

Preface

Despite a rich 2000-year history, hypochondriasis remains a controversial topic in the fields of mental health and medicine. Some experts consider it a primary mental disorder; others view it as secondary to more prominent psychological conditions such as depression; still others view it as a personality trait or disorder – a Freudian defence mechanism, an abnormal perceptual style, a means of nonverbal communication, or a response to stress, trauma, or abuse. Not surprisingly, throughout the millennia, hypochondriasis has been a much misunderstood, criticized, and scorned condition. Even today, at the beginning of the 21st century, hypochondriasis evokes mostly a bewildered sigh from many clinicians, who often view those with this and related conditions as little more than a nuisance. But what sufferers of this and related problems truly need is for their treatment providers to listen more carefully to their complaints – and to listen in a *different* way. The focus of this book thus reflects recent advances in the understanding of hypochondriasis and related problems as *health anxiety*.

Our collaboration began at the Mayo Clinic in Rochester, Minnesota. Mayo Clinic is one of the best places in the world to study health anxiety because it attracts medical patients from around the United States (and indeed from around the world) who have been referred from primary care and specialty physicians in their local areas who were unable to successfully diagnose or treat the individual. Once at Mayo, most of these patients receive consultation and, often, helpful treatment for their medical problems. A significant minority, however, are examined thoroughly yet found to have no organic basis for their physical complaints. A proportion of such individuals are relieved to receive the news that they are in fact medically healthy. Yet, there remains one last group of patients who appear unsatisfied when test after test, exam after exam, yields nothing but negative results. It is as if such individuals simply cannot accept their being told they are healthy.

That's where we, the clinical psychologists, come in! Our colleagues in internal medicine, cardiology and cardiovascular diseases, neurology, and gastroenterology (among other specialties) rely on our expertise in anxiety and behavioral medicine to provide proper evaluation and consultation for patients with persistent but medically unexplained (or undiagnosed) physical symptoms who do not respond to what would otherwise be a convincing reassurance of good health. There is but one further difficulty: Many individuals in this position do not appreciate being told by their physicians that they need to see a mental-

health professional. They often perceive this as akin to being told that “it’s all in your head.” Thus, the initial hurdle in working with such individuals is engaging them in consultation or treatment.

As the reader can gather, the task of helping individuals with medically unexplained symptoms to view their problem as one involving psychological factors such as anxiety and fear (as opposed to a serious or rare medical condition that requires even further evaluation) is a difficult one indeed. After much training and practice (and much trial and error), we have, often on the basis of existing theoretical and empirical work, developed a conceptual framework that helps us understand these patients as suffering from *health anxiety* – characterized by excessive fear and worry that they *might* have a terrible disease. We have also adapted techniques for assessing, consulting for, and treating individuals with health anxiety using empirically supported techniques. We share this information in the present volume.

Part 1 of the book presents the scientifically based theoretical framework for understanding health anxiety and related phenomena. The opening chapters help clinicians form a conceptualization of the problem to guide them through the use of treatment procedures described in *Part 2* of the book. Chapter 1 presents a case example illustrating the symptoms of health anxiety from the perspective of the patient and his treatment providers. In Chapter 2, we explore the nature of health anxiety; in Chapter 3, we examine various explanations of the causes of health anxiety; and in Chapter 4, we outline a biopsychosocial model to explain how the problem persists despite medical evidence to the contrary. *Part 1* concludes with Chapter 5, which presents a review of the health-anxiety treatment literature.

Part 2 illustrates how to conduct assessment, consultation, and psychological treatment for health-related anxiety. The treatment procedures described have a solid scientific foundation, yet applying them is still very much an art that requires a blend of sensitivity and ingenuity. Effective treatment relies on thorough assessment, motivating the patient for change, and includes a strong educational component. The emphasis is on helping patients (1) to correct mistaken beliefs and interpretations about relatively benign body sensations and other health-relevant stimuli, and (2) to stop performing behaviors that interfere with the correction of these mistaken beliefs. Thus, an implied goal of therapy is to increase tolerance for acceptable levels of uncertainty when it comes to one’s health.

Within *Part 2*, Chapter 6 describes the initial assessment of health anxiety using interview and self-report questionnaire techniques. The aim of Chapter 7 is to give the clinician techniques for engaging the patient in psychological treatment, which is often a very challenging task. Chapters 8 and 9 describe how to build on the diagnostic assessment and gather information about the patient’s difficulties in a way that guides the construction of an individualized case

formulation and treatment plan. Chapter 10 (psychoeducation), Chapter 11 (cognitive therapy), and Chapter 12 (exposure and response prevention) constitute a flexible manual for implementing empirically supported cognitive and behavioral treatment as informed by the conceptual model presented in the first part of the book. Finally, Chapter 13 provides solutions to a number of common obstacles in treatment as well as describes a maintenance program to be implemented following termination of treatment. Case examples illustrating phenomenology, assessment, and treatment are abundant throughout the book (the names of patients have been changed to protect confidentiality), and worksheets to be used in therapy are provided in many of the chapters.

Let us offer some words about treatment manuals in general, especially manuals for the treatment of health anxiety. Psychological treatment manuals are intended to standardize therapy procedures across clinicians and patients. Optimally, such documents should specify the essential principles of assessment and treatment, and provide respective guidelines for implementation. The challenge in writing such a manual is to describe the principles of treatment in sufficient detail that they can be applied to a variety of patients, but not in so much detail that the manual becomes overly cumbersome. Striking this balance is difficult in the case of health anxiety, since this constellation of problems is heterogeneous: Each patient presents with his or her particular health concerns. Indeed, no manual could adequately address the implementation of treatment across the countless personal variations of health anxiety. Our solution, therefore, is to present numerous case examples and emphasize the need for thorough assessment, flexibility, and creativity in dealing with the symptom variations one is likely to be come across in clinical practice. In general, any manifestations of health anxiety we do not address in this volume can be managed by relying on the cognitive-behavioral conceptualization that forms the basis of successful treatment.