

Parental Medical Illness and Health Anxiety: Testing the Interpersonal & Cognitive-Behavioural Models

Nicole M. Alberts & Heather Hadjistavropoulos

University
of Regina

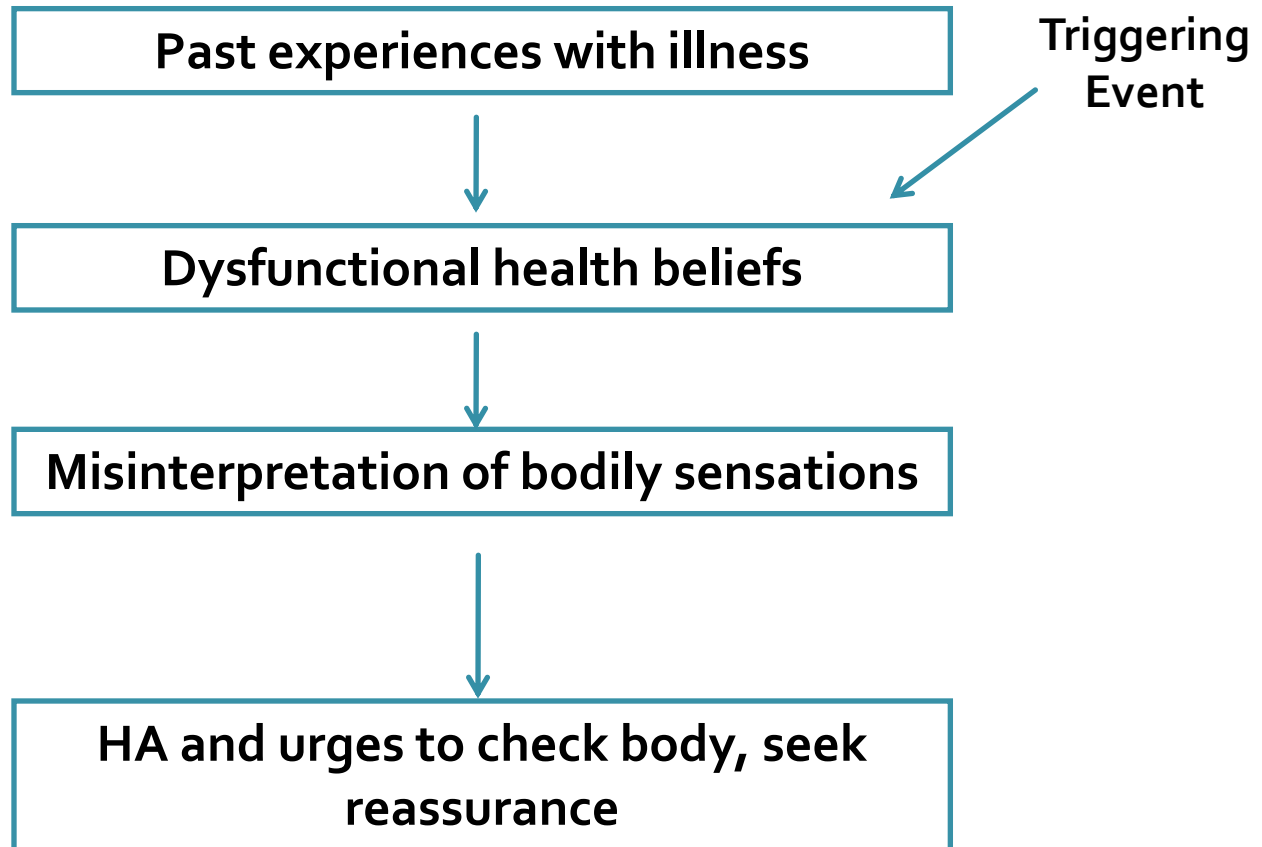


Health Anxiety (HA)

- Conceptualized along a continuum
 - Lack of concern → Excessive anxiety
- Some amount of HA is adaptive
- If concerns become more severe
 - May meet DSM-IV criteria for hypochondriasis

