Worried Sick?

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Introduction: Why Worry?

No one likes to think of himself or herself as being emotionally disturbed or, worse, of having an emotional or mental illness of some sort. A person may readily admit to having gallstones or even a stomach ulcer yet hesitate to mention even to friends or to family a history of being clinically depressed. Some conditions, such as alcoholism, seem to be a kind of moral failure. Others, such as pseudo-cyesis, in which a woman imagines herself to be pregnant for 9 or 10 months, seem ridiculous, at least when they happen to other people. The exaggerated fear of physical illness, what may be called health anxiety, may strike some as falling into this category. The Woody Allen caricature of a hypochondriac is intended to make people laugh. From a certain point of view it is amusing to contemplate a vigorous young person anxiously taking his or her pulse and temperature every few minutes when the likelihood of being truly ill is vanishingly small. Health worriers, seeing themselves or their problems made fun of in this way, are especially not inclined to acknowledge those problems; and, consequently, they put themselves beyond help. I suspect this book may be bought as often by the families of health worriers as by the health worriers themselves.

Of course, whether someone is viewed with derision or with sympathy is a matter of perspective. Seeing a clown slip on a banana peel is funny as long as it seems clear he did not really hurt himself. Those men and women who have an inordinate fear of being sick are hurting. Having had this condition myself, I can testify to the awfulness of worrying about an illness which I knew was unlikely but which seemed threatening anyhow – and feeling foolish consequently for worrying unnecessarily. In a way, though, such a worry is funny. A man who thinks he may have had a heart attack because his left foot hurts is funny in a way, because his fear seems to us to be outlandish. I think it is permissible, even useful sometimes, to take note of someone’s foible – or one’s own foibles – and smile, as long
as it is a sympathetic smile. Each of us has our own particular banana peel that we slip on over and over again in plain view of everybody. I try to be straightforward in this book and respectful. If some of the stories I tell are wryly amusing, it is not because I do not appreciate the real distress this condition causes.

Whether health anxiety should really be called an emotional illness in the first place is problematical. Psychiatrists are inclined to define any human weakness or quirk as an emotional disorder of some sort. If it were not an illness, they would not be reimbursed for treating it. Currently, there are two disorders listed in the Diagnostic and Statistical Manual (4th edition), which are closely related to health anxiety. These are hypochondriasis and somatization disorder. I give their definitions in Chapter One, and again more formally in the Index, but these descriptions are not very helpful. And there are other illnesses too, including panic disorder, obsessive-compulsive disorder and depression, which frequently cause physical symptoms and the fear of physical disease. I think it is more useful to describe health anxiety as simply an exaggerated fear of illness, this fear being an outgrowth of a set of mistaken ideas about the nature of physical illness, including its diagnosis and its treatment. It is more like a character trait, such as stinginess, than, let's say, schizophrenia, which is truly a disease in the sense that diabetes is a disease.

A Bad Idea

First, one may ask, how does someone come to believe false and frightening ideas about health, or about the world in general, for that matter, when everyday experience seems to everyone else to testify to a less frightening reality?
The scene: a rainy day in the Bronx, more than 50 years ago. The author, a fragile-appearing (by all accounts) 7 year old, has just come indoors.
The author's mother: Take off your rubbers, or you’ll get sick.
The author: Sick? Why will I get sick?
The author's mother: Because if you wear your rubbers in the house, you’ll catch cold.
The author: How come? How does my nose...how does any part of my body...even know I’m wearing rubbers outside my shoes?
The author’s mother: Remember, I warned you.

Imagine endless variations on such a conversation repeated over and over again during childhood. What messages are communicated?
1. That health is easily damaged.
2. That slight deviations in ordinary matters, such as dress, predispose to illness.
3. That infectious disease is preventable.
4. That infectious diseases are always important enough to be prevented, if possible.

And what is the effect of hearing these messages, which become so much a part of growing up that they are like an invisible backdrop, taken for granted?
1. In my case, one becomes, first of all, skeptical. This is a useful turn of mind in a scientist (unfortunately, I am not a scientist), but annoying in someone who is around the house a lot.
2. Skeptical or not, one comes to accept the point of view of the parent, even if one rejects those particular superstitions and old wives’ tales that the parent repeats. One does become worried about the precariousness of physical health.

After all, who speaks with more authority than one’s own mother? Sometimes a traumatic event in childhood - a serious ill-
ness or the death of a family member – can by itself teach the same lessons. Even so, it is surprising, I think, that such ideas can survive into and sometimes throughout adulthood. I present an account in these pages of how health anxiety can suddenly appear in someone predisposed to it, let’s say, by having over-protective parents. The related ideas that lead to health anxiety are varied. They include misconceptions about drugs and about laboratory tests, about illness per se, and about the way the human body functions when it is functioning normally. Treatment, of course, is directed at changing these ideas.

The Treatment of an Idea

Having been a director of psychiatric training for a number of years, I have watched from the other side of a one-way mirror therapists of all different theoretical persuasions conducting the therapy of all sorts of emotional disorders. Whether these practitioners describe themselves as psychoanalytically oriented or as believing in a cognitive or behavioral form of treatment, they tend, one way or another to work to a similar purpose. All of them argue one way or another against certain distortions in the way patients view the world.

“Just because your boss spoke harshly to you, it doesn’t mean he plans on firing you.”

“Just because your girlfriend danced with your friend, it doesn’t mean she meant to humiliate you.”

