ТРЕВОГА О ЗДОРОВЬЕ У ДЕТЕЙ КАК НОВОЕ НАПРАВЛЕНИЕ ИССЛЕДОВАНИЙ В ОБЛАСТИ ПСИХОЛОГИИ ЗДОРОВЬЯ

HEALTH ANXIETY IN CHILDREN AS A NEW DIRECTION OF RESEARCH
IN THE FIELD OF HEALTH PSYCHOLOGY

Шишкова И.М.

Рязанский государственный медицинский
университет имени академика И.П. Павлова

Shishkova I.M.

Ryazan State Medical University

Аннотация:

В статье рассматривается проблема исследования тревоги о здоровье у детей как нового и актуального направления в области психологии здоровья. На настоящий момент исследования, посвященные данной проблеме, неизбежно сталкиваются с методологическими сложностями, связанными с определением данного понятия и психологическим инструментарием для его изучения, а имеющиеся теоретические и эмпирические данные требуют детального рассмотрения и уточнения. Встает вопрос о разделении понятий «личностная тревожность» и «тревога о здоровье» и определении особенностей взаимосвязи и взаимовлияния между ними. Тревога о здоровье – сложное и многоплановое понятие, которое представляет собой совокупность переживаний, эмоциональных представлений о своем здоровье, располагающихся континуально от неклинических форм умеренного беспокойства о своем здоровье до клинических ипохондрических состояний. Формирование тревоги о здоровье в детском возрасте происходит под влиянием большого количества факторов, среди которых значимое место занимают тревога о здоровье у родителей, а также личный опыт болезни ребенка.

Целью настоящего исследования стало изучение взаимосвязи между личностной тревожностью и тревогой о здоровье у детей старшего школьного возраста с учетом влияния родителей и в зависи-

Abstract:

The article deals with the problem of health anxiety in children research as a new and relevant direction in the health psychology field. Researches on this problem inevitably face methodological difficulties related to the definition of this concept and the psychological tools for its study; the available theoretical and empirical data require detailed consideration and clarification. There is a question of separating the concepts of «personal anxiety» and «health anxiety» and defining the relationship features and mutual influence between these concepts. Health anxiety is a complex and multidimensional concept, which is a set of experiences, emotional health representations, located on a continuum from non-clinical forms of moderate concern about health to clinical hypochondriac states. The formation of health anxiety in childhood is influenced by a large number of factors, among which a significant place is occupied by health anxiety in parents, as well as the child's personal illness experience.

The purpose of this research was to study the relationship between personal anxiety and health anxiety in children, taking into account the parents' influence and depending on the child's personal illness experience.

The results of an empirical study allow us to conclude that health anxiety in children is a separate construct, and its indicators do not depend on indicators of personal anxiety. Based on the

мости от личного опыта болезни ребенка. В исследовании приняли участие 145 респондентов. Результаты эмпирического исследования позволяют сделать вывод о том, что тревога о здоровье у детей представляет собой отдельный конструкт, показатели которого не зависят от показателей личностной тревожности. Показана взаимосвязь между показателями личностной тревожности и тревоги о здоровье у детей и их родителей, сделаны выводы относительно выраженности рассмотренных характеристик у часто и редко болеющих детей.

Ключевые слова:

здоровье, тревога о здоровье, тревога о здоровье у детей, внутренняя картина здоровья.

findings, the relationship between the personal anxiety indicators and health anxiety in children and their parents is shown; conclusions about the severity of the considered characteristics in children who are frequently and rarely ill are made.

Keywords:

health, health anxiety, health anxiety in children, subjective pattern of health.

Relevance

Currently, in health psychology, when describing the emotional component of the structure of the subjective pattern of an individual's health, researchers pay primary attention to anxiety states of varying degrees of severity, both reaching pathological clinical forms and being within regulatory limits (norms). The need to account for and describe such conditions is due not only to their relevance among the population, but also to methodologically controversial issues in their definition and differentiation.

