

in sickness and in health

DAVID HAWKINS, PhD,
with Tyson Hawkins, MD and Joshua Hawkins, MD



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ONE

THE MIND–BODY CONNECTION

The mind and body are not separate units, but one integrated system. How we act and what we think, eat, and feel are all related to our health.

BERNIE SIEGEL

How is it possible that I have counseled thousands of individuals and couples over the past 30 years and never asked how they were feeling physically? How could I be so naive and even complacent about the impact of emotions on their bodies? Why would I respond only if they brought up the topic, which they rarely did? I have spent hours talking to individuals and couples, taking extensive histories of their presenting problems, and yet virtually ignored the key aspect of their functioning—their bodies.

I prided myself in my thorough examination of their emotional history. I learned how they processed their feelings, how they communicated, and even the ways they dealt with conflict. I studied the impact of trauma on them emotionally yet was naive enough to consider their physical functioning irrelevant. I was after the specifics of their emotions, their joys and sorrows.

I considered the mind and body to be separate—kind of an East Coast–West Coast mentality, each considering the other to exist theoretically, but not practically. Mind and body were separate, having little impact one to the other.

While this may seem incredible, add to this fact that many people coming for counseling do not readily volunteer information about their physical health, perhaps convinced, as I was, that there should

remain a great divide between body and mind. Most, it seemed, felt some combination of embarrassment, shame, and confusion and were reluctant to share all that was happening with them physically.

I come to this mind-body separateness innocently enough. I have always considered myself to be a practitioner of the mind while my sons, Dr. Joshua Hawkins, a surgeon, and Dr. Tyson Hawkins, an internist, were clearly focused on the body.

However much we have teased each other over the years, clearly, I have been far behind the times and I am long overdue to catch up. Longstanding evidence shows our minds and bodies are not separate, but actually quite connected. How we think and feel emotionally influences how we feel physically and vice versa.

Sally

Sally was the first client to really penetrate my thick wall of denial about the importance of the mind-body connection. She came to me initially because of her pervasive anxiety surrounding her marital relationship. She was quick to share about her troubled marriage and slowly, as she trusted me more, began to share more about her sleep problems, heart palpitations, and chronic pain.

Her severely depleted physical condition combined with her equally tragic relationship challenged my thinking about mind-body connections.

“Two years ago I was teaching school and living a full and robust life,” she shared during our initial interview. She began to cry as she fumbled through her purse, pulling out a picture of herself.

“Look at this,” she said. “That’s me three years ago, 50 pounds lighter and a ton happier.”

I couldn’t hide my reaction, glancing from the picture to her face.

“It’s okay to be shocked,” she said, noticing my discomfort. “It’s probably hard for you to imagine this, but I worked my way through college while raising two children and helping my husband, Jack, through engineering school. I was tired but still had energy to finish my teaching degree, start a career, and balance the demands of work and home life.”

Sally was right. She appeared heavier than her picture and ten years older than her actual age of 36. It was hard to imagine her as a robust, active, and confident young woman.

“How have things changed?” I asked.

“I don’t recognize my own life now,” she said, her face strained and joyless. “I had to take a leave of absence from teaching. I can’t get out of bed some days because of the pain. I’m a nervous wreck and have trouble sleeping. I can’t think clearly. Am I making sense?”

“Yes,” I said reassuringly. “What’s going on?” I asked.

“I’m not sure I can even explain this,” she said, fidgeting with her handkerchief. “The doctors don’t have a clear diagnosis, but they are pretty sure I have some kind of autoimmune disorder. Maybe fibromyalgia. I don’t have enough energy to care for my kids, let alone hold down a teaching job.”

Sally paused again as she fidgeted with the picture she had shown me. I noticed her becoming angry, shaking her head.

“This is all because of Jack. He’s mean. I don’t like my marriage and I hate my life. I feel terrible.”

“Please share some more with me,” I said.

“It’s really complicated,” she said, looking intently at me. “I’m afraid you won’t believe me, and I don’t know if I can explain it all.”

Sharing a coherent story of their pain and suffering is hard for victims of emotional abuse and a troubled marriage. Sally was no exception.

“Jack and I fight all the time, and it’s exhausting,” she continued. “I’ve given up on him supporting me, and I have no friends left. I’m alone with my life.”

