

One

Do I Worry Too Much about My Health?

Joan: "Do something soon or I'm going to die."

"A few Mondays ago I had a very rough day. It started off bad when a traffic jam on the expressway made me late for the first of several important meetings. My stomach was aching all day, and I had terrible cramping. The stuff I took to relieve my pain didn't work. I tried to convince myself that this was likely just the result of a very stressful day. But for much of the day and through the night I kept thinking that something was seriously wrong—most likely an ulcer but maybe even stomach cancer. My father died of colon cancer when he was in his mid-fifties. For the past few weeks I've been paying close attention to my stomach and I've been worrying a lot. It seems that something untoward is always going on—nausea almost every day, heartburn on some days, irregular bowel movements, and queasiness. I've seen my family doctor probably three or four times in the past three weeks, but she tells me nothing is wrong. She says I just need to watch my diet and take it easy. Two other doctors I went to see last week told me the same thing. But I disagree. My stomach pain can't possibly be from poor diet and stress. I'm pretty sure now that I have stomach cancer and that if something is not done soon I'm going to die."

Jonathan: "What's wrong with me?"

"I've been having heaviness in my legs and feeling sluggish for the past eight months. This doesn't happen every day, but as of late I've felt this

way more days than not. Sometimes I also get headaches and feel clumsy. I've seen my family doctor as well as several specialists to try to find out what's wrong with me. At first I thought I might have the flu, but after feeling lousy for three weeks I began to worry that I might have Lou Gehrig's disease. My uncle died from it a few years ago. The neurologist gave me a whole bunch of tests, including an MRI, and assures me that I don't have Lou Gehrig's disease or multiple sclerosis. An internal medicine specialist thought it might be Hodgkin's disease, especially after I told her about my night sweats, but her tests also failed to find anything wrong. Now my family doctor assures me I probably have nothing to worry about. But something's not right with me. I'm not imagining my sluggishness, headaches, clumsiness, or night sweats. I've been reading a lot on the Internet about these symptoms. I think the doctors must have missed something. Maybe it is multiple sclerosis or even a brain tumor!"

Bob: "Dangerous germs are everywhere."

"For as long as I can remember, I've had a healthy habit of staying away from germs. They're everywhere—doorknobs, handrails, telephone receivers, ATM buttons, toilet seats, money—and really must be avoided. Other people have touched these things, and who knows where their hands have been or what diseases they have. I frequently see people who, with good intentions of stopping their germs from spreading, cup their hand over their face when coughing or sneezing. Good for them? No way! These same people take their unwashed, germ-infested hands and use them to operate the photocopier, twist open the lid to add some cream to their java, and greet coworkers with a friendly and germ-laden pat on the back. And that's just the start. What do you think happens when nature calls? The cough germs get spread to the bathroom door, the toilet seat, the flusher, and join the splash and spatter germs of those who've already completed their lavatory business. Most of my coworkers don't wash after flushing, and as a result their hands become a veritable germ party. Bathrooms are the worst for me. I try not to use them in public but, when this can't be avoided, I do most things with my feet—opening the doors, lifting or lowering the toilet seat, and operating the flusher. In the past few weeks I've started carrying latex gloves for those situations where I can't handle things with my foot technique. The gloves have proven useful in other situations, and I have started wearing them regularly. My family and friends tell me I'm too worried about germs and I have a germ phobia. I agree that I might be a little obsessed, but I think it's a healthy obsession."

We all worry about our health from time to time, often because we try to understand the reasons for the sensations our bodies are producing. Could my

upset stomach be the result of something I ate, or is it an ulcer? Are my headaches and sore eyes the result of a rough day, or do I have a brain tumor? What is that pain in my chest area? Could it be something wrong with my heart? Why have I been feeling so tired lately? Am I working too much, or could it be early signs of multiple sclerosis? We may worry about catching some sort of disease. For example, during the first few months of the severe acute respiratory syndrome (SARS) outbreak in 2003, many people worried about being exposed to the virus after having encountered somebody with a cough. People who have or have had a serious disease, such as cancer or a heart condition, also may worry a great deal about their health. But some people worry too much. Joan, for example, worried about having colon cancer, even though she had seen three doctors who all told her she didn't. Joan's worries were excessive. It is estimated that about 20 percent of the population—one in every five people—worry too much about being sick.

