CHAPTER 8

EXPOSURE

The role of avoidance in maintaining health anxiety and fear of death is a central one. We emphasize the importance of exposure to themes of illness and death and we tend to introduce exposure early in treatment (Furer, Walker, & Freeston, 2001). This may take the form of in vivo exposure to illness and death-related situations, interoceptive exposure to feared bodily symptoms, and imaginal exposure to symptoms and feared illnesses that are difficult to reproduce in real life.

AVOIDANCE AND HEALTH ANXIETY

Chapter 3 outlines the role of avoidance in maintaining and increasing fears about illness and death. Identifying areas of avoidance is a critical component of treatment. Some clients are aware of which situations they avoid because of their health anxiety, while others may require more assistance in identifying avoidance behaviors (see Table 8.1 for a list of common areas of avoidance). Reviewing the client's level of discomfort and avoidance of medical settings, and illness- and death-related situations is important in determining goals for treatment. Clients may be uncertain whether they are avoiding a certain situation or activity because of anxiety or because they simply do not enjoy it (e.g., watching medical programs on television). In this circumstance, we encourage clients to engage in the activity a number of times until they find it boring. This way

Table 8.1. Common areas of avoidance in health anxiety

Medical settings	• Having a medical procedure • Attending medical appointments • Having regular medical check-ups • Monthly breast self-examination • Visiting a friend in hospital • Going to a specialty clinic, e.g. cancer clinic; palliative care unit • Thinking about medial appointments, hospitals, etc. • Visiting a medical setting associated with a difficult experience
Illness-related	• Watching or reading media stories about health issues • Visiting health sites on the Internet • Stories with a character who has a serious illness • Talking to a friend or relative about health and illness • Talking to a friend or relative who has a feared illness • Thinking about illness-related situations
Death-related	• Stories with a character who is dying (TV, movies, reading, conversations) • Thinking about death and dying • Reading obituaries • Writing a will • Making funeral arrangements for self or others • Attending a funeral • Visiting a cemetery
Body symptoms	• Exercising and sports • Experiencing intense heat • Being in hot and stuffy places • Thinking about body symptoms • Eating certain foods (e.g., caffeine, spicy foods)

the client and the therapist can ensure that the avoidance is not related to anxiety. The goal in overcoming avoidance is for clients to have the freedom to choose the activities they wish to engage in rather than letting anxiety determine these choices.

Anthony: What is wrong with my heart?

Anthony is a 38-year-old married high school teacher. He has had problems with chest pain for the last five years. After he first discussed this with his family physician four years ago, Anthony was sent to a cardiologist and was given a full cardiac work-up. All test results came back negative. In the last few years, Anthony has gone to the hospital emergency department six times when his pains were severe. He has had numerous EKGs and is scheduled for his third treadmill stress test. Despite the reassurance from several physicians and from the tests, Anthony worries about heart disease whenever the chest pain hits. He finds

himself constantly worrying about his physical symptoms and is concerned that his problem has been misdiagnosed because he has not described his symptoms properly to the doctors. A year prior to attending our clinic, one of Anthony's close friends was diagnosed with angina and put on medication. Despite being very concerned about this friend, Anthony has avoided seeing him. When he does see him, he does not talk about the heart disease. He is terrified that his friend might describe symptoms similar to his own. Anthony also never discusses his fears about his health with friends or family for fear of being told of other people who have been misdiagnosed or died of heart attacks. When he hears stories about heart disease on the news, he always turns off the program immediately. He avoids reading the obituaries in the newspaper so he will not read about anyone dying of a heart attack (with a request for charitable donations to the Heart Foundation). Anthony is exercising less although he is very aware that exercise is very important for heart health. He fears that he will be like the ultra-healthy marathon runner who dies unexpectedly from undiagnosed heart disease.

Anthony's health anxiety resulted in social isolation and avoidance of health-maintaining behaviors. As is typical, this avoidance gradually spread over time and impeded his life more and more. He came for treatment because he wanted to be able to exercise again without becoming terribly anxious.

