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The Edwin P. McCabe Honors Program

Senior Thesis

Is Hypochondria Really a Mental Disorder?

By
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May 2001

Langston University
Langston, Oklahoma

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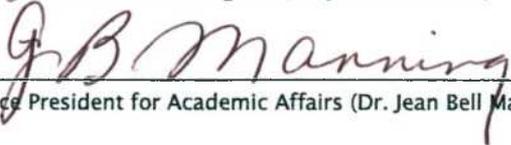
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Is Hypochondria Really a Mental Disorder?

BACKGROUND OF STUDY

According to Webster's Dictionary, hypochondria means, a morbid condition characterized by the simulation of the symptoms of any several diseases. Convinced of a grave illness, the hypochondriacs may suffer acutely, not only from the symptoms of the presumed disease but also from anxiety."

Hypochondria is a mental disorder in which the affected person becomes obsessive about sickness and his health (or supposed lack of it). The person often becomes fearful of illnesses despite proof that he or she does not. Many times small symptoms of a common disease might be mistaken or exaggerated into something more severe (such as someone sighting a freckle and assuming that they have skin cancer). In other cases, patients think that they have a disease and through mind over matter, will begin to develop the correct symptoms as well as suffer from anxiety or melancholy. The technical medical term for this condition is *Hypochondriasis*.

According to medical doctors, about six percent and ten percent of people who visit the doctor is suffering from hypochondria. Anyone can become a hypochondriac, no matter what their gender, age, or appearance. It is also quite common for medical students to become hypochondriacs after studying different kinds of rare and serious diseases. It may also be inherited genetically.

Hypochondriacs many times have been cautious, anxious, or fearful of diseases all of their lives. It is just a condition that they are born with. Other times it can be brought on by a traumatic event in a person's life that leads them to feeling unsafe. Also, small fits of hypochondria can be brought on after hearing about a serious illness constantly, or

learning about a disease in more depth. It can also be used to seek attention, withdraw from personal responsibilities.

To be diagnosed with hypochondria, the patient must be convinced of fear that he has a serious disease for a least six months, even when given positive proof that he is healthy. This fear of disease must influence the persons' life negatively, and lead to medical treatment. The patient will only be able to temporarily accept that there is no explanation for his symptoms.

The common symptoms that a hypochondriac will have include:

- constantly visiting the doctor
- fixated on a disease that no doctor has diagnosed them with
- refusing to believe a doctor when they say nothing is seriously wrong with them
- checking their bodies for strange oddities or symptoms often
- being preoccupied with a disease that they saw on television or in the newspaper
- being constantly concerned about sickness and pain
- frequently thinking about death
- thinking that doctors often mis-diagnose serious illnesses
- thinking that it is normal to feel completely well all of the time

Many doctors do not think that hypochondria is a serious illness. In fact, they think that a disease can only occur in the body, or in the mind. So they classify hypochondria as a mental disorder, such as depression. However, since hypochondria affects both the mind and the body, they are unsure on how to approach it. However doctors are beginning to recognize that hypochondriacs are actually suffering and the disease is considered slightly higher than it previously was.

Doctors think that hypochondria can be treated, although never fully cured because the anxiety can never fully disappear. The type of hypochondria which is easiest to treat is when it has not always been a part of the patient's life, in comparison to it being a part of their nature. The first step to being cured is for the patient to admit to themselves that they are overly anxious about their health. Over a period of time they have to realize that they do not actually have a physical disease, but it is all in their minds.

Some doctors have used Prozac on their patients with positive results, which hints that hypochondria may be mainly in the mind.

Some doctors use cognitive behavioral treatment, sometimes combined with medication. In the first consultation the patient explains their symptoms, and they make an evaluation whether they have been examined good enough. They never discuss the symptoms because they are subjective, and hence "accepted". However, they do discuss how to interpret the symptoms. They cannot imagine that symptoms that they have can be caused by anxiety.

