Culture shock and Hypochondriasis

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Personal Background

Disclaimer
- not a Social Psychologist either
- Clinician with a Cross-Cultural interest
- Social/Cross-Cultural issues used to inform Clinical work

History
- Ex-patriot myself
- Attracting an ex-patriot clientele
- Found: disproportionately large % of Hypochondriasis compared to other Presenting Complaints in ex-pat population compared to non-ex-pat population
- Got curious!
- Found: historical data: 40 years apart (Still 1961/Ward 2001) : “Foreign Student Syndrome”/”Migration Sickness”
“Characteristically, the hypochondriac... almost continuously finds some source of discomfort in this or that part of his body. Usually the physical signs of disease that can be found by the examining physician are extremely trivial or non-existent – but not so the symptoms of which the patient complains. He feels extremely weak, he is very nervous, he cannot sleep, he has a cough or a cold, he has no appetite, he has indigestion, he has first constipation then diarrhoea, his stomach feels heavy, he has constant nausea, his head feels heavy, he has pain in his chest, in his limbs, he has palpitations his heart feels weak, he feels numbness, he is depressed, he is anxious about his sexual functions, he cannot concentrate on his work, his mind is not clear any more, he is afraid that he must have a serious disease of the lungs, of the heart, of the stomach, of the intestines, of the head, of the sexual organs, that he has some infection which is constantly spreading from one part of the body to another. Every other week he is attending the doctor for this or for that, rarely with any but trivial signs of illness, but always most concerned and anxious about the state of his health.” (Still 1961, p. 61)
Hypochondriasis
Health Anxiety / Abnormal Illness Behaviour

Definition
- undue preoccupation with bodily health
- seeking reassurance repeatedly

Characteristics
- All symptoms are meaningful
- Internal symptoms are more dangerous then external symptoms
- Body-halves need to be symmetrical, otherwise something is wrong
- My illness will be fatal
- If I don`t worry, I`m more likely to get ill

3 factors
- bodily complaints
- anxiety about illness
- visiting doctor too often
“Foreign Student Syndrome”
“Migration Sickness”

Still (1961) then Ward (2001) found:

- Migrants **seek medical help** more often than natives

- NB **not iller**!

- Migrants tend to **somatize**

- Migrants have increased **Health Anxiety**

- Migrants` `**help-seeking behaviour** is geared to the **medical**
Migrants: a Population?

Common denominators:

• **Hypochondriasis**: the “chosen” psychopathology

• **Not at home** (migrated)
Conceptualizing Migration

• **Loss** (leading to grief and mourning) /NB not always trauma/

• **Series of** (positive or negative) **Major Life Events** /leading to increased stress/

• **Change in Control Status** (Rotter 1966: Locus of Control) ; /best; mild internal control orientation/
End-Result: through Uprooting: loss of Home

- Papadopoulos 2003:
- **Home**: exterior world familiar (physical) predictability (familiar rules) controllability (we feel competent, autonomous, NB belonging)
- **Loss of Home**: results in challenges: coping can be difficult
“Uprooting Disorder”
more likely if/when dissimilarities in:

• Climate
• Language
• Ideologies
• Cultural customs
• Rhythm of life
• Housing
• Nutritional habits
• Courtship patterns
• Religious beliefs
• And/or there is racial dissimilarity/discrimination
Culture

A possible definition:
Construing experiences in a shared, systematic way; in constant interaction with a set of behaviours. (Williams 2006)
Culture-Distance

**Definition:** index, measuring the extent of Cultural Differences. (Furnham & Bochner 1982)

Cultures' relative location on this dimension determines:

- how easily the respective cultures can be learnt through contact
- the extent to which Culture Shock is experienced
Culture-Distance ctd

A continuum (Boldt 1978), ranging from

• *Small* (if cultures are similar; easier to manage) to

• *Large* (if cultures are very dissimilar; alienates; problematic; readily leads to Culture Shock)
Culture Shock

• Clinical concept (Oberg 1960): “The confusion and the disorientation that many sojourners experience when they enter a new culture.”