EXPOSURE

There is little research evaluating the specific contribution of exposure to treatment effectiveness with health anxiety, but many of the treatment packages that have demonstrated effectiveness with this population incorporate exposure (e.g., Bouman & Visser, 1998; Clark et al., 1998; Potts et al., 1999; Visser & Bouman, 1992, 2001; Warwick et al., 1996). Exposure is widely used in the treatment of the various anxiety disorders and has been demonstrated to be a critical treatment component. Griest, Marks, Berlin, Gournay, and Noshirvani (1980), for example, describe an interesting study looking at the impact of telling clients *not* to expose themselves to feared situations. The 17 participants (5 with agoraphobia, 2 with social phobia, 4 with obsessive-compulsive disorder, and 6 with specific phobias) were given two sets of instructions in counter-balanced order. For one week they were told to engage in regular exposure to feared stimuli and for the other week they were instructed to avoid feared stimuli as much as possible. Results clearly indicated that the exposure treatment was beneficial and that when individuals were in the avoidance condition, their presenting problems worsened. Telch, Agras, Taylor, Roth, and Gallen (1985) reported similar findings in a randomized trial of imipramine plus exposure compared to imipramine with avoidance instructions for treatment of

agoraphobia. The authors reported that the individuals in the exposure (plus imipramine) condition did well, whereas those in the avoidance condition showed no improvement at all, despite the imipramine.

Exposure and Health Anxiety

Exposure to illness and death-related fears may be conducted in vivo or in imagination, and involves repeatedly facing situations, symptoms, and worries that cause anxiety and discomfort until the symptoms of anxiety decrease. Generally, repeated practice is required before the individual is able to face difficult situations with relative ease. Our clinical experience suggests that initiating exposure early in treatment of health anxiety may be particularly beneficial. Most individuals prefer a graduated exposure strategy, with early tasks being ones that create only modest anxiety and then gradually increasing the difficulty of the practice exercises. Initially, practice is focused on two to four situations. We encourage clients to select targets that are important and relevant to them. If a goal for exposure seems too complex or too difficult to tackle all at once, the goal can be broken down into smaller steps. We emphasize the importance of repeated practice of each exposure task. It is important for the client to experience early successes and mastery in anxiety-arousing situations. Starting with easier assignments will allow the individual to build self-confidence and confidence in the exposure technique. This facilitates later work on more challenging situations.

Exposure to External Triggers

External triggers for health anxiety are often easiest for the client and the clinician to identify. Many of these situations can be tackled through in vivo exposure such as watching medical documentaries or dramas on television, reading accounts of people who are seriously ill, visiting health care facilities, and going for regular check-ups. Some external trigger situations may be associated with difficult memories, such as the hospital where the client received a painful treatment, or the place where a family member died. Exposure to these situations is often emotionally difficult but may help clients progress to the point where they can calmly visit a place associated with sad memories. We point out that all of us will have to visit friends and family in medical facilities and even use them ourselves at times. Using exposure so that we can visit these places without excessive distress has great advantages for future functioning. Handout 8.1 provides information for clients about in vivo exposure to external triggers. This handout also describes details about Anthony's treatment to illustrate how to break large goals down into smaller steps.

Handout 8.1. Facing your fears: Exposure to external triggers.

Another term for **facing your fears** is **exposure**. This simply means that you are exposing yourself to a situation that causes some anxiety or discomfort for you until your symptoms of anxiety subside. Exposure takes repeated practice before you will be able to face difficult situations with relative ease.

Pick three or four situations that you currently avoid and would like to be able to handle more effectively. Start with goals that are important to you. Also, you may want to select goals that make you only moderately anxious to start with and gradually work your way up to facing the more difficult situations. Make a list of the specific goals you want to work on:

1. _____
2. _____
3. _____
4. _____

You may have chosen some goals that you can start to practice right away, just as they are. Other goals may seem too difficult or too large to tackle right now. When that happens, you need to break the goal down into smaller and more manageable steps to work on. Read the example below to get some ideas about how to break down large goals into manageable steps.