During the treatment the patient can register the thoughts that go through their mind when they notice their physical symptoms. Hypochondriacs choose the most serious explanation. A headache is not a migraine or stress, but a brain tumor, chest pain is not caused by tense muscles, but is a serious heart attack and so on. These thoughts are then discussed and alternative explanations are tested out.

METHODOLOGY

To support my subject on hypochondria I plan to use many interviews in which I will have a number of hypochondriacs and patients that do not suffer from this particular disorder and I will compare and contrast the symptoms.

I also plan to use a sample of a questionnaire with the following format:

Circle a number for each question

1= not at all

2= a little bit

3= moderately

4= quite a lot

5= a great deal

- 1). **Do you worry a lot about your health?**
- 2). **Do you think that there is something seriously wrong with your body?**
- 3). **If you feel ill and someone tells you that you are looking better, do you become annoyed?**
- 4). **Are you bothered by many aches and pains?**
- 5). **Are you afraid of illness?**
- 6). **Do you often have symptoms of a very serious disease?**
- 7). **Do you worry about your health more than most?**

A high score could mean serious depression or hypochondriacal ideas, either way you should talk to your doctor.

Are you at risk for hypochondria?

****Do not think too long on each question****

No= 0

Rarely= 1

Sometimes= 2

Often= 3

Most of the time= 4

- 1). Do you worry about your health? _____
- 2). Do you worry that you may get a serious illness scare you? _____
- 3). Does the thought of a serious illness scare you? _____

Total for questions 1-3 _____

- 4). When you have a pain, do you worry that it may be caused by a serious illness? _____
- 5). If a pain lasts a week or more, do you think you have serious disease? _____
- 6). If a pain lasts a week or more, do you see a physician? _____

Total for questions 4 -6 _____

- 7). Do you believe you have a physical disease that doctors have not diagnosed correctly? _____
- 8). When your doctor tells you that you do not have a physical disease, do you refuse to believe her? _____

9). Shortly after your doctor reports on the results of your examination, do you begin to believe that you may have contracted a new illness? _____

Total for questions 7-9 _____

10). Are you uncomfortable about news of death- obituary notices, funerals? _____

11). Does the thought of death scare you? _____

12). Are you afraid that you may die soon? _____

Total for questions 10-12 _____

13). When you read or hear about an illness, do you develop symptoms similar to those of the illness? _____

14). When you feel a strange sensation in your body, do you find it difficult to think about anything else? _____

15). When you feel a strange sensation in your body, do you worry about it? _____

Total for questions 13-15 _____

Scoring Your Illness Attitude Scale

<u>CATEGORY OF HYPOCHONDRIA</u>	<u>YOUR SCORE</u>
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Questions 1-3: Worry about illness

Questions 4-6: Concern about Pain

Questions 7-9: Hypochondriacal Beliefs

Questions 10-12: Fear of Death

Questions 13-15: Bodily Preoccupation

REVIEW OF LITERATURE

Goodman, Berney M. D., When the body speaks its mind; G.P. Putnam's Sons. New York, NY 1994.

This book has compelling case histories in which people tell how they become hypochondriacs and how they mask their true psychological problems. One case is of an elderly man's pain that may be linked to his childhood. Another case that Dr. Berney talks about is a woman's marriage and life being disturbed by hypochondria and her husband does not know throughout the whole time that they are married about her problems. Dr. Goodman talks about the two telltale symptoms of serious emotional problems. He also talks about how people actually feel about hypochondriacs. Many people feel that hypochondriacs are "fakers". Dr. Goodman defines hypochondria as an emotional disorder involving unremitting fears of illness a somatization symptoms that last for more than six months and cause a significant disability. He explains many hypothesis for this condition. He discloses a learned behavior and societal factors.

Dr. Goodman explains that the diagnosis of hypochondria is very hard to establish because it has many symptoms that could be linked to something else. Dr. Goodman speaks to many different patients with different symptoms about their hypochondria problems. One man is suffering from lifelong hypochondriasis. He tells his story, his symptoms, and his problems with the disease. Dr. Goodman also talks to a second man with hypochondria. He studies his symptoms and tells what his problems are. He has four more cases of patients with hypochondria. He studied each and every symptom that

each of the four patients had. He talked about their childhood memories and gets really deep into the patients life.

