



Reducing Health Anxiety

Cognitive Behavioural Therapy for Health Anxiety

Course Handbook

Welcome to the Course

This booklet accompanies the online course and is for you to keep.

To ensure you gain the most benefit from the course, please do your best to attend all of the session where you can. Of course from time to time things happen that may prevent you from attending, on these occasions, where possible, please ring ahead of the session. If you do not attend and have not informed Steps to Wellbeing, someone will telephone you to check in with you. If you miss more than two sessions you may be asked to leave the group, an alternative treatment may be suggested or you will need to start again. If you do miss a session, please make sure that you read the relevant pages of the book, and try to do any homework tasks.

Working Together

One of the most valuable things about courses is the support that you can give to each other. To help everyone feel safe and comfortable, it is helpful for the group to agree some guidelines for the sessions. They will discuss and agree these as a group, but below you can find some suggestions:

- **Please put mobile phones on silent so they do not interrupt the group**
- **Try to be on time, but if you are late do come in and join the session**
- **Respect others people's points of view; they may be different from your own**
- **Listen when others are talking**
- **If you are unable to make it to the session, please let Steps to Wellbeing know**
- **Do not attend the group under the influence of alcohol or drugs**
- **Please keep any personal information shared within the group sessions confidential**

Other rules that the group has agreed together:



Steps to Wellbeing Contact Telephone Numbers

West and North Dorset: 0300 790 6828

Poole, Purbeck and East Dorset: 0300 1231 120

Bournemouth and Christchurch: 0300 7900 542

Southampton: 0800 612 7000

www.steps2wellbeing.co.uk



Keeping Safe Between Sessions

Steps to Wellbeing is not a crisis service, and although you are welcome to contact the service between sessions, the course facilitator may not be available to speak to you. If you need some support between sessions, there are a number of places that you can turn to:

- Contact Connection 0300 123 5440
- Contact your GP surgery and request an urgent appointment
- Telephone 111 for medical or mental health advice 24 hours a day
- Go to A&E if you are worried about hurting yourself or someone else
- The Samaritans- you can call 116 123 for someone to talk to
- Think of a friend, partner or family member that you can seek support from
- There may be another professional involved in your care who could help, for example your Health Visitor, Social Worker, Support Worker or GP Practice Nurse.

Please make a note of your useful telephone numbers, so that you have them to hand when you need them. You may want to write them in the space below, or save them in your phone so they are ready to use.

E.g. my GP surgery

My Personal Safety Plan

Signs that my mood is deteriorating
What steps can I take to manage this? Where can I get support?

Course Timetable

Session number:	Teaching Topic:
Session 1:	Introductions. What is CBT? What is Health Anxiety?
Session 2:	How Health Anxiety maintained. The model of health anxiety
Session 3:	Thoughts behind the fear
Session 4:	Focus on bodily sensations/attention
Session 5:	Safety behaviours and avoidance
Session 6:	Worry
Session 7:	Rules
Session 8:	Relapse Prevention

Hopes and Fears

You may have certain expectations, hopes and fears about coming to this course. Please take some time to think about these and write them down in the spaces below. You can choose to share this information with the group or keep it to yourself. We will come back to these at the end of the course.



What do I hope to achieve through completing this course?



What fears do I have about attending this course?



Building Motivation to Change

Sometimes you can have mixed feelings about making changes and trying something new. For example- attending this session you may have felt hopeful at the thought of feeling better, but nervous at the thought of meeting new people. One way of thinking about change is to weigh up

the advantages and disadvantages of doing something, but also what would happen if you do not take that step.

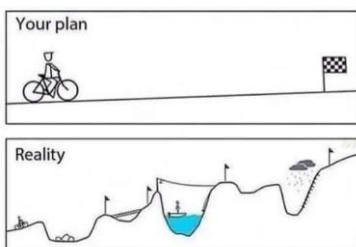
Look at the Change Balance sheet and think about coming to the session today. What are the advantages and disadvantages of attending, and of not attending this course?

Advantages of attending this course	Disadvantages of attending this course
Advantages of not attending the course	Disadvantages of not attending this course

Recovery

Recovery is a journey. During the course you may have times where you feel better, and times where you feel worse. The times where you feel like you've slipped back are NOT disasters. These are often the times when the most learning takes place. Challenges present an opportunity to notice triggers, to try out new techniques and to think about what you could try doing differently next time.

NEVER LOSE HOPE



How Cognitive Behavioural Therapy can help

What is Cognitive Behavioural Therapy (CBT)?

CBT is a type of talking therapy that has been shown to be very effective in helping people with both depression and anxiety. CBT is probably best understood by what it is trying to achieve. The main underpinning of CBT is that difficulties (such as health anxiety) develop as a consequence of learnt ways of thinking (cognition) and behaving, and that learning new ways of thinking and behaving will have a beneficial impact on emotional wellbeing.

Cognition: the C in CBT

The C or cognitive element of CBT refers to thoughts and mental images about yourself (I'm ok, or I'm not), other people (they are ok or they are not) and the world around (the future is bright or it's not).

The more threatening your thoughts (I'm going to be die), the more anxious you will feel. The more strongly you believe things should be different (the world must not be this way!), the more frustrated and angry you will feel.

The way you think is guided by what you pay attention to, the way you interpret what is happening around you, and the experiences you are most likely to remember.

Behaviour: The B in CBT

The B or behavioural element of CBT refers to what you do, what you have the urge to do and what you do not do. Thoughts and behaviours are linked.

When thinking of behaviours, it can be useful to think of these in relation to consequences (in the short and long term). How you respond to an anxiety provoking situation can seem helpful in the very short term. For example, if you were taking a driving test, a response that might seem helpful would be to avoid the test, not go to the test center and not take our test. This might seem helpful as our anxiety will go. However, we have not passed our test, we cannot drive and in the longer term, the test might become more anxiety provoking for us.

CBT therefore considers behaviours, the negative consequences of these behaviours, how these might maintain your difficulties and lastly how to change them.

Therapy: the T in CBT

The aim of Cognitive behavioural Therapists is to assist people to better understand why they might have developed particular problems as well as what are maintaining them.

How Can CBT Help?

CBT can help you to break this cycle by identifying unhelpful patterns of thinking and behaviour, which could be maintaining your anxiety. During these group sessions you will learn techniques to help you change these patterns, to help you achieve your goals and overcome your health anxiety.

Change can be difficult, and it is normal to think “I can’t see this helping me” or “I can’t do it”, particularly if you are caught in the vicious cycle! Asking for help can be difficult, and it can be hard to find the motivation to change. Any change takes effort, but the rewards can be huge.

Discussion Point: Making Changes

Think about other times in your life when you have made a change e.g. giving up smoking, starting a new job, learning to drive, taking up a new hobby. What can you take from these experiences to help you now?

Cognitive Behavioural Therapy and Monitoring

Monitoring is a really important part of CBT. It makes you the detective in figuring out what makes your anxiety better or worse. A simple monitoring tool can be just to use a diary or mobile phone to once a day reflect on your mood (rating it from 0 = no anxiety to 10 = extremely anxious). This can help identify patterns. What’s different on those days where there is a slight improvement? Alternatively you can start noting times where there is a change in your mood (a worsening of your anxiety) and then think about what was the situation when this change started, what was going through your mind and how did you respond. Monitoring provides lots of useful information that can be used in CBT to aid your recovery.

Support

Support is also really important, although this can come in many forms and doesn’t just have to be someone who you can share your vulnerabilities with. This can either be from family members, friends or from professionals such as your GP, nurse, therapist or counsellor. The great thing about group therapy is that you have lots of support from others in a similar position.

Understanding Health Anxiety:



Thinking about health

Before exploring health anxiety it can helpful to think about what is health(y). Health or being healthy can mean different things to different people. For some it may mean feeling full of energy or the absence of ill health but to others it might mean whether or not you are able to do the housework, how easily you manage a long term condition or if an injury interferes with your sports. This means that your definition of health covers social, physical and mental

functioning.

Health can often be referred to in black or white terms – people are either healthy or unhealthy. This is very restrictive and generally isn't accurate as you may be fully able in some areas of your life but not in others. It is far more helpful to consider health on a scale from poor to excellent.

When you think about your health currently how would you describe it?

Where would your health fit on the continuum from poor to excellent? How about if you consider different are of your health?

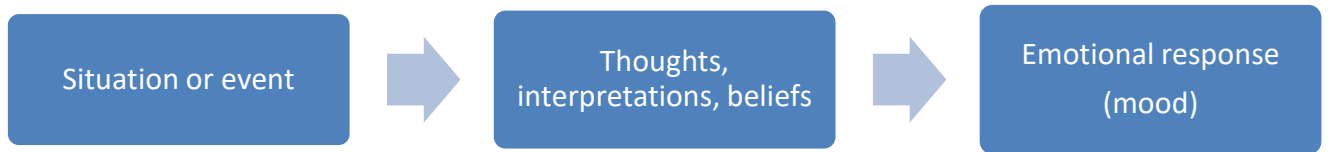
Poor-----OK-----Excellent

When you look at that description notice the variety of areas and reactions you may have covered. Did you notice the range of words you have used? Did you look at how you are mentally as well as physically? Did you look at how you are socially or in specific activities?

What is Anxiety?



When considering health anxiety, it is first useful to understand what anxiety is -people tend to feel anxious when thinking something bad might or will happen.



These negative predictions/thoughts are a survival instinct that can be helpful in real life threatening situations. For example, if you are driving and suddenly see a child run into the road, it is helpful for your brain to recognise the threat and to tell your body to react (apply the brake, steer away from the child, sound your horn). Your body will therefore go through a range of physical changes known as the “fight or flight” response, which helps to prepare your bodies and protect you from danger and take these actions (in the hope to avoid the danger).



However, there are times when you can experience an anxiety response due simply to a perceived threat, thinking or predicting something bad will happen. For example, walking down a dark alley at night and felt tense while worrying that something bad might happen. In this situation something bad may or may not happen, but what is important is that if you believe there is some danger you will usually feel some level of anxiety. Health anxiety therefore refers to the experience of thinking that there may be a threat to your health, which consequently triggers your anxiety response.

What is Health Anxiety?

Isn't it normal to worry about your health?

It is true to say that most of people have worried about their health at one point in their lives, for example, when receiving test results or when having a medical procedure. At times, this worry about health can be useful and be a prompt to make changes to improve health such as exercising, eating more healthily or giving up smoking. But when does this become unhelpful? When does this become excessive worry about our health or health anxiety?

Was there anything that prompted you to think your worry for your heath was excessive?

“Treating your problem as it if were a worry about a health problem rather than an actual or possible health problem”. What thoughts or feelings does this bring up for you?

Health concerns can become problematic when they are:

- Excessive
- Impair your ability to do about your usual day-to-day life
- Out of proportion to the likelihood of having an actual and serious health problem
- Cause significant distress
- Lead to unhelpful behaviours such as excessive checking, excessive reassurance seeking (GP and/or friends and family members) or avoidance

Do you have Health Anxiety?

Thinking about your own situation, it might be useful to ask yourself the following questions?

- Have I been pre-occupied with having or developing a serious illness in the past 6 months?
- Have I sought repeated reassurance from my GP, other health professional and/or my family
- Am I feeling distressed by thinking about my health/that I have a serious illness?
- Do I repeatedly check physical symptoms on the internet or in books
- Do I examine my body physically or for sensations?
- Do I avoid anything such as watching medical programs?

Symptoms of Health Anxiety

The symptoms of Health Anxiety can be divided into the categories below. It can be really useful to become aware the symptoms you experience, as these will act as early warning signs that you are starting to feel anxious. The earlier you can recognize the signs, the earlier you will be able to act, before your mood become really anxious.

Physical – what happens in your body

These may include:

- Tiredness and fatigue
- Irritability or snapping
- Fidgety, inability to sit still, restless
- Headaches
- Stomach churning (butterflies in stomach)
- Muscle tension
- Hot and sweaty
- Increased or decreased appetite
- Sleep disturbances, such as early waking, trouble getting to sleep, sleeping too much

Cognitions – what you think

- This must be.....cancer, Covid 19, MS,
- I am going to die
- I am unwell
- What if.....
- Imagining the worse and dwelling on this
- My parent died from this, this must be.....

