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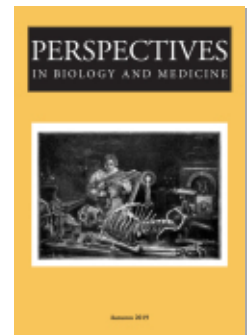
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HOW I THOUGHT MYSELF INTO ILLNESS, THEN THOUGHT MY WAY OUT

DUSTIN GRINNELL

ABSTRACT When doctors couldn't find an explanation for my mysterious symptoms, including back pain, aching joints, and tingling limbs, I went on a quest to uncover the root causes. My journey took me from the West Coast to the East Coast, from physical therapists to psychiatrists, from the body to the mind, chronic pain to repressed emotions, existential crisis to posttraumatic growth.

THREE YEARS AGO, MY BODY BEGAN TO SLOWLY, incrementally, go haywire. Sometimes, I would wake up at night and my right arm would be alarmingly numb, taking several minutes to regain feeling. My right hand would ache for hours after I had been working on my laptop. I experienced numbness in the fingers of my right hand after pressing them against a hard surface. Tingling radiated down the back of my legs and into my calves, which I referred to as “zings” or “fireworks.”

I was chronically constipated and had reoccurring hemorrhoids and anal fissures that produced blood in my stool. I saw dark specks in my eyes that an optometrist called “floaters.” The glands in my neck were chronically swollen, and I was prone to reoccurring sore throats. There was a worrying ache in my right testicle. My joints cracked, popped, and ached. Some nights, I would wake up gasping, and the next day, I would be bone-crushingly fatigued.

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One particularly bad anal fissure lasted for two weeks before I sought medical treatment. Every bowel movement produced a sharp cutting sensation in my rectum. Any healing that happened while I slept was undone each morning. I couldn't sit, walk, or drive without searing pain. Sitting on a donut pillow provided little relief, and my mind fixated on the pain.

A gastroenterologist prescribed a rectal cream, which I applied three times a day. Thankfully, a month later, the fissure healed.

Afterward, the gastroenterologist wanted to perform a sigmoidoscopy, a procedure that would let the doctor examine the first part of the colon using a flexible tube. As a precaution, I asked him to perform a full colonoscopy instead, even though I was only 33.

After the procedure, he entered my room and closed the curtain. "Your colon's clean, no polyps. I found an internal hemorrhoid, but it was too small to remove."

The doctor looked at me with sympathy, and I got the sense that he felt I didn't need to be there. "I saw from your chart that you've been dealing with anxiety."

"Wouldn't anyone be anxious with my symptoms?"

It was the first time a doctor had confronted me with the possibility that my symptoms might have a psychological origin, but I wasn't ready to accept a psychosomatic diagnosis. I still thought I might have a serious condition in the making. I shook my head in disappointment. Another test, another dead end.

Several months before, I had visited my primary care physician, thinking I had strained a muscle in my back during a hard run on the treadmill. I called to check on the results of an X-ray of my spine.

The physician read me the radiology report over the phone. "It says you have an L5 retrolisthesis."

"What does that mean?" I asked, concerned.

"Your lowest lumbar vertebra, L5, has slipped backward five millimeters."

That worried me more. "What does *that* mean?"

"I don't know exactly, but I'll refer you to a back specialist."

"What should I do in the meantime?"

"Maybe try a back brace?"

As many of us often do, I turned to the internet. I read about "retrolisthesis" and obsessed over my radiology report. After reading about disc degeneration, ruptured and herniated discs, misalignments of vertebrae, fractures, arthritis, spinal cord tears, and spinal instability, I began to invent worst-case scenarios.

I requested an MRI of my lower back, only to discover that I had tears near a spinal nerve root and degeneration of my L5 vertebra. Distracted, I met with the back specialist again.

"Tears? Degeneration?" I asked with dread. "I hope I don't need surgery."

“There’s nothing seriously wrong with your back,” the orthopedist explained in a calm tone. “Those abnormalities aren’t likely causing your pain. You have an average amount of disc degeneration and arthritis for your age. It’s a natural part of aging.”

He was telling me that I was healthy. Yet I had never felt more ill.

I became a medical-device company’s dream. I bought every conceivable ergonomic solution: a laptop riser, an exercise ball for sitting, and an anti-fatigue mat for standing. Nothing helped. The subsequent bouts of back pain lasted longer.

I became intensely fearful, a bona fide hypochondriac. I muted pharmaceutical commercials about rheumatoid arthritis or fibromyalgia because I thought I might have the conditions and felt woozy as actors dramatized them for the public. If anyone mentioned the word *cancer*, my skin crawled.

After one visit with my primary care doctor, I was granted access to my blood work. Since I didn’t know how to interpret the data, my dread would increase with every elevated number. After scouring the internet, I could make a rock-solid case for various intractable diseases. Some of my symptoms suggested rheumatoid arthritis (aching and cracking joints and an elevated rheumatoid factor). Ankylosing spondylitis didn’t seem too far a stretch, either. With each discovered possibility, I would email my doctor an overly detailed and fearful message.