Cantor, Carla. Phantom illness. Houghton Mifflin Company: New York: 1996.

This book tries to shatter the myth of hypochondriacs and their symptoms. She has experienced everything that hypochondriacs because she is on the road to recovering from hypochondria. She talks about medicines generally dismissive attitude toward this disorder. She tries to inform the medical field of its seriousness and theories. "Phantom Illness" depicts the latest theories and nature of this disorder. She describes treatments such as medication, behavior therapy, and psychotherapy; and offers a diagnostic test. She goes through ten chapters in her book in which each chapter goes through a different symptom.

-Meister, Robert; Hypochondria: toward a better understanding. Toplinger Publishing Co., Inc. New York, NY 1980.

The author explores hypochondria from the medical, psychiatric, and literary points of view, along with the revelations of the hypochondriacs themselves. He talks about past case histories from Darwin and Proust. The author goes through case histories from the past and the future. He also talks about hypochondria in the elderly, children, and adolescents, and also adults along with each case history.

- Weingarten, Gene. The hypochondriac's guide to life and death. Toplinger Publishing Co., Inc. New York, NY 1984.

— Weingarten explores hypochondria as a humorous and a serious disease. He makes jokes about the myths of hypochondriac's but he also looks at the serious side of their symptoms and how they feel and what is going on in their minds. Weingarten goes through a simple, humorous quiz that can make a person laugh or even cry, whether or not they have the devastating disease.

ARTICLES

- **The spectrum of factitious disorders**

American Journal of Psychiatry

November 1997, v154n11

pp.1620-1621

This article confronts the difference between somatization disorders and malingering disorders.

- **Curing hypochondria**

Futurist

January 1997,v31n1

pp. 37

This article reports that hypochondriacs can really be treated with drugs. Doctors are really starting to take this disorder seriously because they have realized that hypochondriacs are really ill and are not just “fakers” who need and want attention. The author compares hypochondria to obsessive- compulsive disorder in which can be treated

with medication that affects the brain. Such medicine includes Prozac and Zoloft that have been very popular.

-The mind of a hypochondriac

Health (San Francisco)

October 1996,v10n6

pp.82-86

The article goes through the life and times of a Norwegian man who has had hypochondria all of his life. The author explains the hypochondriac's symptoms as well as his physiological disease. He explains that hypochondriac's do not believe that they have a psychological problem, but they believe that their problems are physical. He also explains how hypochondriacs suffer throughout life.

-The new hypochondriac's

National Review

July 11, 1994, v46n13

pp. 72

This article looks at the way future hypochondriacs may or may not feel about their disorder. He is saying that the term "hypochondria" is changing its meaning. He says

that hypochondriacs do not really want to be sick or well, but they want to become “medically aware” words for intelligent and educated.

-Histories of childhood trauma in adult hypochondrical patients

American Journal of Psychiatry

March 1994, v151n3

pp. 397-401

This articles study examined the childhood histories of trauma, parental attitudes toward health, and physical illness in hypochondrical adults. The doctors in this study took the results and conclusions of each of their patients histories. They believe that childhood experiences relate to hypochondriacs' adulthood. They have many charts to express their views and conclusions.

-Hypochondrical patients' belief about good health

American Journal of Psychiatry

July 1993,v150n7

pp. 1085-1089

The authors of this article hypothesized that hypochondrical patients mistakenly believe good health to be a symptom-free state and that they consider more symptoms to be indicative of disease than do nonhypochondrical patients.

-The Course of transient hypochondriasis.

American Journal of Psychiatry

March 1993, v 150n3

pp. 484-488

This study examined the longitudinal course of patients known to have had a previous episode of transient hypochondriasis. It also includes charts and tables.

People who worry themselves sick

US News and World Report

July 25, 1988, v105n4

pp. 58

The author discusses how our society's emphasis on health and our sense of powerlessness in a complex world encourages the obsession that can make every little ache and pain a clue of fatal diseases.