• Widely used (and misused) to explain the difficulties of the cross-cultural sojourn.
Loss of HOME

A physical AND emotional experience

Physically:
- Fullilove 1996: massive alteration of familiar place experienced also as bodily sensations (familiar spatial routines changing: challenge to musculature/nervous system)
- Barsky 1992: somato-sensory amplification process
- Kielholz 1982: “masked depression”

Emotionally:
- predictability
- controllability
“Masked Depression” : Kielholz 1973/1982

Definition:

• A depressive illness in which the somatic symptoms occupy the foreground, or in which the psychological symptoms recede into the background
Physical Signs and Symptoms of Masked Endogenous Depression (from Walcher 1969)

- Chronic headache in the form of an indeterminate feeling of pressure, or possibly also of burning sensations, in the head
- Neuralgia in the face or in the lumbosacral or cervicothoracic region
- Cardiac symptoms, pseudo-angina with precordial anxiety and a burning sensation of pressure, tachycardia
- Feelings of pressure and constriction in the throat and respiratory organs
- Dryness of the mouth, gastric symptoms, gaseous distension, constipation or diarrhoea
- Disturbed sleep rhythms, bouts of sweating (especially at night and in response to even mild effort or strain), matitunal feelings of exhaustion or failure
- Abdominal symptoms, vaginal discharge, tenesmus, frequency of micturition, diffuse sensations of pain in the urogenital tract, disturbances affecting sexual function
- Rarely: atypical disorders of hearing or vision, loss of hair (sometimes on a scale amounting to alopecia)
Predictability: familiar rules

CULTURE can be construed as a SET OF RULES
CULTURE-LEARNING as RULE-ACQUISITION
OTHER-CULTURE TOLERANCE as RULE

RULES

CONSTITUTIVE (CR)  REGULATIVE (RR)

DEFINITION:
RULE CREATES THING  RULE CONTRIBUTES TO THING

VIOLATION:
THING DISINTEGRATES  THING MODIFIES

PRESCRIPTIVE  DESCRIPTIVE  PRESCRIPTIVE  DESCRIPTIVE

PRESCRIBE WHAT SHOULD HAPPEN  DESCRIBE WHAT DOES HAPPEN
Controllability

(Migration construable as change in Control Status /Rotter 1966/)

- Q: Is Hypochondriasis a control-compensation attempt?
  - A: too general: other Mood-and Anxiety Disorders can also be construed as (dysfunctional) attempts at compensating for a (perceived) loss of control
THE CONTROL-COMPENSATION MODEL OF MOOD- AND ANXIETY DISORDERS

PRECURSOR
- endogenous reactive
- human condition
- wisdom
- resilience
- vicious circle

CONSEQUENCE
- perceived loss of control
- major life event eg. culture shock

REACTION
- anhedonia
- anxiety
- primary
- masked

PATHOLOGICAL COPING
- pathological attempts to compensate for (perceived) loss of control

CLINICAL DEPR
- generalized fear of losing control

GAD
- controlling shape & weight

EDs
- Anorexia
- Bulimia
- Obesity

PANIC
- fear of losing physical control

- without Agoraphobia
- with Agoraphobia

OCD
- control via rituals

PHOBIAS
- control via avoidance

- Agoraphobia without Panic
- Specific
- Social
- Other

PTSD
- controlling physical functioning

SOMATOFORM DISORDERS
- Somatization
- Conversion
- Somatoform pain
- Dysmorphophobia
- Hypochondriasis

THE CONTROL-COMPENSATION MODEL OF MOOD- AND ANXIETY DISORDERS
Hypochondriasis and Control

- Out-of-proportion preoccupation with bodily health
- Acute fear of dying
- **Paradoxical coping:**
  - hypervigilance (*excessive control* attempted)
  - reassurance-seeking (wish to *give up control* altogether)
- Aim: “getting practical” about Existential Anxiety by trying to *postpone mortality* (the ultimate *loss of control*)
Mortality Awareness: the ultimate loss of control

Terror Management Theory (e.g. Greenberg et al 1997): relationship among cultural world-views, the terror inherent in human existence, and self-esteem – empirically tested