If you're reading this book, it is a safe bet that your doctor or doctors have been unable to provide a satisfactory explanation for some of the bodily sensations and disease-related questions that are causing you concern, let alone offer you any effective relief. Do you spend some time each day worrying about the causes of your bodily sensations? Are you afraid some sort of malfunction or physical breakdown is happening in your body and that you have an undiagnosed disease? Do friends and family tell you that you worry too much about your health or call you a hypochondriac or germ phobic? Have your doctors told you there is nothing wrong and that you shouldn't worry? Maybe you aren't quite sure and you wonder, "Do I worry too much, or do I really have a serious disease?" If so, this chapter will help you decide.

In the pages that follow, we suggest an alternative way of understanding the sensations that cause you concern. This is a necessary first step in helping you determine whether you worry too much about your health. We also ask you several questions and have you complete a self-assessment regarding your health-related worries. You will probably be skeptical at first of the alternative explanations we suggest. We know this from our experience with the many people we've seen in our research and clinical practice. The *cognitive-behavioral approach* we use asks you to consider that the bodily sensations that concern you might not be symptoms of disease but rather result from such things as stress and fatigue. Even if considered with the greatest of reluctance at first, our approach can be very effective in helping you identify your health-related worry and, where excessive, improve the many areas of your life that it affects. If other things haven't helped, isn't it worth a try?

What Is Health Anxiety?

Most cognitive-behavioral researchers and practitioners use the term *health anxiety* to describe the wide range of worry that people can have about their health.

Many of the questions you will be asked about have a specific focus on health anxiety. Thus, to help you fully understand how to determine whether you worry too much about your health, we first discuss the terms *health* and *anxiety*, as well as their combined use.

Health

Health is sometimes thought to be the absence of disease. If you don't have a virus, tumor, ulcer, or some other pathology in one of the body systems, you must be healthy. We, like many health care professionals, don't care much for this notion of health: It implies that either you have health or you don't. Being healthy involves more than not being sick. An important part of health is physical well-being. Being happy, feeling fulfilled, and having a good social support network are also important. Thus we might think of health as made up of *physical*, *emotional*, and *social* components. We might also think of it as occurring on a continuum that ranges from very poor to very good. The World Health Organization has used this definition of health since the 1940s. Some people don't like this definition because it means you have to be doing well in all three of the physical, emotional, and social areas to have very good health. This may not always be possible, but it's something we can all try to achieve.

Anxiety

Think back to times when you've felt anxious about something other than your health. Did you feel you were in danger? Were you uncertain about what might happen? Did you feel distressed?

Anxiety occurs when you *think* something bad is going to happen but you are *uncertain* that it will. For example, in preparing to give a speech, you may begin to feel anxious as you wonder whether it will go over well with the audience. Or, while taking a short cut through an unfamiliar neighborhood, you might begin to worry about whether some shady character is going to pull you into a back lane and mug you. The anticipation of harm, combined with uncertainty about how threatening the situation will actually be, creates feelings of uneasiness and apprehension—those vague feelings that something may be wrong or that something terrible might happen.

But anxiety is not simply a feeling of uneasiness or apprehension. It also involves changes in our physiology and behavior. When we're anxious, our body responds in ways designed to prepare us to take action against potential threats: heart rate quickens, muscles tense, breathing becomes labored, and we might sweat, feel nauseated, and experience other bodily changes. Because the source of the threat isn't clear, the best action to take usually isn't obvious. In other words, it's difficult to know what to do or how best to respond in the anxiety-provoking circumstance. This uncertainty also sometimes carries over into our

daily lives. In our speech example, the anxiety over doing a good job during the speech may actually prevent good performance. Why? Because you may spend too much time worrying about possible outcomes rather than rehearsing and doing other things that contribute to success.

Anxiety is similar to but not the same as fear. Fear is an emotional response that occurs when you're confronted with a *specific* threatening situation or object. If a shady character did pull you into a back lane while holding a knife to your throat, you would be feeling fear, not anxiety, because you know exactly what is threatening you! Likewise, if you are hiking and come face-to-face with a grizzly bear, you're not uncertain about the danger.

