Health Anxiety/Hypochondriasis: Cognitive Behavioural Therapy and Transcultural Adaptation

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What is Health Anxiety?

Health Anxiety/Hypochondriasis is:
  • ubiquitous
  • what you feel when you sense that your health is, or may become, threatened
  • and you are uncertain as to what the cause is or what the outcome will be

Like other forms of anxiety
  • can be adaptive or maladaptive
  • multifaceted phenomenon
Hypochondriasis: Definition

Preoccupation with fears of having, or the idea that one has, a serious disease based on the person’s misinterpretation of bodily symptoms

Preoccupation persists despite appropriate medical evaluation and reassurance
Hypochondriasis: **Characteristics**

Can be as debilitating as many chronic physical illnesses

In most cases, insight is very poor, so they do not usually seek psychiatric treatment

Consume vast amounts of medical resources
  - Doctor shopping common
Hypochondriasis: **Characteristics**

Most physicians don’t know what to do with these patients

The patients are frustrated with their doctors, and their doctors are often frustrated with them
Hypochondriasis: **Severe health anxiety**

“**Noisy body**” phenomenon

- Body contains gurgles, twitches, aches, tensions, pains, etc. frequently during the day

- Normal variations in functioning such as energy levels, memory lapses, digestive processes are often misinterpreted
Hypochondriasis: **Severe health anxiety**

“Sick role”

- Secondary gains that patients receive (lowered performance expectations, special treatment and care, etc.) even if unintentional reinforce the condition.
- Avoidance of daily activities leads to a state of physical deconditioning which leads to bodily noise.
- Sick role is reinforced by family and other psychosocial factors.
Cognition

Heart racing = “I am having a heart attack”

Lumps on or under skin = “I’ve got cancer”

Feeling dizzy, faint, weak legs = “I’ve got HIV/AIDS”
Simplified Health Anxiety Cycle

- Environmental factors influencing detection of bodily sensations
- Biological factors influencing somatosensory stimulation
- Bodily sensations noticed
- Sensations perceived as unpleasant
- Checking and avoidance behavior
- Physiological arousal
- Uncertainty and worry over possible consequences
Assessment

Clinical opinion
Need to rule out:
  • General medical conditions that might account for presenting concerns
  • Other psychiatric conditions, especially mood disorders, PD, GAD, and OCD

Quick screen
Consider comprehensive psych evaluation
“The cognitive-behavioral treatment of hypochondriasis focuses on providing positive account of what is going on, an alternative, comprehensive explanation of the patient’s concerns, reactions, and in some instances, symptoms.”

Warwick & Salkovskis (2000)
CBT Mechanism

Cognitive and behavioral exercises
  • provide patient with corrective information
  • in doing so, are vehicles for belief change

Help patient correct beliefs about:
  • bodily changes or sensations
  • state of general health
  • vulnerability to disease
  • effects of avoidance, checking, and reassurance seeking
Key features of CBT

1. Assessment and engagement
2. Case formulation (reaching a shared understanding)
3. Goal setting
4. Psychoeducation
5. Cognitive intervention
   a. Identify how and what you think
   b. Identify alternative explanations for negative automatic thoughts
Key features of CBT

6. Behavioral intervention
   a. Reduction of maintaining factors
   b. Increase adaptive and pleasurable behaviors

7. Acceptance of negative feelings, sensations, and “noisy body phenomenon”

8. Relapse prevention
Treatment Engagement

Socialization strategies
  • develop a shared understanding of the problem

Incorporate methods from motivational Interviewing
  • reflective listening + open-ended questions
  • encourage patients to voice reasons for considering Cognitive Behavioral Approach
  • amplify ambivalence
Don’t dismiss as “it’s all in your head”
Encourage a “wait and see” approach
Develop tailored list of guidelines for acceptable physician visits
Consider role of significant others
Provide alternate explanations for disease-based interpretations
  • May encounter initial resistance
  • Strategically place “foot in the door”
Cognitive Intervention

Introduce cognitive distortions

Help patient identify *how* he or she thinks
Help patient identify *what* he or she thinks
Common Beliefs About Docs and Tests

• “It is possible to be absolutely certain about one’s health”
• “Doctors should be able to explain all of my symptoms”
• “If a doctor refers me for a test, it means that she/he thinks there’s something wrong”
• “Medical exams aren’t accurate if you don’t have symptoms at the time of the tests”
• “If the doctor simply listens to you and says ‘Your health is fine’ then the assessment can’t be trusted; a reliable evaluation requires a detailed interview and lab tests”
Behavioral Intervention

Identify maintaining behaviors

- Reassurance seeking
- Avoidance
- Checking
- Cyberchondria

- Employ behavioral experiments

- Increase adaptive and pleasurable behaviors to enhance wellness
Acceptance of ...

- Negative feelings
- Sensations
- Noisy body phenomenon
What happens when we put CBT into the context of culture?

What is culture anyway?

“the beliefs, customs, arts, etc., of a particular society, group, place, or time (Merriam-Webster Dictionary)”
Advantages and Limitations of CBT

Advantages

• Brief, pragmatic, structured
• Direct and directive
• Non-western cultures are less ambiguity tolerant

Limitations

• Based on Western concept of illness models
• Based on Euro-American values of assertiveness, independence, and verbalization of emotions
• Focus on individual and treats the individual
Cultural Factors That Can Impact Treatment

- Stigma about seeking psychiatric/psychological help
- Cultural understanding of causation, cure, and conceptualization of illnesses
  - Focus on willpower and self-control
  - Strategy of avoidance
- Value differences
  - Collectivistic vs individualistic
- Communication styles
  - High-context vs. low-context
Cultural Accommodation Model  (Leong & Lee, 2006)

Universal
“Every man is like all other men”

Group
“Every man is like some other men”

Individual
“Every man is like no other man”
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Key Features of CBT Through Transcultural Lens

Assessment and engagement

- Attend to language
- Rule out ethnic cultural bound syndromes
- Examples: Taijin kyofusho (Japan), Hwabyung (Korea)

Case formulation

- Reach a shared understanding of the problem
- Incorporate cultural factors/context

Goal setting

- Concrete expectations and attend to non-verbals
- Value of homework - with a twist
Key Features of CBT Through Transcultural Lens

Psychoeducation
- Getting family on board
- “Sick role” of the family member
- Rid maintaining behaviors

Cognitive intervention & Acceptance
- Equanimity 镇定
- Merit making 做功德
- To stand/tolerate 忍

Behavioral intervention
- Incorporation of spirituality & religious healing practices
- Meditation 禪坐, tai chi, yoga
Transcultural Adaptation

Collectivism
Gender
Family
Language

Universal

Religion/spirituality
Socioeconomic status
Health belief

Group

Individual

Ethnic identity