What was Sally saying to me? How could a vibrant professional woman go through college, raise a family, help her husband with his engineering degree, and then fall apart? It didn’t make sense.

“I’m truly sorry, Sally. Please share more with me,” I said. I had to assure her I cared not only about her emotional well-being but also the phenomenal loss of her physical health.

“The past three or four years have been horrible, and I think the stress is literally killing me. My husband’s anger and constant criticism

and my unhappiness have taken a huge toll on my body. I've become angry too. I'm sure my bitterness is not helping my health. Doctors can't give any quick answers. I'm miserable. I think my body is keeping score and I'm losing."

I looked at Sally and wondered about the life she had lost. What had happened to her and why?

Initial Cynicism

I'll admit to initial cynicism. Sally's story seemed extreme. Was it possible that conflict—common in *all* marriages—was to blame for her being sick? Was her pain really that unbearable, or was it possible Sally was a hypochondriac, exaggerating her symptoms? Could marital stress really take such a huge toll on her body?

Sally smiled for the first time and thanked me for listening.

Hers was not the first story I'd heard like this, but it was the first I really listened to! Her story challenged my entrenched paradigm for viewing women with emotional issues and broke through my denial and cynicism. There had to be some real reason for her challenges—some phenomenal issues to cause a woman to go from vibrancy to disability.

Sally opened my mind to the possibility that something very troubling happened to women who were under severe, unrelenting stress. While I initially thought her story was exaggerated, I continue hearing strikingly similar stories. Troubled marriages, failing family connections, lost friendships, all taking their physical toll on countless women.

An increasing number of women calling for help with their marriages and other relationships were severely ill—some becoming agoraphobic or afraid to drive because of "brain fog." Some sought help from myriad practitioners, from medical doctors to naturopaths to osteopaths and chiropractors, desperate for relief for their debilitating anxiety and other symptoms.

Sally's story compelled me to think about things I hadn't connected before, but my skepticism didn't disappear overnight. My old filter of mind-body separation was hard to change. Psychologists and therapists treat the mind while physicians treat the body, right? I resisted

the evidence that was mounting. I was tempted to dismiss Sally just as she dismissed herself.

“Most people don’t really believe me, so I keep a lot to myself,” she shared. “No one seems to get it. I don’t tell my story anymore except to the rare doctor who will take me seriously. I don’t tell my pastor who simply prays with me. I don’t tell my friends because they tell me to leave Jack. I’m stuck.”

Many Sallys

While Sally was the first to help me make the mind-body connection, hundreds have since come to me with similar complaints. One person is easy to question; hundreds cannot be doubted so easily. Sally and women like her represent a phenomenon that forms the foundation of this book—women struggling both physically and psychologically because of relationship stress.

I have now counseled many women like Sally who seek counseling experiencing vague physical symptoms from uncertain origins. These women challenge me to ask questions and seek the causes of their severe symptoms, which make them feel exhausted, depressed, and physically unwell. Initially I didn’t want to be critical of their marriages or their mates. I didn’t want to fault their churches or friendships. But the women, with their symptoms, kept coming to me with unanswered questions about their debilitating physical problems.

I was fighting an internal battle: Had I been overlooking something so critical for the entirety of my career? Were health practitioners, marriage counselors, and the clergy missing something, ultimately adding to their clients’ distress? I needed answers.

Connecting the Dots

Finally, after so many similar stories, I connected the dots.

The connection, explanation, and hope lay in psychosomatic medicine: Mind-body connections where mental processes impact medical outcomes. This is not a new field of study, but I had never really explored the topic. It was time for that to change.

I began my journey to fully understand my clients’ stress in their

troubled marriages, families, and friend relationships. I wanted to fully understand the impact of relationship stress. Specifically, I explored the impact of severe stress on the body. I began researching post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder (C-PTSD) and the profound impact of stress and the flooding of cortisol (which prepares the body for a fight or flight response) on the body.

I couldn't ignore the symptoms these women brought to their counseling sessions. The immensity of their suffering deeply affected me. While I often couldn't *see* the impact, I began listening in new ways. I began asking questions that would reveal a profound new understanding of what was happening to these people.

