Health Anxiety and Somatic Symptoms in Young Adulthood

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Abstract

In young adulthood most people begin to realize the meaning of health. The amount of costs to be incurred for the treatment of a person when they are suffering from a disease also affects a person's health concern. According to Taylor and Asmundson (2004), most of the people feel anxious about their health. Anxiety about health can differ from one person to another. Through this study it can be seen general overview of health anxiety for young adults in Indonesia, especially Jakarta.

Participants in this study consisted of 263 people, aged between 20-40 years (M = 27.23 , SD = 5.50). Participants come from different educational level and various backgrounds. Researcher used Short Health Anxiety Inventory (SHAI; Salkovskis, Rimes, & Warwick, 2002), Patient Health Questionnaire Somatic Symptom Severity Scale (PHQ-15; Kroenke, Spitzer, & William, 2002), and State-Trait Anxiety inventory (STAI; Spielberger, 1983). For data analysis researcher used the pearson product moment correlation. The result showed significant correlation between health anxiety and somatic symptoms. Similarly, there is a significant correlation between state-trait anxiety and health anxiety.

Keywords: Young Adulthood, Health, Anxiety, Somatic Symptom

Introduction

There are various methods for people in order to keep a good health. For example , by taking vitamins. There are a variety of multi vitamins sold in the Indonesian market. The advertisements on television showed the importance of vitamins in human life. Through these ads , one in the given information that the body's resistance to disease can be prevented by consuming vitamins offered .The daily life activity, like work and to spend more time on the road in Jakarta, and others seem to cause some people feel the need for the presence of other than food intake daily in consumption like vitamins. By taking vitamins most people expect that a healthy body is well preserved. This is certainly to avoid diseases that can lead to disruption of daily activities such as those mentioned above.

In young adulthood (aged 20 to 40), a person begins to realized about the meaning of their health when they got health problems. Health issues especially pertinent to young adults are addressed, with emphasis on factors that influence the health and fitness of people in this age category. Behavior patterns such as diet, exercise, smoking, and drinking alcohol can affect health. Other health factors include socioeconomic status, level of education, gender and ethnic status (Papalia, 2001). After completing formal education level of high school, college or university, generally young adults entering the work live. It explained that young adulthood is a time to reach peak performance. With so many activities undertaken during this period, it is possible for people in young adulthood health impaired. According to Santrock (2008) accidents, suicide, and homicide are the leading causes of death among adults aged 20 to 34. Between 35 and 44 accidents, cancer, and heart disease are the top 3 causes of death. AIDS is the seventh leading cause of death between ages 20 and 24, sixth for adults between 25 and 34, and fifth for adults between 35 and 44. The amount of costs to be incurred for the treatment of a person when he is suffering from a disease also affects a person's health concerns.

Most of the people feel anxious about their health (Taylor and Asmundson, 2004). It explained that this anxiety varies, there are appropriate and some are excessive or maladaptive. With a sense of anxiety for his health, a person can be motivated to seek proper medical treatment. For example, someone who is experiencing shortness of breath with a history of asthma, of course, will prepare him for the use of drugs associated with the illness he suffered. Maladaptive anxiety occurs when anxiety is not in proportion to the perceived medical risks faced. Low anxiety when facing a high risk and high anxiety when faced with a low risk can be called maladaptive anxiety (Taylor & Asmundson, 2004). For example, excessive anxiety about something that seems minor, like spots or itching. Health anxiety is fear and belief, based on interpretation, or perhaps more often misinterpretation of bodily sign and symptoms as being indicative of a seious illness (Luckock & Morley, 1996; Warwick, 1989 in Asmundson, Taylor, & Cox, 2001). The sign or symptoms may extend from the vague and generalized to specific. Most often include pain, gastrointestinal, and cardiorespiratory (Barsky & Klerman, 1983 in Asmundson, et. Al, 2001).

Anxiety about health consists of three major aspects. There are health worries, sensitivity to something or unusual changes in the body, and fear of the consequences of a disease (Salkovskis, Rimes, & Warwick, 2002). Anxiety about the health can be influenced by several factors, including genetics, family background, life events that

cause stress, socio-cultural aspects, the belief about the illness, cultural differences, as well as the media information about some illnesses (Taylor & Asmundson, 2002).

