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關鍵字(中)	健康焦慮 健康認知評估 嚴謹性人格傾向 正負向情緒狀態 身體感覺誇大
關鍵字(英)	health anxiety health cognitive appraisal conscientiousness personality positive and negative affect somatosensory amplification
摘要(中)	<p>研究問題：目前文獻中對於正常人健康焦慮傾向與壓力的關係缺乏完整性的探討，多數為針對臨床慮病的影響進行探討。為能清楚理解正常人在健康焦慮下，認知中介因素與人格調節變項對情緒後果的影響因素，提出三個主要研究目的：第一，探討不同程度健康焦慮者在壓力相關變項，包括健康認知評估、嚴謹性人格傾向與正向情感、負向情感與身體感覺誇大行為的差異。第二，以壓力交流理論探討在健康焦慮下，健康認知評估對正、負向情感與身體感覺誇大行為的中介效果。第三，探究在健康焦慮下，嚴謹性人格傾向對正、負向情感與身體感覺誇大行為的調節效果。研究方法：本研究以 182 位近六個月未罹患重大疾病之正常人為研究對象，採用立意取樣，邀請參與者填寫問卷，共含個人基本資料及罹病史、身體症狀調查表、健康焦慮量表、健康認知評估量表、人格傾向量表、情緒量表及身體感覺誇大量表七個部分。研究者依參與者之健康焦慮量表總分區分為健康焦慮高、中、低三組進行差異比較。而其他資料與統計分析，使用卡方檢定、單因子變異數分析、皮爾森積差相關及階層迴歸檢驗研究假設。研究結果：研究結果發現不同健康焦慮程度個案在：（1）在嚴謹性人格方面未有顯著的差異，但在嚴謹性人格的兩個切面部分能力及自我紀律傾向，都顯示健康焦慮低組的顯著優於健康焦慮中組與高組；（2）健康認知評估方面，在健康初級評估中的「動機相關性」，健康焦慮高組顯著高於健康焦慮低組；在健康初級評估中的「動機一致性」，健康焦慮低組顯著高於健康焦慮中組與高組，健康焦慮中組也顯著高於健康焦慮高組；在健康次級評估的「因應潛能」，健康焦慮低組顯著高於健康焦慮中組與高組；（3）在負向情緒部分，健康焦慮高組顯著高於健康焦慮中組與低組，健康焦慮中組也顯著高於健康焦慮低組，但在正向情感部分，不同健康焦慮程度則未有顯著的差異；（4）在身體感覺誇大行為方面，健康焦慮高組顯著高於健康焦慮中組與低組，健康焦慮中組也顯著高於低組。至於中介效果部分，在健康焦慮下，僅健康初級與次級評估對負向情感有部分中介的效果；健康初級與次級評估對正向情感與身體誇大型為皆不具中介效果，但在一般情形下，健康初級與次級評估可預測正向情感。而調節效果部分，在健康焦慮下，嚴謹性人格對正負向情感與身體感覺誇大，皆未有顯著的調節效果，但若在一般情形下，嚴謹性人格亦可預測正向情感。</p>

	<p>討論：本研究結果確實反應一般人不同健康焦慮程度在各壓力變項上有顯著的差異，也瞭解健康焦慮傾向特質可以經由正向健康認知評估，部分中介使得負向情感減緩，但認知評估卻無法中介正向情感與身體誇大行為，由逐步迴歸推測，仍有其他重要變項未被研究考慮。此外嚴謹性人格的正向調節效果並未呈現，推估可能仍需要考慮更特定、區辨性的性格因素才能理解健康焦慮傾向與情緒間的調節變項。</p>
<p>摘要 (英 )</p>	<p>Research background &amp; aim: Considering researches about related stress with health anxiety haven't completed in normal participants which they have just studied clinical hypochondriasis of negative variables in stress process, so this study has three purposes. The first purpose was to investigate differences and specialty in each stress variables among high, median and low health anxiety group. Variables of stress included health cognitive appraisal, conscientiousness personality, positive affect, negative affect, and somatosensory amplification. Furthermore, based on transactional model of stress, the second purpose of this study was to test meditative effect of health cognitive appraisal under health anxiety to the positive, negative affects and somatosensory amplification. The third purpose of this study was to test the moderate effect of conscientiousness personality under health anxiety to the positive, negative affects and somatosensory amplification. Method: One hundred and eighty-two normal subjects were scheduled in our study. All participants were asked to complete questionnaires including the demographic data, Symptoms Inventory, Health Anxiety Questionnaire, Health Cognitive Appraisal Scale, Conscientiousness Personality Inventory, the, Positive and Negative Affect Schedule, SomatoSensory Amplification Scale. All participants were also separated into high, median and low health anxiety groups which depended on scores of Health Anxiety Questionnaire. For examining the hypothesis of this study, the Chi-square, one way ANOVA, Pearson correlation, and hierarchical regression were conducted for the statistics analysis. Result:</p> <p>) Exploring different degree of health anxiety, the researcher had found: (1) there's no differences of conscientiousness personality among high, median, and low health anxiety group, but subscales within conscientiousness personality, low health anxiety group had significantly higher scores on competence and self-discipline than high and median health anxiety group. (2) In health cognitive primary appraisal, high health anxiety group had significantly higher scores on the motivational relevant appraisal than low group. Low group had significantly higher scores on the motivational congruence appraisal than median and high group, and median group still had higher scores than high group. Besides, In health cognitive secondary appraisal, low group had significantly higher scores on the problem-focused coping potential appraisal than median and high group. (3) In factor of affect, high health anxiety group reported higher scores on negative affect than median and low group, and median group higher than low group. But in positive affect, there's no differences among three groups. (4) In behavior of somatosensory amplification, high health anxiety group revealed higher scores than median and low group, and median group higher than low group. About the meditative effect of the health cognitive appraisal, our research found that under health anxiety, health primary and secondary appraisal had significant meditative effect on negative affect, but not effect on positive affect and</p>

	<p>somatosensory amplification. Besides, health primary and secondary appraisal had significant prediction on positive affect. About the moderate effect of personality factor, under health anxiety, conscientiousness personality had no significant moderate effect on positive, negative affects, and somatosensory amplification behavior. But conscientiousness personality still had significant prediction on positive affect. Conclusion: Our results showed different health anxiety person had revealed significant specialty of variables of stress presented. From the stress model and hierarchical regression analysis, we confirmed health anxiety could mediate by the health cognitive appraisal and decreased negative affect. But didn't find the moderate effect of conscientiousness personality under health anxiety. We discussed the other best variables such as more discriminated and specificity trait need to be considered in future research.</p>
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