Cynthia was the latest to contact me with some of the same symptoms as Sally. I approached her in a new way, ready to hear what I had previously ignored and denied. Now, armed with greater professional curiosity and compassion, I spent several hours asking all the questions I'm trained to ask. I explored childhood and early life traumas, adulthood, work, and marriage. Each dimension of her life offered rich discussion.

After some time, and with still a bit of trepidation, I asked the question I'm *not* well trained to ask:

"How are you feeling and functioning physically?"

Letting out a deep sigh, Cynthia said, "I don't feel well at all. I don't sleep well. I ache all over. I have frequent headaches. Sometimes my emotional pain *feels* physical and my physical pain *feels* emotional."

This was the moment I felt I got it.

"I think I understand, Cynthia," I said, "but I'm not sure what that means. I'd like to hear a lot more. Can you more fully explain what is happening to you physically and emotionally, and perhaps even give a few thoughts about what you imagine the connection to be?"

"It's really hard to explain," she said. "I can't even talk about it very clearly, so it may not make much sense to you. I feel sick when I think about the daily, ongoing stress of my marriage. When my husband walks in the door I panic. I wonder how he will make me feel crazy. I

wonder how my head will spin. What I know for sure is that I will feel really stressed out, anxious, and then my body will react.”

I encouraged her to continue sharing with me, though she began to tremble and cry.

“I’m so tired of all of this. I’m tired of trying to explain what is happening to me. My friends don’t understand. My doctor tells me, ‘You need to reduce your stress.’ Finally I found a doctor who is running tests.”

“Are your health problems getting worse?” I asked.

“Absolutely,” Cynthia said. “I actually go to a holistic health practitioner and an MD. I don’t feel well and have got to get to the bottom of things. I’m not sure anyone can really help me.”

Cynthia clearly felt hopeless. Given platitudes and easy answers, she had been drifting from physician to physician, counselor to counselor, feeling worse and worse.

Cynthia is not alone. There are so many women experiencing similar symptoms—headaches, sleep problems, autoimmune disorders, brain fog, stomach issues, anxiety, and chronic pain. After they’d been dismissed as simply being under “stress” and needing to exercise, eat well, and get more sleep—all good ideas—I realized how much more medical and psychological attention they needed.

Let’s look at life through Cynthia’s eyes. She is unhappy and feels unwell. She suffers not only from her profound medical problems but from the emotional consequences of her unhappy life. She searches for help from anyone caring enough to get to the bottom of things. She has felt dismissed and disregarded time and again by medical practitioners trained to give quick solutions and medicine.

Cynthia and Sally are both suffering from trauma. They have been shortchanged. They have looked to counselors, physicians, pastors, and friends to help them, and at best they’ve received fragmented care. While perhaps they’ve received a listening ear, that was far too little real help.

Like most women I have spoken with, they suffer in silence. They fear talking to friends, family, or medical professionals about the covert

emotional abuse occurring in their homes. They are tired of complaining. They don't even know how to begin verbalizing the secondary abuse they experience from people who minimize their pain, marginalizing their suffering. They are seen as hypochondriacs. Their pain worsens and their symptoms increase.

Cynthia and Sally long to feel grounded, in control of their lives. They long to think clearly, understanding what is happening to them and what path is needed to be healthy. They need support and encouragement. They need to believe their lives are manageable, healthy, and good.

Cynthia, Sally, and thousands like them feel none of that. They need wise, godly help, direction, and encouragement, which I intend to share in this book.

The Physical Side of Stress

You may wonder, *So what? How is this book any different from hundreds of others on the topic?* The difference is that we focus on how your relationships may be making you sick—literally—and what you can do about that. We delve into the origins of your pain, bridging the gap between medical and emotional, body and mind.

Psychosomatic disorders are usually physical symptoms that mask emotional distress. Perhaps preparing to see your physical symptoms as an expression of something else happening to you, such as problems in your relationships, will help you find healing in other ways.

Cynthia is part of a phenomenal number of women who are suffering both physically and psychologically. So many women are not coping well with the stress they experience in their marriage, on the job, and in their friendships.