Anthony is a 38-year-old high school teacher who has had problems with chest pain for the last five years. He experiences a great deal of worry about heart disease and fears that he will die suddenly of a heart attack. He has had numerous cardiac tests and all have come back normal. His doctor has informed him that the problem with chest pain is related to stress and anxiety. Anthony identified three principal areas of avoidance (a) talking about heart disease, especially with his friend who has angina; (b) watching TV programs and reading information about heart disease; and (c) exercise. Anthony chose to first tackle the goal of returning to a regular exercise routine. Anthony had always been fit and he used to jog regularly several times per week and go to the gym twice a week to lift weights. As his worries about his chest pain increased, he had gradually stopped these activities. Anthony's goal of returning to regular exercise was broken down into the following steps:

1. *Walk in the neighborhood for 20 minutes at a moderate pace at least three times per week*
2. *Same as #1 but brisk walking*
3. *Ride stationary bike at home at moderate pace for 10–15 minutes twice per week in addition to #2*
4. *Intersperse brisk walking with brief periods of light jogging; increase RPMs on stationary bike*
5. *Meet with personal trainer at gym to review weight lifting techniques and fitness regimen.*

As he worked through these steps, Anthony was feeling more confident of his ability to exercise without being overwhelmed with anxiety about chest pain. He developed an exercise routine with the staff at his gym that involved jogging, weights, and sessions on the elliptical trainer. Anthony still experienced some chest pain and panicked at times when he felt short of breath while exercising. He learned to stay in the exercise situation to allow

the symptoms to settle, rather than halting his exercise session. Because of this, he progressed through the first three steps towards his exposure goal quite slowly, spending several weeks on each one. The turning point for Anthony seemed to be when he was able to attempt brief runs. Being able to jog again helped him feel in control of his health and well-being and spurred him on to get back to the gym.

Anthony also worked on breaking down his two goals of being able to talk about cardiac symptoms and being able to hear stories on the media about heart disease. A combined list of steps seemed most appropriate for these two goals, as it seemed that there was substantial overlap between the two. Anthony's list of steps included:

1. *Reading a pamphlet about heart disease provided by his family doctor, which was brief and factual and very calm in tone*
2. *Reading more detailed information about heart disease provided by the Heart Foundation*
3. *Reading newspaper articles about Sudden Acute Respiratory Syndrome (SARS), which was an issue at that time*
4. *Watching TV coverage of the SARS virus*
5. *Talking to his sister (a very calm person) about the media coverage of the SARS virus*
6. *Making casual conversation about SARS with colleagues at work*
7. *Asking his friend if he had any brief pamphlets about angina that he had found useful*
8. *Reading the angina information provided by the friend*
9. *Discussing the angina pamphlet with the friend*
10. *Seeking out health articles in newspapers and magazines*
11. *Reading the obituaries in the newspaper*
12. *Seeking out the obituaries that make reference to heart disease.*

Anthony's exposure list incorporated current events of the time, especially the SARS virus. Anthony was only moderately anxious about this virus so it served as an excellent exposure situation. News coverage of this virus was extensive, and it was a good opportunity to learn ways of coping with medical information in the media and in the community. Anthony also sought out his sister, a very calm individual, to discuss health issues, before having similar conversations with friends and colleagues.

For the process of exposure to work in reducing your anxiety, several things are required. The exposure must be long enough to give your body a chance to desensitize to the situation. It is normal to feel anxiety during exposure practice. It is best to remain in the situation until the anxiety is past its peak and anxiety symptoms are subsiding. The exposure practice must take place repeatedly over days and weeks until the anxiety is reduced to a large degree. When the anxiety to the first situation has been reduced considerably, it is helpful to practice exposure to other feared situations in the same way, by using other practice assignments.

For fears that involve real-life situations (such as a fear of watching medical news or stories, a fear of attending funerals, or a fear of visiting hospitals), it is also very important to face these fears in real-life, not just in imagination. You should make plans to face any real life situations you fear or avoid as part of your ongoing homework in the program.

When it is inconvenient or impossible to practice in vivo exposure, or when an easier step is required before real-life exposure, imaginal exposure can be used to face the feared situation. For example, a person can use recollections of visits to a parent in palliative care to create written or audiotaped imaginal exposure scenarios.

Exposure to Thoughts and Images Related to Illness

Thoughts and images concerning illness are common triggers for health anxiety. A person may notice a symptom (e.g., back pain) and may then be upset by the thought, "What if I have bone cancer?" The initial thought is often followed by thoughts and images of the suffering and disability that may accompany cancer, unpleasant treatments, and finally death. A very effective strategy is to have individuals develop detailed narratives, or *illness stories,* about their worst fears related to illness and death. We provide examples to show the client how to write a vivid and detailed account describing the troubling symptoms, the worries and doubts associated with the symptom, and the feared catastrophic results. During imaginal exposure the client repeatedly reads the story and uses it as a cue to vividly imagine the experiences. We explain that it is not the activity of reading that produces the exposure experience, but, rather, the use of the story to stimulate the imagination. In some cases, imaginal exposure initially triggers unpleasant physical symptoms (e.g., nausea or tightness in the chest) and this is helpful as a form of interoceptive exposure.