Anxiety and fear can be important in helping us get by in our environment and perform at our best. Our daily lives are filled with situations in which that extra jolt of adrenaline helps us deal with a challenge. Without some degree of fear, you would be very unlikely to even attempt to escape that grizzly bear! Nor would we perform at our best during a job interview or on a test. Consider our speech example again. A person with a moderate degree of anxiety about speaking to a large audience is likely to be well prepared—knowing her material, taking along a few jokes to break the ice, and having handy a few visual props to keep the audience's attention—whereas a person with little or no anxiety may go in unprepared and have to wing it. But for those in whom anxiety can be excessive, the feelings of uncertainty and apprehension may be very intense, may last for long periods of time, and may go way beyond being a helpful response. A person who is too anxious about giving a speech may freeze up and be unable to speak in front of the audience or, more likely, might not even show up to talk at all. Unfortunately, many people experience so much anxiety that it interferes with their ability to manage their day-to-day living—their relationships suffer, they miss work, they feel depressed, and they don't know how to make it stop. Recent statistics indicate that anxiety disorders have surpassed depression as the most common mental health problem experienced by North Americans.

Health Anxiety

If we put together the individual definitions of *health* and *anxiety*, we get the following: Health anxiety is the feeling that your physical well-being, or disease-free state, is threatened and you don't know what the cause or what the outcome will be. Like other forms of anxiety, health anxiety involves changes in thoughts, physiology, and behavior. Also like other forms of anxiety, health anxiety can range from mild to severe. Mild health anxiety can be temporary and can sometimes be a signal to follow up on some bodily change or sensation by seeking advice from a doctor. But it can also be excessive and preoccupying, as in the examples of Joan, Jonathan, and Bob. When health anxiety is out of proportion to the risk of disease and persists even though there is no evidence of

disease, mental health professionals often refer to it as a health anxiety disorder. Like the other anxiety disorders, it has an impact on all aspects of health. The trick, of course, lies in figuring out what is out of proportion and inappropriately persistent. That is, how much is too much?

Are Your Bodily Sensations Imagined or Real?

The bodily sensations or concerns you're experiencing are real—very real. Any sane person would worry about a headache that doesn't go away or about waking up with a stomachache every morning. The trouble is that these are not always signals of disease—in fact, they rarely are—and the worry can grow out of proportion to the actual threat.

Where do the bothersome bodily sensations come from? They might arise from changes to your diet, activity levels and preferences, or sleeping habits. For example, if burritos are not something you regularly eat, you may experience some stomach upset after having a few of them (especially if you use extra hot sauce). Also a number of *minor* physical ailments can have signs and symptoms that may look like a more serious condition. Lumps in the breast may be benign (harmless) fibroids rather than cancerous tumors, clumsiness may be due to fatigue and not multiple sclerosis, and headache may be the result of a stressful day rather than a blood clot in the brain. In many cases, the sensations are part of the body's anxiety response. Anxiety is associated with many bodily changes and sensations, including shortness of breath, pounding or racing heart, chest tightness, muscle tension, fatigue, dizziness, stomach upset (for example, nausea, bloating), diarrhea, flushing or hot flashes, and trembling or shakiness.

These sensations, whether they come from changes in your lifestyle, minor physical ailments, or anxiety, have one thing in common: They are harmless. But if you notice these changes and start to worry about whether they are signaling disease, you are very likely to become more anxious, and the changes will persist and possibly get worse. One of the main goals of this book is to show you how to identify and effectively respond to your health anxiety before it spirals out of proportion to the point where it actually perpetuates the very sensations that cause you concern.

The Health Anxiety Cycle

To successfully deal with excessive health anxiety, you need to learn how to determine whether bothersome bodily sensations and symptoms are harmless. Visiting a doctor is a good (and essential) first step. Some health-related worries may be associated with health issues that your doctor should look at. Bodily sensations such as stomach upset or a pounding heart or feelings such as being off balance and clumsy can happen for any number of reasons. It's important to fig-

ure out as soon as possible whether they're related to a disease so that proper medical care can be given. Quite often the doctor is able to figure out the cause of the sensations and make a recommendation that leads to relief. For example, Jeff went to see his doctor after having had a headache for five days for which Tylenol provided no relief. The doctor determined that Jeff had a bacterial sinus infection and prescribed an antibiotic that relieved the headaches within two days. The positive outcome of Jeff's visit to his doctor, though, may not represent your typical experience when visiting your physician.

