Cognitive and behavioral responses to illness information: the role of health anxiety

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Abstract

The cognitive-behavioral theory of health anxiety predicts atypical responses in health anxious individuals when exposed to health related information. Systematic research is still needed to support the theory. This investigation examined 192 participants varying in subclinical levels of health anxiety, who were randomly given feedback on an ostensible diagnostic measure, indicating positive, negative or ambiguous risk for health complications. Responses to a cold pressor task were then measured. The results indicated that regardless of the type of feedback patients were given, health anxious individuals displayed the predicted cognitive (e.g. negatively interpreted information) and behavioral responses (e.g. increased reassurance seeking). Important and perhaps central cognitions to health anxiety were identified. Health anxious individuals regarded themselves to be at greater risk for disease overall, and attached greater accuracy to health related information. Extending the cognitive-behavioral theory, health anxiety was found to be associated with decreased usage of positive somatic monitoring of symptoms, suggesting health anxiety may be associated with a failure to engage in protective strategies. Health anxiety did not result in cognitive or behavioural avoidance of illness information. Clinical implications and future directions for research are described. © 1998 Elsevier Science Ltd. All rights reserved.

1. Introduction

Dimensional views of health anxiety have been proposed (Salkovskis and Warwick, 1986) to account for the variable extent to which peoples' lives are oriented toward health concerns.

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From this perspective, health anxiety represents a continuum, opposing minimal concern or an absence of preoccupation with bodily symptoms against high health anxiety or hypochondriacal concerns (Hitchcock and Mathews, 1992). Because hypochondriasis has been the main focus of attention in the literature, the role of health anxiety in its less extreme forms for understanding illness-related behavior is not well understood. It is the nature of health anxiety distributed in the general population that is the focus of this investigation.

1.1. The cognitive-behavioural theory of health anxiety

A cognitive-behavioral theory (CBT) has been articulated to explain the development and maintenance of health anxiety (Salkovskis and Warwick, 1986; Warwick and Salkovskis, 1990). Cognitive variables (e.g., beliefs that somatic sensations always signal serious illness) are posited to be primary determinants of the development of health anxiety, and the product of information and past experience (e.g., illness in self and others). When dysfunctional health-related beliefs are activated by critical incidents (e.g., somatic sensations), health anxiety ensues. Maintenance and exacerbation of the problem are attributed to distinctive cognitive and behavioral processes. The CBT predicts, for instance, that health anxiety is associated with an attentional bias to notice illness-related information, as well as a cognitive bias to misinterpret information in a catastrophic and personally threatening manner. Behavioral efforts to avoid illness-related information are also expected. When avoidance is not possible, a propensity to seek reassurances of good health via symptom checking or medical attention is predicted. Warwick and Salkovskis (1990) have suggested that both avoidance and excessive reassurance exacerbate health anxiety in the long run.

To date, support for the model rests primarily with clinical observations (e.g., Salkovskis and Warwick, 1986), questionnaire studies (e.g., Kellner et al., 1987; Jones et al., 1989) and studies examining cognitive biases (i.e., Hitchcock and Mathews, 1992), but no systematic experimental studies exploring how individuals varying in health anxiety will respond to the same objective illness information have been carried out. The present study seeks to evaluate the CBT, using a quasi-experimental design, and also explores additional parameters that could enhance the predictive model.

1.2. Coping strategies and health anxiety

Health anxious individuals may not only display dysfunctional patterns of response to illness information, but they also may be deficient in protective coping strategies, a possibility ignored by the CBT. Individuals experiencing noxious events who have a capacity to objectively and positively monitor somatic sensations (e.g., tingling, pricking, pinching) rather than diffuse physical states (e.g., fatigue, tension) experience numerous benefits including, increased pain tolerance (Ahles et al., 1983), pain threshold (Blitz and Dinnerstein, 1971), and improved recovery from pain (Cioffi and Holloway, 1993). Health anxious individuals may actually fail to engage in concrete, positive somatic monitoring and thus not reap the protective benefits of the strategy.

A further characteristic of health anxious persons deserving of systematic study would be their capacity to cognitively avoid illness information. While the CBT predicts active
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