

Hypochondriasis: An Intrapsychic Phenomenon, Part II

Part I of Dr. Eisenberg's article appeared in the September 1, 1994 issue of "DC."

In his book *Language, Thought, and Reality*, Benjamin Whorf describes us as cutting up nature, organizing it into concepts, and ascribing significances as we do, largely because we are parties to an agreement to organize it in a certain way. It is staggering to think that the pattern of living each of us embraces grows out of approximately the 100 million nerve impulses pouring into our nervous system every second of the day. In all probability, the hypochondriac organizes aspects of nature, especially as it applies to the self, in a slightly different manner.

As we listen to our patients on a daily basis, patterns of communicative expression begin to emerge. Patients think and talk about their bodies differently. Opera singers, for example, when referring to their voice will say "the voice" rather than "my voice," or a patient with acute sciatica will say, "The leg is bothering me today," rather than "my leg." They tend to disown the offending part and repossess it when it is well.

How people perceive or misperceive themselves is a reality with which the physician must come to terms. Using both quantitative and qualitative language, patients describe their symptoms in various ways; they either exaggerate, understate, or distort what they think or feel. We, as doctors, can neither confirm nor deny subjective symptoms. Unlike body temperature or blood pressure, they cannot be measured with a thermometer or sphygmomanometer. We are obliged to accept what we are told on faith. Fortunately, experience teaches us to discriminate -- to discern whether what a patient tells us makes sense and is consistent with what we know about the body.

This should be our approach to hypochondriasis: First, we must recognize that it is a breakdown in intrapsychic communication (a mismanagement of the self); second, that mind does influence body; and third, that we have a responsibility to acknowledge and therapeutically address the clinically significant nonverbal as well as the verbal messages the body transmits.

We all hear that inner voice telling us right from wrong, steering us in a particular direction, warning us of impending danger, and inspiring us to try something new. Whether we identify this source of information as coming from the id, superego, unconscious, innate or good old-fashioned instinct, the messages we get act like a compass or guidepost. The important thing is to develop an ability to distinguish between which messages to honor and which ones to ignore. Trial and error makes this differentiation possible.

Let me recapitulate by saying that we all talk to ourselves; it is perfectly normal. Every patient, on the way to your office engages in the practice. They ask themselves whether they really need to go, whether what they are feeling is really serious, or whether the treatment they are about to receive will make them feel better. This intrapsychic communication deserves both your respect and attention. Why? Because it will act as a baseline, a springboard for your ultimate evaluation of the patient's mental and physical condition. Once you have trained yourself to clinically recognize the allowable parameters for normal intrapsychic or intrapersonal communication, you will be better able to recognize the abnormal, i.e., the hypochondriacal patient.

In closing, I propose that the extent to which mind affects body may also include something as final as death, i.e., that we choose "when" to die. Just as the hypochondriac chooses what, where, and how to feel, death may be but another choice.

Dr. David P. Phillips, a sociologist at the University of California, conducted a very interesting study. He sought to determine whether men or women who were gravely ill gave up the ghost before or after their upcoming birthday. The conclusion reached was that, in women, three percent more deaths than expected occurred in the week after their birthday than before it. Among men, however, death peaked just before their birthday.

Dr. Phillips theorized that more men died before their birthday because it may be perceived as a time of taking stock; with less successful men, it was possible they decided against living another year. Women, on the other hand, may be more family-connected and, therefore, take a more positive stand. It should also be noted that these attitudes are not restricted to birthdays, but to any other personally meaningful occasion, e.g., a son or daughter graduating from college, an anniversary, or the completion of some special project.

Whether one is speaking of the hypochondriac or ordinary patient, the bottom line is how they communicate intrapsychically -- the messages they send back and forth from mind to body. Careful clinical attention must be paid by every physician, both medical and chiropractic, to how patients talk about their bodies, i.e., whether the voice from within produces biologic harmony or discord (dis-ease) between their inner and outer worlds.

Abne Eisenberg, DC, PhD
Croton-on-Hudson, New York

Editor's note: Dr. Eisenberg is frequently asked to speak at conventions and regional meetings. For further information on speaking engagements, you may contact (914) 271-4441, or write to Two Wells Ave., Croton-on-Hudson, New York 10520.

SEPTEMBER 1994