

TIRED AT HEART: 30 TRICKS TO STAND UP TO ILLNESS-CAUSING STRESS

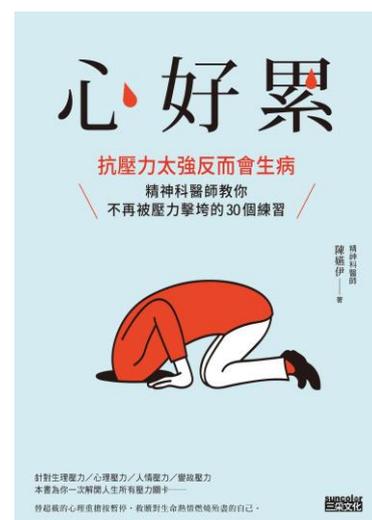
心好累：抗壓力太強反而會生病，精神科醫師教你不再被壓力擊垮的 30 個練習

Though frequently ignored in medical practice, stress can be a major cause of chronic illness. Psychiatrist Chen Yen-I shows us how sickness is often not the result of weakness, but of too much strength.

While many of us might think of illness as a result of physical infirmity, Chen Yen-I's experience tells a different story. Many of her patients who came to her with severe mental or physical illness were also strong, responsible, persistent people who had not realized they were sick until they took on too much stress to bear. We so often think of fighting back stress and pressure as a way to safeguard ourselves; *Tired at Heart* exposes the destructive force of that mentality, and offers us ways around it.

Dr. Chen describes how stress influences the autonomic nervous system, which regulates crucial subconscious mechanisms like organ function, and how imbalances there can lead to different kinds of chronic discomfort. She outlines in scientifically accurate yet easy-to-understand terms the psychological and interpersonal sources of stress, and enumerates our most common responses. In effect, her book first provides a map with which we can locate ourselves and the (frequently hidden) source of our stress, then offers us a compass in the form of simple yet nuanced advice.

Fighting against pressure keeps us going, but it can also make us brittle. In *Tired at Heart*, Chen Yen-I employs cogent, fluent prose to remind us how and when we hurt ourselves by trying to do too much.



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Chen Yen-I is a psychiatrist with her own private practice in Taipei. *Tired at Heart* is her first book; she hopes it will contribute to breaking down common misconceptions about psychological pressure and improve our understanding of how stress affects the body.

TIRED AT HEART: 30 TRICKS TO STAND UP TO ILLNESS-CAUSING STRESS

By Chen Yen-I

Translated by Roddy Flagg

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Dysautonomia Isn't a Disease, But a Warning Signal

If physiological diseases can affect our emotions and other psychological states, can psychological problems affect our body? Physiological and psychological health are actually of equal importance, though problems with the former are more easily identifiable through health checks, pain or unusual sensations. But what about psychological problems? Psychiatrists do have diagnostic criteria to refer to, but everyone is different, and these criteria cannot be as specific as those for physical disease. This is why feuding couples come to me and each ask me to diagnose the other with some issue. Social stigma around mental health issues makes the problem even more difficult to face directly.

But more work has been done on dysautonomia in recent years, because the problem is becoming more common. Yet symptoms vary: one minute it's a headache, the next insomnia. Sufferers visit several doctors without procuring an accurate diagnosis. So what is dysautonomia? Is it a physical problem, or psychological?

All Work and No Diagnosis

Mrs. Li is in her fifties and head of a trading company. In addition to her hectic work life she also cares for two children at home. Since her husband passed away three years ago she has been even busier than usual, with no chance to relax and very little time to exercise. The last six months have seen her company struggle to keep up with changing market conditions, and it has been forced to lay off staff. Mrs. Li feels helpless and has had trouble sleeping for some days – either tossing and turning for hours before drifting off, or just dozing on and off all night.

