

Exploring the Psychological Cognitive Characteristics and Artistic Healing Pathways of the Group with Suspected Illness Anxiety

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Abstract. As a core subtype of health anxiety, hypochondriacal anxiety refers to a psychological disorder in which individuals excessively worry about suffering from serious illnesses for a long time, leading to disastrous interpretations of their physical feelings, and accompanied by compulsive behaviors such as repeated medical visits and examinations. At present, research on hypochondriacal anxiety in China is still in its infancy, and there are significant gaps in both theoretical systems and intervention paradigms. This article takes Salkovskis and Warwick's cognitive theory of health anxiety as the core framework, systematically analyzing the psychological and cognitive characteristics of the anxiety group, including four core dimensions: somatic perception bias, catastrophizing thinking, cognitive avoidance and safe behavior, and dysfunctional health beliefs; By combining the core mechanisms of nonverbal expression, symbolic transformation, and emotional regulation in art therapy, this study explores an art therapy path that is suitable for individuals with anxiety disorders. A four stage intervention model of "cognitive awareness emotional externalization cognitive reconstruction behavioral activation" is constructed to provide theoretical reference and practical basis for clinical intervention of anxiety disorders.

Keywords: Hypochondriasis; Cognitive-behavioural Model; Art Healing; Doubtful illness anxiety.

1. Introduction

In modern society, health anxiety has become a common psychological distress, and paranoid anxiety, as its extreme form, seriously affects individuals' quality of life and social functioning. Although patients with suspected illness anxiety have undergone multiple medical examinations to rule out organic lesions, they still firmly believe that they have a serious illness, accompanied by continuous anxiety, fear, and physical discomfort. They repeatedly seek medical confirmation, resulting in a vicious cycle of waste of medical resources and psychological pain.

Epidemiological studies have shown that the prevalence of health anxiety in the general population is about 4.2% -7.0%, and it accounts for as much as 15% -20% of patients seeking treatment in general hospitals, with an increasing trend year by year. At present, domestic research on anxiety disorders mainly focuses on clinical symptom description and Western medicine drug intervention, lacking in-depth exploration of core cognitive mechanisms, and the intervention methods are single. Although cognitive-behavioral therapy (CBT) has been proven effective, it has limitations such as long treatment cycles, low patient compliance, and high requirements for language expression ability.

Art therapy, as a non-verbal psychological intervention paradigm, uses artistic media such as painting, handicrafts, and music to bypass rational defense and directly act on subconscious emotions and cognitive biases, demonstrating unique advantages in interventions for psychological disorders such as anxiety and trauma. The cognitive theory of health anxiety proposed by Salkovskis and Warwick in 1990 clarified the core cognitive mechanisms of hypochondriacal anxiety, providing an authoritative framework for understanding the psychological characteristics of this group. Based on this, this article combines the theory with art therapy practice to explore the cognitive characteristics and adaptive healing pathways of hypochondriacal anxiety, filling the gap in relevant research in China.

2. Core theoretical foundation: Salkovskis Warwick Cognitive Theory of Health Anxiety

2.1. Theoretical Origin and Core Framework

On the basis of integrating cognitive psychology, anxiety disorder research, and clinical practice, Salkovskis and Warwick formally proposed the Health Anxiety Cognitive Theory in 1990, which was later revised and improved in 2001, becoming the core classic theory for explaining the occurrence and maintenance mechanism of anxiety in hypochondria. This theory breaks through the limitations of traditional medical models that view hypochondria anxiety as a "physical illness" or "pure psychological speculation", and clearly points out that cognitive bias is the core cause of hypochondria anxiety, and that physical sensations, emotional reactions, and behavioral patterns are all results of cognitive bias.

The theoretical core framework can be summarized as follows: stress events → somatosensory activation → cognitive bias (catastrophizing interpretation, selective attention, dysfunctional beliefs) → anxiety and fear emotions → safe behavior/cognitive avoidance → cognitive bias reinforcement → anxiety maintenance and deterioration. This cyclic model clearly reveals the entire process of hypochondriacal anxiety from onset to chronicity, where cognitive bias is a key node in initiating and maintaining the cycle [1].