Mental disorder that is often associated with health anxiety. However, hypochondriasis occurs in someone who has a fear that he was suffering from a serious disease based only mild symptoms in the body. These disorders can be classified in maladaptive anxiety on health. Anxiety about health can differ from one person to another. Through this study it can be seen the description of health anxiety on people in young adulthood and the correlation with their subjective somatic symptoms.

METHOD

Participants

The participants were young adulthood with aged between 20-40 years located in Jakarta, Indonesia. The technique sampling was convenience sampling.

Material

The researcher used 3 inventories. First, Short Health Anxiety Inventory (SHAI; Salkovskis, Rimes, & Warwick, 2002). The inventory contains 18 items that assess health anxiety on 4 point scale. Higher score means higher levels of health anxiety. Cronbach alpha coefficients was 0.846.

Second, Patient Health Questionnaire Somatic Symptom Severity Scale (PHQ-15; Kroenke, Spitzer, & William, 2002). There are 15 item to measure the prevalence of the most common body symptoms that experienced in the last 4 weeks on a 3 point scale. Cronbach alpha coefficients was 0.902.

Third, State-Trait Anxiety inventory (STAI; Spielberger, 1983). The inventory divided into 2 form, Y1 to asses state anxiety and Y2 to asses trait anxiety. It contains 40 items on 4 point scale. Cronbach alpha coefficient were 0.856 for Y1 and 0.824 for Y2.

Additionally, the participants filled the demography question such as age, religion, and ethnic background.

Procedure

The participants completed the questionnaire individually. Participants were given the questionnaire and asked to read the instruction of questionnaire. Then they were told that his /her answers were only used for this research and were confidential. So, they were assured that he/she can freely give responses as they felt in the questionnaire. Approximately they took 30 minutes to complete.

Data Analysis

The data was collected and analyzed by pearson product moment correlation.

RESULTS

Participants

The 263 participants aged between 20 – 40 years old (M=27,23, SD= 5,5). There are 123 mens and 140 women. The participants last education were varies from junior high school to master degree.
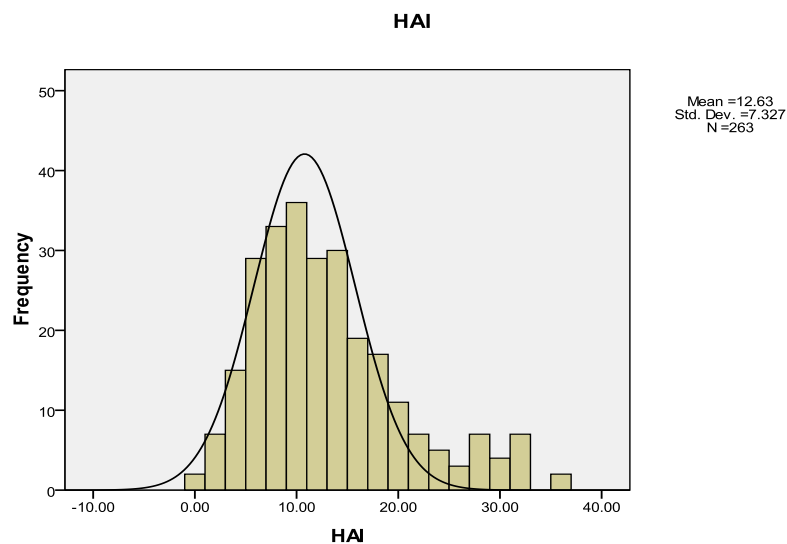
N	263
Mean	27,23
Median	26
Mode	23
Std. Deviation	5,5

Table 1. Participants

Health Anxiety

SHAI obtained 12.63 for the mean. The lowest score was 0 and the highest score was 35.
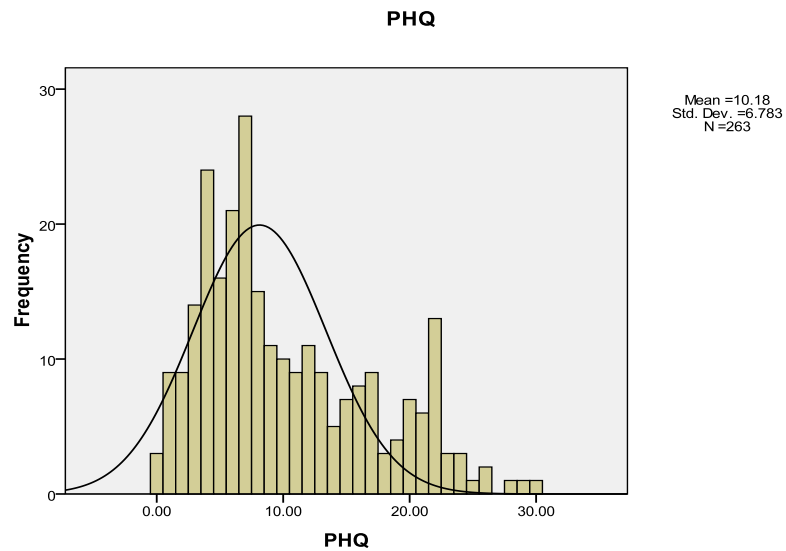
Picture 1. Health Anxiety Histogram

