

# **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

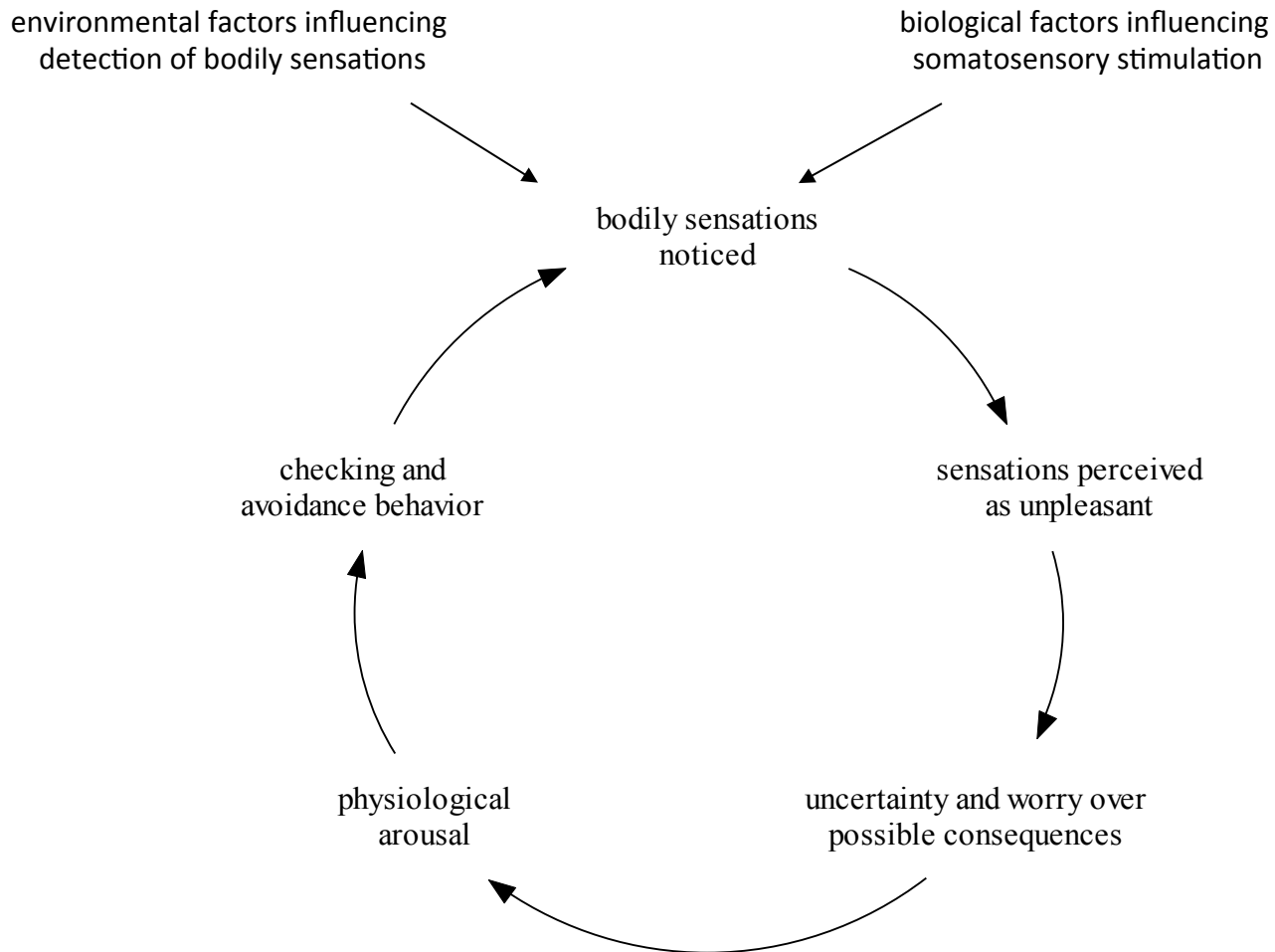
Heart racing = “I am having a heart attack”

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

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



# Simplified Health Anxiety Cycle



# 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

# Specific Engagement Tactics

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

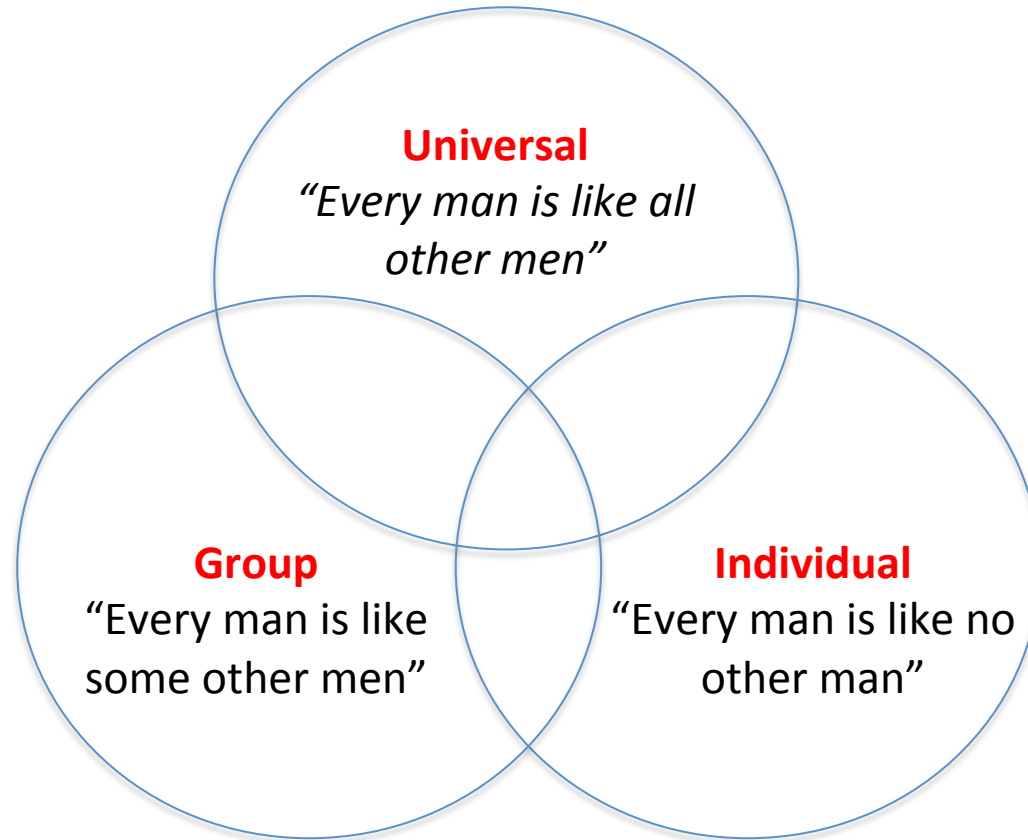
- Based on Western concept of illness models
- Based on Euro-American values of assertiveness, independence, and verbalization of emotions
- Focus on individual and treats the individual

# 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)





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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

