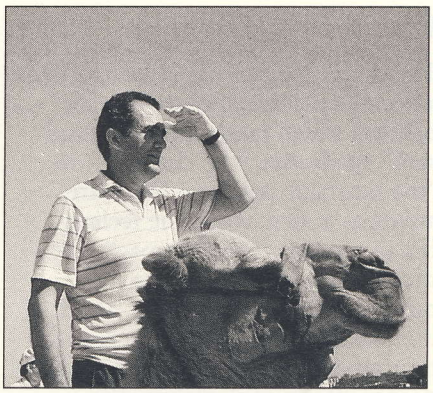
THE SOFT EDGES

Making dysphoria a happy experience
— Chris Ellis

No one taught you about unhappiness. That many of your patients, your wife, your neighbour, and you are unhappy has slipped your attention. That is because unhappiness is undefinable and in the most part untreatable. For none of the answers read on.

There is actually a word for chronic unhappiness - dysphoria, a Greek derivative of *dys* meaning bad or difficult and *pherein* meaning to bear. When I heard that there was a word for chronic unhappiness my feeling was that of relief; relief that it had some form of recognition. Misery had made it to the big time. Several things fell into place. I had a label, even a positive diagnosis, to use to capture all those vague ends and edges that I had been unable to pigeon hole before. So obviously euphoria, a feeling of well being, is its opposite, but what is the normal or average condition to be called, those of us just jogging along sometimes up, sometimes down? I talked to the Greek scholars. No, you were either euphoric or dysphoric, there was no in-between. You are either happy or unhappy and if you were too busy to notice what you were, you were very happy indeed.

Unhappiness does not come alone, it is all mixed up with physical and psychiatric illnesses with some hereditary threads thrown in. "Just look at her mother and her sister, they are all as miserable as each other, for goodness sake." It is difficult to view as a sole entity. The causes for unhappiness are mostly out of sight, hidden deeply in our devious minds, contradictory, labyrinthine, and inaccessible. The elements are there in the failed lawyer, the cynical doctor, the depressed housewife, and the angry teenager. It is a fellow



traveller entering the door alongside many of our patients: the ones carrying the empty buckets in with them into which you can pour as much water or pills as you like only to see it pour out of all the holes in the bottom. Can you block up the holes permanently or at least temporarily? Is there a cure?

It is important at this stage to differentiate between dysphoria and melancholy. Are they in the same league, even synonymous? I think not; melancholy is depression, a physiological imbalance, and involves mental pathology. My dysphoria is vaguer, intangible, like an invisible halo of spiritual dampness. It has no precise and easily verifiable signs and symptoms. The family doctor is aware of it, can sense the common threads to the condition, and the slow insidious realisation of the diagnosis and the ways of coming to terms with it.

All people have different criteria for what makes life enjoyable. The umbrella of happiness is large and multicoloured, it is the satisfaction of our personal preferences within our own belief and value systems and therefore differs greatly from person to person.

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... a happy experience

Diagnosis of dysphoria

The dysphoric patient, recurring like a decimal place is known by many epithets which range from "the sad sack" syndrome, "the chronic,", to "the heartsink patient." These are attempts at describing the feelings felt in the pit of your stomach when their names are seen on the morning's appointment list. Much of this may seem so obvious as not to bear repeating, but let us delve a little deeper into misery, making the utterly insulting assumption that you do not know about it.

These patients' files are thicker than normal and indicate a multiplicity of treatments, genuine medical diagnoses, a changing "one step ahead" complaint reverting now and then to the original catalogue of old favourites, and a few common concomitant conditions - obesity or anorexia, alcoholism, headaches, old age, backache, tiredness, and "since you" disease (since you did that *x* ray examination, etc.) They are the patients who are often on one or more tricyclics and a benzodiazepine and whose symptoms and feelings are not better than before. They tend to ask questions. "Why do I feel so tired, Doctor?" leading the field by a clear head. The hallmark of dysphoria is dissatisfaction.

We must now identify the goals of both patient and doctor. The doctor's are curative, but if he reassesses his attitude to the patient and he sees his role not necessarily as a healer but as a life support mechanism then he will have come to terms with dysphoria. There is naught so sweet as lovely melancholy and these patients gravitate in every sense of the word to the more conscientious and serious family doctor who becomes frustrated but is unaware of why he is so.

The patient on the other hand may be fulfilled. She - I use the female gender unashamedly here as it is common in woman - has just completed 15 minutes of emptying her bucket and leaves relieved and satisfied with a job well done until the next consultation - burying the doctor by inches. If the doctor comes to his own terms with his role and the patient with hers - one as a leaking bucket, and the other as a dustbin - then there are rewards for both. Remember there are only four cures in medicine - the patient moves to another area, the patient changes doctor, the patient dies, you die.

Treating the untreatable

Like long term care in all branches of medicine (except pathology where things tend to be a bit final) the heartsink patient cannot be forgotten, denied, or dispensed with. They need time. There is no way you can shorten this consultation. Use yourself and your personal qualities of enthusiasm and caring. Enthusiasm is infectious and travels rapidly across the blood-brain barrier causing high levels of euphorins. Do not above all things accept any blame for being unable to cure anybody. Accepting blame leads to feeling guilty and this is a dangerous game for two reasons - our shoulders are so broad and not broader and it does not help the patient make a realistic adjustment to life. Regular consultations, plenty of touching, and variety in approaches are all part of the overall care.

Dysphoria is common among the lonely aged. I have an elderly widow who consults me clutching a piece of paper (often the envelope which contained my latest account) on the back of which are written all her symptoms "so that she doesn't forget anything." On her first consultation she had 23 separate complaints. I wrote them all down in the notes and repeated them back to her. She is on very little medication and is quite healthy. Over a period of two years she is now down to 15. That is a cure rate of four a year. By 1999 she will have only ... And that is the point. She will still have most of her complaints. She is one of my dysphorics. She is with me forever.

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