Available online at www.sciencedirect.com
ScienceDirect
Personality and Individual Differences 43 (2007) 83–94
PERSONALITY AND INDIVIDUAL DIFFERENCES
www.elsevier.com/locate/paid

Medical excuse making and individual differences in self-assessed health: The unique effects of anxious attachment, trait anxiety, and hypochondriasis

Katherine T. Fortenberry *, Deborah J. Wiebe

University of Utah, Department of Psychology, 380 South 1530 East, Rm. 520, Salt Lake City, UT 84112, United States

Received 10 February 2006; received in revised form 27 October 2006; accepted 1 November 2006
Available online 21 December 2006

Abstract

Psychological processes are critical to understanding self-assessed health. While the literature suggests that motivated or self-enhancing processes contribute to this understanding, such processes have not been adequately explored. In a sample of healthy young adults ($n = 271$; 49.1% female), we used structural equation modeling to examine whether trait anxiety (TA), hypochondriasis (H), and anxious attachment (AA) relate to self-assessed health through a motivated process of medical excuse-making. When each personality variable was examined individually, medical excuse-making partially mediated its relationship with self-assessed health. When the three individual difference variables were examined simultaneously, medical excuse-making partially mediated the relationship of TA and H with self-assessed health, but AA was no longer related to self-assessed health. All effects remained after statistically controlling reported medical conditions. Results suggest medical excuse-making substantially contributes to self-evaluations of health, particularly among anxiety-prone individuals.

Keywords: Trait anxiety; Hypochondriasis; Anxious attachment; Self-enhancement; Self assessed health; Mediation between personality and health

* Corresponding author. Tel.: +1 801 581 6977; fax: +1 801 581 5841.
E-mail address: Katie.Fortenberry@psych.utah.edu (K.T. Fortenberry).

0191-8869/$ - see front matter © 2007 Elsevier Ltd. All rights reserved.
doi:10.1016/j.paid.2006.11.009

1. Introduction

Self-assessed health (SAH) is a critical determinant of how people interpret and regulate their health. Self-evaluation of health broadly influences when people choose to go to the doctor or follow a medication regimen (Cameron, Leventhal, & Leventhal, 1993), and has the potential to affect doctors' perceptions of a patient's illness and their treatment recommendations (Ellington & Wiebe, 1999). SAH is also frequently used in research as indicators of health status. Although there is a clear veridical component to symptom reports (e.g., symptom reports predict mortality; Benyamini, Leventhal, & Leventhal, 1999), it has long been recognized that they are heavily influenced by psychological components. The present study examined self-enhancing processes as part of the psychological influences on SAH.

While many studies examining psychological aspects of SAH focus on a fairly rational set of processes (e.g., how symptoms are perceived and interpreted; e.g., Martin, Rothrock, & Leventhal, 2003), symptom reports may also be motivated, for example, by a need to enhance or protect self-esteem. Smith, Snyder, and Perkins (1983) found that some individuals reported more symptoms in an evaluative versus nonevaluative situation, suggesting a self-protecting motive. Hamilton and Janata (1997) interpreted this finding, along with cases of patients presenting to physicians with unexplained medical complaints or seeking unnecessary medical procedures (e.g., Spivak, Rodin, & Sutherland, 1994), to suggest that illness reports serve as an easily accessible, socially acceptable means of bolstering self-concepts. They suggest that aspects of the sick role can serve a self-enhancing function by managing self-presentations (i.e., Hamilton, Deemer, & Janata, 2003), or by protecting or augmenting self-esteem (i.e., through use as an excuse for failure; Smith et al., 1983). Hamilton defined this self-handicapping use of symptoms as *medical excuse making* (MEM; Hamilton, 1997). Although these studies suggest that MEM may influence health reports, the association of MEM with SAH has not been directly studied.

2. Individual differences in SAH

Several individual difference variables have been examined in the context of psychological influences on SAH, but their separate or overlapping influences remain ambiguous. Trait anxiety (TA), hypochondriasis (H), and anxious attachment (AA) consistently predict poor SAH (Barsky, Wyshak, & Klerman, 1990; Feeney, 2000; Watson & Pennebaker, 1989) and also share a significant amount of variance (Cox, Borger, Asmundson, & Taylor, 2000; Ferguson, 2000; Schmidt, Strauss, & Braehler, 2002; Shaver & Brennan, 1992). Despite important overlaps, these variables are typically examined within fairly separate bodies of literature, and separate theories regarding their association with SAH have evolved. In the present study, we individually and simultaneously examine whether MEM mediates these variables' relationships with SAH.

2.1. Trait anxiety

TA has been consistently related to poor SAH across a variety of studies. Watson and Pennebaker (1989) suggest that individuals high in TA tend to focus on internal bodily states and hyper-