- The doctors must be wrong, surely they missed this symptom

Emotions – how you feel

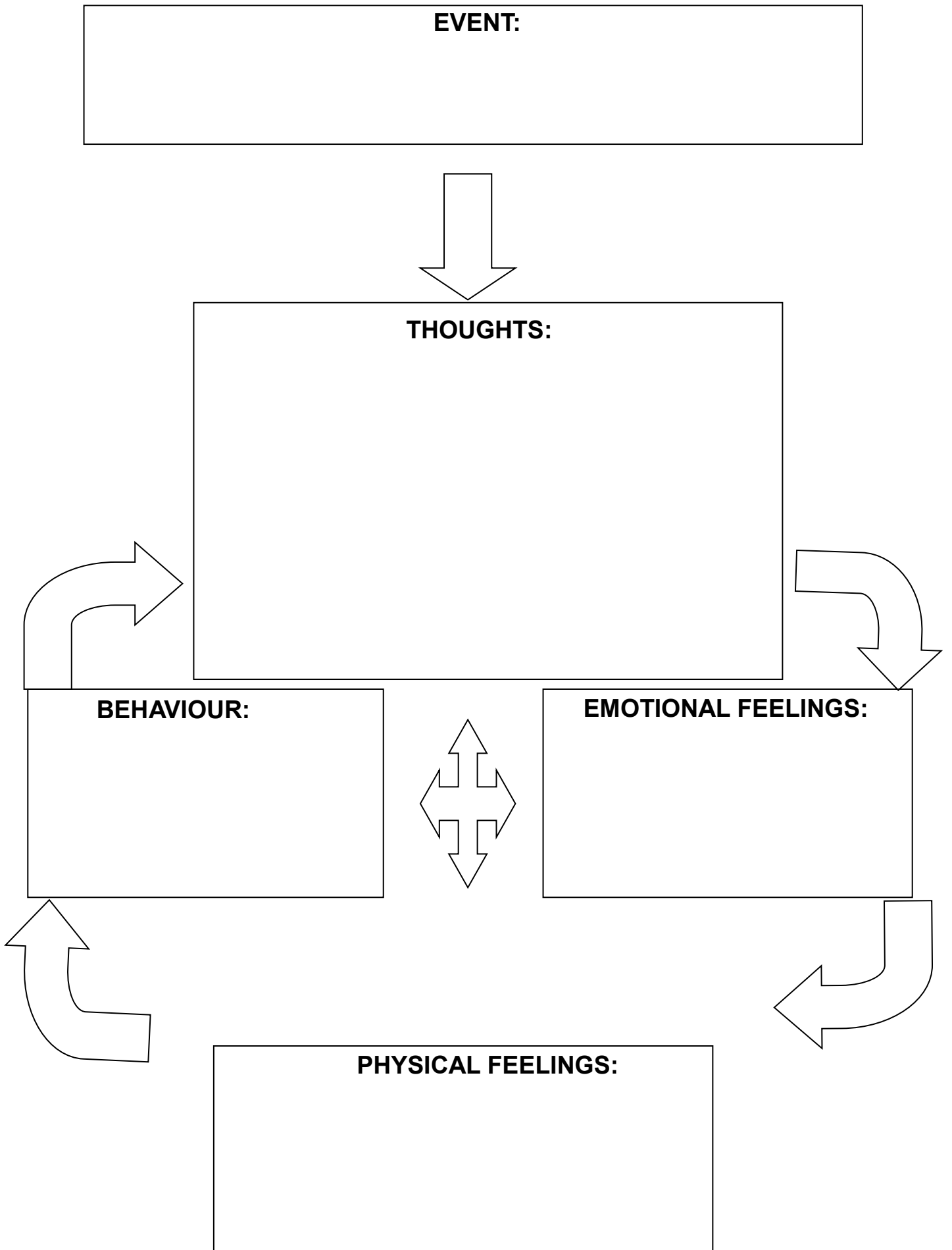
- Anxiety
- Panic
- Upset
- Anger

Behavioural - what you do, have the urge to do or don't do

- Seek reassurance – GP, friends, family
- Go to see your GP frequently or avoid your GP practice
- Behave as though you are unwell (resting, reducing activities)
- Look up symptoms on an internet search
- Focusing on parts of your body that you are concerned with
- Check your body or monitor symptoms

What symptoms and reactions did you notice the last time you were anxious about your health? What was your greatest fear in that situation?

Can you separate your reactions into thoughts, physical, emotion and behaviour using the diagram on the next page?



Theory A Theory B:



At this point you may well be wondering about whether CBT is trying to say this is all in your head or that you're making it up... and the answer to that is no it isn't. The sensations you notice in your body are real. Everyone can experience a variety of sensations every day as part of the bodies normal functioning but the issue is in how you react when you notice those symptoms. Regardless of whether the sensation is natural or part of an illness, if you perceive the sensation as dangerous or life threatening and likely to happen to you whilst also underestimating your ability to cope or find resources to help you then you will feel anxious. It's extremely easy to believe fully in your perceptions and see your behaviours as completely realistic at the time you feel anxious. Have you also noticed that when you feel calmer you are more able to identify and accept other perceptions than the one you originally believed in?

When conducting an experiment a scientist creates two hypotheses to test out, Theory A and Theory B, and the scientist then explores the factual evidence to decide which theory is most realistic. The CBT approach tries to be scientific in how it explores what you are experiencing and how you can test out the reality or usefulness of your responses. Theory A Theory B is a scientific tool to test out conflicting hypotheses to decide which has the best evidence.

What you have seen so far is that your anxiety, behavior and thoughts about health keep you convinced that you have a serious health problem and if you can have enough tests you will achieve 100% certainty that you have or don't have something.

So Theory A is;

"I have a serious medical condition so my solution is that I need to constantly monitor my health, avoid reminders of health problems and get others to reassure me."

Theory B is:

"I have an emotional problem that causes me to be excessively concerned about my health so my solutions have become my problem and feed my worry."

Try thinking about your health anxiety with these two competing theories. Only one can be true. You have probably been acting as if theory A is true for quite some time so you know how it works and the impact it has on you. To decide whether theory B is a more helpful approach to your problems you will need to conduct experiments to explore it and test it out. This means a period of time where you will need to act as if theory B is correct. It can be a frightening thing to do but remember that if you conduct your experiments throughout this course then decide that theory A is true

then you can always go back to it. Perhaps remind yourself of the pros and cons of doing the course to help motivate you to have a go with Theory B.

Write your personal version of Theory A and Theory B:

Theory A:

Theory B:

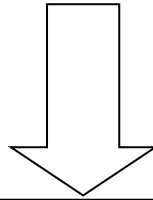
My learning from the session

The main things I will take away from today's session are:

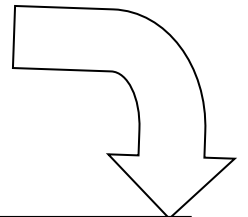
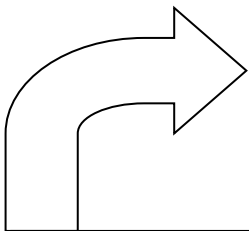
Weekly Tasks:

- **Read through the booklet and complete the exercises if not already done**
- **Observe and complete my own health anxiety cycle at home (Trigger- physical sensation – thoughts- emotions and behaviours) below**
- **Have at least one day where you focus on Theory A and notice your reactions and the impact it has. Have at least one day where you focus on Theory B and notice your reactions and impact it has.**

EVENT:

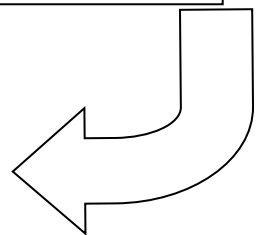
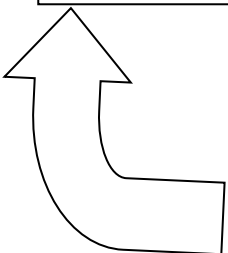
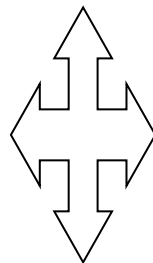


THOUGHTS:



BEHAVIOUR:

EMOTIONAL FEELINGS:



PHYSICAL FEELINGS:

What I noticed on my day focused on

Theory A

Theory B

Development of Health Anxiety?



Exactly how health anxiety develops is currently unknown. What is known is that there may be a number of variables at play. These variables include:-

Genetics – Although mental ill health is very common and therefore difficult to pinpoint to a pair of genes, if a family member has a known mental health difficulty, statistically other family members are more likely to develop a mental health difficulty.

Experiences – It is common for people who have experienced physical ill health themselves (potentially as a child), have physical symptoms with an unknown cause (unexplained medical symptoms) and/or have experienced the physical ill health of a family member to have develop health anxiety

Childhood experiences – During childhood you receive messages from care givers regarding health. Do you recall a family member repeating a phrase such as “so long as you have your health” or any other moto in relation to physical health. An over-protective parent could also have contributed to your view of your own fragility.

Pandemic – This is very easy to relate to given the recent Covid 19 pandemic. Past Pandemics such as SARS and Bird Flu have also led to a rise in health anxiety presentations. Many people, even those without a diagnosable anxiety have reported to finding the recent pandemic as anxiety provoking and scary.

Personality – Certain personality features are known to be more common within health anxiety. An example of this would be someone who describes themselves as ‘a worrier’.

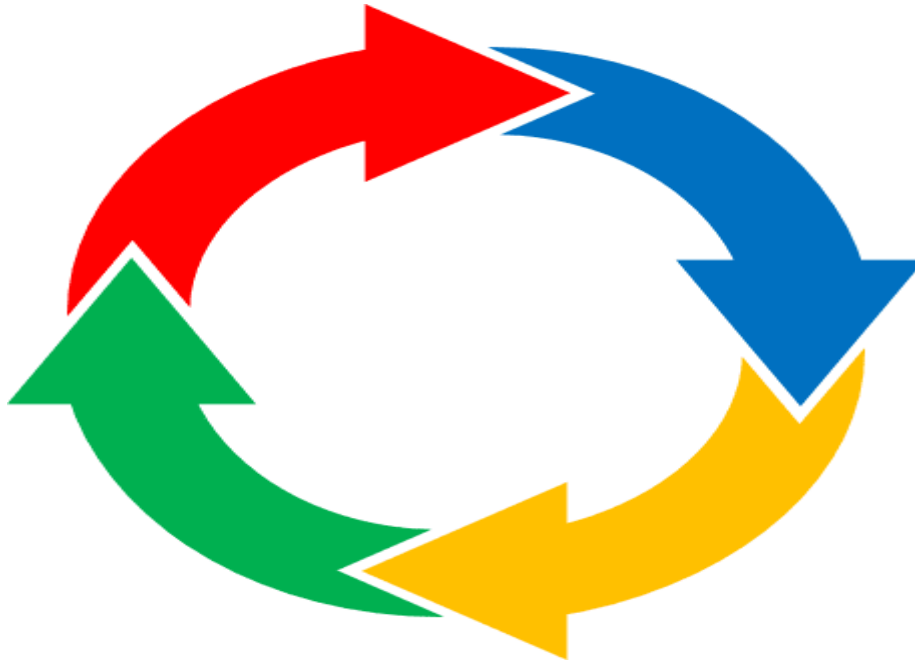
Media – The recent media coverage of Covid 19 is a good example of how media coverage can contribute to health anxiety. The media coverage of Covid 19 was EVERYWHERE!

Stress – overloaded system.

What lead to and/or triggered your health anxiety maybe one or several of these factors. In some cases, the development of cause of health anxiety is simply unknown.

What do you think contributed to or caused your health anxiety?

Although included here is some information regarding the potential development of your health anxiety, it can be argued that it is most important to understand how health anxiety is maintained. If this is understood this, you can understand how to break the cycle that keeps this going.....



What maintains Health Anxiety?

The aim of the element of the course is to explore what keeps health anxiety going, what maintaining factors there are. In this section, all of the elements that maintain health anxiety are broke down, building on the cycle you identified last week. This includes - focusing on physical symptoms, thinking, emotions such as anxiety and lastly behaviors such as seeking reassurance and avoidance. Each will be taken in turn here to examine them in greater depth. Hopefully here you will be able to relate to some if not all of these maintaining factors.