2.2. Analysis of Theoretical Core Concepts

2.2.1. Catastrophic Explanation of Physical Sensation

This is the core cognitive bias of hypochondriacal anxiety. Salkovskis and Warwick pointed out that healthy individuals attribute physical discomfort (such as headaches, chest tightness, fatigue) to benign factors such as fatigue, stress, and the common cold; And patients with hypochondriacal anxiety may interpret mild, transient, and benign physical sensations as signs of serious, fatal, and irreversible illness. For example, interpreting a common headache as brain cancer, occasional chest tightness as a heart attack, and mild cough as lung cancer is the core trigger point for hypochondriacal anxiety.

2.2.2. Selective Attention and Attention Bias

Patients with hypochondriacal anxiety exhibit significant attention span and selective attention, manifested by excessive focus on their own bodily sensations, a significantly reduced threshold for perceiving bodily discomfort, and the ability to keenly capture subtle bodily changes that are overlooked by healthy individuals; At the same time, selectively focusing on disease-related information, being highly sensitive to medical news, disease cases, and others' experiences of illness, while actively ignoring negative medical test results, further reinforcing disease fear. This attention bias forms a vicious cycle of "physical discomfort → attention reinforcement → sensory amplification → anxiety exacerbation" [2].

2.2.3. Dysfunctional Health Beliefs

Dysfunctional health beliefs are the deep cognitive basis that triggers paranoid anxiety, and are irrational concepts related to health and disease that individuals have accumulated over a long period of time. They can be mainly divided into three categories: perfectionist health beliefs equate health with the absence of discomfort in the body, making it difficult to accept normal fluctuations in the body's state, and even a slight abnormality is judged as severe; Negatively exaggerating the harm of physical discomfort through catastrophic health beliefs, believing that discomfort symptoms will eventually lead to disability or even death, and that diseases are difficult to treat and control; External control based health beliefs deny their own regulatory role in health, relying solely on medical examinations, diagnosis and treatment methods, and drug interventions, resulting in weak health autonomy and excessive consumption of medical resources.

2.2.4. Cognitive Avoidance and Safe Behavior

To alleviate the anxiety and fear caused by catastrophic cognition, patients with paranoid anxiety often adopt two types of maintenance cognitive behaviors, continuously deepening their cognitive biases and promoting the development of anxiety into a chronic state. On the one hand, individuals choose cognitive avoidance and deliberately avoid thinking, topics, and information related to health and illness, attempting to rely on suppressing their thoughts to calm their emotions. However, this suppression method can actually lead to the recurrence of negative thoughts and exacerbate their fear of illness; On the other hand, various safety behaviors may occur, including frequent medical check ups, repeated consultations with doctors, searching for medical information online, constantly self checking physical conditions, and deliberately avoiding activities that can cause physical discomfort such as exercise and labor. Although such behaviors can temporarily relieve anxiety, they can give rise to the misconception that only medical means can avoid illness, further solidifying catastrophic thinking and attention biases, and causing anxiety to fall into a vicious cycle of increasing severity [3].

3. Anxiety Dimension

3.1. Physical Perception Dimensions: High Sensitivity, Low Threshold, Catastrophic Attribution

3.1.1. High Somatosensory Sensitivity And Decreased Perceptual Threshold

The somatic perception system of patients with hypochondriacal anxiety is in an overly alert state, and is sensitive to slight changes inside the body (such as heartbeat, breathing, muscle soreness, gastrointestinal peristalsis), which can capture subtle bodily signals that are completely ignored by healthy individuals; At the same time, the perception threshold is significantly reduced, and mild physical discomfort (such as brief headaches, mild dizziness) can trigger strong emotional reactions, manifested as anxiety, fear, palpitations, sweating, etc. This high sensitivity arises from attentional bias, where patients focus all their attention on the body, leading to an infinite amplification of their feelings.

3.1.2. Catastrophic Attribution of Physical Discomfort

This is the most core feature of the bodily perception dimension and also the core viewpoint of the Salkovskis Warwick theory. The attribution pattern of physical discomfort in patients with paranoid anxiety completely deviates from rationality, presenting an irrational chain of "benign stimuli → catastrophic explanations → fatal diseases". Specifically manifested as:

Attribution absolutization: attributing occasional, brief, and mild physical discomfort to inevitable, persistent, and severe illnesses;

Attribution extremes: attribute the symptoms of common diseases (such as colds and gastritis) to incurable diseases (such as cancer, AIDS and heart disease);

Attribution singularity: Ignoring various benign factors such as stress, fatigue, emotions, and environment, and only attributing physical discomfort to illness.

