'HOUSEWIFE'S DISEASE'*

A MODERN PSYCHOSOMATIC SYNDROME

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In current city gynaecological practice, one increasingly finds numbers of patients who, on considered reflection and analysis, seem to suffer from a definite clinical condition which can be looked upon as a psychosomatic syndrome. Three more or less distinct stages are definable according to age groups, though overlapping is possible. This is simply because the pattern of women's problems seems to vary according to the age group to which they belong. This newly defined but already long-existing syndrome is called housewife's disease.

Recent literature, especially American, carry only passing references to this syndrome, e.g. 'The housewife syndrome', or 'housewife's back', etc. However Taylor, in 1952 (congestion syndrome),[1] and Krige,[2] in 1953, gave more details of the condition and showed some insight into its nature. Recently a best-seller, *The Feminine Mystique*,[3] by a woman in revolt, has appeared; it deals with various aspects of this problem and indicates suggested lines of treatment.

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AETIOLOGY

After marriage the hitherto highly developed, mentally and physically active and agile woman of today so often becomes stagnant and isolated—both mentally and physically—from the stimulation of employment and free movement among people. Achieving marriage and mother-

hood, i.e. the 'status' of a housewife, with lessened opportunities to move freely among people, may lead to a state of acute or chronic dissatisfaction and frustration. The psychosomatic complaints which often result are not limited to the more intelligent or well-to-do—they are found among women in all walks of life.

The husband, meanwhile, is often developing in width and depth of knowledge and experience, moving freely among other interesting people and augmenting his ego by business lunches, men's clubs, etc. It can thus be appreciated why the modern, ambitious housewife may feel, or actually be, 'left behind'.

She may or may not see and understand her own problem, or fail to find a solution in either case.

Financial pressure may be very serious. The first strain may arise with the inevitable drop in joint income when the woman, as a result of becoming pregnant, has to give up her job. This may be aggravated by the financial implications of the arrival of a new member of the family. The breadwinner's inability to provide enough for wife and family, or the fact that his wife finds it difficult to manage on a lower level of income, may create intolerable strains and tensions.

The solution may be difficult, even with full insight by both partners. Simply to go back to work with small children at home is often contentious and leads to recurrent conflicts in the mind of the mother between the demands of her children and employer. It has also been estimated by social workers that a working mother should earn at least about R100.00 per month to justify financially her leaving her home in hired hands—not to mention the moral problems created thereby. These problems are causing great concern to cultural organizations in so far as they contribute to breaking up the home and family life, and possibly predispose to juvenile delinquency.

It is interesting to quote Krige[3] on this point: 'The female symptom-complex of low abdominal pain with or without backache is responsible for a great deal of physical disability and mental distress in modern life. Its treatment so far has been difficult and disappointing because of the tendency to treat the genitalia and not the patient as a whole. Patients frequently consult the gynaecologist because their sufferings are primarily associated with the vital functions—menstruation, coitus and childbearing. In about 75% of such cases no definite gynaecological lesion can be found to explain the symptoms. Too often associated findings are treated as causal lesions, and ill-advised laparotomies have perpetuated the error. *It is essential, therefore, for the gynaecologist and more especially the operating general practitioner to be acquainted with the many extragenital causes of pelvic pain.*' (My italics)

Housewife's disease as a psychosomatic syndrome is bound to become persistently more prevalent. On the one hand there are the opportunities of education, development, employment and free movement for women—in a world which there is a great shortage of manpower. On the other hand there is the potential or actual isolation of an individual in the marital state, especially during the 'trapped years' of bearing and raising children, which is so often followed by difficulty in obtaining profitable occupation (not necessarily employment) after the child-bearing age. In addition to this the husband is often lacking in understanding of this state of dissatisfaction and frustration, or actual conflict—possibly because he is busy and worried enough already, or possibly because he is not over-interested in his home and family anyway.

CLINICAL ASPECTS

There are 3 stages of this condition:

Stage 1. Age group 24 - 30 years—usually after the birth of the first child or so. This stage may also start while the wife is working, especially if she has to provide the evening meal while her husband reads the paper. During this period the wife is confined to the barracks, as it were, in a flat, and the glamour of washing nappies has worn off. She cannot easily go out any more, and she has outgrown her recent friends who are as yet unmarried or likewise home-bound with a baby.