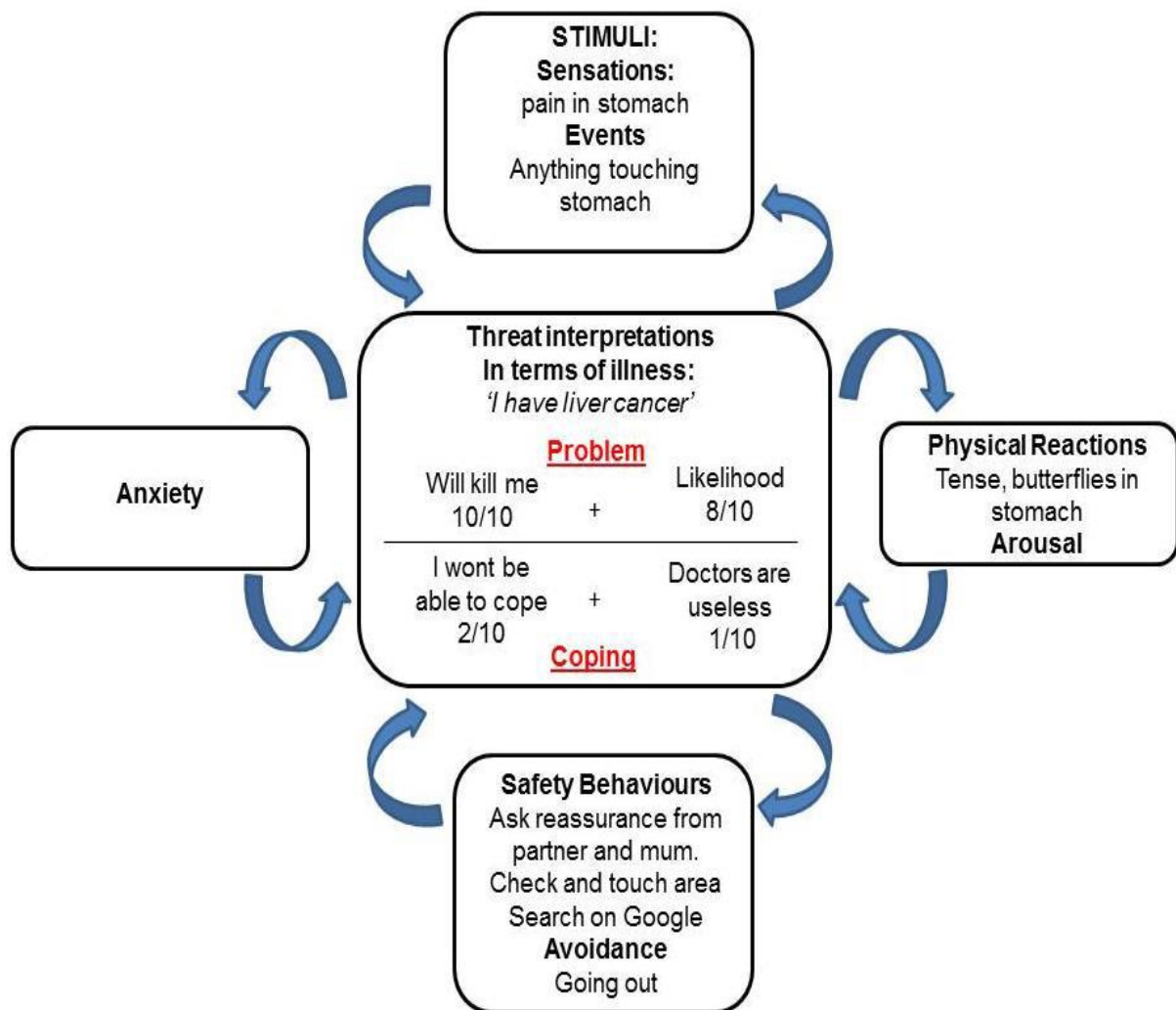
You may ask why we need to know what maintains health anxiety; “I just want this to feel differently, to not feel anxious”. The reason a whole session is being spent on maintaining factors is because of the importance of these. Simply, if it is understood what maintains this problem, this can inform how to break the maintaining cycle which will result in a reduction in anxiety symptoms.

CBT model of Health Anxiety

Although the model below looks complicated, this is just an expansion of the emotions, thoughts, physical sensations and behavior model already discussed. This is a diagram explaining the maintaining factors of health anxiety.

This model pinpoints how each reaction plays a role in maintaining anxiety about health. In each session a specific area will be focused on and look at how you can start making changes that it is hoped will lead to a reduction of your symptoms

An example of a health anxiety model



Triggers/Stimulus

When discussing triggers in CBT, this refers to how your anxiety starts/how it begins. Many people believe their anxiety 'just happens', they have no control over this. However, more often than not, there has been some form of trigger, something that stimulates or triggers feelings of anxiety. Triggers can really useful to become aware of, to tune into. If you can 'tune into' your triggers, you are in a much greater position to be able to do something different, to intervene.

Some people would argue that they feel anxious all of the time or they have a 'low level' of anxiety in the background. If you would say this is true for you, then it can be helpful to view a trigger as something that worsens your anxiety.

Triggers can be external or internal.

Examples of internal triggers are:

Physical sensations such as: stomach discomfort, tingling or numbness in parts of your body, ringing in your ears, sensitivity to heat or cold in your teeth, increases or decreases in your heart rate, changes in your saliva production, and variations in your energy levels.

Although thoughts are also internal triggers, when discussing health anxiety, the most common internal trigger are physical sensations that are then negatively interpreted.

External triggers: There can be many external triggers but below are some examples:

News discussing health scare/issues (such as Covid 19), upcoming medical appointments, being in contact with people who are unwell, hearing about someone who has been diagnosed with an illness, receiving inconclusive results on a medical test, being told you do have a health condition, being away from known health-care systems (travelling).

Take a moment to write down any triggers you have experienced in relation to health anxiety. Have a think about your triggers:

Internal Triggers
External Triggers

It is worth noting here that on some occasions there may not be an obvious trigger. On these occasions, spending a lot of time trying to pinpoint a trigger can be unhelpful as it can encourage you to focus on your symptoms. On these occasions, if a trigger is not known, it can be more helpful to change the focus of your attention or to consider what might help reduce your symptoms.

Unhelpful thinking

Thoughts can be described as the running commentary to describe and explain what is happening to you, around you and what it all means. They can be verbal thoughts or image based.

When thinking about Health Anxiety thoughts tend to focus on the worst case scenario. Often these worst case scenarios are believed to be highly likely if not guaranteed to happen. CBT calls this type of thinking “Catastrophising”. Thoughts also tend to focus on difficulties coping when the inevitable worst case occurs. An example of this might be interpreting a tight chest as “this must be a heart attack”, “I’m going to die”, “what if I don’t reach the hospital in time” or “I will never see my family again”.

Look back at the thoughts you identified in session 1 and see if you can identify which are the threat, the severity, the likelihood and your ability to cope.

Threat:

Severity:

Likelihood:

Coping:



Focussing on Symptoms

Unfortunately, focussing attention solely on one thing can amplify and intensify the experience. The more you focus on your symptoms, the more aware you will become of the peculiarities of that symptom. Unfortunately, focussing on a symptom can also amplify the intensity of that symptom and, in turn, create more concern about the symptom and increase your desire to focus on the symptom.

Try this exercise:

Focus in on your stomach...notice all the tiny sensations you can feel...it might be tightness or gurgling or fluttering or something else...really hone in on any symptoms or sensations you notice in your stomach. Stay with this for 1 minute.

- Now ask yourself whether you had noticed any of these sensations before you purposely focused on your stomach?
- Also as the time spent focusing on your stomach dragged on, did the sensations get more or less noticeable?

Usually people find they notice sensations they had not previously been aware of, and that these sensations seem to grow over the minute.

Take a moment to write down any symptoms, sensations or areas of your body that you tend to focus on regularly. When you are paying attention, what do you notice most about that symptom, sensation or body area?

Behaviour

Checking and Reassurance Seeking Behaviours: It is not uncommon for people to check or ask for reassurance about things they are worried about. Most people have thought to themselves “I’m not sure I locked the door properly”, then walked back and checked or even asked a companion “Did I lock the door when we left?” Usually, checking or receiving reassurance leads to reduced anxiety, allowing you to continue on with your day.

In relation to your health and checking and reassurance, government advice often encourages you to check your body and seek reassurance. For example, you are encouraged to monitor moles for any signs of change. In addition you are encouraged to contact a medical professional with concerns about your health or notice any changes in your general wellbeing. Just like the example above, checking or obtaining reassurance about your health status will usually lead you to feel a reduction in anxiety and allow you to continue on with your life. However, people who experience health anxiety tend to feel a reduction in anxiety in the short term and continue worrying about their health thus continue to feel anxious. This can lead to a cycle of checking and reassurance seeking.

The behaviours below are common:

- Checking in the mirror for signs of asymmetry, areas of discolouration, or new moles or lumps
- Poking, palpating or pinching of the skin, breasts, stomach or other areas of the body
- Examination of bodily excretions (e.g., saliva, urine, faeces) for signs of blood or infection
- Measuring parts of their body (e.g., using tape measure or callipers)
- Monitoring of bodily processes (e.g., taking pulse, checking blood pressure)
- Weighing of their body or bodily excretions
- Asking family members, friends, and health care providers about their symptoms
- Researching their symptoms on the internet or in medical texts
- Posting of their symptoms on internet sites to obtain others opinions about their symptoms
- Requesting of medical tests or evaluations, and second opinions. In some cases, the efforts to check for an illness can bring about new and painful symptoms themselves.

What checking do you do?

Who do you go to for reassurance and how often?



Avoidance and Safety Behaviours

Whilst bodily checking and reassurance seeking are aimed at reduced anxiety once to start to experience it, avoidance and safety behaviours are strategies used in an attempt to prevent or delay experiencing anxiety in the first place. People who experience health anxiety will generally try to avoid the triggers identified earlier in this session.

To avoid internal triggers, you may avoid activities leading to changes in your physiological state. This could include:

- Exercising
- Walking upstairs
- Drinking coffee
- Being sexually intimate
- Eating spicy foods
- Drinking fizzy drinks

To avoid external triggers, you may avoid people, places, stimulus reminding you of health issues. This can include:

- Medical professionals or check-ups
- GP surgery
- Watching the news or reading the newspaper
- Walking past funeral homes
- Writing a will
- Phoning for test results
- Eating foods close to the used by date
- Visiting a friend who has a non-infectious disease
- Using public restrooms

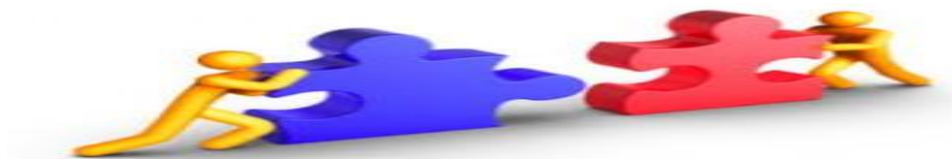
Again, in the short term avoidance can be helpful in providing fewer reminders of health related issues thus worry and anxiety is reduced. However, in the longer term avoidance can maintain and/or exacerbate health anxieties.

The term “safety behaviours” refers to a more subtle form of avoidance. Safety behaviours are not outright avoidances of something rather using strategies to cope when going to a feared place such as a GP practice. An example of a safety behaviour carrying and use hand sanitiser when in public if fearing contracting a coronavirus or only going somewhere if a certain person if with them who knows their medical history. Yes again, engaging in safety

behaviours can temporarily reduce health worries and concerns and do let you carry on your daily functioning to some degree. However, if a safety behaviour cannot be used, avoidance is a common 'back up strategy'. In addition, continued use of safety behaviours never allows for discovering if you need them or not.

Take a moment to write down the things you might be avoiding or safety behaviours you are using to "help" your health anxiety.

Pulling in all together



Health anxiety usually begins with an internal or external trigger. Thoughts about health are then activated which leads to feelings of anxiety. Bodily symptoms increase when feeling anxious which results in body checking, seeking advice from GP or internet search and/or reassurance seeking behaviours. Each reaction then reinforces the previous which increases the intensity.

For example, you notice pain in your joints. This activates the thought "pain or discomfort is a sign of serious illness and about your ability to cope or not cope with a serious illness. You feel anxious resulting in increased physical symptoms, confirming the threat. Touching and pushing the painful area to see if it's still painful seems useful to monitor and understand your pain seems useful as does googling pain in that area. On reading through your internet search results, focus tends to be on the catastrophic diagnoses this joint pain might be a symptom of. Anxiety increases so you go to a GP, who reassures you. The reassurance from your GP lasts a couple of days until you notice the pain again. You recall cases you've read about in which Doctors have missed something, your anxiety starts again. Sound familiar?