The patient developed mild cough, which was immediately attributed to lung cancer; Transient palpitations immediately attributed to myocardial infarction; Mild fatigue is immediately attributed to leukemia. This catastrophic attribution is the direct trigger point for the outbreak of paranoid anxiety.

3.2. Cognitive Dimensions of Thinking: Catastrophic Thinking, Attention Bias, Cognitive Rigidity

3.2.1. Catastrophic Thinking Mode

Catastrophic thinking is the most typical thinking characteristic of patients with hypochondriacal anxiety, belonging to the core type of cognitive distortion, manifested as habitual overestimation of the negative consequences of events, viewing small probability events as inevitable, and filled with fear and despair for the future. In paranoid anxiety, catastrophizing thinking focuses on the health field, with patients firmly believing that "once physical discomfort occurs, it will develop into a terminal illness, ultimately leading to death or disability", completely ignoring medical knowledge and objective facts, and their thinking falls into a single, negative chain of "discomfort → serious illness → death", unable to rationally consider other possibilities.

3.2.2. Attention Bias: Selectively Focusing on Disease Information and Ignoring Benign Evidence

Patients with hypochondriacal anxiety commonly suffer from cognitive problems such as narrow attention span and selective filtering. Their thinking is always dominated by fear of the disease, presenting a polarized state: on the one hand, they will excessively focus on various disease-related information, actively collect, pay attention to, and memorize disease news, cases, symptoms, and diagnosis and treatment content. They are particularly sensitive to the experiences of others' illnesses, and can even memorize the symptoms of various rare diseases, constantly comparing their own situation to generate concerns; On the other hand, they will deliberately ignore various benign health information, ignore and question the negative results of multiple medical examinations, the positive effects of a healthy lifestyle, and the objective facts of their own long-term physical health. They subjectively believe that the examination results are inaccurate, doctors deliberately conceal the condition or the disease has not been detected, refuse to accept all evidence that contradicts the fear of disease, and continuously deepen their cognitive biases.

3.2.3. Cognitive Rigidity: Lack of Flexibility and Difficulty in Accepting New Information

The cognitive patterns of patients with hypochondriacal anxiety are rigid and stubborn. Once subjective thoughts of being seriously ill are formed, it is difficult to be persuaded by objective facts, medical examination results, and others. These patients resist rational communication and are prone to resistance when faced with cognitive biases pointed out by doctors and others, feeling that their health status has not been taken seriously; At the same time, they always adhere to irrational health concepts, do not adjust their thoughts based on their physical condition and diagnosis and treatment conclusions, and are deeply trapped in the fear of illness; The narrow perspective on health issues can only be limited to the level of illness, and cannot comprehensively and objectively understand one's own physical condition [4].

3.3. Cognitive Behavioral Dimensions: Cognitive Avoidance, Safe Behavior, And Repeated Confirmation

3.3.1. Cognitive Avoidance: Suppressing Fearful Thoughts And Avoiding Health Topics

Patients with hypochondriacal anxiety often use cognitive avoidance strategies to alleviate the fear caused by catastrophic thinking, deliberately suppressing their thoughts about health and illness, unwilling to discuss related topics with others, and actively isolating various medical information content. At the same time, they deliberately shift their attention and do not pay attention to the abnormal feelings their bodies produce, in an attempt to get rid of anxiety troubles. But this avoidance method has contradictory effects, as suppressed thoughts will continue to deepen in the subconscious, making the fear of illness more deeply rooted. Once exposed to relevant information again, anxiety will sharply intensify.

3.3.2. Safety Behaviors: Repeated Medical Treatment, Excessive Examination, Self Physical Examination

Safe behavior is a typical behavioral characteristic of patients with hypochondriacal anxiety, and it is also a key factor in maintaining the anxiety cycle. Although such behavior can alleviate anxiety in the short term, it can continuously solidify cognitive biases in the long run. Patients often present with repeated visits to multiple hospitals, insisting on repeated testing even if there are no abnormalities in various blood, imaging, endoscopic and other examination results; Frequent online comparison of one's own physical symptoms deepens catastrophic cognition, and one often self checks for subtle changes in their body. At the same time, they deliberately avoid activities that can cause physical discomfort such as exercise, labor, and socializing, and constantly seek confirmation of their health status from family, friends, and doctors. Such behavior can lead patients to have the wrong idea that only medical examination can avoid the disease, continuously amplifying negative cognitive and physical attention biases, ultimately falling into a vicious cycle of anxiety leading to safe behavior, short-term relief followed by emotional exacerbation, and then adopting more safe behaviors.

