UDK: 616.895.4
616.89-008.441

BODY AS THE SOURCE OF THREAT AND FEAR OF DEATH IN HYPOCHONDRIASIS AND PANIC DISORDER*

Vladan Starcevic

University of Sydney, Faculty of Medicine,
Nepean Hospital, Penrith/Sydney, New South Wales, Australia

Abstract: This article explores the relationship between the perception of body and fear of death in hypochondriasis and panic disorder and discusses its treatment implications. The perception of danger originating from one's body is directly related to the fear of body, perception of death, and fear of death in hypochondriasis and panic disorder, although there are some differences in this respect between the two conditions. Numerous studies suggest that the origin of the specific perceptions of the body and death can be found in the childhood of many people with these disorders, regardless of whether they are a consequence of the disturbances in early object relations or of the unfavourable or traumatic events. In the course of treatment of hypochondriasis and panic disorder, greater attention should be paid to the perception of body, attitude towards death, and fear of body and death. The goals are a more realistic appraisal of threat posed by the body, modifications of the attitudes towards the body, health, illness and death, and disappearance of the pathological fear of death. The article describes procedures that can be used to achieve these treatment goals.

Key words: *Bodily perception, hypochondriasis, panic disorder, anxiety disorders, fear of death*

---

* The previous version of this work was presented at the seminar "Fear of Death", held in Belgrade on 28 September 2004

“What is man? ...A body weak and fragile, naked, in its natural state defenceless, dependent upon another’s help and exposed to all the affronts of Fortune”.

(Seneca, *De Consolationae ad Marciam,* XI.3)

People with hypochondriasis and panic disorder would not find it hard to agree with this description of man. Moreover, many of them might reduce a man even more literally to his body. Their reasoning might be, “I have a body, therefore I am”, or even more precisely, “I have control over my body, therefore I am”. If so, then the frightening antithesis would be, “If my body betrays me or if I lose control over my body, I will not exist”.

Because there can be no death without a failure of vital bodily functions, this logic is not erroneous, and it does not characterise only people with hypochondriasis and panic disorder. The body has a particular importance in various forms of psychopathology, for example, in pathological narcissism, anorexia nervosa, and body dysmorphic disorder. However, it is in hypochondriasis and panic disorder that the body is most perceived with fear. There are several elements in the psychopathological analysis of the body in hypochondriasis and panic disorder:

1) Overestimation of the importance of body;
2) Pathological fear, i.e., excessive perception of threat;
3) Perception of the body as the origin of danger, i.e., the source of threat is within one’s own body.

This structure of fear in hypochondriasis and panic disorder [1,2] explains why people with these conditions feel most threatened from within. However, that does not necessarily explain why the “non-existence”, as the outcome of the body betrayal, seems so frightening.

Manifestations of the fear of body and fear of death in hypochondriasis and panic disorder

In hypochondriasis and panic disorder, the excessive perception of threat from within is clinically manifested as a suspicion that the body betrayal has already occurred, or as a constant expectation that it is about to occur. This suspicion and expectation are expressed through the fear of death and dying.

In hypochondriasis, there is a suspicion that the body betrayal has already occurred by having or contracting an incurable disease. This suspicion has a persistent tendency to become a belief, and this drives the person to look for a proof, which would justify the suspicion [3,4]. In this context, the hypochondriacal person incessantly “listens” to his or her body and is likely to readily interpret bodily symptoms as a sign of the disease that would probably lead to death [4,5].

The "external" proof of the disease is even more important in the sense of obtaining a final confirmation that there is a disease; hypochondriacal persons usually seek this confirmation from physicians. However, physicians who repeatedly reassure that there is *currently* no reason to worry about the body betrayal only inflame the hypochondriacal persons' suspicions and their need to find a final proof. On one hand, this is understandable, because medical reassurance does not fit the system of hypochondriacal suspicion and is therefore rejected. On the other hand, the hypochondriacal persons' rejection represents a paradox, because a decrease in the disease suspicion would normally be expected in the absence of an "objective" confirmation that there is a disease. Because the disease suspicion persists, it is logical to suppose that the perception of bodily threat is very strong and that the usual means of counteracting it are not effective.

Reassurance can help only if it is given in relation to a danger that is immediate or clearly located in time and space. Therefore, the failure of reassurance in hypochondriasis is also related to the relatively specific perception of death in hypochondriasis as an event that is not expected to occur soon and is vaguely located in the future [1,2].