- In health anxiety you are more likely to interpret bodily sensations or changes as a sign of serious illness.
- These catastrophic interpretations of body sensations increase physiological sensations each time you worry.
- You may focus on your body symptoms in an effort to monitor and evaluate any changes and to gather information
- You may check or seek reassurance to increase your sense of certainty over your health status.
- You may also avoid or undertake activities that initially help to stop your health anxiety from being triggered

Short Term versus Long Term

In the short term, behaviours such as reassurance seeking and reassurance from your GP may provide a temporary sense of relief or control over your health concerns. However in the long term there can be negative consequences.

- Focusing on your symptoms can enhance the intensity of those symptoms.
- Checking and prodding body parts could lead to tenderness or inflammation.
- Medical tests may reinforce your belief that something is wrong.
- Researching your symptoms can alert you to catastrophic yet unlikely explanations for your symptoms.
- Worry can increase and therefore keep your health anxiety going.
- Avoiding or using safety behaviours can limit your ability to learn anything new about your health.
- If you don't go to the doctor for a check-up, you don't find out whether you do or do not have a health problem
- If you avoid people or places that you believe may make you sick, you never get to find out if this really does occur.

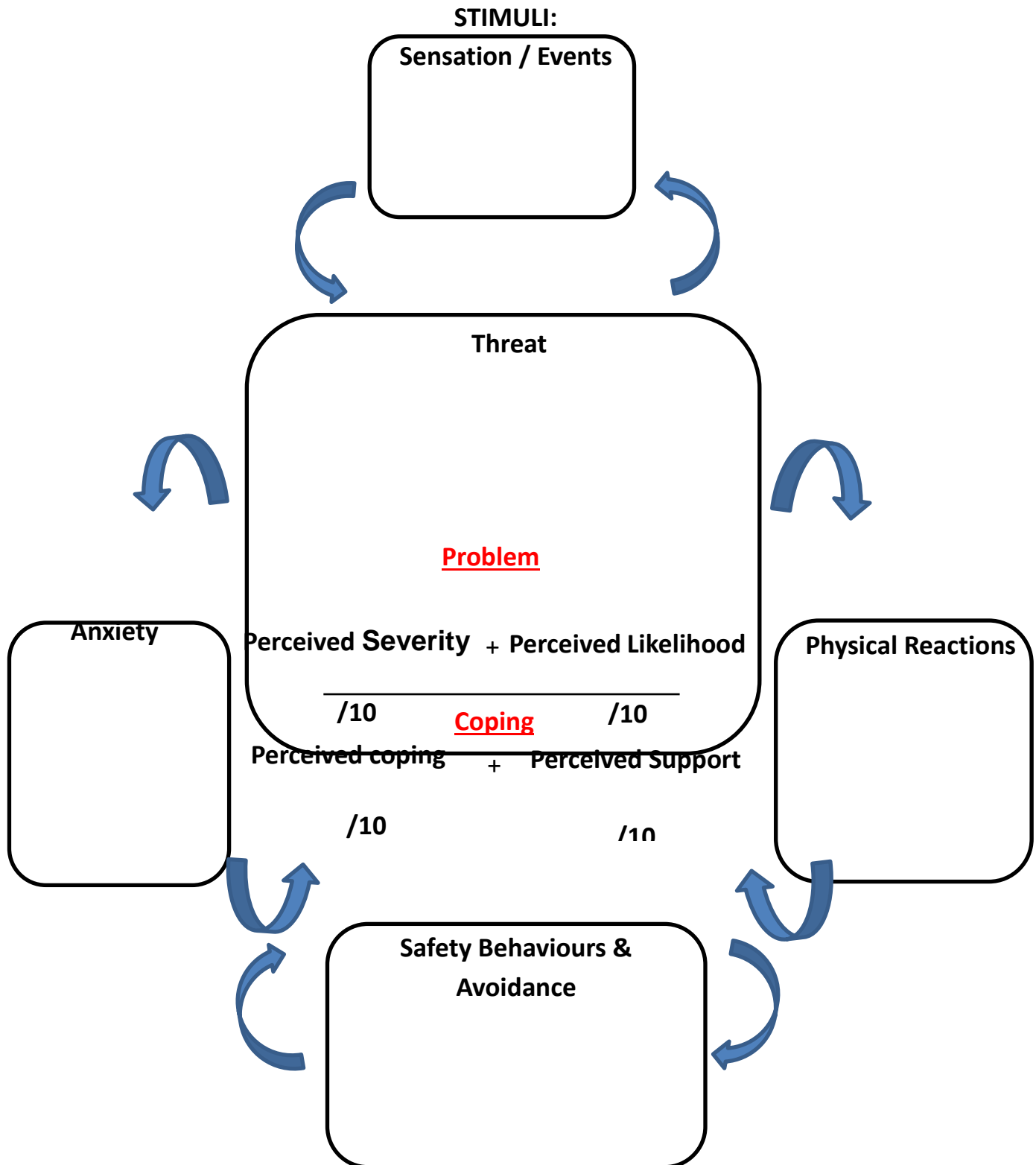
But I have a serious health condition, I had a serious health condition or I have persistent physical symptoms with an unknown cause

Identified within the “what causes health anxiety” section you would have seen having an illness yourself as a trigger for health anxiety. Having ill health or the ill health of a loved one are the two biggest indicators of becoming anxious about your health.

If you have ongoing persistent physical symptoms or you have been diagnosed with a health condition in the past, it is likely and very understandable that you would be concerned about your health. It is also likely that you might have regular checks with a health professional to monitor your physical health and you might even monitor your body for physical symptoms.

Even if someone has a health condition or physical health symptoms with an unknown cause they can also experience health anxiety and this health anxiety would be maintained in the same ways as outlined above. As noted earlier, although it is understandable for someone to be anxious about their health and potentially check their body if they have a health condition or unexplained symptoms, these behaviours will be excessive in someone with health anxiety.

Now think about your symptoms and reactions and see if you can complete your own model.



My learning from the session

The main things I will take away from today's session are:

Weekly Tasks:

- **Read through this week's booklet**
- **Complete your own health anxiety formulation**
- **Consider whether your formulation maintains Theory A or B**

Understanding the role of thoughts in Health Anxiety



This section of the course is dedicated to thoughts.

What you think, the thoughts that go through your mind are crucial in determining how you feel. Take a moment to ask yourself - when feeling good, what sorts of thoughts do you notice? Now think about when you are feeling anxious, what sorts of thoughts do you notice?

The way you think in a situation, and how you make sense of it in your minds, is shaped by previous experiences, personality, and underlying beliefs about yourself, other people and the world. There is a tendency to interpret new situations in line with beliefs and ideas that we already hold.

It is also known that different people react differently to the same situation – see the plane crash example below. This example suggests that the way people think about, perceive or interpret a situation, influences the way they feel and the way they behave.

What do you make of this statement? Agree? Disagree?

The Plane Crash Example

Not too long ago, a plane landed seemingly miraculously on the River Hudson. All 155 people came out alive. Take a moment to imagine how those 155 people felt as they stood on dry land realising what had just happened? Do you think they all have had the same reaction? Probably not - Many would have felt distressed and upset – they nearly died. These people might decide never to fly again believing it is too dangerous. Others might have felt an overwhelming relief and happiness at having survived. These people might decide to live life to the full as a result of their experience, and be determined to fly even more. There could be 155 different reactions to the same experience. This example illustrated that it is not the event directly impacting on emotion, the meaning individual give to those events is what impacts on emotions. Those who interpreted the event as terrifyingly dangerous may feel very distressed, and be too anxious to fly again. Others will feel ecstatic as the meaning they gave the event was that they were incredibly lucky to survive. (Ayres 2009)



Take a moment to think about what this means for you. How would you feel in this situation? Is this related to your thoughts about what happened?:-

It might be useful here to explore a situation and how different people might think, feel and behave differently to the same stimulus, the same event.

Example: Notice heart racing

Thought	Emotional	Physical Sensations	Behaviours
I am having a heart attack Images of being in a hospital bed Image of funeral	Fear	Butterflies in stomach, sweating, difficulties catching breath	Present in A&E. Monitor symptoms.
I just had a strong coffee	Neutral	No change	Drink some water
I am excited about the weekend and going to see my favourite band	Excited	Butterflies in stomach, sweaty hands	Watch video of band, imagine what are going to wear

As you can see from this example, how you think is important in determining how you feel and how you behave. Is this a surprise to you?

You might be wondering what how your thoughts related to your health or anxiety. When preoccupied or worried that you have a serious illness, it is likely that you experience both thoughts and images related to this. As discussed earlier, negative thoughts/worries in relation to your health keepings your anxiety going.

It is useful here therefore to start developing a different relationship with your thoughts and images.

Below is a list of common thoughts of people who are concerned with their health/have health anxiety. Do you recognize any of these thoughts?

Common thoughts in health anxiety

My mother had cancer so there's a pretty good chance I'll get it too

My heart is racing - I am going to have a heart attack

I could get a serious illness and die

I'm sure I have diabetes as I've been to the bathroom four times today

My side is aching - this could be ovarian or stomach cancer

I've been having weird thoughts - I could be schizophrenic and not know it

This operation could kill me I've never seen this mole before - it could be a melanoma

I've had diarrhoea for three days - this could be colon cancer

I have a headache - this could be a brain tumour or an aneurism

My knees hurt - I must have arthritis
I keep forgetting things - this could be the start of dementia
I've been feeling really weak lately - this could be a sign of multiple sclerosis

Did you notice that many of these thoughts were extremely pessimistic, focusing on the worst case? Thoughts such as these will likely trigger feelings of anxiety. The more anxious you feel, the greater the physical sensations and the more you worry. Unfortunately, this can then become a vicious cycle of worrying about health.



The good news is that by becoming more aware of thoughts, steps can be taken to consider how helpful they are and if necessary, change them. Learning to replace unhelpful thinking with more helpful, balanced thinking, can in turn, helps us to feel better, and to behave differently.

With this in mind, take a moment to consider common thoughts you have, particularly in relation to your health. What thoughts are you having:-

Do you believe these thoughts are helpful or unhelpful and why do you think that is?

If you believe that your anxious thoughts about your health are unhelpful you have probably tried suppressing them, have probably asked yourself "Why can't I just tell myself to "stop it" and the thoughts go away?".

Thought suppression

One way to stop experiencing unpleasant thoughts or images is to try to suppress them. Unfortunately, this tends to have the consequence of actually increasing the frequency of these thoughts, sometimes leading to increased anxiety.



The Beach Ball

Trying to stop/suppress thoughts are often likened to trying to constantly hold an enormous inflatable beach ball under the water - it keeps popping up! It can also be exhausting trying to suppress thoughts – much like the effort of keeping an inflatable ball under water.

Try this experiment – for the next 30 seconds DO NOT think about a white polar bear. What happened?



Most people find that they can't get that image out of their mind. The reason for this is because to not think about something, requires having to think about it! When thoughts are threat focused the mind is even more reluctant to allow the thought to be dismissed – part of self-preservation.

Experiment

If you are not convinced whether thought suppression is helpful or unhelpful to you, you could try the following experiment:-

- Spent one day carrying on with your life in the usual way, including your thinking. Record the frequency of your health anxious thoughts and the distress this causes you
- Spent the next day trying as hard as you can to suppress your thoughts, to get rid them. Record the frequency of your health anxious thoughts and the distress this causes you
- The next day return to carrying on with your life in the usual way including your thinking. Record the frequency of your health anxious thoughts and the distress this causes you
- The fourth and final day repeat day 2, spent the day trying as hard as you can to suppress your thoughts, to get rid them. Record the frequency of your health anxious thoughts and the distress this causes you.

What did you notice? Most people notice that anxious thoughts were more frequent and disturbing the harder they tried to suppress their thoughts.



Learning – the learning from this exercise for most is that it is counterproductive to try to suppress thoughts, they keep popping up! Therefore, why not try stopping trying so hard not to have the thoughts or images that are distressing you and you are likely to find they bother you much less! This may take practice!!!!

Symptoms

interpretation

When feeling anxious about physical wellbeing, it is very common to become more aware of your body sensations and at times monitor them. It is also very common to interpret bodily sensation as a negative sign, as a symptom of a feared illness such as cancer. From the list

of common thoughts of people with anxiety about their health, catastrophizing a bodily symptom is very usual.

