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Dimensions of hypochondriasis and the five-factor model of personality

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Abstract

Relations between dimensions of hypochondriasis assessed by the Illness Attitudes Scales and the higher-order and lower-order dimensions of the “Big Five” model of personality were examined in 309 university students. Factor analysis revealed five IAS dimensions, similar to those identified in previous studies: Fear of Illness and Death, Treatment Experience, Symptom Effects, Disease Phobia and Conviction, and Health Habits. These five IAS dimensions in turn loaded on to two higher-order factors: Health Anxiety and Health Behaviors. To help clarify the meaning of these IAS dimensions and the two higher-order factors, a series of regression analyses were conducted using the NEO-PI-R personality domains and facets. Neuroticism, and its facet of anxiety, were significant predictors of several IAS dimensions and the higher-order factor of Health Anxiety. In contrast, Conscientiousness was a significant predictor of one of the IAS dimensions and the second higher-order factor of Health Behaviors. The results suggest that some IAS dimensions are reflective of specific and core features of hypochondriasis while other IAS dimensions are generally nonspecific or too peripheral, and may in fact assess adaptive functioning. The results also suggest that previously observed negative associations between hypochondriasis and Extraversion, as well as Agreeableness, are reduced or eliminated when Neuroticism is statistically controlled. © 2000 Elsevier Science Ltd. All rights reserved.

Keywords: Hypochondriasis; Big Five model of personality; Personality domains and facets

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Hypochondriasis is categorized as a somatoform disorder in the *DSM-IV* (American Psychiatric Association, 1994) where the essential feature is defined as a “preoccupation with fears of having, or the idea that one has, a serious disease based on a misinterpretation of one or more bodily signs or symptoms”. Rather than taking a categorical approach, some authors have argued that available evidence strongly suggests hypochondriasis lies on a continuum and represents an individual difference variable (Costa & McCrae, 1985; Tyrer, Fowler-Dixon, Ferguson & Kelemen, 1990).

If indeed hypochondriasis is best conceptualized as an individual difference variable, then it becomes important to understand how it relates to well-established, higher-order and lower-order personality domains. There has also been significant interest in approaching hypochondriasis as a cognitive abnormality characterized by catastrophic misinterpretations of innocuous bodily sensations (Barsky & Klerman, 1983; Warwick & Salkovskis, 1990). Yet the question still arises as to how this type of individual difference variable (i.e., cognitive abnormality) relates to various personality traits. To date, there has been limited investigation along these lines. In addition, the majority of studies have examined medical complaints and somatic concerns rather than hypochondriasis (illness worry) per se. Using data from normal adults in the Baltimore Longitudinal Study of Aging (BLSA), Costa and McCrae (1985) observed positive associations between somatic concerns on the Cornell Medical Index (Brodman, Erdmann & Wolff, 1949) and the higher-order personality domain of neuroticism. McCrae (1991) reported that the hypochondriasis clinical scale from the MMPI (Hathaway & McKinley, 1983) was positively associated with neuroticism and negatively associated with extraversion in the BLSA. Costa and McCrae (1992b) observed a similar relationship between neuroticism, extraversion and somatic concerns on the Basic Personality Inventory (Jackson, 1989) and on the Personality Assessment Inventory (Morey, 1991). It is not known if the negative association observed between hypochondriasis and extraversion might be due to a negative emotionality component in the measurement of somatic concerns. This possibility is supported in a study of abnormal illness behavior where affective inhibition and illness disruption, rather than health worry, were negatively correlated with extraversion (Zonderman, Heft & Costa, 1985). Also, because neuroticism is a very broad personality trait that denotes a tendency to experience a wide range of negative affect (e.g., anxiety, anger, depression), it is not yet known if there are any specific facets within neuroticism that are particularly associated with hypochondriasis.

In addition to neuroticism, a review of personality traits and the somatoform disorders (Kirmayer, Robbins & Paris, 1994) led to the hypothesis that low agreeableness and high conscientiousness might also be associated with clinical hypochondriasis. These personality traits warrant further study in relation to hypochondriacal concerns as an individual difference variable, but there is some evidence that adaptive “wellness behaviors” in normal adults are positively correlated with conscientiousness (Booth-Kewley & Vickers, 1994).

One of the most widely used measures of hypochondriacal concerns is the Illness Attitudes Scales (IAS; Kellner, 1986; Kellner, Abbott, Winslow & Pathak, 1987). The IAS is a 27-item, self-report inventory designed to assess fears, beliefs, and attitudes associated with hypochondriasis and abnormal illness behavior (two additional items assess types of treatment and illness experiences, but are not used in the scoring of the subscales). It was originally

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