If the doctor rules out physical disease, then seeking alternate explanations is the next step. Unfortunately, many people with health anxiety get stuck at Step 1, visiting their doctors repeatedly or seeking the opinions of many doctors and specialists. Have you visited your doctor several times in a short period of time about the same health concern? Have you visited several doctors in the hope that one would give you a physical explanation for your health concern? The habit of repeatedly visiting doctors for the same concern can provide reassurance that you're okay. But that feeling of reassurance is short-lived and can prolong rather than help resolve the health anxiety.

Sarah: "My doctor thinks I'm a crock."

Sarah went to see her doctor again yesterday because she was very concerned that a new lump in her breast was cancerous. Her doctor said, "Sarah, there's no indication that the lumps in your breast are cancerous. I want you to stop worrying so much about your health. You've been to see me at least 12 times over the past seven or eight months, and I've sent you for many tests. Each time the tests have come back negative. Sarah, there's simply nothing seriously wrong with you."

Sarah was apologetic about repeatedly checking with the doctor to see if her breast lumps were cancerous. "I'm sorry for pestering you, doctor, but I just can't stop worrying that I've got breast cancer. It runs in my family. My mother, one of my aunts, and my grandmother all died of breast cancer when they were about my age." Her doctor again reassured her that nothing was wrong. Sarah left the office feeling somewhat better, but by the time she arrived home she was once again worried and upset. She liked her doctor but was beginning to feel that he was incompetent and, for certain, wasn't taking her concerns seriously.

What if the mammograms and blood tests had simply failed to detect cancer? Sarah had heard on the news that this happened all the time. "Maybe we should try to get an appointment at the Mayo Clinic," she said to her husband. "Jennifer was telling me that someone she knew had gone to the Mayo and that they found that he did have cancer even though his own doctors said there wasn't anything wrong with

him.” Her husband suggested she just listen to her doctor and not worry so much. Sarah tried to sleep that night but couldn’t. Just before going to bed, she examined her breasts, noting that they were very painful and that several lumps seemed to have grown larger. “My God, I’m going to die just like Mom, and nobody seems to care. My doctor thinks I’m a crock and my husband is starting to think I’m crazy.”

Sarah’s interaction with her doctor is quite common. She repeatedly visited her doctor over concerns about cancer. Numerous tests ordered by the doctor failed to reveal evidence of physical disease. In an effort to comfort Sarah, and perhaps to get her to stop visiting so often, her doctor told her nothing was wrong with her. This reassurance was helpful only for a short period of time. Soon after, Sarah was questioning the competence of her doctor and wondering whether she should seek another opinion. She also became increasingly concerned about the lumps in her breasts, checking them 10 to 20 times per day on average, and felt that nobody, including her husband, understood what she was going through. Her desire to visit the Mayo Clinic, despite not being able to afford it, began to cause strife in her relationship with her husband. As she lost confidence in her doctor, Sarah began visiting other doctors, one of whom was familiar with health anxiety and referred her to us.

We assured Sarah that we understood her breast lumps were real and that they were affecting her life. We asked her a number of questions, many of which we will have you ask yourself toward the end of this chapter. Based on her answers to our questions, combined with information from her medical history, we concluded that Sarah had one of the several health anxiety disorders experienced by millions of North Americans.

We began our work with Sarah by having her consider how her specific type of health anxiety might be contributing to swollen and painful breast lumps. She was, as expected, skeptical at first. But as we had her consider alternatives—such as whether she believed it was possible that the swelling and pain might be due to palpating her breasts every hour on the hour all day long—her interest in learning more about the health anxiety disorders and about how she might test whether some of our strategies would alleviate some of her symptoms increased. Sarah turned the corner toward recovery once she grasped that the underlying nature of her condition could be explained by something other than physical disease. Let’s see whether the problems that brought you to this book resemble any of the health anxiety disorders described in the next section.

Common Health Anxiety Disorders

Health anxiety can range from very mild to very severe. Severe forms of health anxiety differ from milder forms in the amount of emotional upset and the disruption they create in the activities of day-to-day living and relationships with

others. More severe forms cause greater distress and more difficulties at work and home. After a specialist ruled out any problems with his eyes, Barry wondered whether recent episodes of blurred vision might be related to a brain tumor. Aside from mentioning his concerns to his girlfriend and spending a few minutes each day thinking about it, his life remained pretty much unaffected. Sarah, on the other hand, was feeling more and more abandoned by her husband and friends as she became increasingly convinced she had breast cancer. Stan, concerned that he might have contracted a serious skin disease, spent so much time picking at every little blemish he could find on his body that he was unable to get any of his work done and is now failing his night course. He knows he spends too much time picking at and prodding his body, but he just can't stop, and his skin is now a mess, with scabs all over. These examples represent the most common health anxiety disorders, which fall under the categories of hypochondriasis, disease phobia, and somatic delusions.