3.4. Health Belief Dimensions: Dysfunctional Beliefs, Perfectionism, And External Sense of Control

3.4.1. Dysfunctional Health Beliefs

According to the Salkovskis Warwick theory, dysfunctional health beliefs are the deep cognitive roots of hypochondriacal anxiety, belonging to the irrational health concepts formed by individuals over a long period of time, and specifically include three types of cognitive orientations. People who uphold the belief of perfectionism in health regard the absence of any physical discomfort as the standard of health, and cannot accept normal bodily fluctuations such as fatigue and hidden pain. They judge their own physical condition with an absolute idealized scale; Those who hold the belief in catastrophic diseases have a negative view of various illnesses, believing that diseases are fatal and difficult to treat, and cannot objectively understand the reality that most diseases can be prevented and controlled, and mild illnesses can heal on their own; The belief in uncontrollable health unilaterally holds that health is entirely determined by external conditions such as diagnosis and treatment, medication, etc. Individuals are unable to independently control their physical condition, lack a sense of self health efficacy, overly rely on medical judgment, and do not trust their own physical feelings.

3.4.2. High Anxiety Sensitivity And Low Tolerance for Uncertainty

Patients with hypochondriacal anxiety have a high sensitivity to anxiety and are extremely afraid of anxiety itself. They believe that "anxiety can lead to heart attacks and mental breakdowns", further reinforcing their anxiety response and forming a cycle of "anxiety → fear anxiety → more anxiety". At the same time, uncertainty cannot be tolerated, and patients are extremely sensitive to the uncertainty of their health status and the possibility of illness. Only by "confirming that there is no illness" can they feel at ease. However, medicine cannot provide 100% absolute guarantee, leading patients to fall into an anxious state of "never being able to feel at ease" and repeatedly seeking examination and confirmation [5].

4. Construction of an artistic healing path adapted to the anxiety group of patients with suspected diseases

Based on the Salkovskis Warwick cognitive theory of health anxiety, the psychological cognitive characteristics of the paranoid anxiety group, and the core mechanism of art therapy, this article constructs a four stage art therapy path of "cognitive awareness emotional externalization cognitive reconstruction behavioral activation". The goals of each stage are clear and progressive, adapted to the cognitive and emotional characteristics of the paranoid anxiety group, and highly operable.

4.1. Phase 1: Cognitive Perception - Breaking Attention Bias and Identifying Cognitive Bias

4.1.1. Stage Objectives

During the intervention process, on one hand, it helps patients shift their attention, get rid of excessive focus on physical discomfort, and eliminate attention bias; On the other hand, guide patients to perceive hidden fears of illness, catastrophic thoughts, and imbalanced health concepts, clearly identify their own cognitive misconceptions, and build a mutually trusting and harmonious healing relationship, weaken patients' psychological defenses, and lay a solid foundation for subsequent intervention work.

4.1.2. Adaptation to Art and Technology

Three types of artistic intervention methods can be used: mindfulness graffiti, emotional color mapping, and physical sensation visualization painting. Firstly, patients can be guided to relax both physically and mentally, and to create freely without conceptual or painting techniques. They can focus on the painting process to break free from anxious thoughts and physical attention, and calm their inner state; Then ask the patient to randomly apply colors that correspond to negative emotions such as anxiety and fear, using colors to express their inner feelings and perceive the intrinsic connection between emotions and cognition; At the same time, guide patients to address obvious physical discomfort such as headaches and chest tightness, and use lines, shapes, and colors to visually present subconscious feelings, in order to discover the correlation between physical abnormalities and fear of illness.

4.1.3. Key Points of Implementation in Stage

Therapists uphold an inclusive and non judgmental attitude, do not evaluate the quality or rationality of paintings, encourage patients to express themselves freely, and thus reduce psychological defenses; At the same time, guide patients to immerse themselves in the current creative experience, feel relaxed both physically and mentally, and have their emotions naturally expressed without delving into the content of the work, thus initially reversing their attention bias; After the creation is completed, organize a simple sharing of feelings to help patients clarify their emotional state and inner thoughts of physical discomfort, and preliminarily identify catastrophic thinking and fearful emotions.