Somatic Symptoms

The PHQ-15 obtained 10.18 for the mean. The lowest score was 0 and the highest score was 30.

Picture. 2 Somatic Symptoms Histogram

The frequencies and percentages from each somatic symptoms found that headaches was the common symptoms in young adulthood.

| Somatic Symptoms	Frequencies	Percentages
Stomach pain	161	61%
Back pain	176	67%
Pain in your arms, legs, or joints (knees, hips, etc.)	152	58%
Menstrual cramps or other problems with your periods*	103	74%
Headaches	185	70%
Chest pain	122	46%
Dizziness	168	64%
Fainting spells	87	33%
Feeling your heart pound or race	111	42%
Shortness of breath	99	38%
Pain or problems during sexual intercourse	56	21%
Constipation, loose bowels, or diarrhea	131	50%
Nausea, gas, or indigestion	161	61%
Feeling tired or having low energy	187	71%
Trouble sleeping	149	57%

*women only

Table 2. The frequencies and percentages of the somatic symptoms

Trait-State Anxiety

The STAI Y1 obtained 41 for the mean The lowest score was 30 and the highest score was 71.

Picture 3. State Anxiety Histogram

STAIY1

Mean =41.00
Std. Dev. =9.528
N =263
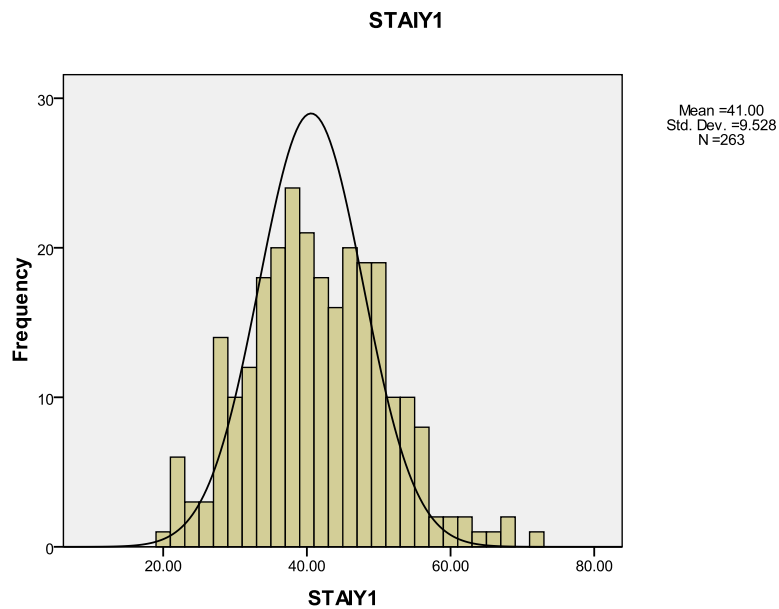
The STAI Y2 obtained 42.56 for the mean The lowest score was 23 and the highest score was 68.