Hypochondriasis

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, now in its revised fourth edition (DSM-IV-TR), classifies hypochondriasis as a somatoform disorder. This is a group of disorders characterized by physical symptoms that suggest some sort of general medical condition (or disease) but that aren't completely explained by the disease. Hypochondriasis is defined as "the preoccupation with the fear of having, or the idea that one has, a serious disease based on the person's misinterpretation of bodily symptoms or bodily functions" (p. 485). Although DSM-IV-TR classifies it differently, we find it useful to consider hypochondriasis a health anxiety disorder because anxiety and worry are such predominant features. Hypochondriasis also shares a number of characteristics with other anxiety disorders, in particular panic disorder, generalized anxiety disorder, and obsessive-compulsive disorders, discussed further in Chapter 3.

In determining whether you have hypochondriasis, a cognitive-behavioral therapist may ask questions about disease-related worry, as well as questions about the way you perceive and interpret bodily sensations and symptoms. For example, we asked Sarah questions such as "Is your health on your mind a lot?" "Do you worry a lot about getting sick or being ill?" and "What symptoms do you have and why do you think they indicate that you have a disease?" You might also be asked about:

- Your medical history and history of medical tests,
- The degree to which you're convinced that your symptoms are physical,
- The amount of distress you experience when thinking about your bodily sensations,
- Limitations in your social, occupational, and leisure activities,
- The duration of your symptoms, and
- Emotional difficulties you may be experiencing.

Sarah's mind was constantly buzzing with thoughts about the lumps in her breasts being cancerous, about the fact that she was being a pest to her doctor, that she might die, and that her doctor and loved ones thought she was going crazy. Physically she felt "keyed up" much of the time and most recently was having trouble sleeping. Although she could still function reasonably well at her job, she was spending increasing amounts of time examining her breasts for changes and new lumps, and her relationship with her husband was deteriorating. She also was seeking reassurance from her doctor, her husband, and, most recently, her children with increasing frequency. Sarah was diagnosed with hypochondriasis.

Disease Phobia

Disease phobia is a type of specific phobia (fears that focus on one or a very few things, such as spiders or heights), an anxiety disorder associated with fear of contracting or ultimately dying of one or more *specific* diseases. For example, a person may fear developing multiple sclerosis or contracting some form of contagious disease. Bob, who goes to great lengths to avoid germs, has disease phobia. Those with disease phobia don't typically believe they already have the disease, and, as a consequence, they don't exhibit the bodily sensations and symptoms associated with the disease they fear. They do, however, have considerable anxiety, and they may experience muscle tension, lightheadedness, difficulty breathing, and racing heart. Also, they may avoid places or situations associated with the disease they fear. Not only did Bob start wearing latex gloves to avoid direct contact with germs, but soon after he also refused to use public washrooms, even in the most urgent circumstances. His willingness to have bladder and bowel movements only in his bathroom at home resulted in unexpected absences from work and unexplained early departures from leisure and social activities.

Mike: "I don't want to catch SARS."

Although he lived in a small rural town and had not traveled for the past two or three years, Mike was afraid he was going to contract SARS. His fear continued to escalate, and for four weeks he left his home infrequently. When he did go out, he wore a surgical mask and latex gloves and did whatever he could to avoid people. Whenever he was in close proximity to another person, his heart began to race, he became sweaty, and he felt that he had to "get out of there." When a friend from Toronto called to say that he was in town to see his family, Mike made several excuses to ensure that a visit was not possible. Although he recognized that these sorts of measures were extreme, he wanted to do everything possible to avoid contracting SARS.

In determining whether you have disease phobia, a cognitive-behavioral therapist may ask questions regarding your fears about contracting a serious disease, such as “Are you concerned that you might catch a serious disease?” and “Do you get panicky whenever you see things like sick people or hospitals, or hear news about viruses?” They might also ask questions about:

- Your degree of fear relative to other people,
- Things you avoid because of your fear,
- Limitations in your social, occupational, and leisure activities, and
- Your level of distress.

