Breakdown! What to Do
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Stress and the Family

10. Breakdown! What to Do

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When familiar ways of coping with problems don't work, it is only normal to become temporarily upset. You may feel anxious, depressed, angry, frustrated, suffer appetite and sleep disorders and lose self-esteem.

Eventually, by mobilizing your energies and enlisting the support and guidance of others, you may work out ways to adjust to the new situation. Then your upset feelings subside and you return to your normal equilibrium.

You may benefit from a stressful experience. You may become more mature and independent, develop new skills, increase your self-respect, enhance your reputation. But during the time you were struggling unsuccessfully with your difficulties, you probably felt confused. You may also have feared that you could not regain control over your upset thoughts and feelings. You may even have thought that the confusion, anxiety, depression and other unaccustomed feelings were signs of a psychological disorder or might soon lead to a full-blown "nervous breakdown."

For instance, my colleagues and I recently conducted a study of the reactions of widows during the first year of bereavement. We found that most of our research subjects, who were average healthy women, from time to time felt that they were about to lose control of their feelings and would not be able to manage their lives alone. Sixty-four percent had feelings of unreality; 60 percent said they could not think clearly or make decisions; and 38 percent expressed the specific fear that they would have a nervous breakdown. In some instances, these frightening ideas lasted for many months.

Over the following three to four years, a small number of widows did become emotionally disordered, but hardly anyone who had feared a nervous breakdown did, in fact, become ill.

This study and others have taught us that the unpleasant psychological side effects of stress are not symptoms of current or future mental illness. They indicate that the person is struggling actively with a situation that temporarily is beyond his capacity to master—inevitably so because of its nature or novelty. We have also seen how people in crisis can be helped to become more comfortable and effective if given the active support and guidance of relatives, friends and neighbors and of professionals such as clergymen, physicians, nurses, social workers and teachers.

Persons under stress tend to lose perspective, especially about their own capacity. The helper corrects this view ("You have always been a pretty effective person. Surely you will soon find a way to handle this stress, just as lots of other people have.") The helper may also ease the person's stress by assisting with chores such as shopping.

What is the nature of the breakdown so many people fear when they become upset by stress? "Nervous breakdown" is a layman's term which implies loss of control and disorganization of mental functioning. Many people imagine that once established it will last a long time, if not permanently.

As a psychiatrist, I see many patients who define themselves as cases of nervous breakdown, and I have learned that the term covers a wide range of different conditions that have in common a significant change from the person's usual patterns of thinking, feeling and behaving. Usually, a nervous breakdown is defined as a *psychoneurosis* or a *psychosis.*

The main problem of patients with a *psychoneurosis* is excessive anxiety in situations that are not really dangerous. Some patients work out compulsive rituals such as repetitively washing their hands, like Lady MacBeth, in order to "wash away" guilt over some real or imagined sin they believe may be the cause of the danger. Other patients develop fears, or phobias. They unconsciously tie their anxiety to a particular object or situation—a snake, a knife, a closed room—and then as

long as they keep away from the symbolic danger they remain comfortable.

Still other patients unconsciously convert their anxiety into a bodily symptom—a paralyzed arm, blindness or crippling pain in the head or abdomen. If the symptom continues, even though it interferes markedly with normal living, the patient remains tranquil.

In each of these characteristic psychoneurotic patterns, the patient is aware that he is sick, but he is not aware of the source of his anxiety or the mental acrobatics he is using to protect himself against his fears.

A psychoneurosis may develop in childhood and last into adult life. But usually the neurotic symptoms of childhood soon disappear and are forgotten, only to reappear when the adult is confronted by a situation that reminds him symbolically of the past, and of past failures. For instance, Mary, a 19-year-old patient of mine, developed paralysis of her right arm shortly after a new roommate moved in with her at college. She and the roommate were rivals for the affections of a fellow student, and this unconsciously reminded her of her old rivalry with a younger sister, who had died in a car accident soon after Mary had pushed her down the stairs at home after a fight. The paralysis prevented her from harming her roommate as she had her dead sister, and also punished her for her hostile fantasies about the roommate and her childhood guilt in relation to her sister.

The basic characteristic of a *psychosis* is that the sufferer loses his ability to interpret reality. He may ascribe his discomfort to being magically persecuted by people who are manipulating his brain by shortwaves or telepathy. He becomes isolated from other people. He loses control of his thoughts and feelings, is unable to think logically and is either depressed or elated no matter whether his situation is objectively miserable or happy. His behavior is strange—he may talk incomprehensively, become stuporous or burst into violent activity.

In one of the commonest psychoses, *schizophrenia*, the sufferer lives in his own fantasy world. He has bizarre beliefs about himself and others—that he is a great historical figure, for example—or that plotters are persecuting him. He hears imaginary voices and sees visions.

In *psychotic depression* or *melancholia* the sufferer feels so evil and hopeless that he may try to punish himself and end it all by suicide.