Clare Kittredge, in her article “The Physical Side of Stress,” shares that women are more deeply affected by the physical and emotional effects of stress than men. Women’s reactions to stress are rooted in their body chemistry. Studies have concluded that 60 to 80 percent of visits to primary care physicians are for stress-related complaints. She reported that specific stress effects include:

- Eating disorders
- Stomach ailments
- Skin reactions
- Sleep problems
- Concentration difficulties
- Heart disease
- Lowered immune response¹

Is there any question that the body will react adversely to stress? Clearly there is a profound connection, and prolonged stress is incredibly debilitating. Our bodies record and carry emotional distress, and they react with symptoms. Let's hear from my son, Dr. Tyson Hawkins, internist, about how relationship stress might present in the medical clinic.

From a Physician: Dr. Tyson Hawkins, Internist

There's no doubt in my mind that stress affects the body in very real, tangible ways. While less recognized and debated, emotional stress can actually *cause* physical symptoms.

That is not what I was taught in medical school, and I don't think it is what most of my patients believe. They come to me complaining of widespread pain, tingling, fatigue, memory loss, difficulty concentrating, nausea, vomiting, insomnia, and inability to lose weight. They are looking for a medical diagnosis and treatment.

Patients come to me after having sought help from multiple other sources, desperate for answers. They have often seen multiple providers for their complaints prior to me, where they left dissatisfied with the answers they received. Often, they arrive having read something online regarding possible diagnoses or have spoken to other people with similar complaints. Many have already formulated opinions about what might be wrong, ranging from occult infections (infections of unknown origins) to autoimmune disease.

My approach as a physician has always been to listen to their complaints and try to find the appropriate testing to clarify the hidden diagnosis and initiate treatment. Unfortunately, this approach leaves me, and probably my patients, disappointed. My first instinct is to doubt myself, questioning my clinical acumen. *There must be a diagnosis. Why am I not seeing it?* That is what I used to tell myself.

I remember the golf date with my dad when we discussed all the patients he was seeing with physical symptoms and significant relationship stress. He asked whether I had seen a similar association in my practice. The more we talked, the clearer it became that there was undoubtedly much more overlap between his field of study and mine than either of us had initially realized.

I have started to look at things a little differently. Growing evidence shows that trauma, be it physical, sexual, or emotional, can have severe and longstanding adverse health effects. This is well recognized in the condition post-traumatic stress disorder (PTSD), a condition where patients reexperience, not just remember, previous traumatic events with symptoms including flashbacks, nightmares, palpitations, sweaty palms, insomnia, elevated blood pressure, and even hallucinations. While PTSD is now well recognized, we should remember that was not always the case. It was only first described in returning Vietnam veterans, just 50 years ago.

The more I learn about trauma and its potential physical manifestations, the more I noticed it in many of my patients. Similar to my father, who had only been asking questions about his patients' mental health, I had been focusing on my patients' physical health. When I started asking more questions, I was surprised by what I heard.

Claire, a woman in her thirties, established care with me several years ago. She had just moved to my town of Bellingham with her husband and young son and was looking for a new medical provider. She came to me with the diagnosis of fibromyalgia and chronic pain. She was taking narcotics at fairly high doses. She did not work due to her condition. She had been diagnosed with anxiety

and depression and was taking medicines for both. She did not look well when we first met.

Her most urgent need was to establish a relationship with a new doctor.

We worked together for several years running tests and adjusting medications with frequent follow-up visits before I finally decided to ask more about her home life. I had been dissatisfied (as I'm sure she was) with the results of various medications and interventions and was looking in a new direction. That was when she started to tell me about her controlling husband and how she felt trapped. In that moment a lightbulb went on. I think it did for her as well.

"I am not suggesting that emotional stress is the only thing causing your symptoms," I said. "That would be shortsighted. I would like to propose, however, that your emotional stress is potentially (and quite likely) making things worse. So, if you have pain, it will be worse if you are in an unhealthy relationship."

I paused to ensure she was understanding me. She nodded. I explained to her the likely relationship between emotional stress and what was happening in her body.

"Relationship stress impacts us. If you are worrying, troubled, and feeling stress, your body registers it all. If you don't sleep well to begin with, it will be more difficult, interrupted, and less refreshing. If you are feeling fatigued, it will be more severe, longer lasting, and life limiting. Everything is compounded, including healing, by relationship stress."

