



‘And what if you were wrong, Doctor?’ A narrative illustration of the hypochondriacal vicious cycle

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Abstract

A 59-year old man suffers from illness anxiety disorder. The patient, caught in a hypochondriacal vicious cycle, is convinced of having stomach cancer although medical practitioners have discarded such a diagnosis. He requires them to prove him wrong; however, he distrusts the rigor with which medical examinations of his stomach are carried out, and so the cycle continues. Narratives are known to help one make sense of one's own, and also of other people's actions and intentions. The author shares a narrative that represents a patient's speech which was translated from Spanish into English by the author. By deconstructing the patient's narrative, the author aims to demonstrate how a narrative approach can help doctors to empathize with hypochondriacal patients, earn their trust, and break the vicious cycle of repeated hospital visits and doctor shopping.

Keywords: Hypochondriasis; Illness anxiety disorder; Narrative medicine; Stomach neoplasms

Introduction

Illness anxiety disorder, formerly known as hypochondriasis, is centered around a person's preoccupation with acquiring in the future, or already having acquired, a catastrophic illness even when it remains undiagnosed.[1] It is a problematic situation not only from the patient's point of view but also from the care-

provider's perspective since it entails multiple hospital visits, repeated requests for unnecessary investigations to disprove the diagnosis, mistrust of the doctor's skill and intentions, and avoidable risks and costs.[2,3] Although it is currently shown that cognitive-behavioral therapy is effective in treating these patients, practitioners are often uncomfortable in

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dealing with them since their demands are unreasonable and their faith in the doctor minimal.[4,5]

In order to address this problem, patient narratives may be a helpful tool. Narratives are known to help one make sense of the world, and, by extension, to understand the reasons that underlie not only one's own actions and intentions, but also other people's.[6] By deconstructing a patient narrative based on domains of dysfunction,[2] this paper seeks to show how a narrative approach can help doctors empathize with hypochondriacal patients - their narrative is often so bizarre from the physician's perspective that it must be received with due care and after trying to put oneself in the patient's shoes. The patient's spoken narrative on this issue was translated from Spanish into English by the author and consent obtained in writing to use the narrative in this manner.

The Narrative Deconstructed

Cognitive component (preoccupation)

"My parents and my older brother died of stomach cancer. I ask you, doesn't that mean anything? What would you think of someone in my place who did not worry about the possibility? As I have just told you, I have, at the very least, three very good reasons - that is, my father's, my mother's and my brother's death from cancer - to worry about my stomach."

Cognitive component (misinterpretation)

"But there is another reason for this - from childhood onwards, I've had strong abdominal pains, to the extent that I

often couldn't remain upright in the street, the classroom, or wherever I was."

Affective component (fear/anxiety)

"I remember very well the day a doctor showed me my abdominal X-ray in which something like a cloud of black smoke could be clearly discerned: the only problem he could discover in that X-ray was air. All right, but does it mean that I should stop being concerned about my stomach? I have heard of many cases where a patient was repeatedly told that he had nothing more than gas in the abdomen, that he should calm down, that he should not spend his time wondering and worrying... until one fine day a doctor makes a long face and admits that it is an advanced stomach cancer.

How do you expect the patient to react in such a case? He will surely curse himself for not having insisted earlier on a more extensive examination of his stomach. That is exactly how my relatives reacted. What could other patients learn from this case? Obviously, they would wish in their hearts to be taken more seriously by doctors."

Cognitive component (preoccupation and misinterpretation)

"Due to my delicate state of health, I try to learn as much as possible about the best way of taking care of my stomach. Therefore, I watch my diet, cut down on salt, and do not drink alcohol. I also try to get information about cancer research. For instance, a couple of years ago, it became public knowledge that two out of three cancer cases are not due to environmental factors or inherited predispositions, but due to 'bad luck'.

I am not referring to one of those hoaxes that can be found on Whatsapp or on social networking sites. I am referring to an article published in the journal Science.[7] Keeping the study in mind, it may seem that it is pointless worrying about getting cancer because that will be, above all, a matter of luck. But I do not interpret the article in that way.

From my point of view, if all the known causes of cancer constitute 33% of its triggers, I have a huge risk of suffering from it due to an inherited predisposition; however, before this article was published, I believed I could do something to avoid cancer by taking care of myself. Now, the paper suggests that I am actually defenseless: it is as if life is a macabre lottery, so that it no longer matters so much whether I try to lead a healthy life. So what must patients like me do? Should we sit back and wait until the cancer is highly developed? No, the priority for me now is to detect cancer as soon as possible. The threat of cancer lurks everywhere, and one of the best ways to deal with it, maybe the only one, is to find it in time.”

Attentional component (hypervigilance to bodily symptoms)

“As if this were not enough, I have many symptoms of stomach cancer – as you well know, this type of cancer usually doesn’t display symptoms in its earlier stages, but only when it is highly developed, which is obviously the case with me. To start with, I am a 59 year old male and stomach cancer usually appears in old men. As I told you, my parents and my older brother died of this kind of cancer, so even my genetics condemns me. Furthermore, I do not feel like eating because all kinds of food makes me ill; I am reluctant to eat as I have heartburn, to the extent that I often

vomit after eating. I have the sensation of food getting lodged in my throat, especially if it is solid food. I feel really ill and get bloated after eating. Then, I am always constipated and I often notice traces of blood on my stools.

Regardless of what I eat, I am always dead tired. I weigh myself daily, and, as you can see, I lose weight very fast. I know the symptoms well because I have sought information, but, above all, because it is a common topic of conversation in my family. In fact, it is our sole topic of discussion! How could it be otherwise? We know well what stomach cancer is. I myself saw how my parents and my brother quickly became ill until they died - and that is exactly how I am now getting sick.”