Exposure can be conducted in a graduated fashion with the illness stories becoming more anxiety provoking and having more difficult endings (e.g., painful death) as the client progresses through the exposure. If, for example, an individual has a modest fear of multiple sclerosis (MS) and an intense fear of Alzheimer's disease, they might begin with creating a narrative about MS and later on developing one for Alzheimer's disease. Similarly, early in treatment, a client's cancer story might end with the challenges of going through chemotherapy and a later story would likely involve the challenges of facing death. The client and the therapist together determine the best pace for this exposure.

When first presented with this treatment strategy of exposure to their illness fears, some clients, and some therapists for that matter, may respond with surprise or alarm. We have found that the way in which this technique is presented is very important for its acceptance and success. Handout 8.2 describes this exposure strategy for clients.

Handout 8.2. Creating an illness story.

One of the most powerful ways of overcoming anxiety is to directly face what you fear. The more that a person faces even difficult fears, the more the anxiety about them is reduced. Facing your fears in a planned way may also help to increase your confidence that you will be able to handle other fears.

It is helpful to apply this approach to fears of illness and death. The goal is not to be happy about these sad events. Rather, the goal is to face the reality of illness and death as a part of life calmly and without excessive anxiety.

You may say to yourself that you are already facing your fears by worrying about illness. However, worry tends to come to us at times and in ways over which we feel little control. When people are worrying about illness, they may do things to try get rid of the worry or to reassure themselves. Often, after worrying for a while, they will try to do something to "get the worry out of their mind" or to escape from their fear.

The approach of facing your fears directly is different. It involves regularly scheduling time to face your worry. You learn to take control of your worrying, rather than having the worry come at times that you do not control. Rather than struggling to reassure yourself that the terrible things you fear won't happen, you face the reality that these things can and do happen. You accept the thoughts of illness and death, rather than fighting them. With repeated practice in facing fears, it is normal for the anxiety to decline and for you to face even unpleasant possibilities more calmly.

One way that has been developed to face fears of illness and death is to write a story that includes the most important things you fear. You can then practice facing your fears by repeatedly reviewing the story and imagining that it is really happening to you.

On the following pages you will find several stories from people who have been using this approach to face their illness worries. Read over their stories carefully in preparation for creating your own story.

A. Worries about Cancer

I notice that feeling of discomfort and bloating in my abdomen. I can also feel the pain that has been worrying me. I feel very stressed about this. I wonder if this could be an early sign of cancer. I have had some check-ups and tests but maybe this has been missed, the early signs. Cancer is something that can happen at my age. People can have very few symptoms and then suddenly it is there, and then a few months later they are gone. I feel so scared and worried about this.

If I have cancer, what will happen? How will I cope? Will I be able to go through all the tests and treatments that are necessary? Will I feel mutilated after the surgery? How will my family cope? How will the children do if their mother is gone? I find it so difficult to cope with these fears. My stomach feels sick just thinking about it.

What if the cancer treatments do not help? What if they make me very sick but before long the cancer comes back anyway? First I have surgery, then the

radiation treatment, and then chemotherapy. It takes me a long time to feel better afterward. How will I cope with the worry and the fear? And after going through all that, what if the symptoms come back before long? At that point I will know I am going to die. I do not know if I can face all the things that lead up to dying. Will the pain and sickness be more than I can handle? Can I cope with actually knowing that I am dying? I will be so scared about going through that.

As I get closer to dying, I will feel so guilty that I did not do more to prevent myself from getting cancer. There is more that I could have done to prevent it, but I didn't do those things. I just focus on all these worries. I feel so full of uncertainty and doubt about what will happen in the future. I feel so worried about my health.

B. Worries about Heart Disease

I can feel that pain in my chest that I have felt before. It feels like a tight band with some sharp pains from time to time. It also feels like the pain is going into my arm and I can feel some tingling in my arm as well. What if this is the start of a heart attack? Should I go to the emergency department before it is too late? If I delay, will I collapse and be unable to call for help? If it gets worse, will I have to call an ambulance? What if they do not get here in time to help me?