In mania the patient is elated and overactive, continually rushing about and talking at great speed.

Psychoses often seem to start suddenly with some dramatic behavior change that appears to have been caused by a stressful experience. Closer investigation usually reveals that the moodiness and irrationality have been developing gradually for months and years.

Most people do not need to fear that intense stress will ever give them a psychoneurosis or a psychosis such as I have been describing.

But if stress is very intense and if the person has nobody to support him in his coping efforts, he may indeed suffer an acute loss of control and mental disorganization. This is similar to *trauma neurosis*, which occurs typically in conditions of disaster and catastrophe, when many people, unaided, face death, destruction and dismemberment on all sides.

Under these abnormal conditions a number of ordinary people break down in a characteristic way. They usually start by becoming unconscious. After a while they wake up confused and wander aimlessly in a dazed condition. They take no care of themselves, quickly become exhausted and unless others care for them, they may die. Under good nursing care, they quickly recover.

Similar traumatic neuroses occur among soldiers exposed to intense and prolonged combat, especially under conditions in which they face battlefield stress in relative isolation.

These reactions to catastrophic stress come close to the popular image of a nervous breakdown. The person seems incapable of handling excessive stimulation and temporarily becomes almost completely disorganized. The breakdown also seems to serve a defensive function. By becoming unconscious or confused the individual blots out awareness of unfaceable reality and, like a hibernating animal in winter, he withdraws until environmental conditions become more bearable.

In ordinary psychoneurosis or psychosis the same principles apply: the individual seems to withdraw from a reality with which he cannot cope—for a variety of complex reasons—into an irrational world of his own making.

Even though there may be no direct cause-and-effect relationship, how can we know that a friend or relative is reacting to a crisis with a psychoneurosis or a psychosis rather than a healthy crisis upset?

First, the person's behavior and reactions will be far out of proportion to the stimulus. Second, the symptoms will be similar to those I have already described for a psychosis or neurosis rather than the relatively simple anxiety, anger, depression, frustration and confusion of a crisis reaction. In most cases it will be easy to tell the difference. If in doubt, watch the person for three to four weeks. A crisis upset will settle down and a psychoneurosis or psychosis will remain stable or get worse. (An exception to this rule is the person who talks about suicide, buys a gun or begins collecting sleeping tablets when he or she is upset; he should be taken promptly for examination by a competent mental health professional; or, if none is available, by a general physician.)

How can you help a person under stress who appears to be starting a nervous breakdown?

First, remain calm. There are lots of helpful things you can do, and in most cases the sufferer will recover in a few weeks. Second, try to increase your efforts to provide guidance and support and assistance. Link him with other supportive people in his neighborhood:

friends, neighbors and local professionals, particularly his clergyman and his family physician. Third, if despite your general support and guidance his symptoms continue unchanged or get worse, especially if meanwhile the original cause of the stress has subsided, you should get him to a mental health specialist. This could be a psychiatrist, psychologist, psychiatric social worker or psychiatric nurse, either in a community mental health clinic or in private practice.

A clergyman, family physician, social worker or public health nurse can be helpful in choosing a specialist and helping you persuade the patient to go. In case of serious doubt, the patient could be taken for a diagnostic screening to the emergency ward of a hospital, where a mental health specialist is likely to be on call.

Finally, what help can your friend or relative expect to get if he does consult a psychiatrist?

First, he will get an expert assessment of the nature of his condition and its probable duration. In most cases that will be reassuring because fantasies usually are more frightening than reality.

Second, the psychiatrist will offer specific treatment. In nervous breakdowns ushered in by a stressful experience, it will often include tranquilizing and antidepressive medication plus psychotherapy as an outpatient.

The psychotherapy will take the form of conversations in which the psychiatrist will help the patient understand the stress and its implications, and help separate real issues from irrational fantasies.

The psychotherapy may end with the restoration of the patient's balance, along the lines he had already worked out before the current stress upset him. Or it may progress to a necessary joint examination of the sources of the previously unresolved conflicts, and an attempt by the patient to master whatever life problems he had not handled adequately in the past.

Usually, the results of such treatment of stress-associated psychoneuroses and psychoses are good. Occasionally, especially with a psychosis, it may be necessary to admit the patient for a short stay in the psychiatric ward of a general hospital or the inpatient unit of a community mental health center or mental hospital. This may be necessary to help him or her deal with a deep depression, a state of confusion or irrational behavior.

The only common type of nervous breakdown that nowadays may require prolonged hospitalization despite modern treatment is schizophrenia, and most patients suffering from this condition in a chronic form will be able to spend much of their life in the community.

A crisis upset or a nervous breakdown may seem like the end of the world to the person experiencing it. Your knowledge and confidence that such upsets are common and can be worked out, and your support, can help insure that the crisis itself will break and pass away.

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