



Helping Health Anxiety

Module 2

How Health Anxiety Develops

Introduction	2
Negative Health Experiences	2
Heightened Health Vulnerability	3
Protecting Ourselves: Unhelpful Health Rules & Assumptions	3
Protecting Ourselves: Increased Health Sensitivity	5
Model of Health Anxiety: How Health Anxiety Develops	6
Worksheet: How Health Anxiety Develops	7
The Good News	7
Module Summary	8
About the Modules	9

The information provided in the document is for information purposes only. Please refer to the full disclaimer and copyright statements available at www.cci.health.gov.au regarding the information on this website before making use of such information.

Introduction

So far we have looked at the difference between normal, everyday worries about health and more excessive and problematic levels of health anxiety. We have also considered some of the negative impacts health anxiety can have on our day-to-day functioning, relationships, and our life satisfaction and enjoyment. However, something that many people who experience this problem will ask is, “why do I have health anxiety?”

The exact cause of health anxiety is not known. While there is some evidence that health anxiety, like all anxiety disorders, may in part be an inherited or biologically based problem, it is generally accepted that several other important factors can increase the likelihood of you developing this problem. In this module, we will explore how some of these factors may contribute to the onset and development of health anxiety.

Negative Health Experiences

As discussed in Module 1, health anxiety refers to the excessive concern that there may be a threat to your health which then triggers off your anxiety (fight/flight) response. So where does this excessive concern come from? People who experience health anxiety often report the following prior experiences:

Having family members or others around you experience a serious illness

Especially during our childhood and adolescence, our experiences can influence how we view ourselves, how we view others, and how we view the future. If we witness someone experiencing pain and suffering it may lead to us feeling vulnerable and concerned that this could happen to us too. If we have witnessed someone with a progressive illness, we may feel quite helpless. We may even develop a sense that “illness” means “nothing can be done”. In circumstances where the illness experienced by a family member has a degree of heritability, we may start to focus on the likelihood that we too will develop the illness as opposed to the chance that we won’t.



Death of a family member or someone known to you

While death is an eventual certainty for all of us, on a day-to-day basis most of us can tolerate the uncertainty of not knowing when and how it will happen. However, if we are put in a situation where we are made to think about what our own death will be like and the impact our death will have on others, most people will feel somewhat uncomfortable. The death of someone close or known to us, whilst often distressing in itself, can increase our awareness of our own mortality and lead us to contemplate these issues. If we have witnessed someone suffer a prolonged disease prior to death, we may associate illness with intense suffering and certain death. If the death was sudden, and especially if it was of someone previously perceived to be “healthy”, it can lead to an increase in our sense of vulnerability and helplessness.

Having experienced a medical problem yourself

Experiencing a medical problem can lead us to being more “tuned in” to our bodily sensations and changes, and alert us to our chances of further medical issues or even death. When explaining a diagnosis, doctors will often review the possible risks and complications of the diagnosis with a patient, alerting us to previously unknown information. Furthermore, for people who have overcome a medical condition (e.g., cancer, or a heart attack), having experienced the problem once may increase the likelihood of the problem reoccurring. Focussing on the potential risks, complications, and chance of recurrence can increase our sense that there will be ongoing threats to our health, and make us feel more anxious.

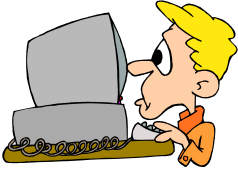


Having a family member with health anxiety

We tend to learn a lot about the world from those around us. So, if we have grown up observing or listening to others worry about health or frequently checking for signs of illness or injury, we are more likely to use these same coping strategies when we are confronted with health issues or sensations.

