Graduate student Joseph Kotarba explores the subject of hypochondriacs in book "Existential Sociology

January 9, 1978

It has been estimated that some 20 million Americans, about 10 percent of our population, suffer from some form of chronic pain--migraine headaches, back pains, neuromuscular pains--for which traditional medicine has found no cure.

For these sufferers, their pain has become a fact of everyday life. It is constantly with them. Surgery and other less radical treatment doesn't seem to help. Drugs may dull the ache temporarily, but it always returns requiring larger and larger doses of medication to keep it under control.

Those with chronic pain occupy a special role in society. Doctors, family and friends may label them hypochondriacs, constant complainers with no visible evidence of disease or injury. Their pain is real to them, but because the physician cannot pinpoint the cause or cure, the unfortunate individual is denied the consolation of the traditional "sick role."

How does the chronic pain experience affect the patient's ability to function in normal situations? How does it alter the perception of self by the victim, his family, his friends, or his co-workers?

The subject is explored by Joseph Kotarba, a graduate student in sociology at the University of California, San Diego, in a chapter in the recently published book "Existential Sociology" (Cambridge University Press, 1977).

"Common sense suggests that constant pain affects one's activities, social interactions, self-image and world view," says Kotarba, himself a sufferer of chronic pain. "Nevertheless, sociologists writing of health and illness have ignored chronic pain as an element of human behavior."

Kotarba has found that many of those who endure chronic pain keep the fact a secret for a variety of reasons.

"Many people undoubtedly feel their pain is too minor to admit or be concerned about," says the researcher. "Others feel too embarrassed to talk about hemorrhoids or vaginal problems, even to a doctor. People who try to maintain a healthy and youthful outward identity may decide that the public admission of aches and pain exposes their true physical condition and age. Finally, pain may be kept hidden because of fear of doctors or fear that the pain is a symptom of a more serious problem that will go away if ignored."

Eventually, most persons with chronic pain will disclose the fact, bringing about a new set of problems.

"Usually a person takes action within three or four weeks of the onset of the pain," according to Kotarba, "and the first step is usually a trip to the family doctor.

"If no illness or injury is immediately apparent, the doctor usually prescribes a conservative treatment such as bedrest and pain relievers. When the pain refuses to go away, the patient becomes anxious.

"The frustrated family doctor refers the patient to a specialist, or the patient pressures the doctor to refer him to a specialist, or the patient looks for his own specialist," says Kotarba. "At this point, the chronic pain sufferer still believes his problem will be solved. It is all a matter of finding the right doctor.

"The anxiety is lessened when the specialist defines the problem as serious but remediable. The radical treatment proposed by the specialist usually requires hospitalization and often surgery."

The patient may then undergo the surgery, which, according to Kotarba, is "invariably labeled 'successful' on the surgery report form."

The sufferer is told there will be post-operative pain, but that this will go away in a few weeks.

After several weeks, he may realize that the post-operative pain has not gone away and he may be emotionally crushed when he finds that the surgery has resulted only in a huge medical bill, a jar of Darvon tablets, a scar, and more pain.

"Whether or not the bout with the specialist results in surgery, the failure of this encounter inevitably changes the person's understanding of the problem. He now realizes that his pain is chronic, a depressing realization after putting total trust in the medical profession to solve his problem.

"His options are quite limited now. He can learn to live with it, as many frustrated doctors recommend, or become a habitual drug user or a doctor-hopper.

"I have never encountered a person with chronic pain who has learned to live with it. They just continue to contend with it. The last two options are those taken by most chronic pain sufferers."

Kotarba finds that those enduring severe chronic pain are unable to T`integrate it into their everyday life. They begin a seemingly endless quest for a doctor or health practitioner who can help them. The combination of despair and hope may lead them to hypnotists,chiropractors, naturopaths, acupuncturists or anyone else who offers a chance of relief.

"Sociologists have often assumed that people who seek out these non-traditional health practitioners are ignorant of 'proper' forms of medical care. But my research indicates that people from all classes, statuses, and educational backgrounds will try these options when they feel traditional medicine hasn't worked for them."

As the pain continues with no relief in sight, it may be labeled "psychosomatic" although the misery is very real for the victim.

"The people with whom he interacts often begin to change their interpretation of the pain. More and more they blame the victim for not wanting to return to normal behavior using such explanations as 'He doesn't want to stop being babied' or 'It's all in his head.'"

The continuing pain can lead to significant changes in behavior, says Kotarba.

"People with neuromuscular disorders tend to lessen the frequency and intensity of their sexual encounters. It just hurts too much to do a lot of sex. The partner may blame this paucity of sex on impotence, indifference, another lover, or other reasons because there is no visible disability involved.

"The chronic pain sufferer may limit his body movement in other ways to lessen discomfort. He may begin by eating lunch in the office instead of walking all the way to the company cafeteria. He may spend all leisure time on sedentary activities such as watching television, instead of more social activities like visiting friends.

"The net result of lessened activity is threefold. First, the person's social interactions tend to dwindle and he becomes a loner. Second, the inactivity frees -he person's mind to concentrate solely on his pain and thus increases his depression. And third, the inactivity often increases the level of pain for the person with a neuromuscular disorder because he loses vital exercise."

"To sum it all up," says Kotarba, "It is important to realize that to the individual with chronic pain, the pain is real, not imaginary, and ways to relieve that pain are uppermost in their mind. The existence of that constant pain, and the search for methods of coping with it, form a significant basis for that person's interactions with those around him."

For information contact: Paul Lowenberg, 452-3120

(January 9, 1978)