Behavioral component (repetitive behaviors)

“Sometimes, I was able to get doctors to screen me for stomach cancer. But they usually restricted themselves to tests that diagnosed a stomach ulcer, and once they even told me I had some kind of bug. Worst of all, they asked me to avoid ungrounded self-diagnosis. As you can see, I am measured in my words, but I admit that I was very insistent and impulsive in those early conversations. I saw in those doctors the unique opportunity for my stomach to be examined more closely in search of a tumor or a metastases: in response, the doctors said that they didn’t need to continue the examinations. Is it impossible for me to have a tumor or a metastases in addition to the ulcer or the virus?

Doctors claimed not only to have examined my stomach well enough, but also that they took into account my family history of the disease. And yet, when my mother and my brother were

told after my father's death that they had been examined in detail without finding anything remarkable, doctors recognized later that both of them had stomach cancer. Wouldn't you be tormented if you were in my place? I can't help thinking about that. I find it outrageous that I am expected to accept my premature death without doing anything to avoid it.

It disturbs me to resign myself to be killed by the same cancer that put an end to my relatives' lives. What I mean is that the fight against my disease is important not only for me, but also, and above all, for my loved ones. It is like telling them, 'Unfortunately, you could not be saved, but I will do everything possible and more to save me, for I consider my survival as our victory over stomach cancer'."

Lack of trust (doctor shopping, insistence on wasteful, high-risk investigations, repeated cycles of maladaptive interactions)

"Thus, whenever a physician tries to convince me that I don't have stomach cancer, I am obliged to remind him, 'And what if you were wrong, doctor?' If he answers that he was not able to find any tumor or metastases, I, as a high risk patient, have every right to require him to prove that my stomach is healthy. Yet none of the physicians I have known so far have been able to prove such a thing. That irritates me the most. Does a single, possibly inappropriate tool really guarantee that there is no cancer in my stomach?

To put it simply, I'd like to draw an analogy between the doctors' attitudes and the results of fishing in a lake full of fish. It is as if the doctors have concluded that there are no fish in the

lake by arguing that they have tried to fish with a rod for a while, but without success. To catch fish, it is not enough simply to use a rod for one moment in time, from a specific site at the lakeside. It may not even be sufficient for the doctors to use a fishing net and scour the entire lake. If the doctors dived into the lake, the fish might avoid being seen by fleeing towards the opposite side. In such a case, it would be appropriate to simultaneously use a large number of divers, or to employ some technical device, e.g. a thermal camera. Otherwise, it is out of place to assure me that there are no fish in the lake. No doctor has offered me any convincing proof that his search for cancer in my stomach was sufficiently rigorous. In essence, I feel as if I were doomed to die of a disease that could be cured if only the doctors took me seriously once and for all."

Discussion

In this narrative, a 59-year-old man describes the reasons that lead him to conclude he is suffering from stomach cancer although no physician has made such diagnosis. His narrative illustrates the peculiar way in which many hypochondriacal patients interpret not only the cause and severity of their signs and symptoms, but also medical research on the topic. It shows how hypochondriasis can be nurtured by personal reasons with a strong emotional charge: in this case, an alleged symbolic victory of the patient's family over stomach cancer.[3]

It is worth noting that this patient requires physicians to provide clear and convincing evidence that he does not suffer from stomach cancer, and yet he distrusts the rigor with which medical examinations of his stomach are carried out. The patient takes care of himself and endeavours to become more informed

about stomach cancer, but he interprets his readings in his own way: indeed, he thinks he has found evidence that the main responsibility in cancer cases lies with doctor who must focus on early detection.[7]

The patient holds that the mere possibility of making diagnostic errors justifies demanding more extensive exams and being taken more seriously by his doctors. This is how the patient finds himself caught in a hypochondriacal vicious cycle - he craves for examinations but does not trust the results - so looks for another doctor who will test him with a tool of the patient's choosing.

Indeed, the patient ends up expressing deep skepticism about such examinations through a metaphor that clearly shows his ignorance of basic health issues despite his obvious intelligence. It goes without saying that the metaphor of fishing in the lake does not reflect the problem of cancer detection; nevertheless, it is crucial to understanding the patient's radical skepticism about current techniques of stomach cancer detection.

This paper illustrates how listening to the hypochondriacal patient's narrative may show the treating physician the way forward in each particular case. As in this patient, generally also, people with illness anxiety disorder report that their relationship with their doctor is beset with poor communication and poor collaboration.[8] One way to break the vicious cycle is to build a trustful relationship with the patient. Rather than trying to cure the symptoms, or using more and more intensive tests to prove to the patient that he does not have cancer, the treating physician should

focus on providing care.[3]

Physician counter-transference can come into play and should be recognized and avoided.[9] Counter-transference is a physician's emotional reaction to her patient. In illness anxiety disorder - as seen in this patient also - the patient raises doubts about what the doctor advises and even about her qualifications and expertise. The doctor can become angry, may feel helpless, and may, in turn, reject the patient when the interventions advised, the reassurance offered, or the treatment recommended are resisted by the patient.[10]

On these occasions, the practitioner must demonstrate professionalism, which entails not only keeping her composure but also realizing that she is dealing with a patient who is really suffering - however unfounded such suffering may seem to her. Acknowledging the patient's pain and suffering may be the first step in building trust. After having carried out an appropriate examination that rules out serious physical illness, the doctor must transmit the relevant information to the patient with patience and respect.

It is best to resist performing invasive procedures that carry risk and are unlikely to yield useful results. Convincing the patient that such procedures are unnecessary may be easier if initial trust-building has been attempted. A trusted physician can continue to follow up patients even after they have been referred for cognitive therapy or psychiatric interventions. The physician, through attention to the patient's narrative, can be a powerful factor in breaking the vicious cycle of hypochondriasis.

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