Negative information from the media or internet

The internet and media today allow us immediate access to a range of interesting health related stories and information. However, in an effort to “sell” their stories, media outlets must ensure that their shows or stories grab the attention of the public. Health stories in the media or on the internet can therefore focus on rare diseases, incurable health problems, and fatal conditions. Furthermore, they may report on the experiences of patients who were misdiagnosed, sometimes despite repeated efforts to seek medical help. While these cases do occur, the emphasis sometimes portrayed in the media on these unlikely conditions and events can lead us to question our medical care, to view benign bodily sensations and changes with greater suspicion, and to consider previously ignored and highly unlikely health problems as common.



Take a moment to write down what experiences you have had that may have increased your concerns about your health.

Heightened Health Vulnerability

It makes sense that these past negative health experiences may increase your overall sense of vulnerability regarding your own health. If you have been exposed to negative health experiences in your life, you may develop the belief that your health is vulnerable, and view illness as not only common but perhaps painful or deadly. With this sense of vulnerability hanging over you, it is only natural that you would focus your attention on bodily sensations or health problems which other people may simply ignore. The remainder of this module will focus on how you may try to decrease these feelings of vulnerability and protect your health by developing health rules and assumptions and by going on “high alert” for signs of illness.

Protecting Ourselves: Unhelpful Health Rules and Assumptions

Rules and assumptions can exist in all areas of our lives and are generally designed to help us function well and keep us in good health. For the most part, having rules and assumptions can provide us with helpful guidelines for living, so long as they are realistic and somewhat flexible. For example, I might have the rule that “I should brush my teeth twice daily to prevent decay” or the assumption that “If I don’t exercise regularly, then I will put on weight”. These rules and assumptions seem *helpful* in that they appear fairly accurate (i.e., it is generally accepted that a lack of exercise will lead to weight gain), and they are also flexible (i.e., while it is good to aim for twice daily teeth brushing, it is unlikely to be problematic if you forget to brush occasionally). However, we can also have more unhelpful rules and assumptions by which we try to lead our lives. A rule or assumption tends to be *unhelpful* when it is inaccurate and/or inflexible in some way.

At the heart of health anxiety lays certain unhelpful rules and assumptions, often comprised of inaccurate or inflexible “shoulds”, “musts” or “if... then” statements. Remember, that it is often due to your past experiences that you develop these rules or assumptions. For example, imagine that you have grown up with a very anxious parent, who would respond to any minor health complaint with one or more trips to the doctor and lots of time spent worrying, even if the doctor had said nothing was wrong. These experiences may lead you to develop some guidelines (i.e., rules and assumptions) about your health. You may develop a rule that “I must find out what is causing this sensation”. You may also begin to assume that “If I don’t report these symptoms, I could miss an important one”.



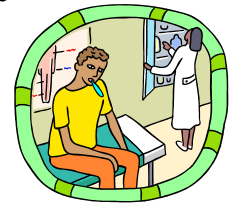
Keep in mind that your rules and assumptions have developed as a way of attempting to protect you, it is only when they become inaccurate and/or inflexible that they become a problem. Below are some common unhelpful rules and assumptions linked to health anxiety.

Health rules may include:

- “I must take all symptoms and bodily changes seriously”
- “I must be symptom free to be healthy”
- “I must report all new bodily sensations to a health professional”
- “I must have a diagnosis so I can move forward”
- “My doctor must be certain”
- “My doctor should be able to explain each of my bodily sensations and changes”

Health assumptions may include:

- “All discomfort and bodily changes are problematic”
- “If my doctor orders a test, then there must be something wrong”
- “If my doctor doesn’t know exactly what the problem is, then it must be really serious”
- “If I don’t get a clean bill of health from the doctor, then I must be ill”
- “If I don’t keep checking / having tests, I could miss something really important”
- “If I don’t persist, my Doctor may miss something important”
- “If I’m not vigilant, an underlying problem could be getting worse”
- “Once you are sick, there are no second chances”
- “If I miss an important health symptom, it could kill me”



Health rules and assumptions can also be combined as follows:

- “If my doctor can’t tell me exactly what it is, it must be serious and needs further investigating”
- “I must keep measuring the size of this lump, otherwise I won’t know if it is getting worse”
- “Doctors miss things, so I should see several different doctors until I get a clear diagnosis”

Take a moment to consider the sorts of rules or assumptions you may hold about your health. Take a few minutes to write these down. Also, take a moment to think about how this may be linked back to your past health-related experiences.