Somatic Delusions

Some people’s beliefs about having a serious disease are so strong and unshakable that they are considered delusional. Generally speaking, delusions are erroneous beliefs, based on some sort of misinterpretation of perceptions or experiences, that are held with conviction and near absolute certainty. The most common forms of delusions regarding the idea that the body is diseased, sickly, or not functioning properly are that:

- One is emitting a foul odor from the skin or opening into the body, such as the mouth or rectum,
- One is infested with insects or parasites,
- Parts of the body are misshapen or ugly, despite objective evidence to the contrary, and
- Parts of the body, such as the circulatory system or bowels, are not working properly.

Vicky: “People don’t like me because I smell bad.”

For the past five years Vicky has held a strong belief that she emits a foul odor during menstruation. She describes the odor as a “mixture of blood, urine, and rotting flesh.” She had her first period early, at age 10, and was teased by her schoolmates. Vicky attributes the teasing to “smelling bad.” Now 15 years old, she rarely leaves the house except to attend classes, has never had a boyfriend, and has no girlfriends. She is certain that her extraordinary efforts to stay clean and mask body odor during her menstrual periods—showering at least six times a day and using a can of body spray daily—are entirely ineffective.

A mental health professional may ask a variety of questions regarding the nature of disease-related beliefs and convictions, such as “Are parts of your body malfunctioning?” and “Is your body occupied by parasites?” when determining

whether you have somatic delusions. In many respects, people with somatic delusions are similar to those with hypochondriasis. The primary difference is in the degree to which people with these conditions understand that their concerns over having a disease or bodily malfunction are excessive or unreasonable. Those with hypochondriasis, like Sarah, understand this to some degree; those with somatic delusions, like Vicky, understand it less if at all.

The Challenge

You still may not want to think that anxiety or aspects of your lifestyle, not physical disease, are responsible for your physical concerns. But, as we discussed earlier, it's a possibility. Remember that health anxiety can range from very mild to very severe; every person is unique. One of the primary challenges we face when assessing a person in our research and clinical work is determining where the person falls on the continuum. Does a person have too much health anxiety? Experience with a lot of people with health anxiety disorders helps us make this judgment. You have more experience with your own symptoms than anybody else, and so you can do the same.

How Much Is Too Much?

To answer the question, How much health anxiety is too much? you must answer a number of other questions that have to do with specific aspects of your worry and the ways in which it affects your ability to carry out your day-to-day routine. Ask yourself the following questions:

1. How much time do I spend worrying that I have or might contract a disease?
2. How often have I visited my doctor about the same symptoms despite her reassurances that there's nothing physically wrong?
3. How much time am I spending checking the Internet and other sources of disease information, and in what ways is that interfering with my ability to get other things done?
4. Have I stopped doing anything that I enjoy because of my beliefs that I'm sick or might catch a disease?
5. To what extent are my worries interfering with my ability to work?

If your answer to question 1 was, in so many words, *pretty often*; if you've consulted your doctor several times about the same thing despite no evidence of anything wrong; and if you can see that you're spending so much time and emotional energy on worrying about your health that your house is a mess, your relationships languishing, your hobbies abandoned, and your work suffering, health

anxiety is probably a significant negative factor in your life. Let's take a closer look, using a well-established test of health anxiety.

Over the years a number of tests have been developed to assist researchers and doctors in evaluating patients for health anxiety. We've found that the Whiteley Index, printed on the next page, is particularly useful for self-assessment, and we suggest you complete it now.

Give yourself a point for every yes response to all questions except number 9, for which you get a point if you circled *no*. This should produce a score between 0 and 14. Higher scores indicate higher levels of health anxiety. A score of 8 or more usually indicates a high probability of a health anxiety disorder.

If you scored near 8 or higher, and if this high score is consistent with your responses to the previous list of five questions, try finishing this book and using the techniques offered as self-help. If you haven't done so already, we also strongly recommend that you raise and discuss the issue of health anxiety with your doctor. If you feel you need help approaching your doctor about this, you'll find useful guidelines for doing so in the last section of this book. Please keep in mind that if your problem seems to be on the more severe end of the continuum, only an evaluation by an experienced clinician can confirm that you have a health anxiety disorder and rule out the possibility that your high score is not due to depression or another emotional disorder (discussed later in this book).

