Contemporary Themes

Psychological Stress in Wives of Patients with Myocardial Infarction

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British Medical Journal, 1973, 2, 101-103

Summary

In a study of the psychological consequences of myocardial infarction on 65 wives of husbands admitted to a coronary care unit feelings of loss, depression, and guilt were common at the time of infarction. Many wives (38%) found the period of convalescence after discharge very stressful, attributing this to fears of a recurrent infarct and marital tension owing to their husbands' increased irritability and dependency. These anxieties and tensions gradually diminished and at one year after the initial illness only eight wives whose husbands had made a good physical recovery still showed considerable psychological disturbance. It is suggested that unnecessary emotional distress, particularly in the initial period after discharge from hospital, can be alleviated by increased help and support from the hospital and family doctor.

Introduction

The effect of myocardial infarction on a patient can never be considered in isolation since it is bound to have an appreciable impact on the spouse, usually the wife, who may suffer severe emotional distress. Her understanding, attitude, and ability to cope may be crucial in the rehabilitation of the patient. In this paper we describe the feelings, reactions, and difficulties experienced by 65 wives from the time of the husband's admission to hospital to a year after the illness.

Methods

The subjects studied were the 65 wives of 74 patients with their first myocardial infarction (the other nine patients were either single or widowed). These patients, all under 64 years of age, were consecutive admissions to a coronary care unit. Details are given in a previous article describing their psychological attitudes towards the coronary care unit.¹

The research psychiatric social worker spent several hours a day in the unit and made contact with the wives when they visited the hospital. They were interviewed at least

twice by the research social worker during their husbands' stay in hospital and then at three months, six months, and 12 months follow-up interviews. The social worker explained the purpose of the interviews and encouraged the wives to talk freely about their feelings. Information relating to the wives' work, age, marital relations, and effective state was obtained by direct questioning. Their problems and anxieties are described at the time of the initial illness, in the early convalescence period, and one year after the illness.

Findings

The mean age of the wives was 52 years (range 36-67) and according to the General Register Office Classification of their husbands' occupations 16 came from social classes I and II, 38 from social class III, and 11 from social classes IV and V. They were all willing to talk and to remain in contact with the social worker.

INITIAL IMPACT AND REACTIONS DURING HUSBAND'S STAY IN HOSPITAL

All the wives felt considerable distress due to the suddenness of their husband's illness and initially experienced a sense of numbness and panic. Many stressed a feeling of unreality at this time. Subsequently they were often left with a sense of loss due to the threat to the husband's existence and the damage they felt he had sustained. "I feel I have lost the strong husband I had." There was also a fear of recurrence, death, or permanent incapacity.

The wives had a tendency to feel guilty and blame themselves for their husbands' illness—"I never took him seriously," "I ought not to have left him to do so much decorating," "Perhaps I forced too much food on him or nagged him too much." There was a general need to search for the cause of the illness and overwork was frequently blamed. The fears and feelings in the wife aroused by the threat to her husband's existence resulted in the frequent refrain "If he lives I must protect him and never let him do so much again."

Grief Reaction.—Feelings of loss, depression, and anxiety were commonly experienced by the wives. Sleep disturbance (51) and appetite disturbance (36) were frequent symptoms. However, 28 of the wives appeared on the basis of their own statements and the research social worker's assessment to suffer from a more noticeable degree of anxiety and depression. These more severe grief reactions were commoner among wives under 45 years of age (10 out of 14) than in the older wives (18 out of 51) and also occurred more frequently in wives with a previous psychiatric history or evi-

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dence of neurotic symptoms (19 out of 25) than in wives with no previous problems (9 out of 40). Of these 28 wives, 13 saw their general practitioner and were given psychotropic drugs. It is of interest that although these more severe grief reactions were not related to social class, 50% of the wives in social classes I and II saw their general practitioner, compared to 10% of the wives in social classes III, IV, and V. Six of the 28 wives were extremely distraught by their husbands' illness, unable to contain their anxiety and cope with their normal life. These wives appeared from their statements to have always been anxious and dependent on their husbands.

Psychosomatic Symptoms.—Seventeen wives complained of new psychosomatic symptoms which they related to their husbands' illness. Eight had headaches, stomach pains, faintness, or sickness, six had heart symptoms, chest pains, or tightness across the chest, three complained of palpitations, and one wife was sent to hospital for an electrocardiogram which showed nothing abnormal. These symptoms were not related to social class or age.

Change in Work Pattern.—Altogether, 41 wives were employed before their husband's illness, 25 full time and 16 part time. During the husband's period in hospital one wife abandoned work and 10 stopped work temporarily (from two days to a week). Nearly all the working wives found it a great help to continue work at the time of stress. The only exceptions were four whose husbands were self-employed and the wife had to cope with the increased load and responsibility. In 31 cases there was some reduction of the husband's income while in hospital but only 19 wives expressed actual anxiety about their financial situation at this time.

