

# PROPER ATTENTION TO THE ROLE OF EMOTIONAL AND SOCIAL FACTORS IN ILLNESS AS A NEW STEP IN PUBLIC HEALTH<sup>1</sup>

G. CANBY ROBINSON, M.D.<sup>2</sup>

CONSIDERATION of this subject must be prefaced by a brief description of an effort to give proper attention to the emotional and social factors of illness as they are encountered in the out-patient department and wards of a medical service of a general hospital. Hundreds of patients have been studied from this point of view. Most of them have been studied without selection beyond their admission to the general medical service or to certain special clinics, and without previous knowledge of their emotional and social status.

Our study of the patients was begun after their physical status had been determined by the usual clinical methods that led to a diagnosis of organic disease or functional disturbance upon which a plan of treatment was usually based. The first step in the study of emotional and social problems was an interview which gave the patient an opportunity to relate what was on his mind in relation to his illness and which led him to give an account of his social situation, his mode of living, his habits, work, recreation, or anything else that seemed to throw light on the patient as a person, and to reveal evidence of what we have called "personality disorders." By this means information was obtained regarding emotional tension in the home or at work, sexual problems, moods, worries, anxieties, or frustrations. Evasions or subjects about which the patient did not want to talk were also noted. In most cases several interviews were held, and many patients were visited in their homes, where members of their families were seen and questioned. Any other information such as

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<sup>2</sup> From the Department of Preventive Medicine, Johns Hopkins University, School of Medicine.

reports from social agencies, the opinion of clergymen, teachers, outside doctors, or friends was obtained when practical in order to make our study of the patient as complete as possible.

All data on each patient was recorded by dictation, studied and later reviewed and discussed with the patient, in an effort to give proper attention to emotional and social factors as a basis for a plan of treatment correlated with that which had already been prescribed. These studies indicate that about 65 per cent of the patients admitted to the out-patient medical service are confronted with adverse social conditions that are directly related to their illness. These adverse social conditions cause emotional disturbances in over 50 per cent of the patients, and are the major precipitating cause of illness in about 36 per cent of the patients.

The first conviction that developed from these studies was that emotional and social problems disturb the health of a large proportion of the patients admitted to the medical service, most of whom are people of normal or average mentality, that these disturbances are often present in patients with organic disease, where they are especially likely to be overlooked, and that they frequently constitute the major cause of illness.

The second conviction was that giving proper attention to emotional and social factors of illness not only is a means of revealing the total individual and the various factors disturbing his health, but also brings to light problems of treatment that are essential to the restoration of health. It was obvious, therefore, that the study of the personal problems of the patient is a field of medical practice that deserves greater cultivation than it has had in the past, and is a component of medicine of paramount importance in medical education.

This conviction that consideration of the patient as a total individual is necessary in good medical practice has gained much ground recently, or perhaps we should say has *regained* much ground. This conception is beginning to find its place in university hospitals and

in the curricula of medical schools, as well as being cultivated as a field of research.

If we now assume that the proper attention to the emotional and social factors of illness is of value in clinical medicine, let us give consideration to its value in the promotion of public health and preventive medicine. The study of the patient as a person as I have described it, directs the attention to the social and environmental situation of the individual whose physical status and medical diagnosis have been determined. This widening of the view that is taken of the individual to include various factors in his surroundings and human relations that may be detrimental to his health brings to the attention of the physician factors that may be detrimental not only to the individual patient, but also to those that are intimately associated with him, or to those who live as he does in his community or even to general problems of faulty hygiene and unsanitary conditions. If the physician gives proper attention to the emotional and social factors of the illness of his patient, he soon learns to appreciate the importance of personal conflicts, of family congestion, of lack of protection from infection, of adverse conditions of work and of nutrition, the lack of recreational and cultural opportunities, and other disadvantages to public health and preventive medicine that may affect the whole community. He may be impressed too with the inadequacies in the organization of medical care, and the difficulties that prevent people from getting medical care when it can be of most value, at the first evidence of illness.

It is obvious that the physical strain of various types of work must be appreciated in directing the activities of patients with chronic, limiting disease such as circulatory damage or pulmonary tuberculosis. It is equally important to evaluate the emotional stress and strain under which patients have to live, whether they have organic disease, personality disorders, or any other form of ill-health. Efforts of adjustment of the patient to his environment and of his environment to the patient are often necessary to bring the patient to

the optimum state of health that his particular conditions allow.

How attention to social and emotional problems may lead from the consideration of the individual to the recognition of and interest in problems of public health in which the individual is involved may be illustrated by some personal experiences.

A colored boy of about fourteen with pulmonary tuberculosis was visited at his home with a medical student and a public health nurse, in order to study the social problems related to his illness and to instruct the family in regard to the preventive measures that should be followed. It was found that this boy had been discharged because of his illness from a training school for delinquents. The nurse said that he was the fourth boy with tuberculosis whom she had recently visited after discharge from this institution. This experience immediately aroused my interest in this institution which had a year or so before been taken over by the State of Maryland from a private Board of Directors. This interest was a factor in my appointment by the Governor of Maryland to membership on the Board. Soon thereafter a conference at the institution was held with the Director of the State Tuberculosis Sanatoria, the Director of Communicable Diseases of the State Board of Health, the Health Officer of the county in which the institution was situated, a representative of the Maryland Tuberculosis Association, and the visiting doctor. The obvious plan of giving tuberculin tests to all of the three hundred inmates and of having chest x-rays taken and evaluated by an expert of all positive reactors was carried out. This plan has been followed with all new admissions during the past four years, and all active cases have been removed to a State Tuberculosis Sanatorium. During the time this plan has been in operation, the institution has been free of active tuberculosis and all suspects have been kept under observation.

