension.

Mr. X, a 35 years old man, born and brought up in South India had to leave his home in search of a job to northern part of India. He developed severe headache followed by nausea and vomiting. He was admitted to the hospital. On examniation, his blood pressure was found to be 240/120 mm of Hg. His heart was normal. Abdomen was soft. Funduscopic examination revealed nothing abnormal. No edema was present. His weight was 108 lbs. Blood chemistry, chest X-Ray, E.C.G. intravenous pyelography and urine analysis showed no abnormality except trace of albumen in the urine. He was diagnosed as a case of hypertension and advised complete bed rest, salt free diet and antihypertensive drug Aldomet 200 mg twice a day.

The history revealed that his father had expired three weeks ago and Mr. X had to return to his job just after a week of his father's death. His father had wanted to see him married before he died, but he could not. He could not be with his father as he was away from home and see that proper treatments were given to his father.

The reports of various investigations and the patient's history of the recent death of his father confirmed the etiological factor of hypertension as of emotional origin.

The cultural norms that men do not display their grief in pub-

lic by outward expression and crying gave no chance to bubble out his grief. He had very little time at home to cry out alone in his room. By nature he was a very reserved type of person. This created a psychic conflict in him along with his mixed feelings of guilt as he could not fulfill his father's wish and could not take care of his father as he would have done otherwise. This unresolved grief led to an emotional stress and its effect was manifested as hypertension.

A situational crisis due to death arouses a great deal of turmoil of emotions and stress, tension and anxiety. Impulses arising in the brain accompanying thought content or emotion may stimulate the vasomotor centre in the hypothalamus. Impulses from the centre are passed through the sympathetic nervous system and cause vasoconstriction and elevated blood pressure. Part of the effect of sympathetic nerve stimulation is exerted through action on the adrenal medulla which in turn releases catecholamines and increases blood pressure.[8]

The ability to experience grief at any loss is gradually formed in the course of normal development. The capacity of grieving and its reactions, depend on various factors as the capacity for developing meaningful object relationships, status and role of the person in relation to the deceased, the family system, religious beliefs, age and cultural norms in case of loss through death.

Mr. X went through the initial stages of grief rather quick and took a turn to a stage where he was not able to return to usual activities. He developed a psychosomatic illness-hypertension because of unresolved grief.

Proper nursing diagnosis and intervention, allowing the patient to express feelings when he wishes, manipulating the environment to provide him privacy and allowing him to carry out his usual daily activities as far as possible, psychological support by friends and family members, personal concern by other people around him with adequate medical treatment and follow up may be able to help this person to glimpse hope through clouds and reaffirm reality.

References

1. Carlson, Carolyn E. **Behavioral Concepts and Nursing Intervention.** Philadelphia: J.B. Lippincott Company, 1970, pp. 95-115.
2. Dwyer, Thomas F., and others, ed. **Psychological Aspects of Physical Symptoms.** New York: Appleton-centry-crofts, 1968, pp. 22-30.
3. Engel, George L. "Grief and Grieving". **American Journal of Nursing,** LXIV (September, 1964), 93-98.
4. Fulton, Robert. **Death and Identity.** New York, John Wiley and Sons, Inc., 1966.
5. Hinton, John. **Dying.** Baltimore: Penguin Books, Inc., 1967.
6. Indian Express (Ahmedabad), April 6, 1978.
7. Kubler-Ross, Elizabeth. **On Death and Dying.** New York: The Macmillan Company, 1972.
8. Mac-Bryde, Cyril Mitchell., And Blacklow, Robert Stanley., ed. **Signs and Symptoms.** 5th ed. Philadelphia: J.B. Lippincolt Company, 1970, p. 278.
9. Thaler, Otto F. "Grief and Depression". **Nursing Forum V** (February, 1966), 9-22.
10. Ujhely, Gertrude B. "Grief and Depression—Implications for Preventive and Therapeutic Nursing Care". **Nursing Forum.** V (February, 1966), 23-25.
11. Westberg, Granger E. **Good Grief.** Philadelphia; Fortress Press, 1971.