REACTION AFTER HOSPITAL DISCHARGE— FIRST THREE MONTHS

Although generally the wife felt relieved when with departure from hospital the acute crisis was over, many found this convalescent period before the husband's return to work very stressful. Twenty-five suffered from feelings of great anxiety, depression, tension, and sleep disturbance, and in some of these there were additional psychosomatic symptoms and appetite disturbance. Three of the 25 wives had not been severely distressed during their husband's time in hospital but the other 22 had experienced the more severe grief reaction at that time.

The wives gave two main reasons for their distress in this period. Firstly, their sense of loss and fear of recurrence, and, secondly, the problems caused by the husbands' reactions after returning home. Several wives felt they had lost the "strong husband" they had and "would never feel so safe again." The fear of recurrence led several wives to listen for the heart beat or breathing of their husbands in bed at night. One wife was so fearful of a recurrent attack that she frequently woke her husband up to make sure he was well when she could not hear his heart beating. The wives were especially worried about the degree of activity the husband should undertake. A particular problem was the recurrence of chest pain which occurred in 57 out of 65 husbands. Many wives did not know how serious this was and they experienced great anxiety about whether or not they should seek medical help or whether reassurance was the more appropriate form of treatment.

Feelings of guilt and fear of losing their husband made some wives over-protective and fearful of upsetting him in any way. "I think of every answer before I say it." The husbands on the other hand were prone to maintain the pattern of behaviour experienced at the hospital—namely, of caution and inevitable dependence. As well as being more dependent, 29 of the husbands were found to be more irritable by

their wives and this was confirmed by the husband in 24 cases. This combination of dependency and irritability resulted in feelings of tension and sometimes of hostility in the early weeks. If the wives showed concern they were accused of being over-protective and smothering but if they showed less concern they were felt to be unsympathetic. When they showed sympathy some husbands became more helpless and demanding but if they responded by firmness they then felt guilty.

The myocardial infarction did not result in increased stress in all cases. At three months seven husbands felt fitter and had more confidence than in the year before their illness. Five of these had clearly been depressed before their illness. Their wives had been very upset initially but were among the least anxious at the three-month follow-up because of their husband's increased well-being and the improvement in their relations.

Wife's Work Pattern.—Forty wives were working when their husbands were discharged from hospital and 18 took time off work. Thus 22 were not away from work for any significant time during the husbands' convalescence. Five of the nine wives in social classes I and II took time off work compared to two out of the eight in social classes IV and V.

ADJUSTMENT ONE YEAR AFTER ILLNESS

Satisfactory Adjustment.—One year after the infarction 26 wives felt that their own mood and their attitude and relations with their husband were similar to before the illness. They all thought that their husband had made a good recovery though some realized that the future was uncertain. Others always denied any anxiety about their husband's future health but this appeared to serve a protective function and there was no evidence of particular emotional stress in this group of wives. In four instances the improvement in the husband's mood after the illness was maintained and these spouses felt they were living a more satisfactory life than previously.

Reasonable Adjustment.—A further 23 wives thought that changes in their feelings and way of life were still in evidence one year after the illness. They still tended to experience anxiety and apprehension about their husbands' life pattern and to shield them. They frequently remarked that "you never feel safe." They felt especially anxious if their husbands were late home or if anyone they knew had a coronary attack. Despite their heightened anxiety and tension, however, these wives were not markedly emotionally disturbed a year after the illness.

Poor Adjustment.—Sixteen wives still showed severe emotional disturbance after one year and this was causing appreciable distress both to themselves and their families. They had feelings of considerable depression and anxiety and sleep disorders were common. Four husbands had died during the year and a further four were still not working, in three instances because of severe physical incapacity. Thus only eight wives showed poor adjustment when the husband had made a good physical recovery. Four of these were among the six who had been particularly distraught at the time of the initial illness.

Change in Work Pattern.—A year after the illness four wives had abandoned work, two because they thought they should spend more time looking after their husbands. Four previously non-working wives had started part-time work; one for financial reasons, two to try to overcome their depression, and one for reasons not related to the illness.

EFFECT OF ILLNESS ON MARITAL RELATIONS

The impact of the illness appeared to depend on the quality of the marital relations before its onset. In 10 of the 65

couples there was evidence of problems before the illness. Eight wives thought that these difficulties were exacerbated by the illness, in one case they improved, and in one there was no change. A further four thought the improvement in their husbands' mood after the illness resulted in a noticeable improvement in their relations.