4.2. Second Stage: Emotional Externalization - Releasing Suppressed Fears And Alleviating Anxious Emotions

4.2.1. Stage Objectives

The use of artistic expression can help patients release the long-term suppressed fear of illness, death anxiety, and negative emotions in their subconscious, effectively alleviate anxiety levels, transform originally vague and intense emotions into intuitive and concrete images, reduce emotional excitement, weaken the interference of emotions on thinking judgment, and deepen self emotional perception, enabling patients to distinguish between subjective emotions and objective reality, and break away from emotional dominated cognitive thinking patterns.

4.2.2. Adaptation to Art and Technology

Multiple creative forms can be used to provide emotional counseling, guiding patients to envision images of diseases and deaths they fear. Through painting, magazine images, and collages of colored paper, fear images can be presented to release pent up emotions; Clay can also be used to knead and shape images, transforming abstract fears and anxieties into concrete forms such as monsters, shadows, and damaged organs. By pressing and shaping body movements, emotional tension can be released, relieving tense emotions; It can also engage in cathartic painting, creating with strong colors and bold brushstrokes. It can also relieve negative emotions such as fear, despair, and anger by smearing or tearing up the artwork.

4.2.3. Key Points of Implementation in Stage

The therapist accompanies and empathizes with the patient throughout the entire process, acknowledging their true emotional feelings, not denying or questioning their inner fears, fully respecting their free expression and emotional release, and not constraining their creative form, content, and emotional level, allowing them to completely release their accumulated negative emotions. After the creation is completed, guide the patient to talk about the connotation and creative mood of the work, help them identify and sort out their own emotions, and clearly distinguish between subjective fear feelings and subjective cognitive biases caused by being seriously ill [6].

4.3. Third Stage: Cognitive Reconstruction - Correcting Cognitive Biases And Rebuilding Rational Health Beliefs

4.3.1. Stage Objectives

Assist patients in identifying and correcting core cognitive biases such as catastrophizing thinking, selective attention, and dysfunctional health beliefs. Through artistic creation, reshape positive and flexible rational cognition, replace the original negative and rigid thinking patterns, establish the correct concept that emotions do not equal facts, and physical discomfort does not equal being seriously ill, in order to break the vicious cycle of cognitive biases and anxiety.

4.3.2. Adaptation to Art and Technology

This study combines various forms of artistic creation to implement cognitive correction. In the cognitive comparison painting stage, the image is divided into two areas and two types of cognitive content are drawn separately: one side presents catastrophic thinking arising from physical discomfort, such as serious illness and death, while the other side expresses rational cognition that symptoms stem from stress, physical and mental fatigue and can gradually be relieved. By using intuitive visual comparisons, help patients identify cognitive misconceptions and solidify rational thinking. Belief reconstruction collage first assists patients in sorting out their own health-related irrational beliefs, and then replaces and reshapes the content through positive images, text, and color materials. In the creative process, scientific cognition is established: physical discomfort is mostly a normal fluctuation of body and mind, and human health is always in a dynamic balance state. Positive imagery creation uses painting, clay modeling, collage, and other methods to create positive images of peace and tranquility, using imagery to alleviate fear of illness. At the same time, guide patients to reinterpret past negative art works from a rational perspective, clarify that the negative imagery in the picture is the externalization of individual anxiety emotions, not a signal of severe physical illness, and encourage patients to learn to accept emotions, actively guide them, and ultimately break the cognitive bias towards disaster.

4.3.3. Key Implementation Points for Stage

Therapists can guide patients to engage in rational reflection through questioning, using questions such as "whether disaster scenarios are inevitable", "whether there are other possibilities", and "whether medical examination results can confirm ideas" to help them detect their own cognitive biases; During the process, we do not directly negate the patient's original ideas, but instead use methods such as comparison, reconstruction, and positive reinforcement to allow the patient to independently discover thinking errors and actively accept rational cognition. At the same time, we encourage the patient to repeatedly create positive images and works that reflect rational cognition, constantly consolidating new cognitive models and gradually replacing negative and rigid thinking.