In panic disorder, the perception of bodily threat is different. Because of the sudden, unpleasant and intense bodily symptoms during panic attacks, the experience of bodily threat is direct and panic sufferers then feel that they have already lost control over their bodies and that the bodies have thereby betrayed them [1,5]. This can be seen through typical statements that panic sufferers have had an impression that they were dying during their attacks. This frightening experience that death has "knocked on the door" during a panic attack and that they have somehow survived their own dying, leaves them fearing that they will undergo the same experience in the course of another attack – the next time, however, the outcome will be fatal. This fear often characterises anticipatory anxiety between panic attacks.

There is also a paradox in panic disorder, in that short-lasting panic attacks that are experienced as "something like dying" do not reassure the sufferers that there is a difference between loss of control over body and body betrayal. Therefore, they continue to believe that body betrayal has occurred during panic and see no reason why it would not recur. A fear of body betrayal, that is, a fear of death, is thereby strengthened. Panic sufferers expect a final and "real" body betrayal with the persistence that is similar to that shown by hypochondriacal individuals as they look for a proof that they have a physical disease – and thereby a proof that the body betrayal has already occurred.

In contrast to persons with hypochondriasis, people with panic disorder tend to believe that because of the unpredictability of panic attacks, loss of control over body, body betrayal and death may occur at any time. In comparison with hypochondriacal individuals, panic sufferers may find it

less difficult to reassure themselves that there is no direct and immediate threat of death, because the experience of body betrayal is clearly related to panic attacks. However, such reassurance is possible only if panic attacks have been completely blocked (e.g., by medications) or, more realistically, if panic sufferers learn (e.g., in the course of cognitive therapy) not to equate a brief loss of control over body during panic attacks with body betrayal.

While a fear of death in panic disorder may somewhat simplistically be understood as a conditioned reflex, which occurred as a consequence of the traumatic experience of the first, unexpected panic attack (and the experience of dying), fear of death in hypochondriasis cannot be explained along the similar lines. This difference leads panic sufferers to fear more the way in which death will occur and hypochondriacal individuals to be more afraid of death as something that is unknown, uncertain and even abstract. In other words, persons with hypochondriasis are most afraid of the outcome (death), and those with panic disorder are more concerned about the process of dying than about the actual outcome (because they "know" what it is like to be dying). In short, panic disorder is characterised by the pathological fear of dying, whereas hypochondriasis is characterised by the pathological fear of death [6].

These differences in the perception of body and death and in the manifestations of the fear of death are not so clear-cut in the commonly encountered people who have features of both hypochondriasis and panic disorder.

The origins of the fear of body and fear of death in hypochondriasis and panic disorder

It seems certain that the perception of one's own body as the greatest source of threat originates in childhood. This perception does not have to be obvious and can persist over long periods of time in the form of an underlying readiness to "flood" the person with the pathological fear of death. Events that may bring on such a "flooding" experience include the first panic attack and disease or death of a relative, friend or other close person. In view of this, findings of sudden death in the person's social environment often preceding the onset of panic disorder [7,8] become understandable.

Research [9,10] has shown that in their childhood, persons with hypochondriasis were more likely to be ill, more likely to be exposed to diseases in family members and other people living in the same household, and more likely to have at least one of their parents dying. These unfavourable or traumatic events may be experienced and processed in such a way that the child develops mistrust in his or her body, expecting the danger and possible death to lurk from within the body. Considering that the notion of death as an irreversible, physical event develops only around the age of ten, early and

"primitive" paranoid fears and fears of destruction may precede fear of death as the fear of body betrayal.

These early fears are usually related to the severely disturbed early object relations [11], regardless of whether the primary problem appears to be parents' empathic failure [12] or parents' failure to meet the basic and especially physical needs of a child [13]. The outcome is very similar – the development of a child who is not only insecure, but tends to have beliefs that he or she is not worth any attention, does not "deserve" to live, and will be completely on their own, without any protection in case of danger. In addition, such a child adopts a notion that danger is unpredictable (analogous to the unpredictability of unreliable parents) and that he or she is completely helpless when facing such danger.

Although the danger for the child first originates in the external world that is perceived as hostile (and the fear is then characterised as paranoid), the origin of the danger is increasingly found within the child's body, because parents' failure to meet the child's basic physical needs and the child's subsequent experience of "inner badness" suggest that his or her body is defective and worthless [1,14]. Therefore, such a child develops with a fear of bodily destruction (or a fear of being destroyed from within, according to M. Klein); this destruction can occur "by itself" and at any time, so that fear of such destruction is a precursor of the fear of death. Metaphorically speaking, a child like this carries a "bomb" within, knowing that the bomb will certainly be activated, but living in fear because of the uncertainty about the timing of its activation. This experience of a child is very similar to the experience of an adult hypochondriacal person.

