



THE THIN, SUCCESSFUL WOMAN'S DISEASE

After years of being tagged with every fashionable affliction from childhood sexual abuse to mitral valve prolapse syndrome, Judith Warner wonders whether a fixation on symptoms is preventing us from getting to the real problem

In September 2001, my hair started falling out. I broke out in hives—red-and-white, quarter-size welts every night at 11:30; huge, sudden, elephantine swellings of my lips when I had work appointments or dinner parties or, quite simply, needed to be somewhere on time.

I had no doubt as to the cause of my symptoms, which my husband and I privately dubbed “hysterical lip.” I hadn’t felt well for about a year, ever since we’d abruptly moved from Paris to Washington, DC, where, by default and for the first time in my life, I had become a stay-at-home mom.

I had few writing contacts; the economy was in the dumps; then came September 11th. I lay awake at night

counting out in my mind the fifteen seconds I’d heard it took the people who’d jumped to hit the ground. What could you see in fifteen seconds? How much of your life could you revisit, how much time could you spend recalling the faces, the voices of your children?

I visited a dermatologist, who found the double whammy of hives and hair loss “intriguing” but inexplicable. “It’s anxiety,” I said.

I went to an allergist, who shrugged. “It’s anxiety,” I said.

“I don’t like to give anxiety diagnoses,” he answered. But, after a battery of blood tests and skin pricks (costing about the same as a week-long vacation in Miami) turned up noth-

ing, he did make a suggestion. My medical history was marked by headaches, fatigue, irritable bowel syndrome, and mitral valve prolapse, a benign heart condition that arises when the valve that separates the left auricle and ventricle doesn't close properly. The doctor had once read something about these symptoms occurring together. He'd seen it in the women in his family, some kind of syndrome. "It's funny," he said. "It seems to affect thin, high-achieving women."

Thin, high-achieving women?

The allergist couldn't solve the riddle of my hives ("They'll go away; they always do"), but I nonetheless left his office feeling strangely elated. I was sharing a condition with "thin, high-achieving women." And this knowledge, coming at such a low-achieving point in my life, felt like a Harvard degree.

It also felt familiar. This wasn't the first time I'd been "awarded" an all-embracing explanation for my ills—and the prospect of what lay ahead filled me with excitement, as well as a twinge of foreboding.

At home surfing the Internet, I expected to have to wade through obscure medical journals to find my exclusive new diagnosis. But no—in half a second, there it was: mitral valve prolapse syndrome, complete with Web sites, personal testimonials, support groups, and a mini-library of recommended reading ranging from scientific articles to self-help books. "You are not alone!" shouted a sufferer on Mvpsupport.com, who wrote of experiencing "validation" when her MVP was detected. Another woman, on Ilovejesus.com, noted that just three months after she landed her MVP-syndrome diagnosis, years worth of symptoms vanished. "It is truly God's grace," she wrote.

I had never paid much attention to my mitral valve prolapse, which was picked up by my internist in 1995 and confirmed by an echocardiogram. It isn't a very sexy condition, has almost no symptoms, and in most cases carries few serious health risks. But mitral valve prolapse *syndrome*—now this was something else. It was dramatic: "One minute you can be feeling fine, and the next thing you know you're ready to run out the door and scream," instructed one support site. It was pervasive: rampant among women who were "tall and thin" with "long arms and fingers," possessed of a "curved spine" or, failing that, a "straight back." It was insidious: among the symptoms, "feeling too hot or too cold (not related to weather)," frequent mood swings, allergies, a "spaced-out feeling," and a "sweet-tooth tendency." Even more insidious, it didn't necessarily have anything to do with the mitral valve, or its prolapse. "New studies," I read, "suggest that most people diagnosed with mitral valve prolapse syndrome probably have mitral valve floppiness (instead of true mitral valve prolapse) that is caused by dysautonomia, an imbalance in the autonomic nervous system (the fight-or-flight system) that can cause your body to be extremely sensitive to stimuli such as stress, caffeine, sugar, low blood volume (dehydration), medications, et cetera."

"Dysautonomia" sounded an awful lot like anxiety. Indeed,

the most typical symptom of the syndrome was, basically, panic attacks, and the fallback treatment was Prozac—along with a supermarket shopping list of medications, starting with the SSRIs and beta-blockers and including a stop in the anti-anxiety aisle (Ativan, Librium, Valium).

It's common knowledge that anxiety causes very real physical complaints. Surging adrenaline increases muscle tension and breathing rate, and restricts blood flow to the intestines, which brings on gastric distress. The heightened autonomic activity also makes the heart beat differently, a change that scientists such as Laszlo Papp, associate professor of psychiatry and director of the biological studies unit at Columbia University's medical school, now believe leads to mitral valve malfunction.

If you treat people with what Papp calls the "mitral valve personality" with anti-anxiety meds, their prolapse will frequently resolve as their anxiety abates. The same goes for chronic fatigue and irritable bowel syndrome sufferers—give them these medications, and they get better, too, he says. "It's

not contested anymore that psychological factors affect heart functions," Papp says. "People who were diagnosed with neurasthenia or 'soldier's heart' in the past—or with the whole complex of autonomic nervous system disorders today—often suffer from anxiety and mood disorders."

The proof, one might say, is in the palpitations. But the consensus in the MVP-syndrome community is equally firm; anxiety is a symptom of dysautonomia, not the other way around. "Mitral valve prolapse syndrome is a *physical* condition—not a psychological one," insists Mvpsupport.com. "It's not all in your head."

I really would have liked to believe this.

It would, after all, have been nice to have a diagnosis that held the promise of an Answer, with, presumably, a cure. It would have been particularly nice to embrace the answer proposed by the MVP evangelicals: Accept my symptoms, let my "dysautonomia" dictate my life. Give up writing, for starters (too stressful). Demand that my family give me the time and space to Relax and Recover. Get my husband to quit his job and minister to me.

But the urge to surrender lasted about as long as it took to move from the vulvalike graphics of Geocities.com's mitral valve prolapse page to Mvpsupport.com's hyperlink to the *Highly Sensitive Person Workbook*. The aha! tone, the shifty symptoms, the us-versus-the-world spirit of the sufferers—it was too neat, too simple. I'd seen it in Paris, in the proudly martyred way an older American woman I knew talked of her fibromyalgia—another "dysautonomia syndrome" characterized by fatigue and muscle pain—and found, most commonly, according to her and her doctor, in "American women who move to France." I recognized it from the tone of a letter from an old friend whose life had been hijacked by her quest to control her multiple "food sensitivities": "Nuts and (Continued on page 196)

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