4.4. Stage Four: Behavioral Activation - Replacing Safe Behaviors and Enhancing Self Efficacy

4.4.1. Stage Objectives

By intervening and guiding patients to gradually reduce and replace safe behaviors such as cognitive avoidance, repeated medical visits, excessive examinations, and frequent self physical examinations,

we can break the cycle of related behaviors; By combining artistic creation and practical activities, we aim to enhance patients' self-efficacy and sense of autonomy, transform their helpless mentality and external control beliefs, and consolidate the results of previous interventions. We will apply the rational cognition and emotional regulation abilities established in art therapy to daily life, ultimately cultivating healthy lifestyles and thinking patterns.

4.4.2. Adaptation of Art Technology and Practical Activities

This study used diversified art therapy methods to implement interventions. First, systematically teach practical art adjustment techniques such as mindfulness coloring, emotional graffiti, clay creation, etc., and guide patients to use short-term art creation for emotional counseling and attention transfer when physical discomfort or anxiety occurs, so as to replace repeated physical examination, online health information query and other unsafe behaviors. Secondly, using painting and collage art to assist patients in planning daily tasks such as work, socializing, sports, and leisure, gradually guiding them to participate in previously avoided activities such as light exercise and outdoor activities, empowering them with art to promote behavioral activation and improve social and behavioral avoidance symptoms. Thirdly, encourage patients to independently complete complete artistic works such as painting, sculpture, collage, etc., so that they can accumulate positive experiences and a sense of achievement in the creative process, strengthen their sense of self leadership, and enhance their overall self-efficacy level. In addition, group art activities are organized to alleviate loneliness through collective creation and peer communication, reconstruct the social support system, and gradually correct the cognitive and behavioral patterns of repeatedly seeking confirmation from others.

4.4.3. Key Implementation Points for Stage

The intervention focuses on gradual behavior correction as the core idea, implementing a step-by-step reduction intervention for typical safety behaviors such as physical examination, abandoning the one size fits all immediate withdrawal mode, gradually reducing the frequency of behavior occurrence to achieve behavior regression, and constructing an alternative behavior system with art therapy and mindfulness training to block the cycle of anxiety rebound. Pay attention to the practical transfer of psychological intervention skills, guide patients to actively use cognitive restructuring, emotional management and other techniques to cope with daily physical discomfort and anxiety after leaving professional intervention scenarios, and establish a response mode that focuses on psychological adjustment and abandons instinctive safety behaviors. At the same time, relying on sustained positive suggestions and behavioral affirmation to strengthen individual self-efficacy, reshape cognitive systems, gradually dissolve long-term experiences of helplessness, and correct the tendency of external control thinking that attributes physical and mental health to external factors.

5. Conclusion

This article takes Salkovskis Warwick's cognitive theory of health anxiety as the core, systematically analyzes the psychological cognitive characteristics of the group with hypochondriacal anxiety, constructs an artistic healing path suitable for this group, and mainly draws the following conclusions:

The core of paranoid anxiety is cognitive bias. According to the Salkovskis Warwick theory, the psychological cognitive characteristics of individuals with paranoid anxiety can be summarized into four dimensions: physical perception, cognitive thinking, cognitive behavior, and health beliefs. These four dimensions are interrelated and mutually reinforcing, collectively forming the cognitive foundation of hypochondriacal anxiety. Among them, catastrophic interpretation, selective attention, dysfunctional beliefs, and safe behavior are key elements in maintaining the anxiety cycle.

Art therapy is an ideal nonverbal intervention model suitable for hypochondriacal anxiety. Art therapy utilizes five core mechanisms of nonverbal expression, symbolic transformation, emotional regulation, cognitive reconstruction, and self-efficacy enhancement to precisely target the four cognitive characteristics of hypochondriacal anxiety. It compensates for the limitations of traditional

cognitive-behavioral therapy (CBT), which requires high language ability, is prone to trigger psychological defense, and is difficult to reach subconscious cognitive biases, meeting the intervention needs of hypochondriacal anxiety groups.

The four stage art therapy path of "cognitive awareness emotional externalization cognitive reconstruction behavioral activation" is scientific and feasible. This path is guided by the Salkovskis Warwick cognitive theory, with clear and progressive goals at each stage, adapted to the cognitive and emotional characteristics of the paranoid anxiety group. Through techniques such as mindfulness graffiti, fear imagery creation, cognitive contrast painting, and daily art regulation exercises, patients are assisted in breaking attention biases, releasing suppressed fears, correcting cognitive biases, replacing safe behaviors, and enhancing self-efficacy. This approach has strong operability and provides new ideas and methods for clinical intervention of hypochondriacal anxiety.

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