

ON COMPLAINING PATIENTS WITH MINOR SYMPTOMS

By Reuven Bar-Levav, M. D.

Many patients seek medical consultations for minor, transitory or ambiguous complaints. What brings them, and what do they really want?

All patients come to their physicians because of fear. Their physical being is often perceived as being in immediate danger as a consequence of the symptoms without their necessarily being aware of it. They may even fear pain and death. Under the presenting complaint, panic is often present. Such panic cannot, by any stretch of the imagination, be directly the result of the relatively minor complaints with which they come. The presenting symptomatology indeed serves frequently as a useful focus for otherwise free floating anxiety. Vague and ill defined fears gnaw at the patient continuously and often affect his appetite and sleep, his ability to work and his capacity for pleasure.

A variety of irrational but powerful fears haunt every person from time to time. Since they are usually related to long forgotten past experiences, they appear as senseless and unexplainable. The experiences may no longer be active in the memory when a present day stimulus gives rise to an associated storm of feelings still lying dormant within us. The apparently unexplainable nature of such vague fears is precisely what makes them appear as an immediate threat of great magnitude. In an effort to restore a psychologically homeostatic balance, the existence of such frightening experiences is often denied altogether for a while. The emergence of a symptom allows the patient to attach frightening

feelings to a known condition. The quest for certainty is so universal because knowing helps reduce fears of the unknown. Symptoms serve the function of an escape valve in a closed steam system. They allow some release of excessive pressure that seems to threaten the entire person. Not adequately appreciating the life-saving function of symptoms, a physician may sometimes experience frustration when a complete and thorough examination fails to yield positive results. A patient is apt to be told on such occasions: "It's all in your head".

Precisely so. It is all in the head. Whether a symptom is the result of disturbed physiology or the result of disturbed psychology -- it may be perceived as a real threat. Since it is perceived as such in the patient's head, it often assumes dimensions that are not bound by reality. Fantasy can run wild, and often does. To us the symptom may only be minor, transitory, or vague. The patient is likely to experience it as a serious emergency -- a situation that unless checked may well spell doom. Because it is "in the head", minor complaints usually require major and repeated therapeutic interventions. Such symptoms frequently fail to yield to specific therapy and persist, since the unknown threat is what really needs to be treated. This is what the patient really comes for, even if he, himself, is totally unaware of it. All too often the complaint is treated instead, and the underlying needs overlooked. When this happens the patient's fears are not only likely to persist, but, moreover, they are likely to increase and multiply.

Although patients may not consciously be aware of it, they frequently ascribe magical powers to their doctors and expect them to see even that which is not obvious, and hear that which is not spoken. The failure on the part of the physician to address himself to the hidden fears of the patient is frequently misinterpreted as an indication of the seriousness or incurability of the latter's condition. The patients' fears usually increase then, and their anxiety is intensified. A bad situation is made even worse, unless, somehow, the patient feels that meaningful contact with another person was made.

September, 1974