At work one day Mrs. Li felt a tightness in her chest. She became short of breath and weak, as her heart raced and hands went numb. She left work to see a cardiologist, who performed an ECG and other tests but found no problem. Still worried, she also visited a neurologist, who performed more tests but failed to find anything abnormal. Two weeks later Mrs. Li started to have digestive problems, with frequent diarrhea. She didn't think it was something she had eaten and saw a gastroenterologist for further tests, who prescribed some medicine to settle her stomach but could not identify anything wrong. Mrs. Li became frustrated: all these doctors, all these tests, with no conclusive findings – but the health problems continued. And so she came to see a psychiatrist.

“Doctor, my health’s been terrible lately – just one thing after another. I’ve seen the cardiologist, neurologist, and gastroenterologist, but they can’t find the problem. Then I was recommended to see a psychiatrist. What’s wrong with me...?” Mrs. Li sounded defeated.

“It sounds like you’ve had a tough time. What symptoms have you had?” I asked.

“Lots,” she said, sadly. “Sometimes it feels like there’s a boulder pressing on my chest and I have difficulty breathing, I have to gasp for air, when it’s bad I can’t even breathe. Sometimes my heart pounds and races all at once, and I go numb and I have to stop whatever I’m doing and rest until it gets better. Sometimes after eating I feel I need to go to the toilet, like I have diarrhea, but I haven’t eaten anything to irritate my stomach and the tests the gastroenterologist came back fine. It’s all got me so worried!”

“It does all sound very difficult. But if you’ve seen all the relevant specialists and they can’t find a cause, it could be dysautonomia,” I told her.

“Dysautonomia? What’s that, a disease?”

“It’s a syndrome triggered by excessive stress. It can lead to various symptoms with no identifiable cause! Frequently reported symptoms include chest tightness, palpitations, numbness in the hands and feet, irritable bowel syndrome (diarrhea and constipation), frequent urination, insomnia, tinnitus, and so on. And those symptoms affect the functioning of your autonomic system, making the dysautonomia worse,” I explained.

“It sounds really serious. So what actually is dysautonomia?” Mrs. Li asked, puzzled.

The Autonomic Nervous System: The Body’s Crisis Manager

The human nervous system is divided up into the central and peripheral nervous systems. The peripheral nervous system again divides into somatic and autonomic components. The autonomic system is responsible for the organs and blood vessels, and cannot be consciously controlled – hence “autonomic,” or self-controlling.

This system controls circulation, respiration, digestion, excretion, the immune response, the metabolism and the endocrines, all of which maintain the balance of our bodies. For example, on a sweltering day the body senses higher temperatures and the autonomic system immediately dilates the blood vessels to help disperse heat. If the functions of the autonomic system don’t work well that ability to adjust is reduced, making it easier for changes in the external environment to affect the operation of your brain or body. *The autonomic system is your body’s crisis management system, and an essential part of maintaining your physiological functions.*

The autonomic nervous system itself has two main parts: the sympathetic and parasympathetic systems. These are generally both found working in opposition within the organs to maintain balanced operation.

Long-term stress excessively stimulates the sympathetic nervous system, thereby restraining the operation of the parasympathetic system. That means digestion, sleep and relaxation – functions the parasympathetic system is responsible for – all suffer. After an extended period of stress, the sympathetic system can go from being stimulated to exhausted. At this stage we feel tired and unable to do the things we want to do. Damage over time limits the activity in the autonomic nervous system, which affects both the sympathetic and

parasympathetic systems. If we find ourselves feeling exhausted, tense but unable to relax, tired but unable to switch off and sleep, these are signs our autonomic nervous system has been overloaded for some time.

I often see patients who are struggling to manage stress and suffering from digestion problems, reflux, irritable bowel syndrome, tension, exhaustion and poor-quality sleep. A gastroenterologist is often unable to find any problem and while a relaxing massage may bring temporary relief, the tension and discomfort soon returns.

Alongside the above problems with digestion and sleep, dysautonomia can also cause headaches, dizziness, tinnitus, numbness in the hands and feet, tightness of chest, palpitations, shortness of breath, frequent urination, anxiety, a failure to concentrate and weakness. If we try to treat these by visiting ENT doctors, cardiologists, neurologists and urologists but can find no specific problem, it is time to ask if dysautonomia is to blame.