I have seen the doctor about this chest pain before. She said it was related to stress and muscle tension. What if this time it is an early sign of heart disease? If I do not do anything, my heart may be damaged beyond repair. I may collapse and die before anyone can help me. They say getting medical attention early is very important and if I don't do anything, I may miss out on the chance to be helped.

I can see myself collapsing and lying on the floor. The pain is much worse now and it feels like my heart is being squeezed in a vise. Someone comes over to help me but I have so much pain and I am so weak that I cannot say a word. They are frantically calling for an ambulance for me. It seems like it takes forever for the ambulance to come. I wait and I wait and the pain gets worse and worse. Finally the ambulance attendants arrive and they are working on me. They listen to my heartbeat and they put on wires to get a better reading of my heartbeat. I can hear them saying: "This one has had a very bad heart attack. I do not know if he is going to make it." They are pumping on my chest. I feel terrified. I think I am dying. I wish I had had a chance to say goodbye to my family and friends. I will never have a chance to do that now. I hear them saying "We cannot stabilize him." Things are getting worse and the pain is feeling even worse. I am struggling to breathe.

I come back to the present for a minute. As I think about the possibility of having a heart attack or heart disease, the pain seems to become stronger. I feel so worried about having a heart attack and dying.

C. Worries about Neurological Disease

I notice a twitching by my eye. I have felt this twitching often before. Why is this back again? I am feeling very worried. What if it is a neuromuscular disorder? What if this is the first step towards a gradual deterioration of my

muscles? It could start with this twitching and then spread tingling, twitching, and weakness in other muscles. In the end, I would lose more and more muscle control. What if I end up in a wheelchair? What if I were unable to do simple things like feeding and dressing myself?

If this is a neuromuscular disorder, it could eventually cause my death. How would my family cope without me? It would be so sad to die before my children have grown up. It would be so sad to see them grow up without a mother.

I think of the twitching again. Could this be a sign of a brain tumor, some type of brain cancer? I have had pains in the head before. What if I am missing the symptoms? What if there is something the doctors could have done to save me but everyone misses it? What if it is a terminal disease that no one catches until it is too late? I am so worried about my health, so worried about dying.

These diseases can happen at my age. People can have very few symptoms and then suddenly it is there, and then a few months later they are gone. Other people go on for years of suffering and are able to do very little to help themselves and very little to enjoy life. I focus on all these worries. I feel as if I am filled with uncertainty and doubt about what will happen in the future. I am so worried about my health.

Writing Your Own Story

Now that you have read these sample stories, it is time to create your own story. Focus on one feared illness or problem at a time. In writing your story, several things can help to make it more effective for you:

1. Remember that you are writing the story for yourself – do not worry about the spelling or grammar. The most important thing is to make it as real and strongly emotional as possible *for you*.
2. *Write your story in the present or future tense, not in the past tense*.
3. Use words like "I," "my," and "me" (the first person) to make the story more real for you.
4. Describe the bodily feelings, possible signs of illness that have troubled you, or the thoughts that start the pattern of worry for you.
5. Describe in vivid terms the illness you worry about the most. Talk about the stages of the illness and your worries at each point along the way.
6. Describe the worries and doubts you experience regularly as you write the story.
7. Describe some of the catastrophic results you worry about: being extremely sick, being helpless, dying.
8. Describe any worries you have about other people who are close to you such as family or friends.
9. Try to write at least one page for each story, but feel free to make it longer.

Using Illness Stories for Exposure

Once you have written your illness story, it is time to use it to face your fears of illness. The technical name for this approach is *imaginal exposure*. You will be

using your imagination to help you to face your fears. Over the years this has been found to be a powerful approach in helping people to overcome anxiety and worry. Exposure in imagination is especially helpful in facing fears that have not actually happened, that do not happen often in the course of a person's life, or that may never happen. You can work on this type of exposure any time during the day when you can free up some time to concentrate without interruptions. It is usually best not to plan this activity just before bedtime, because it may be difficult to shift your attention away from illness worries just before going to bed.

While you are facing your fears (exposure) it is normal for your anxiety to increase. In fact, feeling anxiety while you are facing your fears is a normal part of the process of overcoming fear. Remember, the goal is to face your fears and to cope with the anxiety experience. The anxiety will gradually subside with repeated practice in facing your fears.