Initially, the term «health anxiety» was considered from the perspective of clinical hypochondriacal states and was of interest for research in the field of psychiatry. In the 1980s, researchers came to the conclusion that health anxiety can not be considered only as a pathological condition, but is a complex, dynamic and multidimensional formation that can have different degrees of severity, including remaining within the norm [1]. Analysis of scientific publications shows that, despite this, health anxiety continues to be considered as a pathological condition synonymous with hypochondria in many researching works, and only individual researchers recognize its continuity [2]. Considering health anxiety as a continuum with varying degrees of its severity, we come to the conclusion that such a state should be considered, first of all, starting with non – pathological manifestations as a moderate concern about one's own health, which is an absolutely normative phenomenon [3,4].

Foreign studies of health anxiety are traditionally based on a cognitive-behavioral approach and consider this concept as the result of the formation of individual erroneous beliefs, incorrect interpretations of body signals that are perceived as a threat to normal health [2,5]. In this case, various behavioral strategies allow the individual to cope with health-related anxiety (attempts to prevent diseases through physical activity or taking vitamins, regular visits to doctors, or, conversely, anxiety that does not lead to any activity). These actions aimed at ensuring safety are often not only unnecessary, but also do not allow people to receive

information that could refute their maladaptive beliefs and provide confidence in their health [3]. In contrast to this point of view, Russian works present health anxiety through the knowledge of an individual's internal physicality, intraceptive sensations and images, thus paying attention not only to the cognitive anxiety structure, but also to the bodily emotional experience [6,7].

Consideration of such emotional constructs in children is an even more complex methodological problem than in adults for a number of reasons. First, this is due to the so-called difficulties of «external objectification and verification of an own unique sensory experience» in children [6, p.98]. Secondly, there is no single time when the child's health perceptions are fully filled with emotional experiences that can be evaluated as cognitively complex and available for study (it is assumed that this level is fully formed by the adolescent period, however, in each individual case, this formation is unique and depends on many factors). Third, researchers recognize that health anxiety in children and adolescents is a direct reflection of health anxiety in parents. It is shown that the more serious a parent is about the health/ill-health of their child, the higher the level of health anxiety has the child; the higher the risk of developing psychosomatic reactions is; the higher the probability of the child imitating «beneficial» symptoms in a given situation is [8,9]. In addition to these reasons, we can also note the lack of reliable and sensitive psych diagnostic tools for investigating health anxiety in children. It is interesting from the point of view of the health anxiety formation in children to mediate this condition through external and internal factors, such as parental influence, personal experience of illness and the indicator of personal anxiety [10].

Thus, analyzing the currently available research in the field of human emotional attitude to health, we can conclude that foreign and Russian health psychology need to expand the understanding of the nature of non-clinical forms of health anxiety, both among adults and among children and adolescents, and the available data require further clarification.

Aim

The purpose of this research was to study the relationship between personal anxiety and health anxiety in high school age children, taking into account the influence of parents and depending on the personal experience of the child's illness. The hypothesis is that health anxiety in children is a complex independent construct, the formation of which occurs in close relationship with the above factors.

Materials and Methods

The study sample consisted of 145 respondents: 46 frequently ill children (mean age 16.3 ± 0.3), 41 rarely ill children (mean age 16.1 ± 0.1), 28 parents of frequently ill children (mean age 44.9 ± 0.8), 30 parents of rarely ill children (mean age 44.5 ± 1.5). Children are divided into groups of frequently and rarely ill according to the infectious index (frequency and severity of

acute respiratory diseases during the year). The respondents are students of secondary schools in Ryazan who do not have serious physical abnormalities in their health. Before starting the study, participants were given an informed consent to sign, describing the purpose of the research, as well as indicating the principles of voluntariness and confidentiality.

The following methods were used: «Short Health Anxiety Inventory» (SHAI), Spielberger-Hanin Scale of reactive and personal anxiety [3,11-12]. A simple nonparametric Mann-Whitney U-test was used for statistical analysis. The results were processed using the statistical software package Microsoft Excel, IBM SPSS Statistics 17.0.

Results and Discussion

In the course of our research, we obtained the following results (Figure 1).