Picture 4. Trait Anxiety Histogram

STAIY2

Mean =42.56
Std. Dev. =8.036
N =263
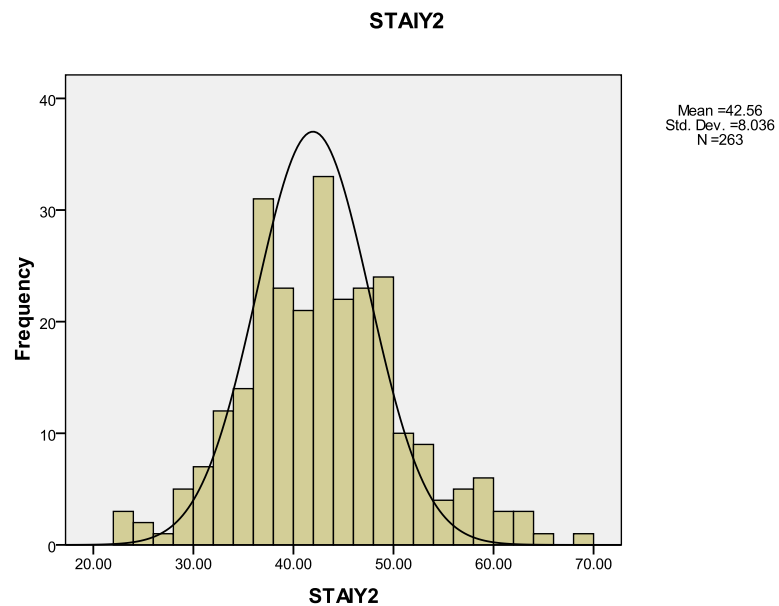
Correlations and t-test

Table 3. Correlation between health anxiety and somatic symptoms, and health anxiety between state-trait anxiety

	Correlations			
	SHAI	PHQ-15	STAI-Y1	STAI-Y2
SHAI	1	.286[**]	.464[**]	.425[**]

**. Correlation is significant at the 0.01 level (2-tailed).

The result showed significant correlation between health anxiety and somatic symptoms. Similarly, there is a significant correlation between state-trait anxiety and health anxiety.

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means							
										95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
shai	Equal variances assumed	2.142	.145	.587	261	.558	.53200	.90663	-1.25325	2.31725
	Equal variances not assumed			.584	251.743	.559	.53200	.91029	-1.26077	2.32476
Stai y1	Equal variances assumed	.032	.858	-.824	261	.411	-.97033	1.17818	-3.29027	1.34962
	Equal variances not assumed			-.826	258.855	.410	-.97033	1.17520	-3.28449	1.34384
Stai y2	Equal variances assumed	.220	.639	-1.049	261	.295	-1.04187	.99297	-2.99712	.91338
	Equal variances not assumed			-1.053	259.666	.293	-1.04187	.98922	-2.98979	.90605

Table 4. Independent sample test between men and women

In additional analysis there is no significant differences between men and women in health anxiety. Also, there is no significant differences between men and women in trait and state anxiety.

CONCLUSION AND DISCUSSION

This research showed that the higher level of health anxiety, the higher level of subjective somatic symptoms. Symptoms of minor ailments can lead to disproportionate health anxiety if the person overestimates the seriousness of the sensations. It is quite common for health-anxious people to misinterpret these sensations or symptoms as indicators of a disease (Taylor & Asmundson, 2004).

There is moderate association between negative emotion and measures of both health anxiety and clinical hypochondriasis (McClure & Lilienfeld, in Asmundson, Taylor, & Cox, 2001). The anxiety facet of negative emotion emerged as the strongest predictor of health anxiety. From this research can be concluded that being an anxious person means feel anxious with every aspect in lives, including about the health.

Some studies showed women more feel anxious about their health than men (Faravelli, et al., 1997; Gumbiner & Flowers, 1997; Hernandez & Kellner, 1992 in Asmundson, et al., 2001). This research find different result. There is no significant differences between men and women in health anxiety and also the trait-state anxiety. The fact that women are more responsive to most potential health threats than men may provide a basis for the stereotype (Shumaker & Smith, 1994; Wingard, Cohn, Cirillo, Cohen, & Kaplan, 1992 in Asmundson, et al., 2001).

Additional analysis from this research found that headaches (70%), feeling tired/having low energy (71%), back pain (67%), and dizziness (64%) were common subjective somatic symptoms in young adulthood. For the women, menstrual problem (74%) was the common somatic symptoms. However, young adulthood is the healthiest time of life with fewer colds and respiratory problems than in childhood and few chronic health problems. According to Santrock (2008) it is a good time to promote good health like eating habits, regular exercise, and diet.

The participants in this research was not from medical or clinical setting. To draw the conclusion about hypochondriasis tendencies should be considered carefully. Further research should considered by doing deep interview toward the person who had high level of health anxiety. Another research to find out about the health anxiety in middle adulthood and older person participants. And also the participants from medical or clinical setting shoud be considered either.

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