Every time I met with my PCP to discuss the reoccurring pain in my back, I left feeling more stressed. If he couldn’t provide some explanation for my symptoms, my imagination would invent any number of improbable disorders.

After months of visiting various doctors—from physical therapists to psychologists, rheumatologists to neurologists—and exploring physical therapy and ergonomics, I finally began to wonder if I might be experiencing a condition that was less a problem of the body and more a problem of the mind.

I didn’t accept a psychosomatic diagnosis right away, of course. Believing I had developed a serious physiological disorder, I continued to see countless doctors and undergo numerous procedures.

When tests ruled out autoimmune and neurological diseases—including rheumatoid arthritis, Lyme disease, STDs, and cancer—I ruminated on obscure infections, particularly as related to a recent international trip. I had gotten sick in Guilin, China, after eating a chicken noodle dish. I had had stomach pain, diarrhea, and a fever. The illness had lasted a day, and I hadn’t sought medical help.

Most doctors dismissed the possibility of an infection with troubling quickness. None could give me a definitive answer.

At one point, a panic attack landed me in the emergency room, desperate and confused. At home an hour before, I had begun fixating on my aching testicle and breathing shallowly. Pacing the kitchen, I had coughed and dry-heaved and then begun to hyperventilate and panic over the possibilities. At the ER, a nurse gave me lorazepam, and a social worker gave me a list of psychiatrists in the area.

It was a friend of my father's who pushed me toward alternative medicine when she noticed the timidity of my demeanor and the fear in my eyes. She recommended I try Tapping, an emotional release technique that involved recalling traumatic events from one's past while using two fingers to physically tap areas of the face that correlated with meridian points. The technique was supposed to facilitate the release of suppressed emotions.

During my first Tapping session, I cried harder than I'd ever cried in my life. I noticed an emotional charge surrounding a failed relationship I had never grieved. Afterward, I felt that something had been dislodged.

I was sitting in the waiting room before a psychotherapy session when I finally began to think my problems might, indeed, be psychosomatic despite multiple physical symptoms.

On a table in the waiting room was a copy of *Psychology Today*. One particular article caught my eye: "When the Body Speaks" by neurologist Suzanne O'Sullivan, MD. It was about psychosomatic illness. "Almost any symptoms we can imagine can become real when we are in distress—tremor, fatigue, speech impairments, numbness. Anything."

I bought a copy of O'Sullivan's book *Is It All in Your Head? True Stories of Imaginary Illness*. In the book, she writes, "There is no single solution to psychosomatic illness. To look for one is akin to looking for the cure for unhappiness. There is no single answer because there is no single cause. Sometimes you just have to figure out what purpose the illness serves, find what is missing and try to replace it. If the illness seems to be helping solve the problem of loneliness, then treat the loneliness and the illness will disappear" (283).

I began to examine my long list of recent life changes through the lens of psychosomatic illness. My decision to quit my job the year before, backpack through China for three weeks, and then drive my motorcycle across the country to support myself on creative nonfiction in an unfamiliar state, in a housing situation that had become dysfunctional, without the support system of family or friends, had destroyed my normal routines, isolated me, and caused me tremendous unconscious stress.

During psychotherapy sessions, I examined the life changes that might have been causing me emotional problems, and thus physical symptoms. My therapist explained that psychoanalysis was like the work of the digestive tract. Instead of churning up and metabolizing food, psychoanalysis helped break down and process conflicts. Avoiding talks about our troubles could lead to "psychic indigestion," which might lead to other problems. For some, that includes substance abuse, risky behavior, workaholism, or any number of destructive behaviors. In my case, I would somatize, or convert my distress into physical symptoms.

I was getting clarity, and my imagination started to turn outward to projects and people. If I felt pain, I examined my emotions, asking myself, "What's bothering me?" or "What is the pain trying to distract me from?" I even started to

ignore physical symptoms, robbing them of attention and the fears that fed them. If my finger twitched, my hand ached, or my back hurt, I'd shift my mind to a work project or go for a walk.

I listened to my body more. I had spent a year resenting it for keeping me in pain, a prisoner. Now, I was getting messages to be gentler with myself. As I continued the dialogue with my body, I heard the feedback of self-care: "Slow down," "Relax," "Go for a walk."

I enrolled in a clinical trial that studied how self-compassion affected the brains of people suffering from chronic back pain. The study used neuroimaging to examine the brain's functioning before and after self-compassion training. Through a series of six exercises, our teachers showed us how to direct kindness toward ourselves. During the first activity, I felt as if waves of electricity were radiating throughout my body, as if my nervous system had been plugged into an outlet.

Every day during the month-long trial, I practiced the guided self-compassion meditations. I whispered phrases to myself that I had developed in our group training, such as "I am loved unconditionally," "I am a good man," "I am well," "May I be gentle with myself," "May I slow down," and—most importantly, I found—"May I know that I am enough." Sometimes, I felt nothing while I whispered these phrases; other times, I felt a flood of emotion, usually sadness. I was tapping into a reservoir of grief that was still embedded in my body, perhaps from my past relationship or tension from constantly searching for a diagnosis, maybe even childhood trauma. All these wounds were getting attention and receiving compassion. Love.

