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Health Anxiety and Hypochondriasis: The Patient's Perspective

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Jennifer Jean Beckett

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Abstract

This qualitative study using a social constructionist epistemology looked at seven individuals' experiences of health anxiety and hypochondriasis. Participants were recruited using advertisements on local public notice boards, word of mouth and a published newspaper interview. Participants self-identified as having health anxiety or hypochondria and ranged between 18-64 years of age. There were three male and four female participants. A thematic narrative analysis was undertaken. Common themes that were identified were: childhood attachment styles, trauma, personal experience with illness, the function of health anxiety, health anxiety developing into adulthood, stigma of being labelled a hypochondriac, participants' positioning of self and others, participants' views on their doctors and communication styles.

Also outlined were participants' recommendations for managing symptoms and coping with doctors' consultations. Implications include integrating attachment theories into therapy for health anxiety and working towards improving communication skills between medical doctors and health anxious and hypochondriacal patients.

Preface of Terms

The present study included interviewing people who self-identified as having health anxiety and/or hypochondria. Research that is discussed in the current study refers to health anxiety, hypochondria and/or somatization in the same way. These terms will now be defined for the present study as:

Table 1 - Health Anxiety

Health anxiety is a term differentiated from hypochondriasis, as it does not meet the full Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for hypochondriasis (as listed below). Health anxiety includes an individual's excessive worry about their health, stemming from beliefs that the person's physical integrity is threatened. Health anxiety is multifaceted and consists of distressing emotions (e.g. fear), physiological arousal (e.g. palpitations), thoughts and images of danger, and avoidant behaviours. Health anxiety ranges from mild and transient, to severe and chronic (Taylor & Asmundson, 2004).

Table 2 - Hypochondriasis

- A. Preoccupation with fears of having, or the idea that one has, a serious disease based on the person's misinterpretation of bodily symptoms.
- B. The preoccupation persists despite appropriate medical evaluation and reassurance.
- C. The belief in criterion A is not of delusional intensity (as in delusional disorder, somatic type) and is not restricted to circumscribed concern about appearance (as in body dysmorphic disorder).
- D. The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The duration of the disturbance is at least six months.
- F. The preoccupation is not better accounted for by generalized anxiety disorder, obsessive compulsive disorder, panic disorder, a major depressive episode, separation anxiety, or another somatoform disorder (American Psychiatric Association, 2000).

Table 3 - Somatization

Somatization is the conversion of psychosocial stressors into bodily symptoms. This involves the tendency to experience and communicate psychosocial stressors physically, through bodily symptoms.

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List of Abbreviations		
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders	iii
MRI	Magnetic Resonance Imaging	16
OCD	Obsessive-compulsive disorder	17
ADHD	Attention-deficit/hyperactivity disorder	17
PTSD	Posttraumatic stress disorder	17
CBT	Cognitive behavioral therapy	28
SSRIs	Selective serotonin reuptake inhibitors	29
HAQ	Health anxiety questionnaire	39
DID	Dissociative identity disorder	63
UTI	Urinary tract infection	79
A&E	Accident and emergency	79
CAT(CT)	Computed tomography	90