- Only humans can cognitively reflect upon themselves, construct meanings, and consider mortality (the ultimate terror)
- Culture serves as a psychological defense against mortality awareness and existential anxiety
- Culturally constructed self-esteem provides protection against the fear of death
- This is why cultural diversity is threatening
- Reminding people of death increases adherence to the norms of their own culture, and
- Mortality salience increases intolerance towards alternative cultural world-views

Mortality Salience Hypothesis (Rosenblatt et al 1989): an increase in mortality salience will result in increased other-culture intolerance – reversible (Williams 2004)
Reverse Mortality Salience Hypothesis

**Mortality Salience Hypothesis** (Rosenblatt et al. 1989): an increase in mortality salience will result in increased other-culture intolerance

\[
\text{INCREASED MORTALITY-SALIENCE} \quad \rightarrow \quad \text{INCREASED OTHER-CULTURE INTOLERANCE} \quad \uparrow \quad \downarrow \\
\text{INCREASED OTHER-CULTURE INTOLERANCE} \quad \leftarrow \quad \text{INCREASED MORTALITY-SALIENCE}
\]

**Reverse Mortality Salience Hypothesis** (Williams 2004): an increase in other-culture intolerance will result in increased mortality salience
Due to culture-shock, migrants experience loss of control, which makes them feel intolerant of and ill-tolerated by the other culture. As a consequence, they become acutely aware of their mortality, tending to compensate for that by becoming hyper-vigilant (i.e. attempting too much control) over their own health. Thus Hypochondriasis /Health Anxiety is indeed construable as a coping-mechanism aimed at countering the effect of Culture Shock.
Sum of hypothesis so far

EXISTENTIAL ANXIETY

TERROR MANAGEMENT THEORY
- MORTALITY AWARENESS
- CULTURE = BUFFER= IMPORTANT
- CULTURAL DIVERSITY=THREAT

RULES

CULTURE DISTANCE

CULTURE SHOCK
(‘CLASH OF CIVILIZATIONS’)

REVERSE MORTALITY SALIENCE HYPOTHESIS

MORTALITY SALIENCE HYPOTHESIS

OTHER-CULTURE INTOLERANCE

STRESS ↑↑↑
Suggested solution:

Mindfulness of the proposed process-pattern aids the attribution and treatment of Culture-Shock-induced somatisation, by orienting patients and practitioners towards Culture Learning.
Mortality Awareness – Existential Anxiety – Cultural Diversity – Globalization

- Mortality Awareness: the ultimate universal
- Existential Anxiety: the ultimate chronic stressor
- Culture’s main function: to buffer against mortality awareness
- Cultural Diversity: threatening: acute stressor (Culture Distance ↑ → Culture Shock ↑)
- Lack of Cultural Diversity: just as acutely stressful (“Uniformity Shock”; Williams, 2009): ↓ in Cultural Distinctiveness reduces Culture’s Buffer Function
Globalization

• **Cultural Diversity’s threat:** if alternative world view possible, mine might not be fool-proof

• **Globalization’s threat:** weakens national identity: individual cultural buffers losing power (Salzman 2009)

• **Restoration attempt:** increased nationalism/fundamentalism: untenable
The Yerkes-Dodson Law

A: No time limit, no incentive

B: Reward

C: Punishment

Perception vs. Stress Level
Increased Stress

• **Yerkes-Dodson law**: some stress helps – too much stress hinders.

• When **chronic and acute stressors combine**: socio-cognitive changes.

• **(Socio)Cognitive capacity** can either decrease or increase.

• **Terror-Management Strategies** can either be **functional** or **dysfuntional**.
THE MORTALITY MANAGEMENT MODEL

EXISTENTIAL ANXIETY

TERROR MANAGEMENT THEORY
- MORTALITY AWARENESS
- CULTURE = BUFFER = IMPORTANT
- CULTURAL DIVERSITY = THREAT

RULES
- CONSTITUTIVE REGULATIVE

CULTURE DISTANCE

CULTURE SHOCK ('CLASH OF CIVILIZATIONS')

GLOBALIZATION

"UNIFORMITY SHOCK" ('McDONALIZATION')

STRESS

COGNITIVE CAPACITY

SIMPLIFICATION

NEGATIVE TERROR MANAGEMENT STRATEGIES

RULE-CATEGORY SUBSTITUTION FALLACY

BEHAVIOURAL CORRELATES:
(MARTYRDOM) TERRORISM

OTHER-CULTURE INTOLERANCE

OTHER-CULTURE TOLERANCE
Negative Terror Management Strategies

• Too much stress leads to performance deterioration.

