

Psychosocial Consequences for the “Environmentally Poisoned”

As “environmentally poisoned” individuals are convinced that they are continuously threatened by pollutants, they develop behavioral disorders with psychosocial consequences (A). Psychiatric disorders caused by environmental pollutants do not all have the same origin. According to modern diagnostic criteria for psychiatric disorders, they include affective disorders, anxiety disorders, somatoform disorders, and—in rare cases—psychotic disorders. If the poisons themselves actually cause psychiatric disorders, these should be classified as organically caused psychiatric disorders. Within the group of people with affective disorders, “environmentally poisoned” individuals are usually those suffering from adjustment disorder with a depressive emotional response (formerly known as neurotic depression).

Exteriorization of Problems

A psychiatric disorder can be triggered by “environmental poisoning.” The underlying cause may be a subconscious, repressed conflict that should be resolved. However, if it cannot be resolved, the person is looking for causes in the environment. An “environmental poison” is particularly suitable for this purpose: one exteriorizes the problem and invests all one’s energy into fighting this “environmental poison.” This may temporarily suppress the depressive mood (B).

Toxicophobia, Somatotropic Disorders, and Hypochondriasis

Toxicophobia. This anxiety disorder is characterized by a fear of being poisoned, although this is not in fact the case. It may be chronic, or occur suddenly in the form of panic attacks, for example, triggered by odors (C).

Somatotropic disorder. The clinical symptoms of this disorder are bodily complaints or an irrational fear of disease.

Hypochondriasis. When the fear is particularly incomprehensible and the patient always inter-

prets all bodily sensations as severe illness, the condition is called hypochondriasis (D).

Somatoform Disorders

Somatization disorder is suspected when there have been multiple physical symptoms over a period of at least 6 months and the patient is less than 30 years old. When the first manifestation occurs in patients older than 30 years, it is called undifferentiated somatoform disorder. Patients with these somatoform disorders make up the largest portion of “environmental victims.” For those patients who ascribe their complaints to pollutants (*attribution*), the cause of their disease is already absolutely clear (*fixed disease concept*). The main symptoms of somatization disorders are in the gastrointestinal tract, while other symptoms are only secondary (see environmental poisons, p. 40).

According to depth psychology, somatization disorders may have their origins in early childhood:

1. The mother behaves toward the child in a very *possessive* and *overbearing* way, and the child (who, indeed, had been in the mother’s possession during pregnancy) has no chance to separate and realize its own body (*lack of identity*).

2. Another relationship pattern exists that could be called *lack of relationship*: the child is not noticed, but is ignored or even despised. The conflicts thus created in the child are so prominent that they need to be vigorously suppressed.

It is therefore very difficult to persuade patients with somatization disorder to enter therapy. In most cases, it is better for these patients to let them hold on to their fixed disease concept, rather to confront them with psychogenic causes of their disease.

