

## Q & A

### TREATING HYPOCHONDRIA

**Jerome Groopman talks about hypochondriacs.**

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This week in the magazine and here online (see Fact), in “Sick with Worry,” Jerome Groopman writes about hypochondria, a condition that traditionally has received more scorn than serious attention, and about whether it can be cured. Here Groopman, the Recanati Professor of Medicine at the Harvard Medical School and the chief of experimental medicine at the Beth Israel Deaconess Medical Center, talks with The New Yorker’s Daniel Cappello about why hypochondriacs are so scared of being sick.

#### **DANIEL CAPPELLO: Why do doctors hate hypochondriacs?**

JEROME GROOPMAN: There are several reasons. One is that doctors want to deal with what they believe is real disease, meaning physical problems, and not constant complaining about imagined issues. The second is that hypochondriacs often fail to be reassured. So the doctor, in the usual role of being someone who can be compassionate and comforting, falls flat on his face. The third -- and this is sort of the psychoanalytic insight -- is that many physicians have hypochondriacal feelings themselves, because they see how fragile the world is. Some people believe that physicians dislike hypochondriacs so much because it is a sort of mirror to their own compartmentalized fears.

#### **Is hypochondria a disease in itself rather than just the fear of disease? And, if so, how can it be treated, medically or psychologically?**

Well, it is an illness, a disorder in and of itself. It acts that way, and it’s defined that way by the American Psychiatric Association. No one’s quite sure how best to treat it, largely because it’s an ignored malady, an ignored problem. Some patients may benefit from psychiatric medications like Prozac or Luvox, particularly patients who have obsessive tendencies; other patients may benefit from so-called cognitive behavioral therapy, where they basically learn to restructure their behavior -- not going on the Internet to check medical Web sites, not rushing home to hear the six-o’clock news with the latest report on SARS or West Nile virus, not driving their family and friends crazy by asking about medical symptoms -- basically constraining themselves, forcing themselves into a type of behavior that doesn’t feed their hypochondria.

#### **In your piece, one of the hypochondriacs discussed began fearing illness excessively at the age of nine. Is hypochondria a young person’s disease?**

It usually comes on in the teen-age years and young adulthood, and it’s often but not always associated with an experience in which someone close to you, particularly someone you’ve loved, became sick -- seriously ill. It’s as though that fragile delusion that we all operate with,

that the world is under control and we're going to get up in the morning and pass through the day in a healthy way, is shattered by that experience. These people seem unable to ever recover from having that trauma.

**In your piece, you also mention that in the eighteenth century the diagnosis of hypochondria was mostly reserved for men, for whom it had a certain cachet, while women who exhibited the same behavior were considered hysterics. What's the role of gender in diagnosis and treatment today?**

That's a controversial point. Some people think that it's relatively equal between men and women. But the problem is that hypochondria was not part of the large-scale survey studies that were done in the nineteen-fifties and sixties to assess mental health in communities in the United States. It wasn't thought to be important enough or interesting enough, and it was largely neglected by the psychiatric community. So no one really has good data on this.

**What about race and class? Are there any data on these demographics?**

Very little. There do seem to be two different groups of hypochondriacs. There are the ones who are in the doctors' offices repeatedly, incessantly, with every ache and pain and complaint, sure that it bespeaks a fatal disease; and then there are people who are just at work, on the subway, wherever, convinced that something terrible's happening to their bodies and that they may have a serious illness, but are so afraid that they don't seek medical care.

**How do we account for these contradictory behaviors in hypochondriacs?**

Again, we can't account for it, because there's so little work in this field and so little attention given to it, despite the magnitude of the problem. No one's really figured out strategies, in terms of either how to consistently deal with the ones who are in the doctors' offices or how to reach out and get the ones who are worried sick at home and too terrified to enter the medical system.

**Why haven't modern psychologists devoted attention to the disorder?**

I think that part of it is that these patients are very difficult to handle. And really, there hasn't been much research into it. Traditional psychoanalysts weren't very interested in them because the godfather of the field, Freud, basically said that it's not amenable to psychoanalysis. There's also a sort of mantra throughout the medical literature that these people are essentially incurable, that hypochondria is a refractory, recalcitrant mental disorder -- none of which is true, as two of the doctors I write about, Arthur Barsky and Brian Fallon, have shown. But also, there's very little gratification for physicians or psychologists or psychiatrists who work with these patients, because they are so difficult.

**Today we tend to overuse the word "hypochondria" in a lay sense; we apply it to anyone who complains about everyday aches and pains. Does all of this do hypochondriacs a disservice, or keep the medical community from addressing real hypochondria?**

I think that there is a working definition of hypochondria, which is the belief and fear of serious illness which lasts for six months, beyond and despite medical reassurance. I think that there's a blurring of the borders between that definition and what's out there in doctors' offices or in the community. I do think that what impairs our ability to deal with this -- and it is a major issue in the medical system -- is largely the social stigma and the fact that it's seen mostly as good material for standup comics.