Protecting Ourselves: Increased Health Sensitivity

A very useful part of your fight/flight response is that it makes you focus your attention on possible threats and ways to escape these threats. For example, if you are walking through the bush looking at wildflowers and you come across a snake, your attention is likely to be drawn to the snake. You may find it hard to look at anything other than the snake, unless it is to look around for the safest path away or perhaps a stick to protect yourself with. At that moment, you are probably not focussed on the sound of the breeze blowing through the trees, the colour of the sky and clouds, whether your feet are feeling comfortable in your shoes, or the motion of birds as they dart between the trees above. Your attention has been drawn to focus on the threat before you in an effort to protect you from harm. You may also find that for the rest of your walk that day, you scan the ground more frequently and are in a generally higher state of alert. You may even jump at the sound of leaves rustling or the sight of slight movement out of the corner of your eye.



Most people, most of the time, will not pay much attention to minor discomfort, changes in their bodily functions (e.g., heart rate, saliva production), bodily noises, minor lumps and bumps that come and go, and increases or decreases in their energy levels. For the most part, we accept that our bodies are like noisy old cars – sometimes they run well, sometimes they run a little rough, but for the most part they just keep on running so long as we add fuel and get the occasional tune-up.

However, just as a snake might seem threatening to some of us and hence we become sensitive to its presence in order to protect ourselves; people with health anxiety believe their health is under threat, and become sensitive to their health in order to protect themselves.

In the case of health anxiety, you can become more sensitive or “tuned in” to signs or symptoms of illness. People with health anxiety will tend to pay closer attention to sensations or changes in their bodies, noticing things that others would simply not pay any attention to.