These patients may get claustrophobic with boredom and frustration. Their complaints are based on *symptoms* with few signs, e.g. loss of libido or energy, or just 'tiredness'. In time this stage is surmounted, often by acquiring a house with more *lebensraum* and interest and with the child getting big enough to be left in the care of a servant—also newly acquired—who takes over some of the drudgery.

Stage 2. Age group 30 - 35 years. There are several children by now; the wife is now really trapped and finds herself quite 'out of the swim', while her husband leads a 'full' life and develops from strength to strength.

Her complaints are now based on *both* symptoms and signs, with backache very prevalent. This matter is often due to sacro-iliac joint trouble following pregnancy, and it is sometimes extremely demoralizing; it can be successfully treated by orthopaedic surgeons. Tiredness is a common complaint, which often arises from the care of a family of small children. Fear of future pregnancies and the effects of this state of mind on her sexual relations is another important, complicating factor.

Stage 3. Age group 40 - 50 and even 55 years. The expectation of or the actual menopause aggravates this stage which is one of great trial to the patient. In addition to these strains the family may now have outgrown her; the children are weaned from the home or are difficult teenagers, her husband is now often at the height of his powers and development, while she feels somewhat demoralized and at a loss with herself. This feeling of being unoccupied or unneeded may cause a morbid preoccupation with real or imagined complaints.

In addition she may develop very real organic complaints with disabling physical signs, e.g. menorrhagia, prolapse. Fear of pregnancy may again be very real. 'Tiredness' is now also a very common complaint indeed.

During this stage women often occupy themselves very busily with 'social life', e.g. bridge parties, or they develop a crusading fervour for some particular cause.

TREATMENT

1. The doctor must at all times listen to the complaints with insight and sympathy and thus support the patient psychically.

2. It is essential to diagnose and correct such physical defects (backache, prolapse, etc.) or fears (e.g. cyesis) as may be present. Here a thorough physical examination,

reassurance, cytological examinations and the prescription of oral contraceptives are often a real boon. Repair of prolapse with symptoms or hysterectomy where indicated invariably has dramatic beneficial effects.

3. Where organic causes of tiredness are excluded or corrected, the new tranquillizing drugs are of distinct value if properly administered and for long enough; a complaint of tiredness, whether on wakening or in general, is always very real and demoralizing.

4. Ill-considered or misdirected surgical interference is to be avoided at all costs, for not only will nothing be gained, but much may be lost both to psyche and soma.

5. Some form of 'occupational therapy', which means active profitable occupation (not necessarily for gain, but at least with some challenge or distinct commitments attached to it, even if it means carrying a banner) may be mandatory, especially during the 3rd stage. Such considered participation in some organized, constructive (female) group activity as outlet for mental and physical needs may help to achieve a balanced and integrated member of society. Return to (previous) work may also be of distinct service to the community, e.g. teaching backward children at which older women often excel, or simply in relieving the manpower crisis.

6. Prevention is however still better than cure. The modern girl, wife or mother and her husband should at least be cognizant of the situations to which I have referred. The solution, which is after all dependent on every individual person and her talents, training, ability, etc., may then be found—provided the problem is appreciated and faced squarely by all parties concerned.

CONCLUSION

Housewife's disease is a psychosomatic syndrome which is bound to become persistently more prevalent.

It can have serious implications for the health, happiness and indeed stability of the individual and, moreover, may imperil the marriage itself if the keystone—the wife and mother of the family—drifts into a state of confusion and demoralization, with regard to both her mental and physical qualities.

It is of great importance that the patient, the husband, and the doctor should all have a proper understanding of the complex problems of constant readjustment and adaptation to the frequently changing stages and circumstances which face women today, for certainly not all have the insight, opportunity nor resilience to achieve all this alone.

Finally, it may be said that by comparison the male role of mere breadwinning may well be a relatively simple one.

REFERENCES

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