One way to reduce catastrophizing is to understand there may be an alternative explanation for these bodily sensations. For example, many of the bodily sensations that are interpreted as evidence of a serious health problem is a symptom of anxiety – see diagram below: -

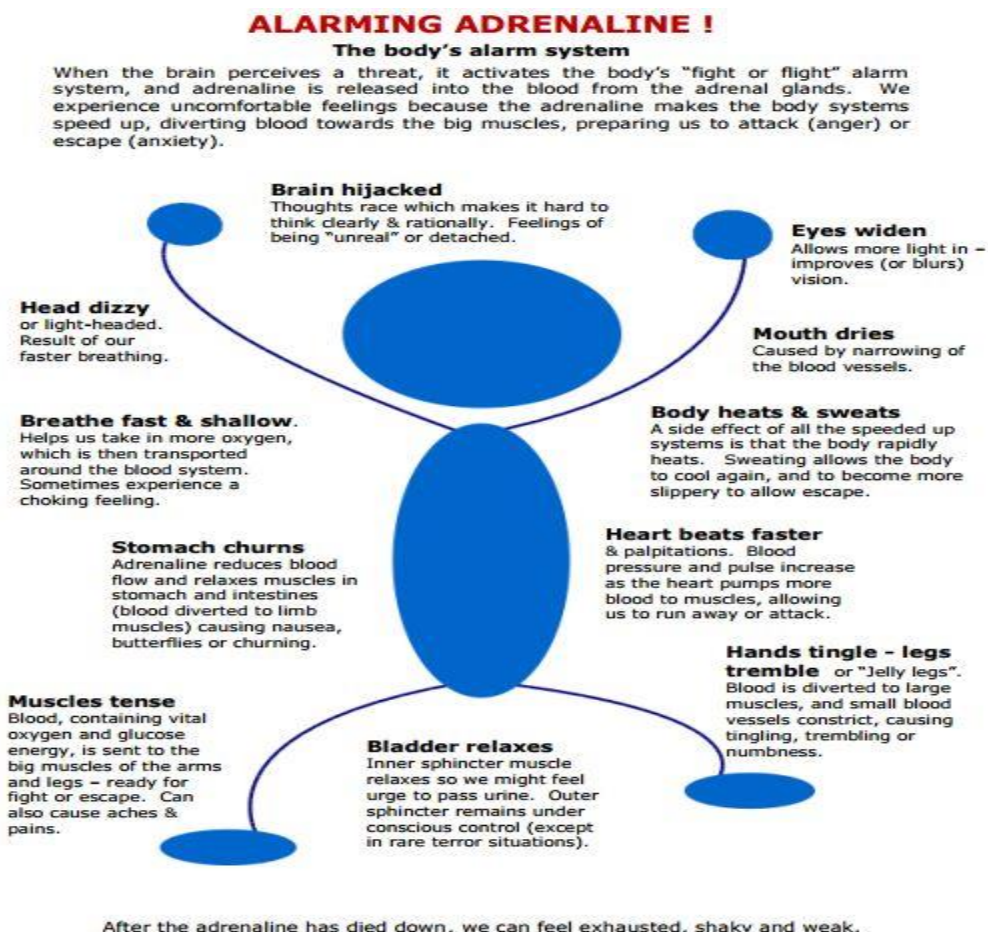


Image taken from www.getselfhelp.co.uk

Body Sensation	Interpretation	Alternative Interpretation
Racing heart	I am having a heart attack	My heart is racing due to adrenaline caused by stress, caffeine or anxiety
Stomach cramps	I have stomach cancer	Discomfort in stomach caused by acid entering stomach from feeling anxious
Tingling sensations in hands	I have lost sensation due to diabetes	Sensations resulting from anxiety in relation to diabetes – see model above
Red mark on skin	I have skin cancer	Marks left on skin surface from daily body scanning/checks – this is nothing to be concerned with
Feeling tired all the time	I have an autoimmune disorder or cancer	I have been up worrying about my health therefore do not sleep well

Try thinking of your bodily symptoms and possible alternative explanations:-

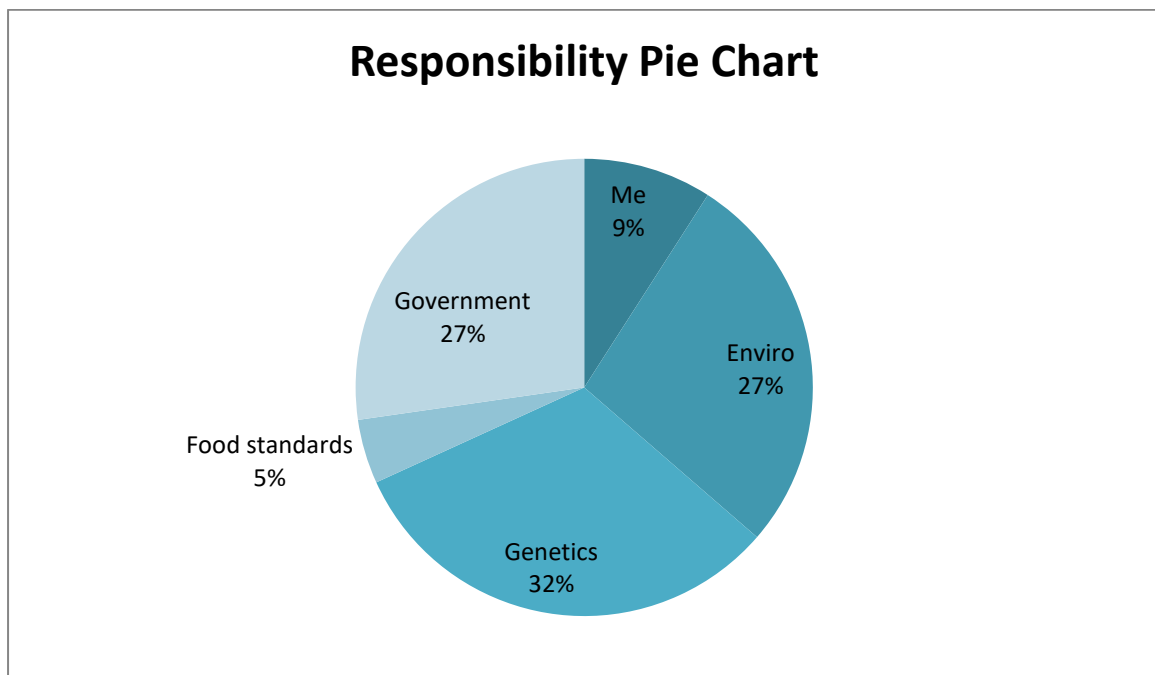
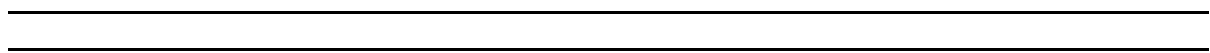
Body sensation	Catastrophic interpretation	Alternative explanation

Learning There is every chance that there is an alternative explanation for bodily experiences/sensations than the catastrophic interpretation to are used to. It can help to consider the following:-

- Sensations maybe symptoms of a minor illness
- Sensations might be the result of your emotions such as anxiety, stress, panic or depression
- Sensations maybe the result of activity or lifestyle choses – alcohol, food, caffeine, substances, change in diet, exercise.....
- Sensations are normal bodily functions that appear heightened because you are focusing on them

Excessive responsibility and Blame

Many people, but particularly those concerned with their health can believe they should do all they can to keep well....otherwise it is your fault you are ill. What thoughts does this conjure for you?



A responsibility pie chart is one way to challenge thinking that you are to blame for a feared future event or situation.

- Using the pie chart above, think of a health problem you believe you can influence or if you have a health problem or condition, rate how responsible you believe you are 0 – 100. You are likely to have given yourself a pretty high percentage!
- Now list other possible contributors to this real or feared health problem, examples might be health ministers, drug companies, schools, parents, GP, genetics, wealth, environmental factors, employment, advertisers, siblings, peers, industrial companies, spouse or partner, food standards agency, manufacturers.
- Draw a circle or pie chart as above and start dividing the sections amongst the contributing factors assigning each a rough percentage. Leave yourself until last.
- Pause. Consider your new percentage of responsibility. Was this a different percentage than the first?

The hope is that having considered all the other possibly contributors, you have allotted yourself less responsibility than you initially did. It is hoped this exercise offers some relief as well as a reflection that you are not as responsible as you can sometimes think you are.

Thought Challenging

One way to address unhelpful health related thoughts is to challenge them head on. It can be helpful to firstly remember that thoughts are just that, thoughts. Sometimes they will be accurate, sometimes they will be partially accurate, and sometimes they will not represent the reality of the situation at all. The only way we can work out how accurate our thoughts really are, is to question, dissect and evaluate them, otherwise known as thought challenging. You can use the table below to assist with thought challenging.

Date	Situation	Trigger for health anxiety	Emotion	Negative Thought Rate Belief - 100)	Response to thought (including rational response)	Outcome (re-rate belief)

Evidence my thought is realistic	Evidence my thought isn't realistic	Realistic / updated perspective
Facts supporting	Facts challenging	New way of looking at situation. Rate how much you believe it to be realistic 0-100

I believe in my new perspective.....%.
I now believe in my original thought.....%.
The strength of my emotion is now

Challenging the likelihood of your fears

It was discussed earlier that often anxious thoughts are catastrophic. The feared event or situation can also seem very likely. To combat this element of health anxious thinking, it can be useful to calculate the perceived likelihood of your fear materializing.

Try the exercise below:

- Your thought:
- Your probability of likelihood:
- Start with an estimate of a local population, e.g. Dorchester 21000, Poole 150000.
- Out of that population how many do you think experience the same symptom as you?
- Out of that how many do you think have a physical illness rather than an occasional symptom?
- Out of that how many do you think will have a dangerous but not life threatening problem?
- Out of that how many do you think will have the condition you focused on?
- Out of that how many do you think have it but haven't been diagnosed?
- Out of that how many do you think will be terminal or have an unsuccessful operation?

So out of a total population of ... the number of people likely to die from it is ...

What does this tell you about the probability your feared situation will occur? How high is your risk?

Challenging the perception of coping & resources

Can you think of a time when you haven't coped at all? Gotten through a situation one way or another? Being emotional isn't a sign of not coping when it's a natural response to challenging circumstances. The probability is that you can't because you are still here, taking part in this course. Reality is usually easier to deal with than imagination; a good example is the phrase "anticipation is worse than the event". In reality a situation will run its course with a finite number of options and outcomes. After the event, you might consider what you might do differently in a future in a similar situation – this doesn't mean that you didn't cope!

What do you make of this?

My learning from this session

The main things I will take away from today's session are:

Weekly Tasks:

- **Read through the booklet**
- **Consider the thoughts related to your health anxiety**
- **Experiment with the techniques from this week to challenge your perceptions**

Attention on the physical symptoms



When people are anxious about something, there is a tendency to on the lookout for the source of that anxiety. In the same way, if you have ever been pregnant suddenly you can see pregnant women everywhere or brought a new car, all of a sudden you notice that make of car more than others.

People who experience health anxiety often find themselves self-focused, scanning and monitoring their bodies for signs of ill health. To a certain extent, it is normal to be aware of bodily sensations and changes, and to pay some attention to potential health problems. However, if you are spending lots of time focussing on your body sensations or you find it difficult to stop thinking about these sensations, it may be useful to start working on retraining your attention.

Do you believe that you tend to focus on particular areas of your body? What you tend to focus on when you are feeling anxious about your health?

Selective attention video - <https://youtu.be/vJG698U2Mvo>

What did you notice?

This video highlights that you have a limited amount of attention. Much like focusing on only the players wearing white t-shirts, when focusing on body sensations, it can take attention away from other everyday activities, like the person in the gorilla suit. This selective attention can also amplify the intensity of the symptoms, and thus bring on more worry and anxiety symptoms. Have you ever noticed this?

Amplifying

If you are tuned you're your body, its lumps and bumps, physical and mental sensations, you are more likely to jump to conclusions that there is something wrong if you notice a minor change. Have you ever jumped to a catastrophic conclusion when focusing on your body?

Exercise

For this exercise, you are asked to focus your attention onto your left foot. Focus on your left foot for 2 minutes. Notice any sensations in your left foot, any difference between your left and right foot, is there anything you notice in your left foot as unusual?