• To save capacity, “labour-saving devices” used.

• Cognitive simplification both on individual/social level.

• Non-complex world-views prevail (e.g. communism, fundamentalism) [Salzman, 2006]
Aim: For culture to remain intact

Problem: no form of dissent allowed: rules out progress

Antidote: be aware of rule-categories; ease off Regulative Rules (Williams 2007)
Cognitive Errors

Reducing sg complex to sg binary/ultimate

• **Selective Attention** (only noticing what fits in)
• **Confirmation Bias** (noticing NB disregarding discrepancy)
• **All-or-Nothing** (ignoring middle)
• **Syllogism** (undistributed middle)
• **Post hoc** (causality-attribution re succession)

Sum: capacity-economy too costly
Fundamentalism, Terrorism

• **Cognitive Errors and Rule-Category Substitution Fallacy**: common denominator: “keep it simple/unchanging”

• **World** posited as **slot-machine** (Williams 2006)

• **Fundamentalism**: combined cognitive product of above (Stevens 2002)

• **Terrorism**: its behavioural correlate (Salzman 2006)
THE MORTALITY MANAGEMENT MODEL

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CULTURE SHOCK (‘CLASH OF CIVILIZATIONS’)

GLOBALIZATION

“UNIFORMITY SHOCK” (‘McDONALDIZATION’)

STRESS ↑↑↑

COGNITIVE CAPACITY ↓↓

SIMPLIFICATION

NEGATIVE TERROR MANAGEMENT STRATEGIES

RULE-CATEGORY SUBSTITUTION FALLACY

BEHAVIOURAL CORRELATES:
(MARTYRDOM) TERRORISM

COGNITIVE ERRORS
- SELECTIVE ATTENTION CONFIRMATION BIAS
- ALL-OR-NOTHING SYLLOGISM
- POST HOC-PROPER HOC

FUNDAMENTALISM

OTHER-CULTURE INTOLERANCE

OTHER-CULTURE TOLERANCE

CHRONIC

ACUTE

MORTALITY SALIENCE HYPOTHESIS

REVERSE MORTALITY SALIENCE HYPOTHESIS

POSITIVE TERROR MANAGEMENT STRATEGIES

COGNITIVE CAPACITY ↑

INTEGRATIVE COMPLEXITY

POSITIVE TERROR MANAGEMENT STRATEGIES

ACCULTURATION STRATEGIES
- MARGINALIZATION INTEGRATION
- ACCULTURATION COMPLEXITY MODEL
(Telenko et al. 2020)
- MULTICULTURAL PERSONALITY
- HYBRIDIZATION
- INTERCULTURAL DIALOGUE
- CULTURE LEARNING
- DIVERSITY TRAINING
- MULTI-CULTURAL BUFFER
- SPECIES-ORIENTATION
Positive Terror Management Strategies

Retaining complexity

**Integrative Complexity** (Streufert and Nogami 1989): capacity for

- Differentiation (can consider competing concepts)
- Integration (find links among perspectives)

Through: 2 (of 4) **Acculturation Strategies** (Berry 1980): marginalization/integration

- **Acculturation Complexity Model** (Tadmor et al 2009): bi-culturals cognitively more complex
Multicultural Personality/Hybridization

**Individually** (Tetlock 1998):

- Intellectual flexibility
- Open-mindedness
- Creativity
- Ambiguity-tolerance

**Globally** (Pieterse 2004)

- Hybridize: mix NB retain

**Aim:** Multi-Cultural Buffer: species orientation
Post-Traumatic Growth

Definition (Tedeschi and Calhoun 2004)
• “Experiencing a positive change as the result of successfully overcoming the difficulties posed by serious life-crises”