Of the remaining wives 27 did notice an appreciable change in their marital relations in the first three months after hospital discharge. This was attributed to increased tension, anxiety, and irritability in both partners. These wives particularly stressed their husbands' increased physical and emotional dependence on them and the difficulty in expressing feelings, "I have to keep my anger in as it will be bad for my husband" was a common refrain.

At one year only 10 wives of the patients who had made a good physical recovery felt the marital relations differed noticeably to those before the illness. In these instances the wife appeared to have taken on a more managing role, tending to be over-protective. The husbands remained anxious and irritable and over-demanding at times, and the wives felt guilty and afraid of expressing their anger. In five instances the wife thought the husband was assuming the role of invalid to a greater extent than his condition warranted, though she sometimes appeared to collude in this.

Thirty-eight couples were having sexual intercourse before the illness and 22 couples, including two whose marriage had never been consummated, were not. The information is not available for five couples. Three months after infarction in cases where there had been a reasonable physical recovery eight couples had not resumed sexual intercourse, 18 had done so but less frequently, while nine couples had returned to the pattern before the illness. By one year only three couples had stopped having sexual intercourse, in 11 it occurred less frequently, and 19 couples thought that they had returned to their usual pattern. Three wives thought their husbands had increased libido after the illness and sexual intercourse was more frequent.

Many wives felt that the frequency of sexual intercourse had been decreasing as they became older and the illness only accelerated this trend. Nine wives, however, expressed concern and anxiety about the effect of sexual intercourse on their husbands and wanted to discuss the problem and seek advice. These were the wives who enjoyed sexual intercourse and wanted to resume relations as before the illness. They thought that it was their anxiety about the safety of sexual intercourse on the husband's health which was responsible for the decline in sexual activity. By six months after the illness all but one of these couples had resumed sexual intercourse. One wife became so anxious about the effect on her husband's health that she was too frightened to do so. This fear was probably pronounced because her brother-in-law had died from myocardial infarction immediately after intercourse. In another instance a husband had a second infarct the morning after intercourse had taken place and the wife who had previously felt anxious about whether it was safe to have sexual relations felt considerable guilt.

Comment

Our findings confirm that a myocardial infarction can result in appreciable psychological difficulties for the wife, emphasized by other workers.^{2,3} Their studies, however, tended to be based on more selected populations—namely, patients referred to a psychotherapy group or a work centre. Wishnie *et al.*,⁴ in their study of 24 patients discharged from

a coronary care unit, found severe problems in 18 of the families. Some of these families were interviewed only three months after the illness, and the results also differ in that only 13 out of 24 patients returned to work compared to 59 out of 65 in our study. We have shown that in a representative group of wives whose husbands were discharged from hospital, in most cases the wives' anxiety gradually diminished—particularly when return to work was successfully achieved by the husband. In a number of wives with vulnerable personalities, however, there are persistent psychological problems.

During the period in hospital the wives form attitudes towards the illness which influence the way they react to and treat their husbands when they return home. The initial bed rest in the coronary care unit sets the scene for attitudes adopted which can only be altered by the most precise explanation by the physician. It has not been possible in this study to separate the effect on the wife of the husband's myocardial infarction from that of his period in hospital and treatment in a coronary care unit. Possibly the illness is a less traumatic experience for the wife if the patient is treated at home. Alternatively this may increase the problems for the wife because many felt helped by continuing their employment. It would be informative to study the wives' reactions and feelings about their husbands' myocardial infarction when the patient remains at home as compared to the situation when he is admitted to hospital.

The nature of the sudden and severe illness is bound to create considerable distress for the wife however much support is received. The wives may also experience unwarranted distress as Wynn² emphasized due to lack of specific clarification and awareness of their problems. Several wives in this study felt bereft of expert understanding and support during the first few weeks after their husband's discharge from hospital and contacted the research worker because of their continuing anxieties. The inability of the wife to communicate freely with her husband at this time makes it all the more necessary to have alternative reliable sources to express her feelings and be reassured. We emphasize the need for the physician to prepare the wife for the difficulties to be encountered in convalescence and suggest that she is seen at least twice during her husband's period in hospital. Several wives said that they would have appreciated seeing the physician at the husbands' follow-up outpatient appointment. It would be beneficial if the general practitioner could see the wife as well as the patient soon after hospital discharge. At this time the pattern of problems and reaction of the patient and spouse are most in evidence, and understanding and discussion with the general practitioner can give substantial reassurance to the wife and help to prevent the development of unhealthy reaction patterns. It may also be possible to recognize wives who will need long-term support.

The study was carried out with a research grant from the Department of Health and Social Security. We would like to thank all the physicians and nurses at Central Middlesex Hospital who were involved, particularly Dr. A. E. Tattersfield.

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