**In recent years, though, mental health has become more of a public issue, and public figures, such as Tipper Gore, have come out to try to destigmatize it. Has that helped at all, or is that paving the way for hypochondriacs?**

I think that in terms of depression it's been tremendously helpful. But because, as a society, we still look at hypochondriacs the way Molière depicted them in "Le Malade Imaginaire" -- as really silly comical figures -- I don't know that people who've come out of the closet as hypochondriacs would spark sympathy. There's very little sympathy for hypochondriacs.

And yet many people really have problems with it. It impairs their work performance, it impairs their home life, it impairs their ability to enjoy things day to day, it impairs their social relations. It's really a tremendous burden for the people who have it.

**You mentioned that hypochondria is likely to be fed by increased medical coverage in the media, as well as by the Internet. Is hypochondria a disease of too much information?**

I think it's a disease that's made more acute by the barrage of information, and particularly by the way the media try to present every problem at a high decibel, in an almost tabloid fashion. A person who's psychologically intact will pay attention for a while and then be a little worried about it, and then perhaps shrug it off or try to really assess the true risk. A hypochondriac reacts to it as if he or she has been given an electric shock.

**Has the proliferation of medical Web sites on the Internet had any palliative effect, by giving patients information that might relieve worries?**

The Internet is helpful in that way for people who are not hypochondriacal. But people who are hypochondriacs essentially are resistant to reassurance. What the Internet does is allow them to move from link to link; because nothing in medicine is absolute or certain, they may decide they don't have disease A, but they'll follow a link to a related illness or look at another set of diseases associated with the symptom they're having, and then jump to those. They'll often go from, for example, brain tumors to AIDS to SARS, all of them potentially related to things like fatigue or maybe wooziness -- general kinds of symptoms -- and all of them modified to some degree by what's on the evening news.

**You were speaking earlier about the frustrations of not being able to cure these people. In your article, you write that a confident physician, one who simply refuses, for instance, to order another round of tests, can sometimes help. For a lay person, the impulse, when confronting a hypochondriac, might be simply to tell him or her to snap out of it. But is this fair? Can hypochondriacs help themselves?**

They can help themselves, but they're not helped by someone just saying, "Pull up your socks," or "Buck up." It doesn't work that way. You basically have to speak from a position of authority, but also break down their belief system. This is what Barsky has shown in his research, and, to some degree, what Tom Delbanco, whom I also cite in my piece, does in the context of a close relationship as a primary-care doctor. You can't just say offhand, "Oh, you're O.K. Don't worry." That doesn't work. They'll go on to find someone else or just come right back at you. You have to explain to them why it is that what they're feeling does not indicate a fatal disease. And then you have to help them restructure their behavior.

**You've talked about the positive effect of a doctor invoking his authority, and yet one of the most frequent pieces of advice that a patient with a serious disease gets is that he or she needs to have an advocate who will challenge doctors with hard questions. Is it really best for patients to view doctors in the old light, as figures with greater-than-human judgment?**

This is the paradox at the core of what I learned through writing this piece. The current doctor-patient relationship has been redefined, with patients empowered, becoming intuitive about their bodies, always challenging the physician, and so on. And all of that is extremely beneficial when someone has a physical disease. But when someone is a hypochondriac it boomerangs. It's the worst thing that can happen, because empowering a hypochondriac simply means reinforcing a belief system that tells you that a headache at three o'clock in the afternoon doesn't mean that you've had a long day at work but that you have a brain tumor -- even when your MRI scan is negative. I think that this is the interesting exception to the rule, the contradiction of conventional wisdom: here's a place where the doctor should exercise the old-fashioned authoritarian voice and speak to the patient with conviction.

**One of the patients whom you spoke to thought that her doctor kept referring her to other doctors out of a fear of lawsuits. What role has litigiousness played in how doctors deal with hypochondriacs?**

I do know that some physicians will just order test after test after test because they don't ever want to be accused in front of a jury of not ordering a test. There is a high level of awareness about malpractice and what's viewed as malpractice. I think this contributes to the kinds of extensive procedures, blood tests and scans and even operations, that some hypochondriacs end up having based on complaints that could be settled in the office with a good physical examination and the taking of a patient history.

**Let's go back to the point you raised at the beginning about doctors fearing hypochondriacs in part because they're a mirror into a doctor's own psyche. Do you think that doctors are any more likely to be hypochondriacs than people in the general population?**

I don't think there are any data on that. But I do think that almost everyone who has trained as a physician has had moments of acute hypochondria. The classic one, which I mention in the piece, is when you're studying Hodgkin's disease, you feel behind your ears or in your

neck, and you feel little pea-size lymph nodes -- everyone's got them, and you know that, but, still, you think you're the next star in "Love Story."

### **Med-school syndrome.**

Med-school syndrome. And it's very common. So no one really knows how many physicians have hypochondria, but, as I report in the piece with an anecdote about my own anxieties, all you need to do is be frightened. I'm almost thirty years out of medical school, and it's still difficult to be reassured. Because as a physician you know that nothing is perfect, that there is no absolute certainty. No test is a hundred per cent, no scan is a hundred per cent. So there is this lingering kind of fear, and it's a very interesting psychological dynamic that's set up between the patient and the physician on this basis.

But, however acute these episodes may be, I don't think there are many physicians who are chronic hypochondriacs. It would be hard to imagine how well they could function in a system in which what they do, every day, is see sick people.