Of course, the chain of events in this instance was unusual, as a number of unrelated factors were involved between the study of the tuberculous boy and the continuing interest in the health problems

of this State Training School for Colored Boys. It serves, however, to illustrate how the study of the social problems of a patient may reveal general needs and opportunities for public health activities.

Another example was a sixteen-year-old high school girl who complained of headaches, drowsiness, and back-pain of four months duration. Thorough examinations failed to reveal any physical abnormalities, but her emotional disturbance and attitude suggested early symptoms of schizophrenia. The interview of this girl and her mother brought out a difficult school situation with unsatisfactory grades that was magnified by a stern and exacting father. The study of this girl led us into an interesting school problem which was largely solved by effecting her transfer to a vocational school. The study of this case was of value to the principals of the high school and of the vocational school to which the girl was transferred. Also, to the school nurse and to the father, who was also interviewed. It was particularly the adjustment of the father that played an important part in not only restoring the patient to a state of happy girlhood, but relieved the emotional tension of the whole family so that the mother and the sister of the patient claimed that they were freed of disagreeable symptoms which definitely increased their sense of well being during the year or so this family was followed.

In this case lack of satisfaction in her studies, friction in the family group relationships, and consequent emotional disturbances interfering with success in carrying school work created symptoms for which the patient was brought to the hospital. It is a good example of the value of social adjustment in the treatment of illness and in the prevention of serious consequences of emotional strain treated by family education.

This case is cited, however, especially to indicate how the study of an individual may lead into an important field of public health, namely school hygiene. This experience served to stimulate an interest in the school authorities in the problems that they frequently encountered but which they tended to treat superficially and with-

out a very clear conception of their significance. Their point of view and analysis of this case was, however, of distinct value to those who were attempting to give proper attention to emotional and social factors of illness.

Many other problems of public health and preventive medicine could be cited to which the study of the patient as a person has led. These problems may be specific for the situation of the individual, or they may have wide significance. The important point is that medical practice should be organized so that the study of the patient as an individual leads freely and naturally into the study of the problems of preventive medicine, public health, and mental hygiene as related to that individual. The proper attention to the emotional and social factors of illness makes this transition natural and uninterrupted and leads to integration and correlation of effort. The practitioners of medicine and the workers in the fields of hygiene and public health should develop a better understanding of each other's methods, material, and accomplishments by working side by side.

Emotional and social disturbances may create emotional fatigue, taking its toll of mental and physical health. When this toll begins to be paid in terms of symptoms such as digestive discomforts, unusual muscular fatigue, headaches, sleeplessness, or cardiac palpitation medical advice is sought. The person becomes conscious of "social incapacity" and develops a sense of insecurity in performing the natural activities of living, which brings him to a doctor or to a clinic. In many instances, however, people with symptoms of emotional fatigue begin by taking medicines at the advice of the drug store clerk or show lively interest in the constant radio appeals to feed on laxatives and vitamins.

This sort of harmful medication could be prevented if the relations of the medical profession to the public were such that emotional strain could be considered as a reason in itself for seeking and obtaining medical care, before illness asserted itself. If people could

be educated to depend on doctors, or at least on certain types of general physicians for analysis and treatment of their emotional and social problems when they are first recognized, not only would there be fewer functional disturbances and personality disorders but also fewer cases of gastric ulcer, less asthma, perhaps fewer cases of chronic arthritis, and a diminution of arterial sclerosis, hypertension, and coronary disease.

If individuals were educated to the point of seeking positive health from the medical profession as well as the treatment of illness and disease, then the profession would learn to offer facilities and methods for meeting such needs. Such service is offered by some group practice in this country, and has been developed more fully by the Pioneer Health Center in what is called the Peckham Experiment (1) in England.

If the proper attention to the emotional and social factors is of the value in preventive medicine, in public health, and hygiene that we believe it to be, what should be done about it?

Three suggestions may be made.

First, greater emphasis should be given to an understanding of and methods of dealing with emotional and social components of health and of illness in medical education. Students should be trained from the beginning of their clinical experience to consider every patient as a person whose emotional status has an important relation to illness and health which requires study both from the point of view of the individual and of the social setting in which that individual has lived in the past and is likely to live in the future.

Secondly, efforts should be made in the organization of medical practice by groups, hospital staffs, and individual practitioners to provide for greater emphasis on positive health, of which the emotional and social factors play a larger part than is generally considered. An adjustment of the individual to the social problems he has to face and live with, and directions for living in a better state of integration with one's daily associates and family are apt to be more

valuable than vacations, regimes of diet, exercise, and the regulation of individual habits that are so often the beginning and end of medical advice, based on superficial or erroneous concepts of the causes of symptoms.

The third suggestion is that the proper attention to the role of emotional and social factors of illness would serve to make the bond between the medical profession and the public stronger than it is at present. Dissatisfaction is often expressed today in regard to the mechanical methods of medical care which represents a desire of patients for a deeper understanding of their personal problems than they receive. The strengthening of the bond between the profession and the public it serves would improve the integration of the profession in our social structure and put it in a stronger position to advance public health, hygiene, and preventive medicine.

#### REFERENCE

1. Pearse, Innes H. and Crocker, Lucy H.: *THE PECKHAM EXPERIMENT, A STUDY IN THE LIVING STRUCTURE OF SOCIETY*. London, Allen and Unwin, 1943.