Claire seemed to understand and felt relieved after our conversation. Her situation is a prime example of what I am seeing in my practice, and what I believe my father is seeing in his. I want more for my patients than what pharmaceuticals alone can offer. It starts with asking the right questions and spending time in conversation.

The Mind Impacts the Body

It feels good to be in dialogue with my sons about these enormous problems and the mind-body connection. Perhaps "soft science" and

“hard science” can now have a more in-depth conversation that will serve our patients.

Here I am, nearing the end of my career, partnering with my sons at the beginning of theirs. I’ve spent years studying psyches (the mind) while my sons have studied somas (the body).

It is a natural fit, however, since to some extent there is a mental aspect with every disease process. There are also profound physical effects from emotional problems. This brings us back to psychosomatic medicine, which I believe is the answer to many of our questions. Again, this is a field of medicine where a physical disease is thought to be caused by or made worse by mental factors. It should come as no surprise that the mind can cause physical symptoms. Consider that when we are frightened, for example, our body readies itself for trouble by increasing our heart rate and sending signals to the brain to release adrenaline into the bloodstream. When danger is perceived we may also experience nausea, shaking, sweating, and even heart palpitations.

According to Alex Lickerman, MD, in his article “Psychosomatic Symptoms,” “The brain and the body are intimately intertwined, the brain sending out innumerable signals and instructions to the body every second, the body receiving them and sending back perhaps just as many...So the idea that an emotional disturbance could be translated into a physical symptom shouldn’t be too surprising.”²

How we think, and, specifically, how we view our world, greatly influences our degree of peace and satisfaction. Consider the individual who perceives her world as being out of control, perhaps even “crazy.” Since her mind is in distress, her body records every distressing situation. Every thought registers a simultaneous reaction within the body.

Mind-Body Interaction

Beyond a mind-body connection, we experience mind-body interaction. A constant conversation takes place between the body and mind, and this conversation is powerful! Our bodies respond to the way we think, feel, and act.

Certainly, our emotions have a profound impact on our physical

health. Every emotional reaction is felt within the body. This is, unfortunately, even more pronounced with distressing emotions. Confusion, for example, causes our brains to work overtime to understand what is happening to us. Anger causes our brains and bodies to shift into fight-or-flight mode, helpful in the short term but harmful over time.

Think about someone who causes you stress. Now reflect on your last conversation with them. Notice anything? Just the thought of this person is likely to cause a change within your body. Can you feel it? You likely have immediate elevated levels of cortisol and adrenaline pouring into your bloodstream. You experience increased blood flow to your major muscles. If you maintain this level of stress, you increase the amount of free radicals and inflammation in your bloodstream as well.

Now take a deep breath.

Imagine someone you care greatly about. Think about a special time with them. Notice where you are, what you are doing, and how you feel. Your brain is now producing dopamine and serotonin, the brain's natural version of morphine and heroin. Your brain will also produce oxytocin, the love hormone. Doesn't that feel good?

Additional Health Issues

In her article “9 Ways Stress Messes With Your Body,” wellness editor Ashley Oerman notes that the biggest impact of stress in women is that it makes you exhausted. She notes that anxiety is often the culprit, keeping you up at night and triggering your brain to release cortisol into your bloodstream. The stress may be so frequent that your brain limits the cortisol it sends to your bloodstream, causing you to drag around and feel tired.³

As if the above issues are not concerning enough, stress has been shown to greatly impact the following areas for women:

- *Increased risk of heart disease and stroke.* Heart disease is the number one cause of death in women in the United States.
- *Hair loss.* Significant emotional stress can cause a physiological imbalance, leading to hair loss.

- *Poor digestion.* Prolonged stress can increase stomach acid, leading to irritable bowel syndrome and ulcers.
- *Depression.* Women are more than twice as likely to experience depression than men.
- *Irregular periods.* Stress alters the body's hormone balance, leading to missed periods.
- *Reduced sex drive.* Prolonged stress can lead to lowered libido. Elevated cortisol in the body also impacts sex drive.
- *Weight gain.* High levels of cortisol impact weight gain and decrease metabolism.
- *Insomnia.* Stress keeps us up at night.

Oerman adds these words: “Stress really sucks. It sucks up your energy, your desire to get to the gym, and even your libido. And while some stress can help you kick butt when your body goes into fight-or-flight mode, daily stress can mess with your mind and body.”⁴

Women, Stress, and PTSD

This book was written for and about women experiencing relationship stress as well as physical distress. Chronic stress is the killer.