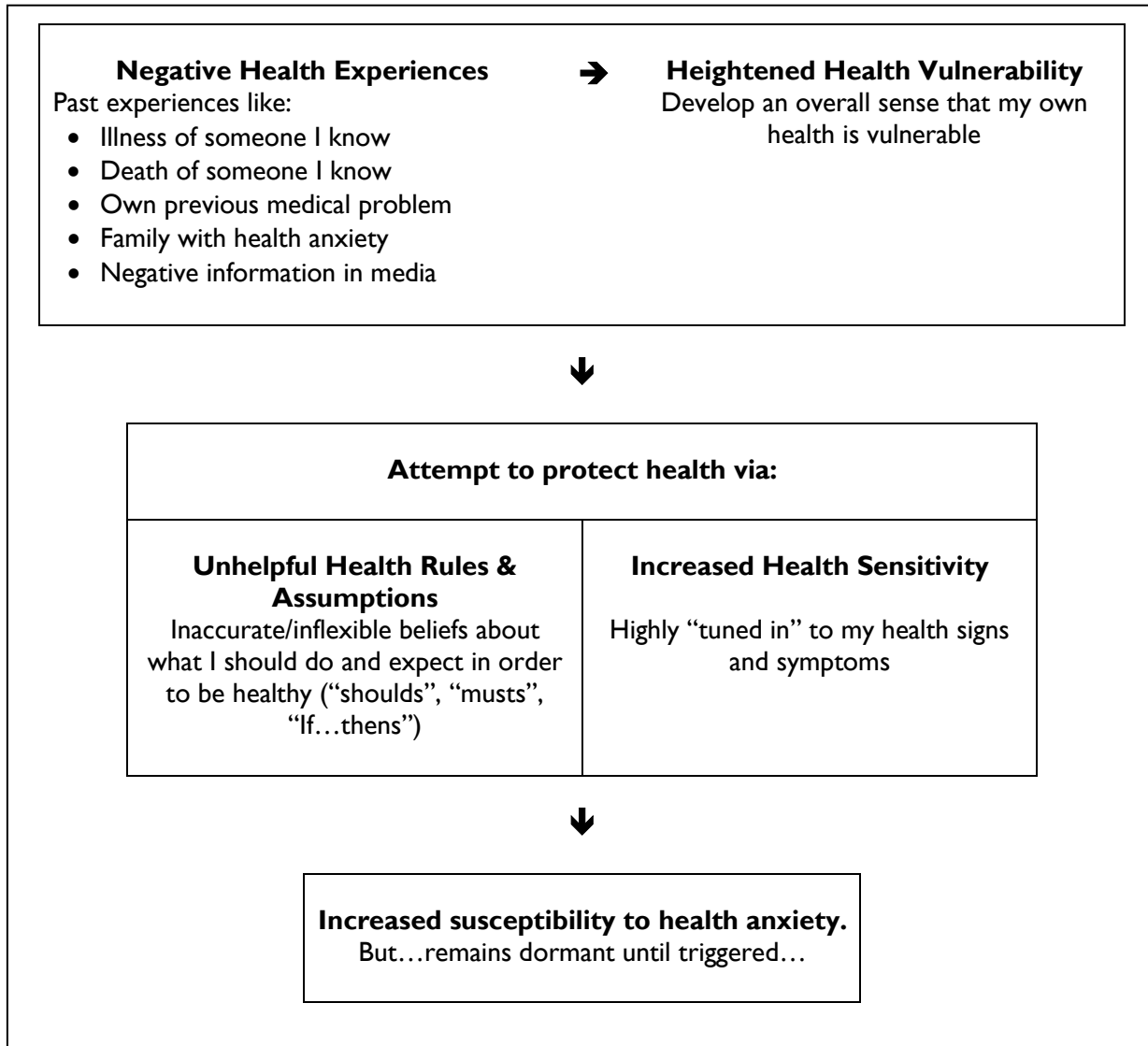


Unfortunately, focussing on a symptom can sometimes amplify the intensity of the symptom. Going back to our snake example, the more you focus on the snake the more aware you will become of the size, colour and shape of the snake. Similarly, the more you focus on your symptoms, the more aware you will become of the peculiarities of that symptom, and the more likely you will be to worry about and further focus on the symptom.

Take a moment to think about the signs or symptoms you tend to look for or worry about and record them below. Do you have a particular symptom and sensation you focus in on, or several things that you worry about and pay attention to? How much time do you spend each day focussing on that symptom or sensation?

Model of Health Anxiety: How Health Anxiety Develops

A useful way of pulling together the information covered so far is to place it in a diagram so that you can see how it all fits together. We call this diagram a “model”. Throughout this workbook we will often refer back to this model to remind ourselves as to how health anxiety may have developed. We will also add more information in the next module where we will examine what happens to keep health anxiety going.