Also: **Positive Psychology** (Seligman and Csikszentmihalyi 2000)
• Wisdom (accept the inevitable)
• Flow
Anti-Social Terror Management

• Socially destructive ways we react to out-group-members when Mortality Salience is high.
• Out-group intolerance increases (McGregor et al 1998)
• Forgiveness decreases (Greenberg et al 2001)
THE MORTALITY MANAGEMENT MODEL

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CULTURE DISTANCE

CULTURE SHOCK
- "CLASH OF CIVILIZATIONS"

GLOBALIZATION
- "UNIFORMITY SHOCK"
- (MCI: DONALDIZATION)

STRESS ↑↑↑

COGNITIVE CAPACITY ↓↓

NEGATIVE TERROR MANAGEMENT STRATEGIES

SIMPLIFICATION

COGNITIVE ERRORS
- SELECTIVE ATTENTION
- CONFIRMATION BIAS
- ALL-OR-NOTHING
- SYLLOGISM
- POST HOC-PROPTER HOC
- FUNDAMENTALISM

RULE-CATEGORY SUBSTITUTION FALLACY

BEHAVIOURAL CORRELATES:
- MARTYRDOM
- TERRORISM

RE: OUT-GROUPS:
- ANTI-SOCIAL
- (SOCIALLY DESTRUCTIVE)

OUT-GROUP INTOLERANCE ↑
- FORGIVENESS ↓

OTHER-CULTURE INTOLERANCE

COGNITIVE CAPACITY ↑

POSITIVE TERROR MANAGEMENT STRATEGIES

INTEGRATIVE COMPLEXITY

ACCULTURATION STRATEGIES
- MARGINALIZATION
- INTEGRATION

ACCULTURATION COMPLEXITY MODEL

MULTICULTURAL PERSONALITY
- HYBRIDIZATION
- INTERCULTURAL DIALOGUE
- CULTURE LEARNING
- DIVERSITY TRAINING
- MULTI-CULTURAL BUFFER
- SPECIES-ORIENTATION

PRO-SOCIAL
- (SOCIALLY CONSTRUCTIVE)

OUT-GROUP TOLERANCE ↑
- FORGIVENESS ↑

OTHER-CULTURE TOLERANCE

CHRONIC

ACUTE
Pro-Social Terror Management

- Mortality salience can also have positive effects (Jonas et al 2002)
- Those high in open-mindedness/tolerance display decreased out-group intolerance (NB forgiveness is constant)
- Those high in trait-empathy display increased out-group tolerance and forgiveness (Schiemel et al 2006)
Pro-In-group/Pro-Self

- Mortality Salience fosters adherence to group-norms/within-group forgiveness (Jonas et al. 2002)
- Increased self-esteem (success in competition) beneficial (Salzman 2008)
Epilogue

• Delighting in the **Otherness of the Other**
• Probably the **only secular way** of dealing with Mortality Awareness
Background

**Empirical Finding:** migrants consult their doctors more often than natives, NB not iller
- Robust finding: Still 1961 → Ward 2001
- “foreign student syndrome” (Ward 1967)
  - vague physical complaints
  - passive interactional style
  - unkempt appearance
- Help-seeking: medical, not psychological

**Hypochondriasis:**
- Definition
  - out of proportion preoccupation with bodily health
  - acute fear of dying
- Coping:
  - hypervigilance
  - reassurance-seeking
- Aim: to postpone mortality

**Terror Management Theory** (e.g. Greenberg et al 1997): relationship among cultural world-views, the terror inherent in human existence, and self-esteem – empirically tested
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**Hypotheses**

Reverse Mortality Salience Hypothesis (Williams 2004): an increase in other-culture intolerance will result in increased mortality salience

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\uparrow \quad \quad \quad \quad \downarrow \\
\text{OTHER-CULTURE INTOLERANCE} \leftarrow \text{MORTALITY-SALIENCE}
\]

Sum of Hypotheses so far:

[Diagram showing various hypotheses and their interactions]