Stress is debilitating for anyone. But this book is about more than simple, daily-life stress. It is about the kind of relationship stress that kills the mind *and* the body. We are focusing on women for several reasons.

The majority of my referrals for counseling are women or couples in distress. Women, more frequently than men, ask for more information regarding stress. They are much more likely to seek videos, books, podcasts, and nearly anything that might help them understand their experience.

Additionally, many of my female clientele, and those treated by my sons, suffer from PTSD and complex PTSD, a debilitating anxiety disorder marked by feelings of hyperarousal, reliving the event and avoidance of that event. *All* of these women experience phenomenal stress, dis-ease, and often consequent physical turmoil.

In his article “PTSD and Physical Health,” Dr. Matthew Tull says women with post-traumatic stress disorder “often experience a number of psychological difficulties such as depression, other anxiety disorders, and substance use-related problems; however, in addition to these psychological difficulties, individuals with PTSD may also be more likely to experience physical health problems.”⁵ Dr. Tull noted that PTSD puts women at risk for developing physical health problems because it puts tremendous physical and emotional strain on a person. The hyperarousal symptoms of PTSD put women in a constant state of stress and anxiety. These factors combine to put tremendous strain on a person’s body, increasing the risk for physical health problems and illness.

Psychological issues cause both acute and long-term health problems. The extreme impact of psychological trauma, which can include severe marital stress, includes confusion, dissociation, panic, and agitation. Many who experience this will go on to develop post-traumatic stress disorder.

Finally, women often seek professional counseling when their marriages are crumbling because of emotional abuse, severe and protracted conflict, and other relationship problems. The majority of referrals for mental health issues stem from relationship stress.

Why Women Suffer

Connecting the dots, I’ve discovered women are more susceptible to relationship stress than men. Why is that?

Women are socialized to be the caretakers of the home, family, and even to a certain extent, friendships. Over 70 percent of married women with children under the age of 18 are employed outside the home and subsequently juggle their careers with family and home life. Women may value their work life, but they also greatly value their roles as mothers and wives.

Studies show that women suffer considerably more work-related stress, anxiety, and depression than men. Workplace sexism and family responsibilities provide additional pressure on women.

Certainly this seems to be true in my patients. Women are the ones who call for help with their marriages. Women are the ones who buy

books on how to improve their marriages. Women are the ones who push for marriage counseling to heal dysfunction in their marriages.

Taking all of those responsibilities into consideration, women feel stressed out and struggle to take care of themselves. They often spend less of their time nurturing their own emotional and physical needs and fear being seen as selfish. Add to this the issue of hormonal balance associated with premenstrual, postpartum, and menopausal changes, which impact vulnerability to stress and depression.

A report by the American Psychological Association on gender and stress is particularly concerning. The report says, “Men and women report different reactions to stress, both physically and mentally. They attempt to manage stress in very different ways and also perceive their ability to do so—and the things that stand in their way—in markedly different ways.”⁶

The evidence is clear: Women are suffering. Their stress is cumulative, and at some point they simply cannot tolerate any more of it. Women believe their stress increases over time from multiple sources, but relationship stress is at the top of their list. Women value connection and healthy relationships, and when these things suffer, women suffer.

The Path Forward

Mind-body connection. Cumulative stress. Relationship stress that becomes so debilitating that it leads to PTSD and complex PTSD. These are a few of the conclusions that propel us now further into the topic of how relationships can make you sick.

While we know much about psychosomatic medicine and how stress affects women, we want to definitively answer the question, Are your relationships making you sick, and if so, what can be done about it?

As we move forward in the book, we will also answer these questions:

- What is the real impact of relationship stress on women’s health?
- How can counselors and physicians work more effectively to assist women in distress?

- How can we more effectively address underlying relationship stress?
- How can we be of greater help to women who are experiencing relationship difficulties and subsequent physical illness?
- Can better medical and psychological help be offered for these women?
- What more do we need to learn about the relationship stress and its effect on the body?
- Can the medical community better help these women?

In addition to exploring these questions, let's move forward now to explore specifically how an unhealthy marriage leads to an unhealthy body.