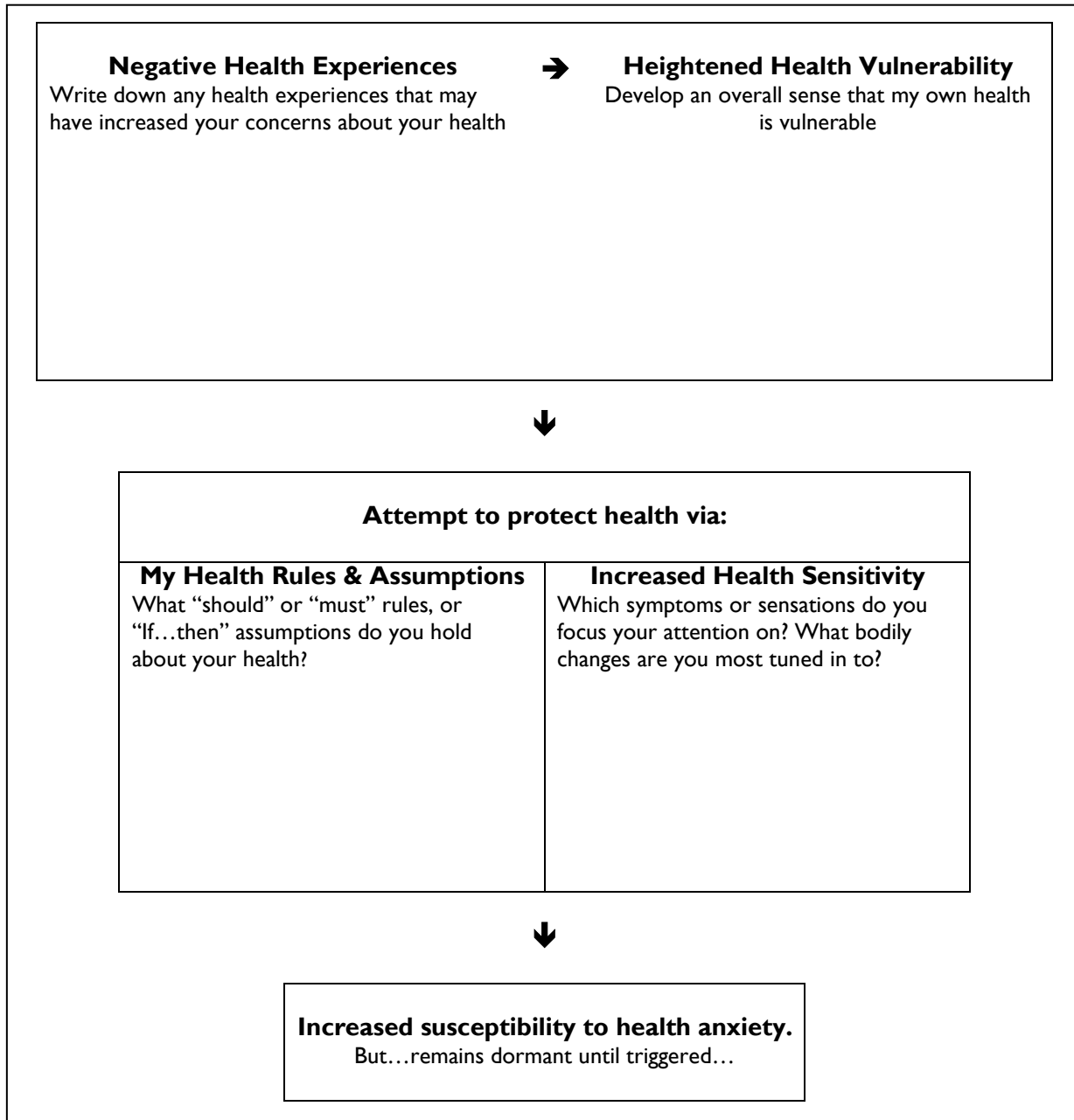
As you can see, this model identifies that our past experiences can increase our sense of vulnerability and general concerns about our health. In an effort to protect ourselves from harm, we will develop health rules and assumptions plus become more tuned in to our bodily changes and sensations.

Many people experience the kinds of life events we have discussed, and a proportion of us will have particular rules and assumptions about our health and be tuned in to bodily sensations and changes. We therefore may be at an increased susceptibility for health anxiety but it can lay dormant until one or more events trigger off or “activate” the health anxiety.

In the next module, we will discuss the kind of things that may trigger off an episode of health anxiety. We will also discuss a number of things that keep health anxiety going once it has been activated.

Worksheet: How Health Anxiety Develops

Let's take a moment to consider how your health experiences, your health rules and assumptions, and your awareness of your bodily sensations may have combined to increase the likelihood of you developing health anxiety. You can go back to the last few pages and copy your answers from each section in to the model below.



The Good News...