- After the 2 minutes is up. What did you notice?
- Were you aware of the sensations in your left foot before you started focusing on it?
- What happened to the sensations when you started to focus on them?
- If focusing on your left foot led you to notice sensations you were previously not aware of, how might this self-focus contribute to your health anxiety?

Understanding self-focus

If you are overly self-focused and tend to find it difficult to focus externally, it can be useful to explore firstly the situations in which you tend to be more self-focused and secondly the benefits you believe there is to your self-focus.

Motivation for self-focus

Do you think that being self-focused can be helpful? Do you think that being self-focused might prepare you for something bad happening? Before you start to work on re-training your attention, it can be useful to examine whether you hold any positive beliefs about the benefits of continuing to focus on your health symptoms. Examples of positive beliefs might include:-

- It helps me evaluate how dangerous changes and potential symptoms are
- I will catch any problems before it is too late or too serious
- Not focusing is tempting fate
- I know my doctor will ask for my symptoms therefore it is useful to pay attention so I am able to provide a full picture of my symptoms

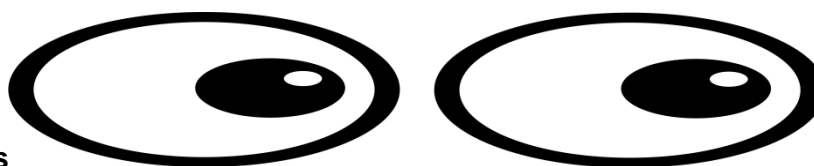
It makes sense that if you hold such positive beliefs about focusing your attention on your health symptoms that you will continue to do so. After all, you are telling yourself it is helpful and even protective!

As part of your Theory A you may feel that there are positives to maintaining this heightened awareness. Write down what you think are the positives and negatives to heightened awareness.

Positives of heightened awareness	Negatives of heightened awareness

Now try this for theory B positives and negatives

Positives heightened awareness	Negatives heightened awareness



Monitoring self-focus

How self-focused do you believe you are?

Exercise: Over the next 2-3 days, make a note of how much you focus on the following out of 100 (the 3 elements adding to 100) at different times and in different situations. Make a note of your level of distress.

- 1) Yourself
- 2) The task at hand
- 3) Your environment

Once completed, over the following 2-3 days. When in the same situations, purposefully focus 80% of your attention on the task or the environment. What are your levels of distress?

What did you notice? How did your levels of distress compare in the first exercise and the second? What affect did this change in attention have on the task?

Learning – most people find that when they reduce their self-focus, their distress also reduces. Did you find this? As some people find reducing their self-focus a challenge, exercises to aid reducing self-focus follow.

Focusing exercise

You might be asking “how do you let go of focussing on bodily sensations?” - It can be useful to think of your attention like a muscle... if you don't exercise it regularly, it will become weak and won't work as well. As such to learn to re-train, to re-focus your attention, you need to strengthen it by giving it regular exercise!!

When practice the attention training exercises detailed below, it can be useful to remember that it is completely normal for your minds to wander off to other things. This is what minds do, they drift off to memories, concerns, sensations, images, planning, and daydreams etc. Firstly, try to notice that your mind has wandered, then instead of criticising yourself, remind yourself that it is perfectly understandable that your mind has wandered off onto something else. Then bring your attention back to the exercise you were practicing. It doesn't matter how many times your attention wanders off, this is part of the training!!

Using sensory information to help you change your focus of attention:

Whenever you notice you are becoming self-focused (50% or more) immediately practice on one of the following:-

Focus on the task: Whatever task you are undertaking, immediately focus your attention on what you are doing. What sensory (sight, sound, smell, taste and physical sensation) information is present. For example, when washing up what is the texture of the plate like? Is there a difference between the top and bottom of the plate? As you put the plate in the water do you notice a difference in temperature between the water on your hand and the air on your wrist? What does the soap and bubbles in the water look like? What colours can you see? Do you hear anything from soap bubbles rustling to water splashing? Can you smell the food on the plate or from the soap?

Focus on what you can see: pause and look around you, observe your environment. Find an object to focus on. Look at how colours blend or contrast. Colours that stand out or fade in. Are there light or dark patches? Shimmers, sparkles, matt or dull patches? Are there different materials such as metal and plastic? Difference in textures? Does it look the same close up or an arm's length away?

Focus on what you can hear: Pause and notice what you can hear. Is there traffic or birds? The hum of a computer or electronic devices? Can you hear the wind or the rain? Are there people talking – focus on the voice tones, volumes, accents rather than what they are saying. Can you hear your own breathe? Try moving, what noises do you notice?

Focus on texture: Take a moment to notice if there is a difference in texture between your top and your trousers? Notice anything rough, smooth, warm or cold? What about your jewelry? The chair you are sat upon or the arm rest?

Attention training (Wells)

This exercises should be completed when you are alone, in a position to not be distracted and not feeling distressed. In the long term this practice can help you to interrupt the cycle of self-focus.

- Collect together 3 or more sound (tap dripping, the wind, radio on low volume, a ticking clock, traffic noise)
- Collect together 3 or more locations (outside, bedroom, kitchen, bathroom, a room above or below, room to the right or left)
- Label each sound and location as sound 1, location 2 etc.

Phase 1 – Sit down in a comfortable chair, relax, and fix your gaze on a spot on the wall. Keep your eyes open. You may experience distracting thoughts, feelings or images during this practice, this is ok. Just notice them and re-focus back on the exercise. The practice is to focus your attention on the sounds in a sequence (sound 1 then sound 2 and finally sound 3). Focus close attention to sound 1, no other sound matters other than sound 1. Ignore all other sounds around you. Monitor it closely and filter out all competing sounds. Then focus on sound 2 in the same way and finally sound 3.

Phase 2 – This time focus from one sound (as practiced above) to other in a random order (rather than 1, 2, 3 try 3, 1, 3, 4, 2, 1, 2 for example).

Phase 3 – This time expanding your attention. Absorb all the sounds as locations simultaneously. Mentally count all the sounds and location you can.

If possible practice the above techniques for 10-15 minutes per day. Try to introduce new sounds to avoid getting used to them. Like physical training, exercises need to be practiced for the attention muscle to grow stronger.



My learning from this session

The main things I will take away from today's session are:

Weekly Tasks:

- **Read through this week's booklet**
- **Notice when you are drawn to bodily sensations and experiment with outward focus on sensory information**

Safety Behaviours and avoidance

What are safety behaviours and avoidance?



When feeling anxious or expecting to feel anxious it's understandable to want to do something to feel safer. This can lead to avoidance, where you stay away from those situations or activities that you associate with feared illnesses or that remind you of your mortality. This could include avoiding:

- people (e.g., medical staff, ill friends or relatives),
- places (e.g., hospitals, public restrooms, funeral homes),
- activities (e.g., attending medical appointments, thinking about death, writing a will)
- activities that cause physical changes (e.g., exercise, having sex, eating spicy foods, drinking caffeinated drinks).



The second type of avoidance is more subtle and these behaviours are called safety behaviours. This is where you may not outright avoid a situation or activity, but you will only do it if certain precautions

are in place, or you only feel safe if you do these behaviours. For example,

- reassurance seeking
- not touching door handles, lift buttons, etc.
- minimise touching objects.
- Cancelling plans if there is the possibility of seeing someone who has recently been ill
- Researching symptoms on the internet
- Seeing a GP as soon as a physical symptom is observed
- Asking the GP for tests

Can you think of situations you outright avoid?

Can you think of safety behaviours you do:

In what way do you think these behaviours help you?

Cost and gains

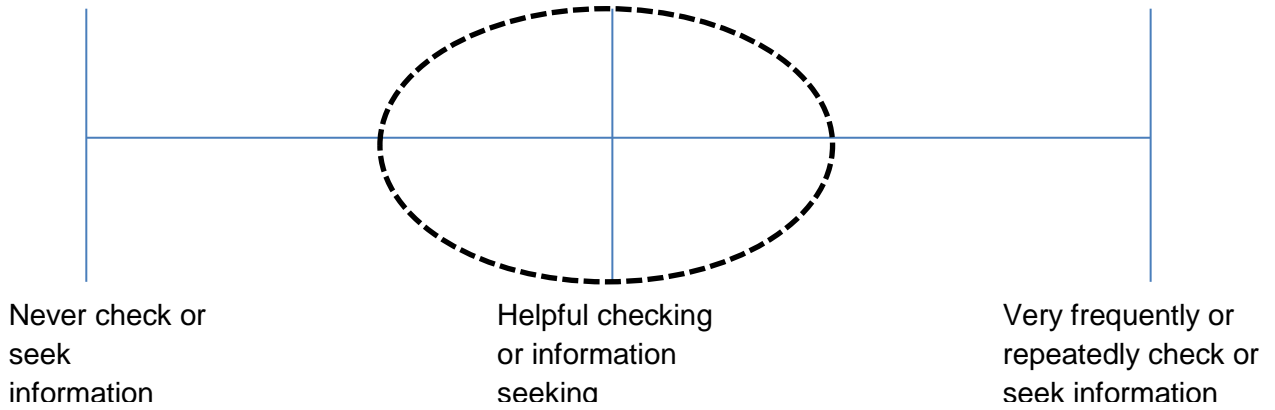


On the surface it appears that safety behaviours and avoidance can make you to feel better – why would you want to put yourself in a situation where you feel awful? Why wouldn't you want to do something to try & dampen the fear you feel or increase your sense of being in control? Unfortunately there tends to be a catch with avoidance, in that the relief tends to be a temporary masking of the problem rather than dealing with it. Therefore, in the long term avoidance & safety behaviours increase your fears as you never have the chance to prove you are safe, that the risk is minimal,

you can cope or that have resources to help yourself. This leaves you with a short term gain long term cost.

In order to overcome fears and reduce anxiety you have to work with short term cost for long term gain. This means finding ways to approach your fear to give your brain chance to see that it is safe and can cope. You have to approach behavioural change in a slow and repetitive method for it to be effective. For example, if you were teaching a child to swim what would they learn if the first time in the pool they were chunked into the deep end? What would they learn if given time to look around, sit on the edge of the shallow end then slowly stand in the water? Which would you prefer?

One of the challenges with changing behaviour in relation to health anxiety is trying to identify whether behaviour is a realistic precaution and what might be excessive. It can be useful to think of this on a continuum where both ends are too extreme. The aim therefore is to find the middle ground. Let's look at the example of breast screening. If someone never examines their breasts, they could be putting themselves at risk and this could be seen as one end of the continuum. At the other end of the scale, is someone checks their breasts daily or several times a day. This can be unhelpful as they may not notice any changes or may develop soreness due to over-checking. The middle ground of this example might be undertaking a monthly breast examination, which will be helpful in identifying any changes without creating soreness.



Think about your avoidance and safety behaviours. Where do they fit on this scale?

What is the impact or consequence for you of doing those behaviours to that extent?

Having considered this, do you think the behaviour achieves what you wanted it to?

If the answer is no it doesn't achieve your goal then do you need to stop, decrease or change the behaviour?

What's your action plan? Bear in mind it needs to be realistic, slow and repetitive to be effective.



To help with decreasing or stopping a behaviour you may wish to draw out a hierarchy of steps you need to take from where you are now, to where you want to be. To do this you identify what your end goal is and how much the thought of it makes you anxious from 0-100%. Next write out a "ladder" of small steps you can take to help you achieve your goal. Rate each of how anxious it makes you from 0-100%

Goal	Anxiety 0-100%

Step	Tasks	Anxiety 0-100%
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Now that you have your ladder you are going to slowly work your way through it from the lowest distress up to the highest. There are some guidelines to follow to make this more effective in sustainable change.



Keep it slow and steady!

If you try and race through your steps or jump up & down the intensity the chances are you will end up scaring yourself. Stay on one step without moving to another until your anxiety rating is consistently below 25%.

Repeat Repeat Repeat!

If you do something differently once the brain says “well it was sheer luck nothing happened this time but it still might next time”. This means you have to use frequent and consistent repetition for the brain to accept that you are safe without using your safety behaviour. Aim to practice your new behaviour a minimum of three times a week.

Expect some anxiety

This is an uncomfortable process to go through as it works on the opposite principles to anxiety, i.e. short term cost long term gain. Stay focused on what you want to achieve and why. Use your techniques from previous sessions to help you cope without getting caught in new safety behaviours.