In comparison with general population, persons with hypochondriasis and panic disorder more frequently report childhood neglect and abuse and describe their parents as cold, uninterested, too strict, criticising, very controlling, and overprotective [10,15-18]. These research data suggest that inadequate relationships with parents and unfavourable family environment may contribute to the perception of body as the source of threat and to the subsequent pathological fear of death in persons who later develop hypochondriasis or panic disorder.

Therapeutic possibilities for pathological fear of death in hypochondriasis and panic disorder: Changing attitudes towards the body and death

If the pathological fear of death is one of the key features of hypochondriasis and panic disorder, and if this fear is for the most part related to the fear of body betrayal that has already occurred or that is going to occur in the near, albeit unpredictable future, a successful treatment of these conditions will not be possible if the therapy does not adequately address the body, death, and the fear of the body and death.

The goal of the therapeutic approach to the fear of the body is a realistic appraisal of the threat that may originate in the body. Such an appraisal would then help the sufferers to feel more secure about their own bodies, to trust their bodies more, and enable them not to be preoccupied with the possibility of a bodily catastrophe. Changing attitudes towards one's own body often entails correcting certain misconceptions. This can be done most effectively by means of cognitive therapy. The first step in that process is identification of these misconceptions. For example, people with hypochondriasis often believe that every physical symptom means that a particular disease is present, while many panic sufferers believe that health is possible only if one has full control over the body. The next step is for both the patients and therapists to challenge these misconceptions and check their sustainability when there is no evidence for their veracity. The final part of the therapy consists of providing rational alternatives for interpreting and understanding physical symptoms and other health- and disease-related matters.

These procedures are not always sufficient for people with hypochondriasis and panic disorder to feel that they are not threatened by their own bodies. However, the techniques often help to identify, neutralise and modify various attitudes, beliefs and behaviours that maintain a perception of the looming threat from within, which makes death so unpredictable or immediately threatening. By doing so, the techniques alleviate the perception of threat posed by the bodies. A stable, that is, a reliable and predictable therapeutic relationship, also helps the sufferers to trust their own bodies more and to feel more secure in this regard.

Persons with hypochondriasis and panic disorder often have specific attitudes towards death. Such attitudes are characterised by a lack of symbolism, so that death is described and experienced in the way that is too concrete, obvious and frightening [1]. For example, the sufferers typically state that death is a "transformation of the body into a corpse" or "destruction of life". This striking lack of symbolism may be a consequence of alexithymia [19], which is frequently encountered in hypochondriasis and panic disorder. Finding deeper meanings of death and its symbolic dimensions may alleviate fear of death. Therefore, changing the "raw" perceptions of death and searching for meaning even when the sufferers see no meaning at all, represents an important aspect of the treatment of hypochondriasis and panic disorder.

Finally, it is crucial to keep emphasising and reminding people with hypochondriasis and panic disorder, as well as all those who feel overwhelmed by the fear of death, that death is no more than a part of the life cycle and that there is no life without death – just as there is no death without life. The acceptance of death is the safest antidote against the pathological fear of death, and in this context it may be worthwhile to see how philosophy can help. The wisdom of the stoic philosophers is particularly relevant, because it is based on the ideas that seem simple and acceptable, while con-

quering the fear by means of the logical acrobatics, unexpected but convincing twists in reasoning, and the paradox. Here is, for example, what Epictetus had to say about the fear of death, "*Death…is therefore of no concern to us; for while we exist, death is not present, and when death is present, we no longer exist*". Even before the stoic philosophers, Socrates reasoned that fear of something that we do not know, such as death, is contrary to the reason. Therefore, it is absurd and senseless.

This article began with a sobering quote from Seneca about the fragility of the human body. Because of this fragility, death is naturally linked to a human body and life. Death is not at all unreasonable and is not necessarily violent; in order for death to happen, the body does not have to "betray" in the way that frightens persons with hypochondriasis and panic disorder. Or, as Seneca had put it convincingly, "*You will die not because you are ill, but because you are alive*". This is probably the most effective message for all those who fear death incessantly.