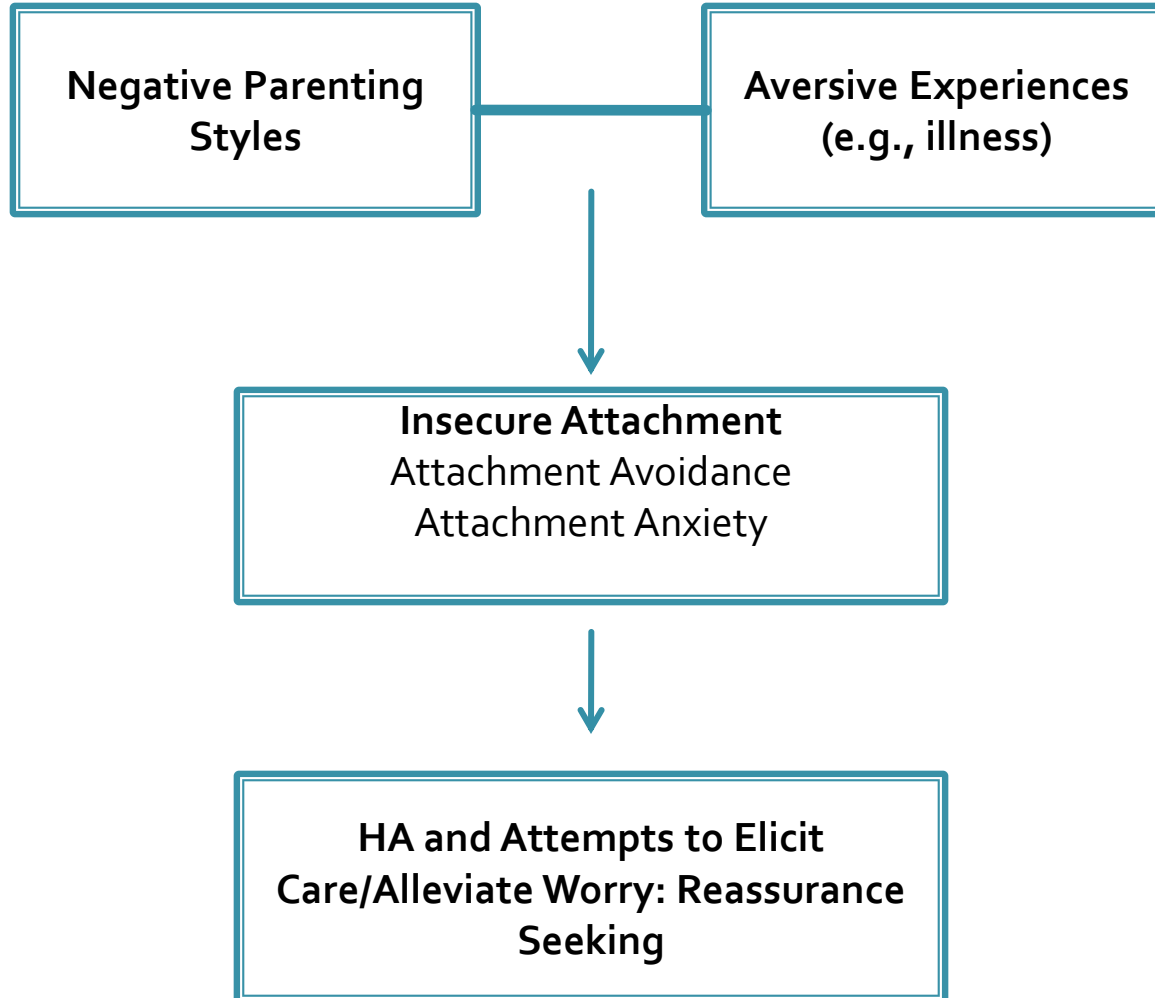
Cognitive Behavioural Model of HA

Salkovskis & Warwick (2001)



Interpersonal Model of HA

(Stuart & Noyes, 1999)