Over the next week, we would recommend that you practice imaginal exposure to your illness fears for at least 30 minutes each day. Facing your illness worries in imagination can be done either by reading the story or by recording it on an audiotape and listening to it. Whichever approach you use, review the story repeatedly and use it to help you imagine vividly the situations you worry about. Try to imagine your feelings and actions if the illness and other unpleasant events were really happening to you. Try not to reassure yourself that the illness and the feared events will not occur.

Keep track of your practice and rate your anxiety early in the exposure session and at the end of the session. As you continue to practice, the anxiety ratings are likely to start at a high level initially and then gradually subside over the course of each practice session. Do not worry if your anxiety level does not drop very fast at first because it takes a while for the exposure process to have its impact.

When you find that you can imagine your story with only moderate levels of anxiety, write a new story that contains other fears and that produces a higher level of anxiety again. Some of your stories may involve illness and death of people who are close to you. For each story, practice repeatedly until the anxiety level you experience is reduced considerably.

Clients are often surprised by how quickly anxiety reduction occurs. For many individuals, writing the narrative is the most difficult and anxiety-producing part of the exposure. A few readings of the illness story often produce substantial reduction in anxiety ratings. For some clients, lengthier exposure to the illness stories is necessary to obtain significant anxiety reduction.

Exposure to Feared Bodily Sensations

For many individuals, bodily sensations trigger health anxiety. As discussed in Chapter 3, when individuals are concerned about their health, they tend to focus on body symptoms and may detect even small changes in bodily functioning. Common triggers for anxiety include symptoms such as pain, dizziness, difficulty in breathing, changes in heart rate, lumps, and rashes. Some clients avoid activities or environments that may trigger uncomfortable physical sensations. Table 8.1 lists some common areas of avoidance related to bodily symptoms.

Exposure to bodily sensations can be accomplished in several ways, including engaging in activities that produce the uncomfortable symptom, focusing on the symptom when it is present, interoceptive exposure, and imaginal exposure to feared sensations or symptoms. The first strategy is perhaps the most obvious one: have the client engage repeatedly in an activity that has been avoided because it creates uncomfortable sensations. If a person is avoiding walking outside during the hot summer because the feeling of being too hot makes him uncomfortable, a homework assignment could be to go for daily walks outdoors (with a water bottle). Similarly, if a person has stopped going to dances because she feels uncomfortable when her heart pounds and she feels breathless, the obvious prescription is to go to dances every Saturday and dance energetically. A related approach is to watch for the bodily sensations to occur in everyday life (e.g., pain) and then focus on the sensation to see if it can be made more intense and if attention can be focused on the symptom for a significant time (30 minutes perhaps). The goal is not to focus on the unpleasant symptom for hours at a time, but rather to have repeated periods of exposure where the client focuses on the symptom rather than trying to focus attention elsewhere, in order to allow for extinction of the emotional response to the bodily sensation.

Anthony: What is wrong with my heart?

This strategy was incorporated into the exposure tasks selected for Anthony. As noted earlier, he avoided exercise, in part because he found the resulting shortness of breath to be very uncomfortable. Brisk walking, jogging, and other aerobic

exercise provided Anthony with regular exposure to this distressing body symptom and eventually allowed him to experience shortness of breath without worrying about it.

A second strategy for exposure to bodily sensations is interoceptive exposure, which has been used very effectively in the treatment of panic disorder (Craske & Barlow, 2001; Schmidt et al., 2000). This strategy involves deliberately producing the feared bodily sensations, focusing attention on them without trying to bring them to an end, and trying to maintain the sensations for a number of minutes as part of exposure practice. Common strategies for producing uncomfortable bodily sensations are outlined in Table 8.2. Many clients find this to be an intimidating exercise and they are more likely to use these techniques at home if they are first experienced in a therapy session. As with all exposure techniques, it is critical that interoceptive exposure be repeated until the individual is no longer distressed by the bodily sensation. We remind clients that they will experience anxiety at first when they engage in these activities but, as they continue to practice, their ability to face more intense bodily sensations and to cope with feelings of fear and discomfort will increase.

