

confessions of a hypochondriac Bedeviled by twitches and aches, the “worried well” are cluttering up doctors’ offices like never before. BARBARA GRAHAM learns to separate real worries from imaginary illness

IT BEGAN UNREMARKABLY ENOUGH WITH THE FEARS that visit most children: war, fire, a witch or a robber who would come by night and steal me away, separating me forever from all that I knew. Some nights, when the fear grew too much for me to handle alone in the dark, I’d call for my mother, and after much cajoling on her part, I’d finally work up the courage to confess that day’s worry. Her assurance that no such terrible fate would befall me helped. So did the simple act of naming the terror. Eventually I would drift off to sleep.

But one night when I was seven, I became convinced I had a brain tumor and would die by morning. This time no amount of reassurance from my mother could still my fear. Finally, in desperation she phoned a friend who happened to be a kindly neurosurgeon. He showed up around midnight. His comforting words and presence helped release me from the panic that for hours had held me in its grip.

The Brain Tumor Episode was only the beginning. From then on, leg cramps were a sure sign of polio, mosquito bites were the work of tsetse flies, and when a classmate’s sister died suddenly of spinal meningitis... well, you get the picture.

As I got older, my field of worries bloomed. (Needless to say, watching *Ben Casey* and all the other doctor shows on TV set me spinning.) Now there were cerebral hemorrhages and myocardial infarctions—things that could stop you dead in your tracks without a moment’s warning—as well as the gradually debilitating diseases, such as multiple sclerosis and cancer, to worry about. I was terrified of sudden death, slow death. Death. During college my sense of danger mounted, and once, on our very first date, my future husband picked me up at the local emergency room, where I’d gone for help, convinced I was the victim of a heart attack.

Of course, I wasn’t entirely fabricating life’s dangers: enough real things happened to support the notion that death and disease are definite risk factors of being alive. First a cousin, then my grandmother, developed a brain tumor. My adored grandfather collapsed in a heap one afternoon from a massive heart attack. One aunt was diagnosed with MS; another aunt—no doubt my inspiration and a world-class hypochondriac herself—is still waiting for the doctors to get their act together and figure out what’s *really* wrong with her. (She just turned eighty-eight.)

And in our household, even the slightest symptom was pursued with the single-mindedness of a CIA operative tracking down an enemy spy. At age six my occasional stomachaches landed me in the hospital with a “suspected” ulcer, and even today when my mother phones, the first words out of her mouth—in response to my “hello”—are frequently “What’s the matter?”

**I now have a
One Week Rule:
when a new
symptom
appears, I must
wait a full week
before selecting
music for my
funeral**

The difference, it seems, between those of us who are hypochondriacs and everybody else is this: most people respond with fear when they become seriously ill, but hypochondriacs live in a constant state of red alert, certain they’re sicker than anyone knows and just standing by, awaiting final confirmation of the diagnosis.

Hypochondria is, in fact, considered a psychiatric disorder, one worthy of inclusion in the *Diagnostic and Statistical Manual (DSM-III-R)* used by therapists. “Hypochondriacs have a fixed belief that something’s wrong,” says Arthur J. Barsky, associate professor of psychiatry at Harvard Medical School and an expert on hypochondria. “It’s not

susceptible to reassurance or reason.” For hypochondriacs (who are as likely to be men as women), the preoccupation with health and disease is a way of life, a central feature of their identity. “Hypochondriacs don’t have their symptoms, they *are* their symptoms,” Barsky says. “Ask a cancer patient to describe herself, and the first thing she’ll say is ‘I’m a teacher and I like basketball.’ With hypochondriacs, the first thing they come out with is ‘I’m afflicted with some awful illness they can’t diagnose.’ ” The question “How are you” when put to a hypochondriac is never easily answered.

Most people who worry excessively about their health develop a personal repertoire of feared ailments. My own inventory includes that old standby brain tumor, as well as a host of other devastating diseases. Loss of control seems to be a dominant theme. I worry about sudden blindness, sudden paralysis, strange rumblings in my head. Lately I’ve been troubled by a steady twitching beneath my right eye that radiates out to my scalp. And sometimes the threat of germs sets off a full-scale alert: what my rational mind knows about the transmission of infectious diseases my rebel imagination fails to comprehend.

There have been countless occasions when I’ve been swept away by my fears, unable to enjoy friends, ► 198

family, holidays, the beauty of nature. The sense of rising isolation—of being tossed about in a mad swirl of frightening sensations—can be overwhelming. It's as if my body becomes my enemy, a foreign nation somehow separate from myself, under imminent threat of attack.

But for me—as for most hypochondriacs—periods of intense worry alternate with periods of relative calm. The fear doesn't go away exactly, but sometimes it nags instead of rages. And because hypochondriacs don't suffer big-time delusions, even during the most terrifying bouts some part of me *knows* there's a strong possibility that my life is not in immediate danger of extinction.

No one really knows what causes hypochondria. There's evidence from Barsky's studies at Harvard that there may be a biological component to the disorder, at least in some people. The data suggest that these individuals are highly sensitive to normal physiological sensations, which they tend to misinterpret, explains Barsky. For them, every-

day sensations—such as hearing ringing in the ears or feeling too hot or too cold or even experiencing hunger contractions in the stomach—are given pathological significance.