How This Book Can Help

If you believe your health anxiety is excessive and causing you harm at some level, you can move on to Chapter 2 for a more in-depth explanation of how people come to explain (or form certain beliefs about) the bodily sensations they experience and, importantly, how anxiety can influence both the explanations and the sensations experienced. Here we provide you with the building blocks for learning strategies that will help you change the way you think about and respond to the bodily sensations that you are now interpreting as disease related. Chapters 3 and 4 focus on other mental health conditions, including the anxiety disorders and depression, which often co-occur with excessive health anxiety. You'll learn the relationship between health anxiety and these other conditions, as well as methods you can use to self-assess anxiety and mood disorders. You need to be frank about how much problems with other types of anxiety or depressed mood are affecting you because, ultimately, these will affect the way you'll approach helping yourself overcome your health worries.

You may be so focused on your body that it's hard to believe the key to better health may be in your thoughts and actions. In the second section of this book, "Breaking the Health Anxiety Cycle," we outline strategies that you can use to *get on with living life*. Stress is a fact of life, but that doesn't mean you can't learn to relax. Chapter 5 teaches you exercises you can use to relax in any situa-

The Whiteley Index

Here are some questions about your health. Circle either YES or NO to indicate your answer to each question.

- | | | |
|---|-----|----|
| 1. Do you often worry about the possibility that you have got a serious illness? | YES | NO |
| 2. Are you bothered by many pains and aches? | YES | NO |
| 3. Do you find that you are often aware of various things happening in your body? | YES | NO |
| 4. Do you worry a lot about your health? | YES | NO |
| 5. Do you often have the symptoms of very serious illness? | YES | NO |
| 6. If a disease is brought to your attention (through the radio, television, newspapers, or someone you know) do you worry about getting it yourself? | YES | NO |
| 7. If you feel ill and someone tells you that you are looking better, do you become annoyed? | YES | NO |
| 8. Do you find that you are bothered by many different symptoms? | YES | NO |
| 9. Is it easy for you to forget about yourself, and think about all sorts of other things? | YES | NO |
| 10. Is it hard for you to believe the doctor when he or she tells you there is nothing for you to worry about? | YES | NO |
| 11. Do you get the feeling that people are not taking your illness seriously enough? | YES | NO |
| 12. Do you think that you worry about your health more than most people? | YES | NO |
| 13. Do you think there is something seriously wrong with your body? | YES | NO |
| 14. Are you afraid of illness? | YES | NO |

Note. Score 1 point for every YES circled, except for question 9 where 1 point is scored for circling NO. Reprinted with kind permission from Professor Issy Pilowsky, Department of Psychiatry, University of Adelaide, South Australia 5001, Australia.

tion. People who are so focused on their health worries often overlook many other things that contribute to their stress. So you will also learn effective relaxation techniques for alleviating stress that arises from daily hassles and the generally hectic world we live in. In Chapter 6 you'll learn to change those patterns of thought that are feeding your health anxiety, replacing them with ones that feed good health. No, it's not "all in your head," but we all have unhelpful patterns of thinking that influence the way we feel and behave. Chapter 7 will equip you with ways for changing behaviors that feed your health anxiety and keep it alive.

By the time you get to the final section of the book, "Maintaining Your Gains," you should be well on your way to getting your worries about health under control. But what about other people? The final chapters of this book are meant to help you provide others—your doctor, your family, your friends—with practical advice on the most effective ways of helping you deal with and overcome your health anxiety. People with health anxiety are often told by their doctors that they're simply "worrying too much over nothing." This isn't helpful. In Chapter 8 we outline the steps you can take to improve interactions with your doctor and to help your doctor help you. We also provide practical decision rules to help you determine when you should visit your doctor. This is critical. We want you to get to the point at which you seek out medical advice only when it's absolutely essential. Chapter 9 is designed to help you help your family and friends understand what you're going through and how they can best help you manage and recover. Finally, in Chapter 10 we outline additional things you can do to get on with enjoying life, strategies for dealing with flare-ups of health anxiety, and, if needed, the types of specialized treatments that are available to you and guidelines for deciding when and how to go about getting this type of help. We've provided a number of worksheets for you to work through. You can complete them in the book or make copies from the ones at the back of the book. Now let's get started!