SOCIAL BEHAVIOR AND PERSONALITY, 1979, 7(2), 167-168

DOI 10.224/sbp.1979.7.2.167

SOMATOPSYCHIC EFFECTS OF HYPERTENSION: A THEORETICAL POSITION

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Somatopsychic effects of hypertension such as severe anxiety, depression, and insomnia often indicate a critical need for psychological consultation the treatment process. The effects of biological factors in the behavior of hypertensive individuals may constitute more suffering than direct biological ones. These debilitating factors are often neglected by health care deliverers even though they play a significant role in the prognosis of hypertension, and are easily understood. The development of effective treatment modalities must include intervention strategies of somatopsychic effects as well as others.

Keywords: somatopsychic effects, hypertension, theoretical position, treatment process.

In their extensive review of psychological and sociocultural factors in the epidemiology of hypertension, Scotch and Geiger (1963) stated that studies of hypertension, to a degree perhaps greater than in any other disease, have yielded varied, elaborate, and relatively consistent suggestions of the involvement of social factors in disease.

While there is general agreement that psychosomatic factors play a significant role in the etiology of essential hypertension, there remains considerable controversy as to their precise nature. On the other hand, somatopsychic factors also play a significant role, and are much more clearly understood. Without diminishing the importance of the psychosomatic relationship, perhaps we should also become cognizant of the somatopsychic consequences if we are to become maximally effective in the development of treatment modalities.

Somatopsychic relationships, according to Lachman (1972), concern the effects of biological factors, including organic structure, on behavior. Behavior relates to anything that an organism does involving action and response to stimulation. This includes internal and directly unobservable physiological responses such as movements of the stomach, changes in respiration, beating of the powerful muscles of the heart, as well as the external directly observable responses such as walking and laughing. A person with a broken leg will have problems walking; an amputated or broken finger will make manipulating objects far more difficult. The effects of brain damage on speech and cognition are equally recognizable.

This paper was part of a project for the study of hypertension among institutes sponsored by the National Institute of Health.
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The somatopsychic effects endured by a stroke or coronary heart disease victim are often perceived by the victim to be as debilitating as the condition itself. Cassem and Hackett (1971) report that one-third of the patients admitted to a coronary care unit needed psychiatric consultation. Researchers (Cassem & Hackett, 1971; Wishnie et al., 1971) have shown that anxiety, depression, and insomnia have been exhibited frequently by a large proportion of patients who had experienced myocardial infarction. Noncompliance and unwillingness to seek medical care often result from denial and various defense mechanisms utilized by patients. While it is easy to measure the good that comes from antihypertensive drugs, it is not easy to measure the harm that may arise simply from the fear of impotence, a well-established side effect of some antihypertensive drugs. Additionally, how can we quantify the harm arising from the cost of drug therapy alone which, according to Moser and Wood (1976), may be between $0.75 and $1.50 a day, as well as the inconvenience of treatment? How can we quantify the harm arising from the worry of just knowing one has hypertension when cognizant of its many consequences? This experience is often compounded by confusing and contradictory advice that the patient learns from his/her physician, newspapers, magazines or a hypertensive friend's physician. The lack of specific dynamic commonalities often necessitates individual intervention programs, arrived at through trial and error, and often met with frustration by the patient, and a terrifying lack of confidence in the physician.

Massey (1976) has reported that the patients labeled as "hypertensive" experience diminished feelings of "aliveness", "goodness", and "well-being" if their pressures remain uncontrolled. Such findings indicate that negative personal feelings increase as patients fail to comply with their physician's advice. Failure to comply, therefore, not only results in a poor self-concept, but also in uncontrolled hypertension. Persons diagnosed as hypertensive may begin to feel that they must modify their life style as they are no longer able to perform as they once did; they may perceive a need to change jobs; there may be a change in self-attitude which results in part from feelings of inadequacy.

As a consequence of somatic changes the patient may suffer extensive and profound, indirect and direct psychological effects in addition to the more direct biological ones. In order to prepare the patient for living with the new circumstances and feelings created by the illness, intervention strategies should address somatopsychic effects as well as others.

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