Table 8.2. Interoceptive exposure

Bodily sensations	Strategy for producing symptom
Heart racing or pounding	• Aerobic exercise (jogging, climbing stairs, etc.)
Shortness of breath	• Aerobic exercise • Hold breath for 30 s • Hyperventilation for 1-2 min
Dizziness/lightheadedness	• Crouch/sit with head lowered for 30 s. Rise rapidly to a standing position • Spin around for 1 min • Hyperventilation for 1-2 min • Move head rapidly from side to side
Feeling jittery or wound up	• Watch suspense or horror movie • Consume extra caffeine
Feeling sweaty or too hot	• Sauna or hot tub • Hot shower or bath with bathroom door closed • Wear clothing that is too warm
Stomach discomfort/nausea	• Focus on your stomach and imagine a time in the past when you felt very nauseated • Imagine eating or seeing something (e.g., another person vomiting) that makes you feel nauseated • Imagine the smell of vomit

Some of the body symptoms that trigger health worries may be difficult or impossible to produce voluntarily (e.g., lumps, skin rashes, headaches, and abdominal pains). Imaginal exposure is very useful here. We have clients write narratives about their feared bodily symptoms using the same approach as for the illness stories. The client describes in vivid terms the feared symptom, the worries and doubts associated with this symptom, and the feared catastrophic results. The imaginal exposure involves reading the story repeatedly to stimulate imagery of the situation for 30 min or more. The exposure practice must be done repeatedly over days and weeks until the anxiety is reduced substantially. An example which may be used with clients is provided in Handout 8.3.

Exposure and Response Prevention

It is important to ensure that clients continue to employ response prevention strategies (see Chapter 7) when they engage in exposure. Particularly when facing challenging situations, the individual may be tempted to check bodily symptoms more frequently and to seek reassurance from others. It is important to remember that although checking and reassurance seeking may reduce anxiety in the short term, in the long term these behaviors feed the health anxiety cycle.

Exposure and Safety Signals

Reducing reliance on safety signals is also an important component of exposure. Clients may need to work on practicing exposure to health-related situations without carrying their medication, water bottle, cell phone or other anxiety-reducing device. It is important for the clinician to review the use of safety behaviors occasionally through the course of treatment and to help the client gradually eliminate the use of excessive safety behaviors. As is the case with checking and reassurance seeking, it is important to establish what is realistic and appropriate (e.g., having a first aid kit in the home and car) and what is not (e.g., staying within a certain distance of a hospital or doctor's office).

Handout 8.3. Sample body symptom story.

Cynthia's Body Symptom Story: Back Pain

This back pain has been with me for over a year. Why doesn't it go away?? I always thought that it would go away on its own after menopause. Physiotherapy sometimes makes it feel better, but the pain, the pinching, the spasms always come back. I don't think my doctor knows what to do about back pain like this. He probably thinks it's all in my head.

When I go to physiotherapy it hurts. The next day is really painful. It sometimes even hurts when I take a breath. I get a lot of spasms and I cry a lot. I just wish it would go away!!

The back pain is getting progressively worse. Will I be disabled?? I am really scared and the thoughts run like wildfire. My heart is pounding and I can feel the sweat running down my back. I'm starting to have a hard time going to work because of the pain. I can't concentrate on anything anymore. My arms get very weak and my hands have a hard time clutching things. Why is it getting so bad? I thought this pain was supposed to go away. Now I can never find a comfortable position to be in. My legs are starting to bother me. It hurts when I walk. It hurts when I sit. My back feels very stiff. I can only sleep for a bit at a time because I get so sore.

The physiotherapist tells me he has done all he can. He cannot help me anymore. Now what will I do? I take a lot of pain medication. I hate taking medication but I have to I keep thinking I might be in a wheelchair soon. I have to quit the job I really love because I can't deal with this constant pain.

I just sit around most of the time now and it really hurts all the time. I need help to do chores – even to go to the washroom. Someone comes in to make meals. I feel so helpless and hopeless. What will become of me??

Today someone brought me a wheelchair. I can't get around anymore. This is very hard. How will I manage my home? And my cottage? My beloved cottage where I like to take walks, play in the garden, or just sit by the lake and read a book. Why did this have to happen to me??

CONCLUSION

For many clients, avoidance is a core feature of their health anxiety. Exposure to bodily symptoms and themes of illness and death is, therefore, critical for treatment success. In vivo, imaginal, and interoceptive exposure can all be helpful techniques, depending on the nature of the avoided stimuli. We encourage gradual and repeated exposure to feared health-related situations. Our experience has been that introducing these strategies early in treatment can result in substantial reductions of avoidance and anxiety.