Fig. 1. Personal anxiety and health anxiety in frequently and rarely ill children of high school age and their parents

Looking at groups of frequently and rarely ill children of high school age, we find significant differences in the indicator of personal anxiety (1.386, $p \leq 0.01$), which is higher in frequently ill children and is at a moderate level of severity. Parents of frequently ill children have the same level of personal anxiety (no statistically significant differences were found in these groups) (12.825, $p > 0.05$). For groups of rarely ill children and their parents, we find significant differences (2.382, $p \leq 0.01$), and the level of personal anxiety is higher in children.

The indicator of health anxiety in children who are frequently and rarely ill has no significant differences (9.265, $p > 0.05$). The same pattern is typical for rarely ill children and their parents (health anxiety is within the norm in these groups), while in the groups of frequently ill children and their parents, this indicator has significant differences and is higher in parents (9.136, $p \leq 0.01$).

Numerous studies of anxiety in adolescence indicate that the majority of adolescents have from moderate to high levels of anxiety [13-15]. Our results allow us to conclude that there is a moderate level of personal anxiety in this group of adolescents, which does not increase the level of health anxiety. This confirms the fact that health anxiety can be considered as a separate complex concept. At the same time, we can assume that the existing anxiety in adolescents is directed to other areas and values, leaving less attention to health issues. Indicators of health and illness anxiety do not depend on indicators of personal anxiety [16].

Research by foreign authors emphasizes that health anxiety in children is a frequent phenomenon, not related to gender and age, but it is associated with the frequency of manifestations of non-specific somatic complaints and the need to frequently face medications or doctors [17,18]. Researchers also note that 74.5% of children do not have other symptoms that would allow us to conclude that they have any mental disorders and diseases. Thus, health anxiety in children can be considered as a separate construct [19].

The level of health anxiety in these groups of children does not exceed the normative indicator, which may indicate that there is no urgency to solve any health problems due to less experience of the disease in rarely ill children. However, in the case of frequently ill children, the absence of health anxiety in the presence of objective health problems can become a predictor of the lack of proper motivation to perform any actions to preserve and strengthen their health.

Parental anxiety is defined as one of the significant components of adverse effects on children's development. Parents of frequently ill children, as well as their children, have a moderate level of personal anxiety, which once again emphasizes the influence of the parent on the formation of anxiety in the child.

Speaking about health anxiety, we see that parents of frequently ill children are more concerned about their health. In this regard, it is worth mentioning studies that show a close relationship between health anxiety in parents and health anxiety in their children. Thus, it is noted that parents' anxiety about their health can affect their behavior in relation to the child's health: such a parents often bring their children to doctors even in the absence of objective reasons and symptoms. This can cause a child to develop «increased vulnerability» and maladaptive health behavior (both in childhood, and creating a cumulative effect and manifesting itself in adulthood) [20].

Conclusion

Thus, the results of empirical research allow us to conclude that health anxiety is an independent construct, the consideration of which should begin with non-clinical, normative forms of manifestation in both adults and children. Health anxiety is an integral component of the emotional level of an individual's subjective pattern of health, which in turn is closely related to the sensory, behavioral, and cognitive levels.

Health anxiety is a relatively new concept in the field of health psychology, the study of which opens up wide opportunities for preventive, correctional and rehabilitation work with both adults and children.

There is now conflict of interests.

СПИСОК ЛИТЕРАТУРЫ:

1. Alberts N.M., Sharpe D., Kehler M.D., et al. Health anxiety: comparison of the latent structure in medical and non-medical samples // *Journal of Anxiety Disorders*. 2011. Vol. 25. P. 612-614.
2. Asmundson G.J.G., Abramowitz J.S., Richter A.A., et al. Health anxiety: Current perspectives and future directions // *Current Psychiatry Reports*. 2010. Vol. 12, №4. P. 306-312.
3. Salkovskis P.M., Rimes K.A., Warwick H.M., et al. The health anxiety inventory: Development and validation of scales for the measurement of health anxiety and hypochondriasis // *Psychological Medicine*. 2002. №32. P. 843-853.
4. Marks D.F., Murray M., Evans B., et al. *Health Psychology. Theory-Research-Practice*. 5th ed. 2018.
5. Warwick H.C., Salkovskis P.M. Hypochondriasis // *Behaviour Research and Therapy*. 1990. Vol. 28. P.105-117.
6. Тхостов А.Ш. Психология телесности. М.: Смысл; 2002.
7. Арина Г.А., Иосифян М.А., Николаева В.В. Культурно-исторический подход к внутренней картине здоровья: феномены, структура, онтогенез. М.: Изд-во Московского университета; 2019. С. 56-102.
8. Dielman T.E., Leech S.L., Miller M.V., et al. Sex and age interactions with the structured interview global Type A behavior pattern and hostility in the prediction of health behaviors. 1991. №10. P. 67-83.
9. Wilkinson S.R. *The child's world of illness: the development of health and illness behavior*. Cambridge: Cambridge University Press; 1988.
10. Шишкова И.М. Влияние семейных факторов на формирование внутренней картины здоровья ребенка // *Личность в меняющемся мире: здоровье, адаптация, развитие*. 2018. Т. 6, №3(22). С. 563-574.
11. Spielberger C.D., Gorsuch R.L., Lushene R.

REFERENCES:

1. Alberts NM, Sharpe D, Kehler MD, et al. Health anxiety: comparison of the latent structure in medical and non-medical samples. *Journal of Anxiety Disorders*. 2011;25: 612-4.
2. Asmundson GJG, Abramowitz JS, Richter AA, et al. Health anxiety: Current perspectives and future directions. *Current Psychiatry Reports*. 2010;12(4): 306-12.
3. Salkovskis PM, Rimes KA, Warwick HM, et al. The health anxiety inventory: Development and validation of scales for the measurement of health anxiety and hypochondriasis. *Psychological Medicine*. 2002;(32):843-53.
4. Marks DF, Murray M, Evans B, et al. *Health Psychology. Theory-Research-Practice*. 5th ed. 2018.
5. Warwick HC, Salkovskis PM. Hypochondriasis. *Behaviour Research and Therapy*. 1990; 28:105-17.
6. Thostov ASH. The psychology of corporeality. M.: Smysl; 2002. (In Russ).
7. Arina GA, Iosifjan MA, Nikolaeva VV. Cultural and historical approach to the subjective pattern of health: phenomena, structure, ontogenesis. M.: Izd-vo Moskovskogo universiteta; 2019. P. 56-102. (In Russ).
8. Dielman TE, Leech SL, Miller MV, et al. Sex and age interactions with the structured interview global Type A behavior pattern and hostility in the prediction of health behaviors. 1991;(10):67-83.
9. Wilkinson SR. *The child's world of illness: the development of health and illness behavior*. Cambridge: Cambridge University Press; 1988.
10. Shishkova IM. Influence of family factors on the formation of a subjective pattern of a child's health. *Personality in a changing world: health, adaptation, development*. 2018;(3):563-74. (In Russ).
11. Spielberger CD, Gorsuch RL, Lushene R. *Manual*

Manual for the State-Trait Anxiety Inventory. Palo Alto, CA: Consulting Psychologists Press; 1970.

12. Ханин Ю.Л. Краткое руководство к применению шкалы реактивной и личностной тревожности Ч.Д. Спилбергера. Л.: ЛНИИТЕК; 1976.

13. Sarason S.B. The measurement of anxiety in children: Some questions and problems. In: Spielberger C.D., editor. *Anxiety and behavior*. New York: Academic Press; 1966.

14. Прихожан А.М. Тревожность у детей и подростков: психологическая природа и возрастная динамика. Воронеж: Изд-во НПО «МОДЭК»; 2000.

15. Корабельникова Е.А. Тревожные расстройства у подростков // МС. 2018. №18. С. 34-43.

16. Ocañez K, McHugh R, Otto M. A meta-analytic review of the association between anxiety sensitivity and pain // *Depression And Anxiety*. 2010. №27(8). P. 760-767.

17. Rask C.U., Elberling H., Skovgaard A.M., et al. Parental-reported health anxiety symptoms in 5- to 7-year-old children: the Copenhagen Child Cohort // *Psychosomatics*. 2012. №53. P. 58-67.

18. Wright K.D., Asmundson G.J. Brief report: factor structure of the Childhood Illness Attitude Scales (CIAS) // *Journal of Pediatric Psychology*. 2005. №30. P. 213-218.