“Just because you walked into a sick room, it doesn’t mean that you yourself will get sick.”

Unfortunately, just listening to a therapist speak these truths, even a therapist whom the patient respects and trusts, is not convincing. Consequently, newer methods of treatment have grown up, especially in the management of panic disorder and of obsessive-compulsive disorder, conditions related to health anxiety; and these have been found useful in the treatment of health anxiety itself. They
teach a lesson more successfully than the office-bound lectures of traditional psychotherapy. They are described in these chapters. To a considerable extent, they can be implemented without the continuing supervision of a therapist.

Health worriers are often very upset by routine interactions with their physicians. For that reason, I include a detailed account of the role of physicians, the process of diagnosis, and the meaning of laboratory results and other diagnostic procedures. I explain the various proper uses of medication. Whether or not to take medicine is always a matter of concern for health worriers. The placebo effect is described, including placebo side-effects. Implicit in much of what is discussed are strategies the health worrier can use to determine the likelihood of certain physical symptoms being due simply to the fact of being anxious and which others may reflect an underlying physical condition. There is a role for family members; and I offer some suggestions for them in a separate section.

Bad News

Every few years, it seems, a new disease appears to threaten us. A reunion of legionnaires is struck suddenly by a previously unknown, but potentially fatal, contagion. A number of children in Lyme, Connecticut develop a strange arthritis, which is found to be infectious in origin. AIDS, the so-called plague of the century, emerges in a number of countries simultaneously with consequences by now known to everyone. More recently, a number of previously healthy young people living in the Western part of the United States die suddenly after becoming infected with a hantavirus which they have caught somehow from the urine of a field mouse. Meanwhile, ancient diseases such as tuberculosis and malaria appear in a more virulent form. Unknown to those previous times are a whole range of poisons such as radon or asbestos or nitrates which invade our bodies insidiously, wreaking destruction. And familiar dangers turn out to be worse than we imagined. Cigarette smoke
kills more people every year in the United States than were killed in all of its foreign wars put together. It appears that breathing, eating, and having sex all constitute threats to life. More threatening still are the largely degenerative conditions, such as cancer or cardiovascular diseases, that have in recent centuries killed the bulk of humankind, and that continue to do so now, as they will probably forever. Indeed, between one thing and another, those of us who avoid death by accident are killed by some disease eventually. We are not, most of us, prepared to accept this state of affairs lying down.

We do not graciously accept the idea of becoming sick, nor should we. Every few months we enter into a new strategy in the “war against cancer.” Additional millions are spent by scientists to determine, once and for all, the underlying causes of heart disease, some of which, such as dietary overindulgence, have been known to everyone else’s satisfaction for decades. The exact shape, chemically speaking, of the HIV virus is divined and published in the daily newspapers along with photographs so detailed and familiar that to the attentive reader the picture of this tiny organism budding out of a white cell is as recognizable as that of a chicken breaking out of an egg, with similar effect on the white cell as on the egg shell.

Good News

New tools for delving into the human body are trumpeted in the press. The CAT scan (computerized axial tomography) and the even more expensive MRI (magnetic resonance imaging) are surpassed in some ways by the PET scan (position emission tomography). It is possible now to portray the inside of the skull, a closed container, in successive cross-sections in marvelous exactitude so that the neurologist need no longer figure out what is going on in the brain, but can see directly. Similar technological advances have multiplied the diagnostic procedures that can be brought to bear by physicians on a particular medical problem. Someone determined to rule out a cryptic disease process can now spend considerable
time and money on laboratory examinations that test much of the quirky ebb and flow of human physiology. Someone determined to ward off illness can engage in complicated strategies to do so, starting with the determination of a possible genetic vulnerability and ending with a beleaguered retreat from all the myriad toxins which are reputed to float through the air around us and also coat our foods. Finally, should these precautions fail, someone determined to search out a remedy for a particular illness has a whole range of drugs and procedures to draw upon. It is no wonder then that somebody who attends to the constant reporting in the media of disease and of the treatment of disease should become very focused on his or her own health, and overly worried.

Actually, the degree to which people worry about their health varies, with some people worrying too much and others not enough. Those that worry too much think that they are in greater danger than they really are, with unpleasant consequences that affect much of their lives; those that worry too little have trouble imagining that they might be truly ill and, therefore, do not take those measures that might prevent their getting still sicker. I would have trouble choosing, if I could, between these two extremes. Would it be better to wake up at intervals over a period of years with chest pain from indigestion and be so frightened of a heart attack that I end up each time going to a hospital emergency room; or would it be better to sail through life but fail to seek treatment for a real heart attack during those few hours when proper treatment can prevent cardiac damage? The fact is that many more people worry about their health unnecessarily than are unconcerned, for reasons that I will discuss later. It is for them that I have written this book. For it is possible to live effectively between these extremes.

**Important Note:** In order to make clear all the different Bad Ideas that underlie health anxiety, and to show just how debilitating this condition can be, I have drawn most of the case histories in this book
from among the most troubled patients I have seen. Sometimes the case history is a composite of two or three such patients. The reader should understand, however, that very many people are affected to a lesser extent and sometimes only temporarily in the face of an obscure symptom or a transient illness. If the conditions are just right – or just wrong – perhaps anyone can be turned into a health worrier. These people too can find comfort by following the recommendations in this book. Sometimes, to offer a more balanced perspective, I describe cases that are less severe. I mark these N.S.B. (not so bad).