Current Study

■ Objectives

- Explore how HA relates to attachment dimensions, dysfunctional health-related beliefs, and parental illness
- Provide a test of both models of HA and examine relative contributions of variables from each model to HA

Current Study

■ Hypotheses

- Dysfunctional health-related beliefs would be associated with higher HA
- High attachment anxiety would be associated with higher HA
- Death of ill parent would be associated with higher HA

Method

■ Participants & Procedure

- $N = 116$ emerging adults
 - Reported that one or both parents had been diagnosed with a serious medical illness
 - Cancer = 34.7%
 - Cardiovascular disease = 9.3%
 - Multiple sclerosis = 8.7%
 - Irritable bowel disease = 8.7 %
 - Other illnesses = 24.7%
- Recruited from undergraduate classes (60.3%) and from across Canada (39.7%)
- Mean age = 21.2($SD = 2.4$)
- Completed self-report measures online

Method

■ Measures

- Questions assessing background/parental-illness variables
- Short Health Anxiety Inventory (SHAI; Salkovskis et al. 2002)
- Health Cognitions Questionnaire (HCQ; Hadjistavropoulos et al., 2011)
- Experience in Close Relationships – Relationships Structures Questionnaire (ECR-RS; Fraley et al., 2011).

Results

- Descriptive statistics for study measures

Measure	<i>M</i>	<i>SD</i>
SHAI	13.03	5.56
ECR-RS		
Global Avoidance	4.66	.41
Global Anxiety	2.06	1.00
HCO		
Difficulty Coping with Illness	19.29	5.08
Medical Service Inadequacy	9.66	3.30
Awfulness of Illness	13.91	2.81
Likelihood of Illness	12.51	3.40

Results

- Correlations among measures

Measure	ECR-RS Avoid	ECR-RS Anx	HCOQ-Cope	HCOQ-Med	HCOQ-Awful	HCOQ-Like	Death of Parent
SHAI	.08	.43**	.44**	.26**	.21**	.42**	-.24**
ECR-RS Avoid		-.08	-.10	-.05	.00	-.04	.07
ECR-RS Anx			.19*	.27**	.07	.23*	-.08
HCOQ – Cope				.22*	.55**	.26**	-.02
HCOQ – Med					.17	.10	-.10
HCOQ – Awful						.26**	-.06
HCOQ – Like							-.17

* $p < .05$. ** $p < .01$

Results

- Interpersonal and cognitive predictors of HA

Variable	β	R^2	ΔR^2
Step 1		.06**	
Death of Parent	-.24**		
Step 2		.36***	.30***
Death of Parent	-.18*		
HCQ – Cope	.39***		
HCQ – Med	.15		
HCQ – Awful	-.11		
HCQ – Likelihood	.31***		

* $p < .05$. ** $p < .01$ *** $p < .001$.

Results

- Interpersonal and cognitive predictors of HA

Variable	β	R^2	ΔR^2
Step 3		.45***	.10***
Death of Parent	-1.8*		
HCQ – Cope	.37***		
HCQ – Med	.08		
HCQ – Awful	-.10		
HCQ – Likelihood	.25**		
ECR-RS Avoidance	.17*		
ECR-RS Anxiety	.29***		

* $p < .05$. ** $p < .01$ *** $p < .001$.

Conclusions

- Among emerging adults who have had a parent diagnosed with a serious medical illness...
- Appears that **both attachment dimensions, dysfunctional illness-related beliefs, and death of ill parent** are associated with elevated HA

Theoretical Implications

- **CB Model**
 - Perceptions of increased likelihood of illness
 - Does genetic risk impact this belief?
 - Perceptions of oneself as having difficulty coping with illness
 - Product of observational learning?
 - Consistent with IP model

Theoretical Implications

■ IP Model

- Attachment anxiety and avoidance = unique predictors of HA
- Attachment anxiety appears to be stronger predictor of HA than avoidance
- Consistent with recent theoretical work that suggests...
 - Attachment anxiety → hypervigilance/seeking excessive dependence
 - Attachment avoidance → minimize attention to threat-related cues/underutilize social support