19. Wright K.D., Reiser S.J., Delparte C.A. The relationship between childhood health anxiety, parent health anxiety, and associated constructs // *Journal of Health Psychology*. 2015.

20. Thorgaard M.V., Frostholm L., Walker L.S., et al. Effects of maternal health anxiety on children's health complaints, emotional symptoms, and quality of life // *European Child & Adolescent Psychiatry*. 2017. №26. P. 591-601.

for the State-Trait Anxiety Inventory. Palo Alto, CA: Consulting Psychologists Press; 1970.

12. Hanin JuL. *Kratkoe rukovodstvo k primeneniju shkaly reaktivnoj i lichnostnoj trevozhnosti Ch.D. Spilbergera*. L.: LNIITEK; 1976. (In Russ).

13. Sarason SB. The measurement of anxiety in children: Some questions and problems. In: *Speilberger CD, editor. Anxiety and behavior*. New York: Academic Press; 1966.

14. Prihozhan AM. *Trevozhnost' u detej i podrostkov: psihologicheskaja priroda i vozrastnaja dinamika*. Voronezh: Izd-vo NPO «MODJeK»; 2000. (In Russ).

15. Korabel'nikova EA. *Trevozhnye rasstrojstva u podrostkov*. MS. 2018;(18):34-43. (In Russ).

16. Ocañez K, McHugh R, Otto M. A meta-analytic review of the association between anxiety sensitivity and pain. *Depression And Anxiety*. 2010;(27):760-7.

17. Rask CU, Elberling H, Skovgaard AM, et al. Parental-reported health anxiety symptoms in 5- to 7-year-old children: the Copenhagen Child Cohort. *Psychosomatics*. 2012;(53):58-67.

18. Wright KD, Asmundson GJ. Brief report: factor structure of the Childhood Illness Attitude Scales (CIAS). *Journal of Pediatric Psychology*. 2005;(30): 213-8.

19. Wright KD, Reiser SJ, Delparte CA. The relationship between childhood health anxiety, parent health anxiety, and associated constructs. *Journal of Health Psychology*. 2015.

20. Thorgaard MV, Frostholm L, Walker LS, et al. Effects of maternal health anxiety on children's health complaints, emotional symptoms, and quality of life. *European Child & Adolescent Psychiatry*. 2017;(26):591-601.

СВЕДЕНИЯ ОБ АВТОРЕ:

Шишкова Ирина Михайловна – преподаватель кафедры общей и специальной психологии с курсом педагогики, Рязанский государственный медицинский университет имени академика И.П. Павлова; 390026, Рязань, ул. Высоковольтная, д. 9. E-mail: seagul193@yandex.ru

INFORMATION ABOUT AUTHOR:

Shishkova Irina Mihajlovna – Lecturer of the Department of General and Special Psychology with the Course of Pedagogy, Ryazan State Medical University; 9, Vysokovoltnaya Street, 390026, Ryazan. E-mail: seagul193@yandex.ru

ДАТА ПОСТУПЛЕНИЯ: 10.07.2020.
ДАТА ПРИНЯТИЯ В ПЕЧАТЬ: 01.09.2020.

PAPER RECEIVED: 10.07.2020.
PAPER ACCEPTED: 01.09.2020.

ССЫЛКА ДЛЯ ЦИТИРОВАНИЯ:

Шишкова И.М. Тревога о здоровье у детей как новое направление исследований в области психологии здоровья // *Личность в меняющемся мире: здоровье, адаптация, развитие*. 2020. Т. 8, №3(30). С. 319-326. Доступно по: <http://humjournal.rzgmu.ru/art&id=445>. Ссылка активна на чч.мм.гггг. doi:10.23888/humJ20203319-326

REFERENCE FOR CITING:

Shishkova IM. Health anxiety in children as a new direction of research in the field of health psychology. *Personality in a changing world: health, adaptation, development*. 2020;8(3):319-26. Available at: <http://humjournal.rzgmu.ru/art&id=445>. Accessed: dd Month yyyy. doi:10.23888/humJ20203319-326