Test it out

Try the new behaviour and see what happens. Was there something that made it easier or more difficult? Were there any other circumstances that made it more challenging or not possible?

Reducing avoidance



You may have heard the term- face your fears! That is what is being encouraged here!

You can also use the ladder approach to reducing avoidance. To do this you identify what your end goal is and how much the thought of it makes you anxious from 0-100%. Next write out a “ladder” of small steps you can take to help you achieve your goal. Rate each of how anxious it makes you from 0-100%

Goal	Anxiety 0-100%

Step	Tasks	Anxiety 0-100%
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Now that you have your ladder you are going to slowly work your way through it from the lowest distress up to the highest. There are some guidelines to follow to make this more effective in sustainable change.



Keep it simple

Wherever possible identify the smallest steps you can take so that you don't have big jumps in anxiety levels. Ideally don't try and do this for lots of different things you are avoiding at the same time as you could overwhelm yourself and increase your anxiety.

Keep it slow and steady!

If you try and race through your steps or jump up & down the intensity the chances are you will end up scaring yourself. Stay on one step without moving to another until your anxiety rating is consistently below 25%.

Safety behaviours

You may find that it is too much to try and drop all your safety behaviours at the same time as doing exposure. If this is the case then include a reduction of safety behaviours in with your ladder. For example if your avoidance is of hospital waiting areas you could go to the

waiting area but stand then when your anxiety has reduced you go to the waiting area & sit away from others, then closer to others, etc.

Repeat Repeat Repeat!

If you do something differently once the brain says “well it was sheer luck nothing happened this time but it still might next time”. This means we have to use frequent and consistent repetition for the brain to accept that you are safe without doing the safety behaviour. Aim to practice your new behaviour a minimum of three times a week.

Stick with it

Anxiety symptoms go in a wave. They increase for approx. 20 mins, stay at the peak for 10-20 mins then decrease again. If you escape the situation when anxiety is increasing then it will reinforce your fear. You need to stay in the situation long enough to get bored, ideally at least 40mins.

Expect some anxiety

This is an uncomfortable process to go through as it works on the opposite principles to anxiety, i.e. short term cost long term gain. Stay focused on what you want to achieve and why. Use your techniques from previous sessions to help you cope without getting caught in new safety behaviours.

Test it out

Try the new behaviour and see what happens. Was there something that made it easier or more difficult? Were there any other circumstances that made it more challenging or not possible?

My learning from this session:

The main things I will take away from today’s session are:

Weekly Tasks:

- **Read through the booklet**
- **Work on your step 1 of either your safety behaviour or avoidance ladder**

Worry



What is worry?

Worry is often described as a self-talk activity, an activity in which you 'talk to yourself' repetitively about possible future negative events that are fear inducing. Often this thinking includes thoughts about what would happen should the event occur. Worrying can therefore be seen as a type of vigilance for threat, and an 'attempt' at mentally problem solve problems that haven't happened yet and might never happen. The word 'attempt' is used

here because often a solution doesn't arise leaving people thinking they will not be able to cope should their worst fears materialise. Often worries start with what if.....Can you identify any what if health worries you have?

Is worrying normal?

Yes, it is true that everyone can worry from time to time. This is understandable particularly if you are waiting for test results into health investigations for example. Worry can become problematic due to the amount of time spent worrying as well as the difficulty disengaging from worry. Do you believe your health worries at a problem?

Attention on worry

One of the dilemmas of overcoming health anxiety, is the belief that it is reasonable to worry about your health to some extent. Could there be a middle ground? Could you have some concern for yourself but not excessively worry? If not, why do think this is not possible?



Understand you worry

To understand your worry, it can be useful to consider the function of worry for you, what do you hope to achieve from your worry? For example it is common for people to believe that worrying helps prepare them for the worst, that they worry because they care or that it helps problem solving. What is the function of worry for you?

Now you have an idea of what you hope to achieve from worrying, I wonder if you achieve what you hope to achieve from worrying? Do you feel prepared? When the worst has happened, has it been helpful to worry beforehand?

The chances are you have identified a couple of times when worry has helped but lots of times when you have worried with no positive or useful outcome. It may seem odd that you keep worrying when there are far more times when worry has not been helpful or productive. The process maintaining this is the same that keeps people playing on fruit machines, i.e. “I might win this next time – the worry might help me this time”. This causes the brain to focus on the times when the worry has been helpful and dismiss all the times it hasn’t which creates an unhelpful habit. In other words it gives the illusion of helping but actually it’s a short term gain for a long term cost. Does this sound familiar to you??

If the opposite is true, that worrying about your health has been unhelpful, has not achieved what you hoped it would or instead this has led to inactivity, seeking reassurance or any other unhelpful behavior, then learning to reduce your worry maybe useful.

If you are not sure if your worry is helpful or unhelpful, it might be helpful to keep a record of your worry to test this out using the cost-benefit analysis below.

Cost-benefit analysis – In undertaking a cost-benefit analysis you can consider the advantages and disadvantages of worrying about your health using the table below as well as asking yourself the following questions:-

- What are the advantages and disadvantages in the short term?
- What are the advantages and disadvantages in the long term?
- What are the advantages and disadvantages to you in worrying?
- What are the advantages and disadvantages to other people in worrying?

How about now if you were to also consider the costs and benefits to reducing your worry?

Cost of worrying about your health	Benefits of worrying about your health	Cost of reducing my worry about my health	Benefits of reducing my worry about my health
E.g. I feel as though I'm losing my mind	E.g. If I don't worry about my health I might miss something important	E.g. Worrying mentally prepares me for the worst	E.g. Because I worry so much people don't take my concerns seriously

What did you discover?

Motivation to worry

If you believe that it is reasonable to worry about your health or that this shows your health is important to you, then it is also understandable that you worry about your health. If you hold some beliefs that worry is positive, this is useful to you in some way, can you identify that these beliefs are?

When considering these positive beliefs about worry it can be useful to question:-

- Does this belief about worry help me to overcome my health anxiety?
- Whilst having this belief about worry, am I more or less pre-occupied with my health?
- Does my worry reduce unhelpful behaviours such as reassurance seeking or bodily checking?
- Would I teach these beliefs about worry to another person such as a child? If not, why is that?

What are your reflections on the usefulness of worry, on your positive beliefs of worry

Reducing worry

If you have made the decision to work on reducing time spent worrying, there are several ways you can achieve this.

Attention re-training – As outlined within the –focusing from bodily sensations section, attention re-training exercises detailed here can also assist with reducing worry.

Worry periods

Allocating yourself time to worry can seem like an odd idea, give it a go and see what you make of it. The process of worry time is outlines here:

- 1) Choose a time in your day, each day, to worry. It can be useful to identify a time when you will not be disturbed. Go to a quiet place where you will not be interrupted. Length of worry time is 15 minutes. Try to ensure the location you worry comfortable, and free from distractions.
- 2) During your day (until your worry time) make a note of any worries you have as soon as you notice them. You can write this on a piece of paper or on your mobile phone. You can remind yourself that you will worry about this worry during your worry time there is no need to spent time on this worry now. You will be in a better position to manage your worry during your worry period. Turn your attention to the present

moment and the activities of the day to help let go of the worry until the worry period has arrived.

- 3) During your worry time take some time to reflect on the worries you had written down from the day. Only worry about the things you have noted if you feel you must. You may find it helpful to write your thoughts on paper rather than worrying in your head. If all or some of the worries you jotted down are no longer bothering you or no longer seem relevant, then no further action is required.

You can use the table below during your worry time.

What was the worry? (Did you notice any triggers, such as places, times or events linked to your worry?)	Were you able to postpone the worry? (How did you cope?)	What happened in the worry period? Did you still need to worry?	What did you learn from postponing your worry? Could you control your worry? How did you feel after the worry period?

At the end of the week review, what are your reflections? What happened to the worries?

Rumination

What is rumination?

Rumination is:

- Repeatedly thinking about events from the past
- Dwelling on difficult things you find distressing
- A strategy often used in an attempt to problem solve or learn from past events

Is rumination problematic?

Much like when worrying, there is usually a function it is hoped would be achieved from ruminating. Sometimes for example thinking about an event will help to problem solve or learn. Therefore, much like worry, rumination can be unhelpful if:

- It is not solution focused
- You only focus on what has gone wrong
- Excessive rumination can lead to depression
- Can lead to avoidance and inactivity

What can I do?

It is recommended you use attention training.

5 minute rule

To use the 5 minute rule, follow the following guidance:

- 1) Notice that you are ruminating
- 2) Continue ruminating for 5 minutes
- 3) After 5 minutes, ask yourself
 - Do I feel better in my mood
 - Has any anxiety reduced?
 - Have I problem solved?
- 4) If the answer to the above questions is no, refocus on you environment – what can you see, hear, smell, taste, feel in your body

What did you notice?

To aid problem solving, you can also se the table below. Evidence that my problem is

.....

A serious heart problem	Belief that I have a serious heart problem
<ul style="list-style-type: none"> • Recurrent chest discomfort • Palpitations • Heart misses a beat • Breathlessness • High blood pressure 	<ul style="list-style-type: none"> • Focusing on my body sensations amplifies them • Feeling anxious about my health increases my heart rate • When anxious my heart rate changes • Reassurance reduces my symptoms • I have pushes my heart rate by exercising and this gradually reduced after exercise • I check my pulse and chest which makes me feel better • My blood pressure is within the normal range

My learning from this session

The main things I will take away from today's session are:

Weekly Tasks:

- **Read this week's booklet and undertake any exercises**
- **Notice when you worry and question if it's helpful**

Rules about health



You have now learned strategies to decrease the amount of time spent worrying about and focussing on health symptoms, to directly challenge unhelpful health related thoughts, and to decrease unhelpful health related behaviours. It is hoped that you are finding these strategies helpful in improving how you think and feel about your health, and how you behave in relation to your health on a day-to-day basis. Now that you have some experience in working with strategies to manage your health anxiety, it can be important to tackle some of the more difficult underlying reasons you started to worry about your health to begin with. With this in mind, the underlying health rules and assumptions giving rise to your health anxiety come into focus.

Although it is unlikely you would have been specifically taught “the rules” in relation to your health, these are learnt through experiences and from observing other people who influence you. You may not even be aware that you developed these rules or assumptions, but they consistently influence your thoughts and behaviour.

Parents pass on rules to their children to assist them to live life independently. Children also absorb rules from their families purely by observation. They notice connections (e.g. ‘If I don’t tidy my room, then mum will do it for me’) and these can become a basis for more general rules (e.g. ‘If things go wrong, someone will be there to pick up the pieces’). They notice what is praised and what is criticised, what brings a smile to a parent’s face and what causes a frown. All these experiences can become a basis for personal rules with a lasting impact on how people live their lives.

Rules tend to be start with

- If I do ... then ...
- If I don’t do ... then ...
- I should / must always ... or else ...
- I should / must / ought to

Rules can provide guidelines for living to help make sense of the world and to cope with everyday life. So having rules, is not a bad thing. Rules can be helpful or unhelpful.

Helpful rules

Rule can help to make sense of what happens to you, to recognise repeating patterns, and to respond to new experiences. Helpful rules tend to be more helpful if they are flexible. An example of a helpful flexible rule is “it is good to try to eat healthy food” because there is evidence to support that you will likely have fewer health problems if you eat healthy foods. This rule is also flexible it taking into account occasions when it may be preferable to eat foods that are less healthy without feeling guilty (e.g., birthdays or Christmas).



Unhelpful Rules

Unhelpful rules are those that are inflexible and unreasonable. An example of an unhelpful

rule related to your health might be “my doctor should be able to explain every one of my bodily sensations and changes”. This is unreasonable because it is not possible to expect your doctor to know exactly what is happening within your body at all times. Unfortunately there are unknowns in medical science and your GP may not have specialist knowledge. This rule is also likely to keep you worried about your health, and dissatisfied or even frustrated with your doctor. Therefore this rule can be unhelpful.

Rules about health



Your experiences may lead you to develop some guidelines (i.e., rules and assumptions) about your health. You may develop a rule that “I must find out what is causing this sensation”. You may also begin to assume that “If I don’t report these symptoms, I could miss an important one”. Keep in mind that your rules and assumptions have

developed as a way of attempting to protect you, it is only when they become inaccurate and/or inflexible that they become a problem.

