

## The Hypochondriac's Tale: Is the Essence of Illness a Threat to the Physician?

- I. Narrative Incommensurability
  - A. Commonplace in medical education communication sessions to teach about differing doctor and patient agendas with the message that it's important to sort out, clarify, and prioritize both (Levenstein; Coulehan)
  - B. But this behavioral, reductive analysis does not go nearly far enough in helping us understand the problems that occur when doctors and patients try to shape a mutually satisfying and comprehensible story
  - C. The sociologist Elliot Mischler brought us closer when he observed that the enormous gulf between the medical world of the doctor and the lifeworld of the patient gives rise to two voices speaking two different languages
  - D. Phenomenologists like Kay Toombs decry the inability of the doctor to fathom the experience of the patient
  - E. And Kathryn Montgomery used the term incommensurability to describe the different stories told by doctors and patients
- II. Why does the patient's story matter to the doctor?
  - A. Much is made these days of teaching young doctors careful listening/close reading of patients' stories
  - B. But why is the patient's story important to the doctor?
  - C. The goal of attending to the patient's story is STILL obtaining a differential diagnosis and, from this foundation, crafting an appropriate treatment plan
  - D. To achieve this outcome, the student learns to match relevant aspects of the patient's story to a disease template
- III. Excavating the patient's story
  - A. Just as Michelangelo believed that a beautiful statue was imprisoned in the stone, so the doctor learns that the diagnosis (and therefore the solution) is imprisoned in the patient's story.
  - B. It is her task to release it
  - C. In Arthur Frank's words, this involves "listening to," not "listening with" the story
  - D. It is listening with a specific purpose, with a specific agenda
  - E. Medical students are taught to identify and salvage what's relevant in the humble of words that the patient spews forth, what fits with the task of making the diagnosis
  - F. They are also trained to discard what is tangential, what doesn't belong
  - G. This task approach necessarily engenders skepticism and frustration toward the patient story (and toward the patient) because it treats the story as a means to an end
  - H. This frustration is evidenced in language such as "patient reported," "claimed," "complained," "denied," "poor historian," "failed"
- IV. The good medical story
  - A. We all know by now what the good medical story looks like
  - B. Linear – beginning, middle, end
  - C. Conclusive – wants to move to endpoint

- D. Consistent – unchanging, stable, reliable
- E. Coherent – makes sense, pieces fit
- F. Logical – amenable to cause/effect, stepwise development
- G. Unemotional – emotions distracting
- H. VERIFIABLE – imaging, bloodwork, unmediated data
- V. The medically satisfying story
- VI. There is only one really satisfying story from the physician perspective
  - A. What Frank calls the restitution story, the find it and fix it story
  - B. The restitution story starts with the presumption of good health, followed by a transitory medical problem which as a result of medical expertise produces a diagnosis, which in turn leads to treatment and a return to the normative state of good health
  - C. In the restitution story, the patient regards illness as a temporary inconvenience
  - D. The doctor plays a central and effective role
- VII. Other stories are less satisfying from the medical perspective
  - A. Chaos stories are anti-narratives, a pile-up of calamities, often like one great scream
  - B. In such stories, the narrator feels isolated, trapped
  - C. Lars=Crister Hyden and Jens Brockmeier have written at length about broken narratives, stories that are contingent, fragmented, elusive; incoherent, interrupted, repetitive; filled with panic, angst, stories in which causality and prediction have dissolved
  - D. These are stories at least partially outside of language
  - E. In the face of such stories, the doctor is powerless
- VIII. Even a journey story is not that satisfying to the physician
  - A. Elements of the Journey story (think Dorothy and the Wizard of Oz or Lord of the Rings) involve: a reluctant hero called to a quest; trials and tribulations, which are overcome with the help of wise guides and faithful companions
  - B. The journey story leads to lessons learned and wisdom gained
  - C. But even the Journey story is not completely satisfying to the physician because it is less interested in successful medical outcomes and more focused on personal exploration and growth
  - D. In these stories, the doctor is more peripheral
- IX. The Hypochondriac's tale
  - A. The hypochondriac's tale is the worst story ever!
  - B. It is everything a good story is not – Sxs that lead nowhere; recursive; always beginning; uncertain, indeterminate, fragmented, shifting, provisional
  - C. It is overflowing with emotion, which is uncomfortable and distressing
  - D. Worst of all, there is NO DISEASE!
  - E. Doctors hate this story because it is a pathography that has eliminated disease
  - F. In revenge, they've made the story a disease!: DSM IV somatoform disorder, treated with SSRIs
- X. Does a pathography without a disease even belong in a doctor's office?

- A. Maybe the hypochondriac's tale is not a real pathography
  - B. Maybe a story without real disease belongs in a shrink's office, not a "real" doctor's office
  - C. But there is another way to look at this, the way Cath Belling has provided
  - D. Alternatively, the hypochondriac's tale has distilled pathography to the essence of illness
  - E. It epitomizes and prioritizes the existential elements of every pathography, the very elements doctors dread most
- XI. In hypochondriasis, we may have tumbled across the root of all illness
- A. "Hypochondriasis is about the abject terror that one has a disease, illness or medical condition that will either result in death, or at the very least a miserable, pain-filled life" (OCD Center of LA, blog)
  - B. As Belling so eloquently states, the hypochondriac's tale is a meta-narrative about meta-illness
  - C. It is a narrative about our root vulnerability, couched in a never-ending cycle of newly presenting symptoms
  - D. The hypochondriac's tale is always trying to anticipate the certain future disease and death that is already distributed in the patient's body, but that are as yet unidentified
- XII. To return to illness narratives for a moment,
- A. Illness narratives are always broken narratives in some sense, or in the phrase of Cheryl Mattingly, stories that are ready to break
  - B. Illness stories are often to some degree contested stories: Chronic fatigue syndrome, fibromyalgia, multiple chemical sensitivities
  - C. And because of the power differentials operating in medicine, when a contested story is rejected, it leads to patient stigmatization, demoralization, alienation, and isolation
- XIII. The essence of illness
- A. The physician-philosopher taught us that at the core of every illness lie loss and fear
  - B. Loss of control; loss of identity; fear of suffering; and fear of death
  - C. These, combined with brokenness and contestation, are the essential features of hypochondriasis
- XIV. Why doctors fear the hypochondriac
- A. Doctors feel unprepared to deal with any of this
  - B. The unauthorized nature of the hypochondriac's narrative falls outside boundaries of medicine
  - C. Yet it is a central theme of all illness stories
  - D. Rather than a disorder or a pathology... hypochondria might better be thought of as the canary in the coal mine
  - E. Hypochondriac's tale is a warning of all we know is coming and fear
  - F. From a different perspective, it is a tale that invites physicians to address suffering (in addition to pain and disease) and in concert with patient, revision a new story
- XV. What might such revisioning look like?

- A. In the words of Rebecca Schafer, it might involve “two subjectivities meeting in a unique situation and creating a third space in which new experience becomes possible”
- B. Or as Cath puts it, it means learning to hold “rival meanings” in balance