

The stress of no strain

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In the years I have known Charles he has always been a very active man without showing any signs that he is hurried or hassled. He never complains that he is too busy, so I was not surprised by his response when we discussed the frequent reports of increasing absenteeism caused by stress.

‘Coe, I really have never understood what is meant by stress. Does it really exist?’

I feigned shock at his response, ‘I am surprised at you Charles. Of course it does. It causes much distress to many people!’

‘I was exaggerating to make a point. As risk has its objective component hazard, so strain is the objective component of stress.’

‘Expand!’

‘The differences are often misunderstood and even when understood a simple direct relationship is assumed. The risk presented by a hazard depends on many factors. For example, although as the actual hazard increases so does the risk, paradoxically, the greater the danger is thought to be, the less is the risk of accident. Whether it is a structure such as a bridge or a human being, stress increases with actual strain. In both cases ability to cope is related to strength, but with people the perceived strain is perhaps more important than the actual one.’

‘I see what you are getting at, Charles!’

‘Yes, Coe, and I think there is another parallel in the disjunction of health and absence of disease. Previously we have agreed that health is not the antithesis of disease. If one defines health as an unquestioning feeling of well-being then one might be healthy despite disease and certainly could be unhealthy in its absence, as many unfortunately are!’

‘Yes, the worried well are well recognised. I know a general practitioner working in an affluent area who tells me that they are now the major part of his practice, and government targets do not help.’

‘A retired medical professor recently told this story against himself. His job had become largely confined to academic administration so when he retired it was a sudden and complete change. He

had been a brilliant golfer and being a competitive perfectionist he got no pleasure from the mere act of walking round a golf course and was frustrated that he could no longer guarantee to get round in under 80 strokes.’

‘I wish I could have done that at the best of times, but I can understand that if you cannot achieve to your own satisfaction, you might give up.’

‘He then started getting symptoms. His muscles twitched.’

‘So he had motor neurone disease’

‘But he hadn’t. He could not move his left hand which felt numb.’

‘So he had a stroke.’

‘But he had been lying awkwardly. He became aware of his heart beating.’

‘So he had an arrhythmia.’

‘But the 24-hour ECG was normal. He had chest pain after sawing wood for the first time in years.’

‘I get the idea! Cardiac investigations were normal.’

‘Yes and then he developed tinnitus.’

‘And...’

‘No! Not this time Coe! His audiogram was not quite normal and his doctor accepted there was something wrong.’

‘So what happened, Charles?’

‘All his functional symptoms disappeared as if by magic and he has never felt healthier in his life.’

‘So you might say that this was the extreme paradox of disease producing health! It makes me wonder whether immediately giving a convincing and fancy name to trivial and unimportant symptoms might sometimes severely stunt the growth of potentially voluminous notes.’

‘Who knows? But to return to stress and its parallel with ill health, both are essentially subjective responses to excessive demands on the one hand, and disease on the other. In contrast to the subjective responses, the underlying factors are essentially beyond the control of the individual.’

'Surely not entirely so with demands, Charles!'

'Quite, but it is accepted that the more control one has over demands the less likely they are to induce stress. The objective importance of the task is of little relevance, but the more proscriptive the instructions the more likely stress is to follow. Excessive external demands on one man might be another's stimulation if self-imposed.'

'Are you also suggesting that stimulation might act as a distraction to symptoms where there is a large functional element and that might include things that produce stress in others?'

'Yes. A friend of mine has an outwardly stressful job for which he feels very responsible but nevertheless enjoys. He had a coronary a little while ago at a time when there was a little more emphasis on rest. I asked him whether he had not felt the benefit from release from the stress of work. He explained that to him the most stressful thing was not the coronary itself. After the initial shock, he fully and without difficulty accepted intellectually and emotionally his physician's good prognosis. He had a very competent deputy at work, but still the only stressful thing to him was enforced inactivity and not being able to oversee the business.'

'The stress of inactivity! I must say I did wonder in the old days whether I was doing a favour in keeping a small business man

away from his job, only to leave him in bed wondering whether he was going bust.'

'I am sure you were not alone in thinking this, but it might become more difficult to think this way in light of the European Working Time Directive, which might be interpreted as suggesting that all types of work are undesirable and potentially harmful.'

'And what's more equally so! The directive is fundamentally flawed in not attempting to recognise the different implications of the multitude of jobs.'

'We might come back to that another time, but in the meanwhile I am sure you will agree that you may stress your patients by suggesting inactivity be it at work or play. This might well retard the progress to good health and more than offset any benefit from the externally imposed 'rest'. Perhaps work and play are not so different in this respect.'

I feel this is an eternal message. It might be less relevant as medicine becomes less paternalistic, but there may be new pressures in the opposite direction from conforming to strict care pathways. Imagine the audit figures of a coronary care service where some patients choose to rehabilitate at work rather than in the classes provided.

Coemgenus