Example health anxiety rules

- “I must take all symptoms and bodily changes seriously”
- “I must be symptom free to be healthy”
- “I must report all new bodily sensations to a health professional”
- “My doctor should be able to explain each of my bodily sensations and changes”
- “If my doctor orders a test, then there must be something wrong”
- “If my doctor doesn’t know exactly what the problem is, then it must be really serious”
- “If I don’t keep checking / having tests, I could miss something really important”

What rules do you have about your health? To identify these it might be useful to ask yourself the following questions:

- What standards do I expect myself to meet regarding my health?
- What standards do I expect my doctor or other health professionals to meet
- What symptoms do I allow myself to experience without worrying?
- What symptoms or sensations do I never allow myself to experience?

Pros and cons of these rules



Consider how helpful or unhelpful these rules are for you. For example, think about your formulation and see if you can identify the impact your rules have on your behaviour. Would you advise or expect others to follow your rules and if not then why not?

Pros of your health rules

Cons of your health rules

Adapting unhelpful rules

The goal of adapting unhelpful rules is not to get rid of your health rules or assumptions, but rather to adjust them into more realistic and flexible health guidelines, for the to be more helpful for you. When adapting rules it can be helpful to firstly consider the following:-

1. Identify the health rule or assumption you would like to adjust. You may have a number of rules or assumptions that you would like to work on. There is no right or wrong place to start with this. Some people like to tackle the one that is impacting on them the most. Others like to start on the rule or assumption they think will be easiest to challenge, so that they can build up some confidence. Either of these strategies is fine.

2. Ask yourself “Where might this rule / assumption have come from? Why is it still here?”

The purpose of this question is to think about why you developed this rule or assumption. As mentioned before, these rules and assumptions have often developed as a way to protect ourselves and to make ourselves feel less vulnerable. It is therefore quite possible that the rules or assumptions made sense at the time you developed them. This question also encouraged you to examine why you are still holding on to these rules or assumptions. Ask yourself, “What advantages are there to living by this rule or assumption? What benefits do I obtain? What do these rules or assumptions protect me from now?”

3. Ask yourself “What impact does this rule/assumption have on my life?” Take a moment to record how holding this rule or assumption has affected your thinking, feelings, and behaviours. How has it impacted on your relationships with others, including with health professionals? How has it impacted on your ability to do things that you value, and that give you a sense of enjoyment or satisfaction?

4. Ask yourself “In what ways is this rule/assumption unreasonable, unrealistic or unhelpful?” (E.g., if you believe “I must be symptom free to be healthy” – can you actually ever be symptom free?). Do the disadvantages of this rule / assumption outweigh the advantages? If there are more advantages than disadvantages, then maybe you don’t need to challenge this rule/assumption.

One of the best ways to update your unhelpful rules is to consider if they are realistic, needed for your current circumstances and whether they are too rigid. Look at the wording you have used - unhelpful rules tend to be very brief and use all/nothing language. This means the most effective way of updating them is to soften the language you have used and/or increasing the content of the rule. You are aiming to find the middle ground and broaden your options to cover variable circumstances. Another thing to consider is if your pro & con list is heavier on the con side. If so it is likely to be out of date.

For example;

I want....
I enjoy...
I prefer...
It's ok to....

Rather than:

I must...
I should...
I ought to...
It would be terrible if...

You may find that your new rule starts with the same 'if'..., but ends with a different 'then...'
for example, replacing 'If someone criticises me, then it means that I have failed' with 'If
someone criticises me, then I may or may not deserve it. If I have done something worthy of
criticism, that's not failure-it's all part of being human, and there's nothing wrong with that'.

My old rule is:

This rule has had the following impact on my life:

I know that rule is in operation because:

It is understandable that I have this rule because:

However, the rule is unreasonable, because:

The advantages of obeying the rule are:

But the disadvantages are:

A more realistic and helpful rule would be:

In order to test-drive the new rule, I need to:

Testing the new rules out



Start acting in accordance with your new rule and observing the outcome. Ensure that your new rule is indeed a useful policy and explore its impact on your everyday life. Use your formulation to help you identify the specific changes that will help you follow the new rules. You may have some things you can do immediately and some things you need some help from the rest of this course to change effectively.

Dealing with the old rule

Even when you have a well-formulated alternative and you are beginning to act on it, your old rule may be present and you may act according to your old rule. After all, it has been around for a long time and may not just slink quietly away as soon as you expose it to the light of day. If you are prepared for this, you will be able to tackle the old rule calmly when you see it in operation. Negative automatic thoughts are signs that your old rule is in danger of being broken. Keep using the skills you learned to question your thoughts, find alternatives to them, and experiment with acting in different ways. Over time, you will find that you have less need to do so.

Old rule: _____

New Rule I am testing: _____

How I'm testing it: _____

Outcome: _____

Reflections: _____

My learning from this session

The main things I will take away from today's session are:

<p style="text-align: center;">Weekly Tasks:</p> <ul style="list-style-type: none">• Read through the booklet• Observe signs that your health related rules for are being triggered• Test out your new health related rules and identify learning points
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Relapse Prevention

Reflections

It can be useful at this point to review the hopes and fears identified at the beginning of the course.

Take a moment to personally reflect upon the following questions.....

What happened to your fears?

What happened to your hopes?

Did what you expected to happen, happen for you?

You are also invited to consider some advance reflections on your health anxiety and any gains you have made through attending the course.....

.....When reflecting upon these questions, it can be helpful to also ask what has aided or hindered any changes.

Knowing what has been helpful can provide clues to what might be useful for us to continue doing or not doing. Likewise, if there have been barriers, it can be useful to consider here, how might these barriers be overcome in future when trying to implement strategies discussed?

Reflective questions....



<p>Have you removed all safety behaviours and avoidances ?</p>	
<p>Have you removed attentional focus on your body?</p>	

Have you learned to normalize bodily sensations rather than jump to catastrophic conclusions?	
Have you managed to reduce your fears and doubts?	

Gains



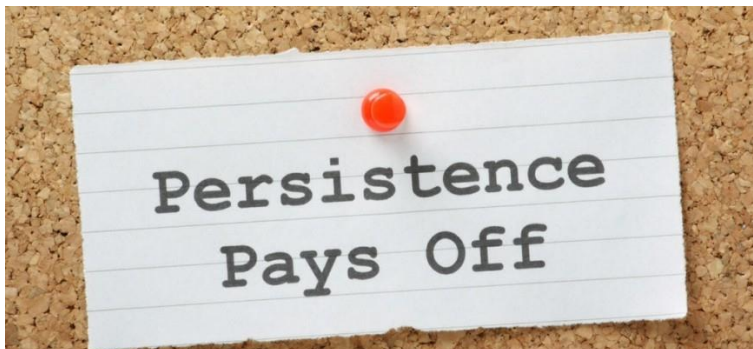
As mentioned above, considering what has aided us to make changes can be KEY to maintaining these gains...if we know what is helpful, keep doing it!! With this in mind, let's take a moment to consider your gains. Consider the following two questions:-

What has been the most helpful thing you have learnt?

What has been the most helpful technique you have applied?

How can you use what you have learnt about what has helped in the future to maintain gains? E.G – Are there techniques it would be useful to practice regularly or learning if would be useful to remind yourself of at difficult times?

Practice



It can be useful to think about maintaining your wellness like learning a new sport. Much like learning a new sport, it takes some time for the skills learnt to feel more natural and to remember all the new rules. This is where persistence and practice is KEY! At times, you

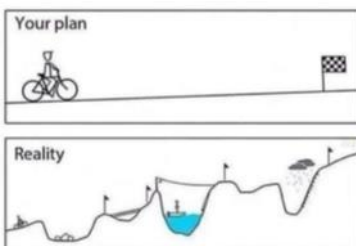
may come up against some tough competition, but that doesn't mean that you should give up! It just means that you might need some more practice.

You have been introduced to many different concepts in a relatively short space of time on the course. Some of these are the opposite of how you have been thinking and behaving. It will take some time for your new ways of thinking and behaving to feel 'normal' or comfortable for you. This is where practice is recommended!



Setbacks

NEVER LOSE HOPE



Although setbacks can be disappointing, it is important to remember that setbacks are a normal part of recovery! The one step forwards, two steps back can be a common experience.

It is useful here to distinguish between a setback and a relapse. A relapse essentially means a return to the beginning, where you were before embarking on this course whereas a setback is a slip back on your recovery journey. Never are impossible situations BUT catching a setback early can prevent a relapse.

With this in mind, let's look at making a plan to minimise the chances of a setback (by considering how to build upon your strength and manage any challenges).

Firstly let think about what your health anxiety symptoms and situations when your health anxiety has been worse:

What are the early warning signs that tell me I might be heading for a set-back and need to do something? (e.g. certain thoughts, behaviours - checking or avoidance, things others say to me, certain anxiety symptoms)

What situations are potential problems for me? (e.g. times of increased stress, medical check-ups, receiving a diagnosis)

Now thinking about how you can respond if you have had a setback, how can you help yourself? It is useful to consider if you can learn from your gains here but also consider:



Are there some helpful statements or phrases that I can use to help myself when I am feeling anxious or worried, or have had a set back?

What strategies/techniques have I learned that I could apply when I notice some early warning signs?

Another reason setbacks can be an important part of recovery is the learning they offer – instead of beating yourself up over any setbacks you experience, LEARN from them!!



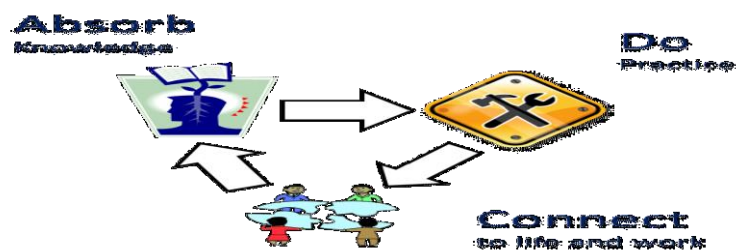
I can understand I had a setback because.....

What I have learnt from this setback is.....

In hindsight, what would I do differently?
Therefore my plan in future is.....

Healthy Living

On the very beginning of this course, it was suggested when thinking about health anxiety, it is first be useful to consider what health is. Is it worth considering here if there are steps to maintain both your physical and mental health.



Consider how to incorporate the following into your life, a life that has now left time and space away from health anxiety.....

Sleep

Social support/family

Fun activities

Exercise

Diet

Stress management

How might you take maintaining your overall health forward from this point.



Well done! You have made it to the end of the course!! We hope that by the time you come to read this section of the booklet that you have started to feel differently and are building the life that you want to live. We wish you all the best for the future.

Note: Once the final day is completed, you will be given the opportunity to have a 1:1 with one of the therapists running the group to review your progress.

Feedback – we would also be very interested to hear your feedback on the health anxiety course you have attended. We are constantly reviewing and amending courses we run, with this in mind, we very much value your thoughts of what we could alter or add for the benefit of future attendees – thank you ☺



Resources

- Overcoming Health Anxiety: A self-help guide using cognitive behavioural techniques. 26 Nov 2009. David Veale (Author), Rob Willson (Author). ISBN-10: 1845298241
- <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself>
- <https://www.nhs.uk/live-well/exercise/strength-exercises/>
- <https://weareundefeatable.co.uk/>
- <https://www.getselfhelp.co.uk/healthanxiety.htm>
- <http://www.dorsetmentalhealthforum.org.uk> Local charity promoting wellbeing and recovery
- <https://www.anxietyuk.org.uk/> A national charity set up to help people experiencing different forms of anxiety.
- www.selfcompassion.org Website of Dr Kristen Neff, includes lots of information and resources relating to self-compassion, including practices to help you develop a more compassionate way of relating to yourself, and guided meditations
- <https://www.mindful.org/meditation/mindfulness-getting-started/> introduction to mindfulness and meditation, including videos to watch
- Smart Phone Apps
 - Catch It – encourages you to record negative thoughts and to look at it from a different perspective
 - Stress & Anxiety Companion- free on the App Store, recommended by the NHS for mild-moderate anxiety and stress, includes tools such as breathing exercises and relaxing music
 - Calm – meditation app with sleep stories and relaxing music, £36 per year's subscription
 - Breathe2Relax- breathing exercises app
 - Relax Melodies – Music for sleep and relaxation
 - Headspace – Guided meditation and mindfulness, free trial available, see App Store, Google Play or www.headspace.com