Clinical Implications

- **Increased awareness** of perceptions of the **likelihood of illness and difficulty coping with illness** could lead to...
 - Better identification of early HA
 - Improved treatment
- **HA treatment** targeting **attachment** problems in addition to dysfunctional beliefs may be effective
- **Death of parent** may be a risk factor for increased HA among emerging adults

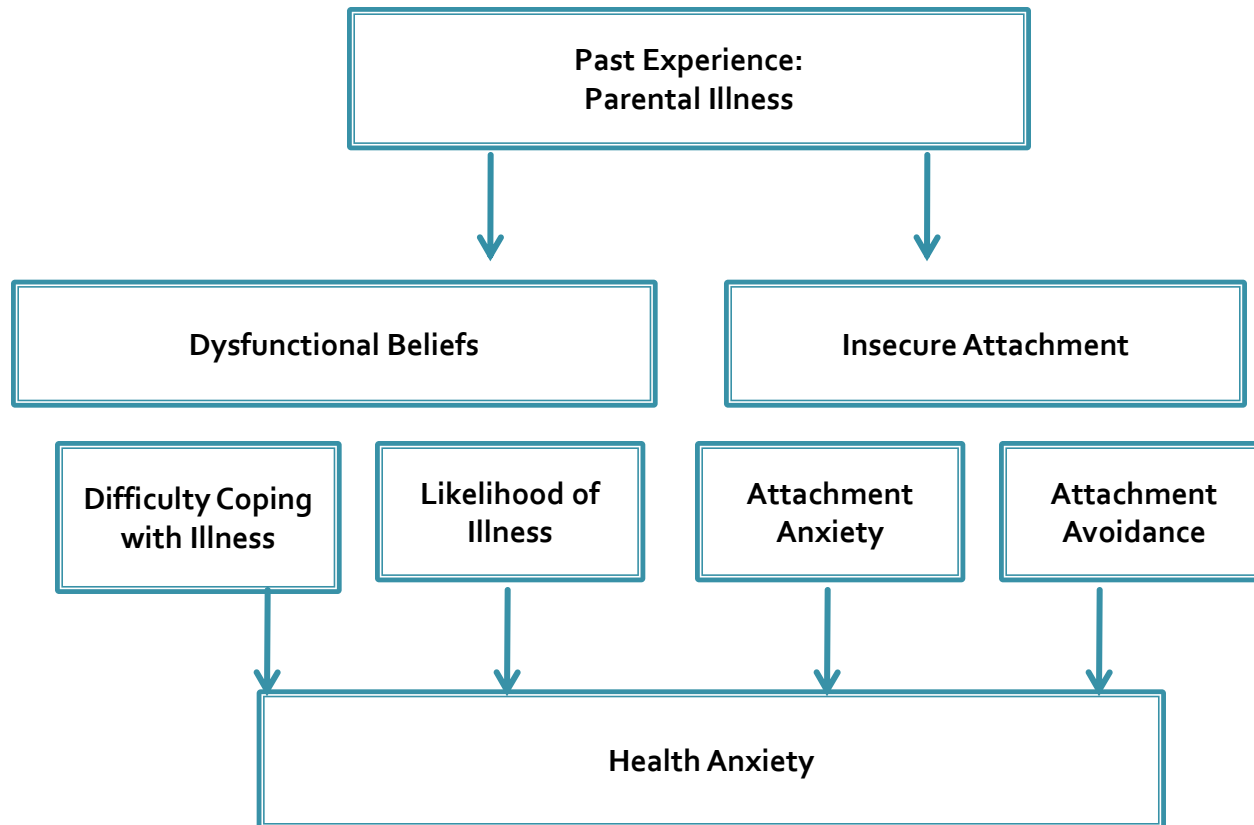
Limitations

- Wide variability in parental illnesses
- Focus on emerging adults
 - Different findings with children and adolescents?



Future Directions

- Integrated model of HA



Questions