

Delusional Parasitosis, Delusional Me

By Katie Taylor

He kept showing me different crumpled Kleenexes he had folded into Ziploc baggies.

“You can see what I mean, though, can’t you?” he asked, emphatically. Although he was technically asking a question, the sentences ended in a down-turn, a declarative statement. He rubbed the back of his hand between his index finger and thumb, rolling a small amount of dead skin off. He looked at it, then proffered it to me on his fingertip.

“See? I am not making this stuff up. The worms are everywhere.”

It is not infrequent that I see a patient who tells me bugs are crawling out of their skin. That actual bugs are actually crawling from their actual skin. They show me, inevitably, a wrinkled shirt with what look like flakes of dead skin in it, a hankie with lint in the corner, a plastic take-out container with specks that they have picked from their nails, blown from their nose, loosened from their hair. They gesticulate wildly at moles, calluses, pinpoint scabs, cuticles, hang nails, ingrown hairs, dandruff, peeling sunburns. More than once I have been asked to send these specimens to the lab, urged to look at them under the microscope.

I work on a Street Medicine team in San Francisco at a clinic that exclusively sees patients who are experiencing homelessness. To work with the homeless means to be intimately acquainted with the actual parasites that suck the life blood of the city’s unhoused and unwashed. I diagnose lice regularly. I often find lice incidentally. Bedbugs, mosquitoes, fleas, maggots all leave their mark.

I see delusional parasitosis, or the delusion that a person has an infestation of the skin, with remarkable frequency, at least a few times a month in our population. It is almost always due to stimulant use, though I have had patients become so staunchly committed to the belief they have bugs, even after the stimulants have long been metabolized out of their blood streams, that they sustain their belief in the drug-induced sensation.

Colloquially, I have had it described as “coke bugs,” “meth mites” or “amphetamites.” Most often I have had patients describe the sensation as insects, though I have patients use many other descriptors: Morgellons, horse hair worms, liver parasites, pinworms, gray films.

I always look—it is a matter of proper doctoring and due course to look. I want to be positive they do not have actual parasitosis. But perhaps most importantly, I want to show them that I am thoroughly looking. That I see them, and I am taking their suffering seriously.

My mother always tells me that that her childhood hero, Joni Mitchell, is convinced that she has Morgellons, an internet term for a series of symptoms closely associated with if not describing delusional parasitosis, a fact that endlessly depresses my mom. In part due to Joni’s celebrity, a prominent Morgellons believer, and a variety of other factors, descriptions and potential treatments of Morgellons have proliferated across the internet. There has been so much internet and grassroots chumming around Morgellons, in fact, that the CDC was actually, somehow, convinced to scientifically explore the cause of this reported condition. In a 2012 study of 115 patients with unexplained skin sensations or lesions, the CDC found that in the majority of cases, the skin findings were solar elastosis, or skin changes from sun exposure,

and the majority of specks presented by patients were . . . small wisps of cotton. Aging skin and lint are perhaps what we are all left with, to confront at the end of this human life of ours. When I do an exam on these patients, I often find excoriations, skin clawed ragged, fingernails leaving raised red lines, scratching in and through the epidermis in search of relief from that buggy feeling.

Sometimes patients beg for help. Sometimes they are hostile, demanding antibiotics, pinworm pills, lice cream, ointments.

It is excruciatingly difficult to know what to say.

If I say I don't see any bugs, patients can become very agitated. Suddenly, a skin issues becomes an unsolicited and wholly unwelcome reality test. More than one patient has become agitated by this, shouting at increasing volumes, "I am not crazy! I am not crazy!" (To which I have had the thought that shouting "I am not crazy" is the surest fire way to lend evidence to the contrary.)

I have asked patients about stimulant use, and then attempted to link their use to their skin symptoms. Mostly, that causality is dismissed out of hand. Others simply say, they may use meth, but they can see the worms on their skin, so why does it matter?

I have tried avoiding what is, and instead stating what isn't. "Luckily, I don't see lice, or scabies, or an infection." Or, "I don't see anything that would need antibiotics." To this, I have received the rebuttal, "Yes, but you see the bugs, don't you?" and I am back, pinned against the ropes.

I have tried focusing on symptom management, stating "I have a cream that will help with the itch" and then offering calamine, aloe, or hydrocortisone. Though I have worried that to some, this could be viewed as a tacit confirmation of the existence of their itch-causing bugs.

I have studied professional websites. Uptodate says it is debated whether a physician should overtly agree or disagree with the patient's belief of delusional parasitosis. They offer using the phrase "I cannot see any parasites today" over "there are no parasites." They also suggest exploring if this is a fixed versus shakeable belief of the patient, with "If our investigations conclude that you don't have a parasite, how would you feel?" It is a fascinating question, that cuts to the patient's possible unspoken goal of validation, or distress at invalidation, were it to occur.

This has lead me to think about times in my life when I have been wholly certain of something, only, months or years later, to be embarrassed by my former declarations. I was sure I was going to marry my freshman year boyfriend. I was sure I was going to post to a blog every day. I was going to give birth in a tub at home. I was never, ever, ever going to eat any more candy from the work-place candy bowl.

In fact, food is a particularly fertile place to excavate ongoing delusions. Perhaps it is because I am woman in this culture in my thirties that I find myself in a perpetual state of attempting to lost ten pounds and deluding myself into attempting to follow certain rules to that end. I will no longer eat dessert. I will not eat after seven pm. I will not eat until ten am. I will strictly follow this one diet book from the seventies. Instead of offering lint in a Ziploc bag, I have praised the Diamond diet to anyone who would listen and sworn off beans.

That is until I started eating and loving beans again a few months later.

On a society level, there seem to be more delusions than ever. There are the harmless ones of Big foot, Loch Ness, UFOs, ghost sightings, the rapture. And there are the more sinister:

QAnon, birthers, election fraud, pizzagate. My God, do people want to believe in something. We latch on to beliefs like the last life raft on the Titanic.

Thus, awash in the carcasses of my own false beliefs, what would I want a doctor to say to me? What would I be able to hear? And what if what I need to hear is not what I want to hear?

I think in the end, it comes down to Maya Angelou (as it often does), and her oft-quoted statement that they won't remember what you said, but they will remember how you made them feel. Did you listen? Did you look? Offer empathy to the suffering, suggest the tincture of time, and give some aloe. That might be ninety percent of doctoring.

That and perhaps the serenity to know that some patients will get upset regardless. I have long since given up on the delusion that all patients will like me, be happy after their visit. Though I sometimes still find myself slipping into that misbelief, most commonly after a tough interaction, like a thorny delusional parasitosis. They present their delusion, as I hold on to mine.

I hope that they can feel that I recognize myself in them, that I am witnessing their suffering, and that I am hopeful for them.

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