Given that your susceptibility to health anxiety is likely to have come from a combination of biological factors coupled with some negative health experiences from the past, it may at first seem a little discouraging because our biological make-up and our past experiences are something that we can't change. But the good news is that it doesn't necessarily matter how your susceptibility to health anxiety came about, when it comes to taking steps forward to change it. It is really important to read on, because as you will see in the next module, there are things we do in the 'here and now' that keep our health anxiety alive and well. And it is these things that we can tackle and change in order to overcome our health anxiety.

Module Summary

- Our earlier experiences can leave us feeling somewhat vulnerable and lead us to develop increased concerns about our health. Such experiences can include:
 - Having family members or others around you experience a serious illness
 - Death of a family member or someone known to you
 - Having a family member with health anxiety
 - Having experienced a medical illness yourself
 - Negative information from the media or internet
- Some people who have these experiences will go on to develop unhelpful health rules and assumptions, and become increasingly sensitive to bodily sensations and changes. We do this in an effort to protect ourselves from threats to our health and to reduce our overall sense of vulnerability.
- Health rules and assumptions are generally designed to help us function and keep us in good health. It is only when they become inaccurate and/or inflexible that they become unhelpful.
- People with health anxiety tend to pay closer attention to sensations or changes in their bodies, noticing things that others would simply not pay any attention to.
- Focussing on our bodily sensations and changes can sometimes amplify the intensity of the symptoms, in turn making it more likely that we will worry about and further focus on the symptom.
- While we may be susceptible to developing health anxiety due to our past experiences, rules and assumptions, and sensitivity to symptoms or changes, health anxiety can lay dormant until one or more events trigger off or “activate” the health anxiety.



Coming up next ...

In the next module, we will look at what triggers off health anxiety, and what then keeps it going.

About The Modules

CONTRIBUTORS

Dr Rebecca Anderson (MPsych¹; PhD²)
Centre for Clinical Interventions

Paula Nathan (MPsych¹)
Centre for Clinical Interventions

Dr Lisa Saulsman (MPsych¹; PhD²)
Centre for Clinical Interventions

¹*Masters of Psychology (Clinical Psychology)*

²*Doctor of Philosophy (Clinical Psychology)*

BACKGROUND

The concepts and strategies in these modules have been developed from evidence based psychological practice, primarily Cognitive-Behaviour Therapy (CBT). CBT for health anxiety is based on the approach that health anxiety is a result of problematic cognitions (thoughts) and behaviours.

REFERENCES

These are some of the professional references used to create the modules in this information package.

Abramowitz, J., Taylor, S., & McKay, D. (2010). Hypochondriasis and severe health anxiety. In McKay, D., Abramowitz, J., S., & Taylor, S. (Eds.). *Cognitive-behavior therapy: Turning failure into success* (pp. 327-346). Washington, DC: American Psychological Association.

Asmundson, G., & Taylor, S. (2005). *It's not all in your head: How worrying about your health could be making you sick – and what you can do about it*. New York: The Guilford Press.

Furer, P., & Walker, J. (2006). *Health anxiety treatment manual*. University of Manitoba: Manitoba.

Furer, P., Walker, J., & Stein, M. (2007). *Treating health anxiety and fear of death*. New York: Springer.

Papageorgiou, C., & Wells, A. (1998). Effects of attention training on hypochondriasis: A brief case series. *Psychological Medicine*, 28, 193-200.

Salkovskis, P., Warwick, H., & Deale, A. (2003). Cognitive-behavioural treatment for severe and persistent health anxiety (Hypochondriasis). *Brief Treatment and Crisis Intervention*, 3, 353-367.

Willson, R., & Veale, D. (2009). *Overcoming health anxiety: A self-help guide using cognitive behavioural techniques*. London: Robinson.

“HELPING HEALTH ANXIETY”

This module forms part of:

Anderson, R., Saulsman, L., & Nathan, P. (2011). *Helping Health Anxiety*. Perth, Western Australia: Centre for Clinical Interventions.

ISBN: 0 9757995 6 8

Created: August 2011