I experimented with alternative treatments, including craniosacral therapy, a healing technique that claims to release myofascial tension and open energy blockages by the triggering of meridians. At the start of my first session, the Chinese therapist placed her hands on my back, stomach, neck, and forehead. Her touch was gentle, nurturing.

She found tension in my shoulders, neck, and lower back, even in my jaw, which could have caused the ringing in my ears, though she said it might have a psychological component too. She moved her hands softly around my body as we discussed pain.

"This is the first time I've ever experienced health issues that are chronic," I said.

She grinned. "Welcome to the war."

"Why would my body continue to send pain signals after the tissues are healed?"

She suggested it could be from my work habits. As a writer, my brain carries my body around: reading, thinking, and writing.

"I live from the neck up," I told her.

"Maybe the pain is your body's way of getting you to pay attention to it?"

"You think my body just wants to be nurtured?" I asked.

She suggested I get up from my desk frequently to remind my body I hadn't forgotten about it. "Give 59 minutes to work and one minute to God."

The conversation became more philosophical then.

"I want to cure the pain," I said. "How can I do that?"

"Everyone has their own inner physician and their own inner drugstore." She told me that healing completely would require me to activate both. When I asked how, she encouraged me to start a dialogue with my pain. "Ask the pain what it wants."

I closed my eyes as she worked and asked. I told her that the voice said, "Listen."

"That's a good start."

I shut my eyes and asked my body what it wanted. It said, "Love." I assumed that meant romantic love.

"Maybe it's your body that wants love," she said. "Give yourself a hug sometime."

She asked if I had experienced failure recently. I told her about my year in California and that I might have suffered a nervous breakdown.

She nodded compassionately. "What about loss?"

I told her about my ex-girlfriend and the grief I had only just begun to process.

"Do you have a purpose in life?"

I told her I was a writer. I told stories, hopefully to provide perspective, lift people's spirits, maybe even help them heal.

"A purpose is important."

She asked me what I did for fun. I couldn't remember the last time I had had fun. "I forgot how to. I have no joy."

The session ended, but she kept a hand on my back as we talked. Her touch was caring, comforting. "You have a good start because you've accepted the mind-body connection. Most people never get that far. Keep listening to your body; it will give you all the answers."

That night, I wrapped my arms around my chest and gave myself a hug. Tears welled up in my eyes. My body whispered back, "Thank you."

On a specialist's suggestion, I took a mindfulness-based stress reduction (MBSR) course. Developed by Jon Kabat-Zinn, MBSR is a scientifically proven method to reduce anxiety, depression, and pain. In the first class, the teacher told us that it was a dirty little secret in medicine that doctors didn't really want to deal with chronically ill patients because they don't get better and they complain a lot. I could relate.

For my MBSR class, I meditated 45 minutes a day for eight weeks. My favorite of the guided meditations on CD, which were led by Jon Kabat-Zinn, was the full body scan. The body scan made me realize that I was quite disembodied. For years, my mind had been carrying my body around: dragging it to rugby matches, marathons, and triathlons, and pushing it through long writing sessions without

its consent. At the end of a body scan meditation, I felt lighter, connected to something expansive.

It took many months, but with meditation, medication, yoga, walking and swimming, friendships, romance, and reflection during therapy sessions, my body released the trauma. I experienced fewer stress responses and became less reactive. My nervous system and immune system stopped overreacting. My biochemistry normalized. The sadness and anger dissolved.

Occasionally, during a stressful period, I will still experience an ache in my lower back. If this happens, I'll go for a walk, get a massage, or attend a yoga class. If I feel tight or sore, I'll spend 20 minutes in the sauna, stretching. While I may always remain vexed by the exact sources of my mysterious physical symptoms, I no longer fear them. If something hurts, it's almost irrelevant.

I was asked by a clinical psychologist with over 30 years of experience working with people who suffer from chronic pain to talk about my experience dealing with psychosomatic illness with the pain clinic at the hospital.

I sat at the head of a large conference table and told my story to a roomful of psychologists, physicians, and nurses. I had driven my motorcycle from Boston to Los Angeles to follow my dreams as a writer. However, recurring bouts of back pain soon started me down a road of worry, which led to chronic pain and rheumatological, immunological, and neurological symptoms. Eventually, these led to catastrophizing, insomnia, anxiety, and depression.

To the room full of people, I explained how, through months of reflecting, reading many books on psychosomatic medicine, and listening to sometimes conflicting advice from doctors, I had thought myself into illness and then thought myself out again.

I had healed myself by accepting that my physical symptoms didn't have a physical cause but rather a psychological one. The major life crisis had stimulated a post-traumatic growth. I was less a stranger to myself. I was encouraged to accept myself, even love myself. The cure was to face the emotional troubles that my conscious mind was trying so hard to avoid.

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