TELO KAO IZVOR OPASNOSTI I STRAH OD SMRTI U HIPOHONDRIJI I PANIČNOM POREMEĆAJU*

Vladan Starčević

Medicinski fakultet Univerziteta u Sidneju,
Odeljenje za psihološku medicinu bolnice Nepean, Penrit,
Novi Južni Vels, Australija

Apstrakt: U ovom radu se analizira odnos između doživljaja tela i straha od smrti u hipohondriji i paničnom poremećaju i ukazuje na implikacije koje takav odnos ima za lečenje ovih oblika psihopatologije. Doživljaj da opasnost preti iz sopstvenog tela nalazi se u direktnoj vezi sa strahom od tela, doživljajem smrti i strahom od smrti u hipohondriji i paničnom poremećaju, mada u tom domenu postoje i izvesne razlike između ova dva poremećaja. Brojna istraživanja ukazuju da poreklo ovih specifičnih doživljaja tela i smrti mogu da se nađu u detinjstvu velikog broja obolelih, bilo da su oni posledica poremećenih ranih objektnih odnosa, bilo da su u vezi sa nepovoljnim ili traumatskim zbivanjima tokom detinjstva. U lečenju hipohondrije i paničnog poremećaja valja posvetiti veću pažnju doživljaju tela, odnosu prema smrti i strahu od tela i smrti. Ciljevi takvog pristupa lečenju jesu realnije sagledavanje potencijalne opasnost koja preti iz tela, menjanje odnosa prema telu, zdravlju, bolesti i smrti i iščezavanje patološkog straha od smrti. U radu su navedeni postupci koji mogu da se primene da bi se postigli ovi ciljevi.

Ključne reči: *doživljaj tela, hipohondrija, panični poremećaj, stanja straha, strah od smrti*

---

* Prvobitna verzija ovog rada izložena je na seminaru “Strah od smrti” održanom u Beogradu 28. septembra 2004. godine.

References

1. Starčević V. Pathological fear of death, panic attacks, and hypochondriasis. Am J Psychoanal 1989; 49:347-61.
2. Salkovskis PM, Clark DM. Panic disorder and hypochondriasis. Adv Behav Res Ther 1993; 15:23-48.
3. Starčević V. Diagnosis of hypochondriasis: A promenade through the psychiatric nosology. Am J Psychother 1988; 42:197-211.
4. Starčević V. 2001. Clinical features and diagnosis of hypochondriasis. In: Starčević V, Lipsitt DR (eds). Hypochondriasis: Modern Perspectives on an Ancient Malady. New York: Oxford University Press; 2001. p. 21-60.
5. Erić Lj. Strah od smrti. Niš: Prosveta; 2001.
6. Noyes R. The relationship of hypochondriasis to anxiety disorders. Gen Hosp Psychiatry 1999; 21:8-17.
7. Roy-Byrne PP, Geraci M, Uhde TW. Life events and the onset of panic disorder. Am J Psychiatry 1986; 143:1424-7.
8. Faravelli C, Pallanti S. Recent life events and panic disorder. Am J Psychiatry 1989; 146:622-6.
9. Bianchi GN. Origins of disease phobia. Aust NZ J Psychiatry 1971; 5:241-57.
10. Bass C, Murphy M. Somatoform and personality disorders: Syndromal comorbidity and overlapping developmental pathways. J Psychosom Res 1995; 39:403-27.
11. Klein M. Envy and Gratitude. London: Tavistock Publications; 1957.
12. Kohut H. The Analysis of the Self. New York: International Universities Press; 1971.
13. Fairbairn WRD. Psychoanalytic Studies of the Personality. London: Routledge & Kegan Paul; 1952.
14. Starčević V. Doprinos Melanie Klein razumevanju straha od smrti. Psihijatrija danas 1987; 19:285-94.
15. Leon CA, Leon A. Panic disorder and parental bonding. Psychiatr Ann 1990; 20:503-8.
16. Faravelli C, Panichi C, Pallanti S, Paterniti S, Grecu LM, Rivelli S. Perception of early parenting in panic and agoraphobia. Acta Psychiatr Scand 1991; 84:6-8.
17. Silove D, Parker G, Hadzi-Pavlovic D, Manicavasagar V, Blaszczynski A. Parental representations of patients with panic disorder and generalized anxiety disorder. Br J Psychiatry 1991; 159:835-41.

18. Barsky AJ, Wool C, Barnett MC, Cleary PD. Histories of childhood trauma in adult hypochondriacal patients. Am J Psychiatry 1994; 151:397-401.
19. Demers-Desrosiers L. Influence of alexithymia on symbolic function. Psychother Psychosom 1982; 38:103-20.

Dr Vladan STARČEVIĆ, dr sc, psihijatar, profesor psihijatrije, Medicinski fakultet Univerziteta u Sidneju, šef Odeljenja za psihološku medicinu bolnice Nepean, Penrit, Novi Južni Vels, Australija

Vladan STARCEVIC, MD, PhD, FRANZCP, Psychiatrist, Associate Professor, University of Sydney Faculty of Medicine, Discipline of Psychological Medicine, Head of the Academic Department of Psychological Medicine, Nepean Hospital, Penrith/Sydney, New South Wales, Australia

E-mail: starcev@wahs.nsw.gov.au