

Leach

Chiropractic Clinic, Inc.

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July 2007 Newsletter:

Physical and Mental Health: Wellness versus Illness Behavior

Dear Patients & Friends:

Some of you are aware that I recently received a graduate degree in health education, and passed national testing for certification as a health education specialist (CHES). One of the primary practice goals that we as health educators who are also clinicians share, concerns teaching our patients to become active participants in their health related decisions, hopefully choosing wellness over illness behaviors whenever possible.

For example, in the traditional medical model a patient who is sick presents to the doctor and asks the typical questions: a) what's wrong, b) can you help, c) how long will it take, d) will the treatment hurt, and e) how much will it cost? However, broader questions may never be asked of the physician nor acted on by the patient, such as: a) how did I get in this shape, b) what can I do to keep this problem from returning, and c) what can be done to improve my health?

Traditionally patients went to the doctor to either overcome illness or to better understand their illness, a concept termed *illness behavior*. Some people with physical or mental symptoms go to physicians for treatment and answers, while others turn to self-help methods, and still others choose to just ignore their illness.

Often a patient faced with recurring back pain for example may turn to a chiropractic physician for relief, but with a severe episode of leg pain turn immediately to the emergency room, leading instead to physical therapy, medications and neurosurgical referral. There may be strong personal feelings and social expectations regarding the symptoms that may lead patients to try certain treatments instead of others.

So an employee working for a company that is injured on the job may be "encouraged" to see a physician that will not refer for expensive surgery. Similarly, patients without good insurance coverage and without good incomes tend to put off going to any physician even when their pain is moderate to severe, and in any case opt for less expensive approaches and care. On the other hand, patients with excellent insurance coverage and higher incomes typically are more likely to seek any care likely to help them achieve immediate pain relief, regardless of other implications and long term consequences. Similarly, patients with personal problems and mental disabilities such as depression may have altered illness behaviors as a result of those influences, resulting in extreme responses to any new symptoms such as "I don't care anymore and will do nothing" or "I may be dying of cancer!"

Later, these psychologically and socioeconomically influenced illness behaviors can lead to *sick-role behaviors* that follow expectations of the medical system, according to Talcott Parsons: a) the sick person is free or exempt from normal social roles (e.g. if you have severe back pain you don't have to do any work), b) patients are not responsible for their own illness (e.g. everyone gets back problems, can't be helped), c) the sickness may be temporary and the patient needs to try to get well, and d) the sick person must seek competent help and cooperate with medical care to get well. Ultimately in this traditional model the function of the physician is to assume control over the patient's decisions and actions.

However, today the traditional model has been challenged, and current public health models and practices advocate population and community-based approaches that emphasize participation by the patient in all interactions regarding health. The chiropractic physician is encouraged to offer options and advice about changing health related behaviors that may have led to the current back problems, for example, with an eye toward wellness activities that may improve total health, in addition to preventing back problems in the future.

Just what are the consequences of “ignoring” our pain and stress, or “catastrophizing” and magnifying our problems unnecessarily, rather than engaging in a focus toward adopting healthy behaviors and strategies that promote prevention and wellness?

We’ve talked previously about solid evidence that various stressors including apparently even chronic low back pain can cause serious shrinkage of three areas of the brain (i.e., the amygdala, prefrontal cortex and hippocampus), and how that poor coping strategies were one of six predictors of early death or disability in the Harvard Study of Adult Development (see December 2006 Newsletter).

Even worse, our fast-paced and stressful society has scientists’ making the prediction that by 2020 depressive disorders will be second in prevalence only to coronary disease, and that depressive disorders can both trigger chronic diseases and be a complication of them. Moreover, the list of chronic diseases affected by or associated with depressive disorders is staggering:

- Asthma
- Arthritis
- Cardiovascular disease
- Cancer
- Diabetes
- Obesity

We discussed humor therapy as a cognitive approach, for example looking for humor in an otherwise bad situation, to help diffuse anger or stressful situations in last month’s newsletter (see June 2007 Newsletter). But what else can we do for our loved ones or ourselves when we believe that they may suffer from mental disorders?

In subsequent newsletters we will give you tips and ideas for good mental health such as use of positive affirmations, mental imagery, meditation, humor therapy, art therapy, use of a daily journal, and other proven techniques. We’ll also discuss exercise as it relates to wellness.

So get your adjustments, do your exercise, and please tell or share a laugh, or two, or more with someone you love today☺ That way both of you can live longer and happier!

Sincerely,

Dr. Robert A. Leach

For More Resources on this subject:

- For a brief introduction to illness and sick role behaviors: <http://health.enotes.com/public-health-encyclopedia/illness-sick-role-behavior>
- For information on local regional mental health agencies in Mississippi: <http://www.msresource.com/mental/mh-mr.html>
- For information linking depressive disorders to chronic disease: http://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm

To assess these links online, go to: www.drleach.com and click on *Newsletters, July 2007*

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