Researchers disagree as to how much hypochondria is influenced by biology versus psychology. Some believe the disorder is a learned reaction to a stressful environment. Others think hypochondria arises from the displacement of deep underlying emotions, such as frustration, anger, and dependency—emotions that are often unconscious or difficult to express directly. In her book, *Hypochondria: Woeful Imaginings*, Susan Baur suggests that getting sick may be a “more acceptable way of expressing suffering and conflict than direct confrontation, aggression, or the more overt forms of escapism such as dependence on tranquilizers or alcohol.”

Whatever its cause, in my experience hypochondria also involves magical thinking. My interior process goes something like this: “I better not say I

feel good, or some terrible disease will strike me down. What's more, if I believe I already have the disease, that's insurance that I probably won't get it.” It's as if the fear itself acts as a sort of mental vaccination.

Nearly everybody experiences an occasional brush with hypochondria—especially in times of stress. And though the disorder has been talked about for centuries—Alfred, Lord Tennyson; Charlotte Brontë; Samuel Johnson; Charles Darwin; and Sara Teasdale are among the more illustrious hypochondriacs—Barsky, Baur, and others believe that never before has concern for personal health been the mass cultural obsession it is today. In recent years the ranks of the “worried well” have swelled precipitously. Just ask any internist. It's estimated that 30 to 60 percent of all doctor visits are made by people who have little or nothing seriously wrong with them. Indeed, when viewed from this angle, it seems as if the line between hypochondriacs and everybody else is beginning to blur.

In his book, *Worried Sick*, Arthur Barsky writes, “Confronted with a threatening and hazardous world, we try to assert control in the one sphere of influence we believe is left to us: our bodies and our personal behavior.” But, he adds, “taking calcium supplements, having a normal electrocardiogram, even living longer, do not necessarily mean that we will experience a greater sense of self-worth. . . . It is an illusion that controlling our health means controlling our lives.”

There it is. Whether discussing the Sunday hypochondriac at one end of the spectrum or hard-core types like me, the subject inevitably returns to control: everybody wants it, nobody can have it. In the end there is no cure for or escape from old age and death.

But, paradoxically, acknowledging our mortality is the best way to enjoy the good health we do have. As Barsky puts it, “A mature and realistic appreciation of our impermanence and our vulnerability does not result in hopelessness but in a quiet pride, in a delight with what life offers, and in the strength to face illness and suffering.”

For most of us, acceptance of *what is*—as opposed to the way we would ► 200

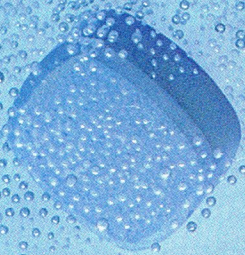
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have it if we were calling the shots—is life's central challenge. The urge to evade and escape our fate is powerful—especially at 3:00 A.M., when for me, diffuse and undiagnosable bodily sensations tend to reach their peak.

Though there's no universally accepted "cure" for hypochondria, many people do learn to manage their fears. If depression or anxiety is also part of the picture (as they often are), antidepressants or mild tranquilizers can help. But most often treatment involves some form of psychotherapy. Barsky believes that group therapy holds the most promise. Observing others jump to outrageous conclusions about their health can serve as a very useful reality check for hypochondriacs, he says.

Naturally hypochondriacs have complicated feelings about their doctors. And vice versa: doctors are in the business of helping people get better, and hypochondriacs are a tough bunch to help. I'm sure I've spent months, if not years, of my life sitting in doctors' offices filled with shame and dread—shame that they might find me out, dread that they might actually find something wrong. Not so very long ago I was consulting simultaneously an internist, an allergist, a gynecologist, a gastroenterologist, a neurologist, an ophthalmologist, an orthopedist, a physical therapist, an acupuncturist, a chiropractor, an herbalist, and a homeopathist. (I covered all the bases.)

Then something happened: slowly, over a couple of years, I managed to get myself off the M.D. merry-go-round. Even though I still worried that some dread ailment might be missed, I simply couldn't bear to continue spending so much time playing house detective to my elusive symptoms. I found one doctor I could work with. This man is not the next candidate in a long line-up of clinicians expected to be the One. He is my friend and ally. When the terror starts seeping through—as it inevitably does—he helps me separate reality from my catastrophic imaginings.

In recent years I've developed other strategies to help me cope. A rather obvious and simple tactic, but one that has helped immensely, is the One Week Rule. This means that when a vague new symptom such as rubbery legs or a mild twitch appears, I must wait a full week before panicking, rushing to the doctor, or selecting music for my funeral. More often than not, the symptom disappears before the week is out. (This technique is not recommended for those who are running a high fever, bleeding profusely, or unable to breathe.)

Little by little I'm finding ways to get at the underlying feelings that fear frequently masks. (I am beginning to suspect that this is the work of a lifetime.) Psychotherapy helps. So does meditation. Now I sit cross-legged on a cushion every morning (well, almost) and experience my thoughts and feelings as they come up, trying to notice how they're expressed in my body—perhaps as a knot in my stomach, or shoulders that feel as if they're made of stone. When the fear comes up, instead of resisting it, I experience that too. The feeling isn't pleasant, but it does seem to pass through more quickly that way.

Slowly, finally, I'm beginning to shed the terror that in so many ways has been my jailer. This in itself is a little frightening, because without the illusion of the fear to protect me, it's just me out there, vulnerable, exposed, bumping up against the clumsy, ordinary, lovely imperfection that is my life.

As my doctor gently reminds me, an eye twitch is no more or less than the twitching of an eye. ●

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