

CONTROLLING THE FOCUS ON PHYSICAL PROBLEMS

It is important to establish a proper balance to your perspective on life. Although you have concerns about your physical well-being, there is much more to you and your life than those concerns. Your identity as a person is much greater than someone who is only focused on health and bodily worries. You must control the amount of time and energy given to your anxieties about somatic problems and refocus your life on constructive, productive, and enjoyable activities. This exercise attempts to help you regain your focus and broaden your perspective.

1. List five of your favorite interests—areas of life or activities that you enjoy.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

2. List five abilities, talents, or skills that you have and enjoy.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

3. Considering your interests and abilities, list five activities you could engage in within the next few weeks that would take your mind off your physical health and get you focused on more productive, constructive, stimulating, and enjoyable pursuits.

- A. _____
- B. _____
- C. _____



D. _____
E. _____

4. To make sure your focus on physical problems is decreased while your constructive activity is increased, schedule a specific 30 minutes each day that you will think about, talk about, and write down your physical problems. Even if you have written down your complaint one or more times, keep recording it if it is still on your mind. Do not talk or think about your physical problems at any occasion other than the scheduled time.

Day 1 Date:

Time (30 minutes) From _____ : _____ a.m./p.m. to _____ : _____ a.m./p.m.

My physical complaints or problems: _____

Day 2 Date:

Time (30 minutes) From _____ : _____ a.m./p.m. to _____ : _____ a.m./p.m.

My physical complaints or problems: _____

Day 3 Date:

Time (30 minutes) From _____ : _____ a.m./p.m. to _____ : _____ a.m./p.m.

My physical complaints or problems: _____

Day 4 Date:

Time (30 minutes) From _____ : _____ a.m./p.m. to _____ : _____ a.m./p.m.

My physical complaints or problems: _____



Day 5 Date:

Time (30 minutes) From _____ : _____ a.m./p.m. to _____ : _____ a.m./p.m.

My physical complaints or problems: _____

Day 6 Date:

Time (30 minutes) From _____ : _____ a.m./p.m. to _____ : _____ a.m./p.m.

My physical complaints or problems: _____

Day 7 Date:

Time (30 minutes) From _____ : _____ a.m./p.m. to _____ : _____ a.m./p.m.

My physical complaints or problems: _____

5. What concerns or conflicts are you experiencing that are not related to your physical health (e.g., fears, worries, hurts, frustrations)? _____

6. Do you think that at times you focus on your physical complaints rather than face your emotional struggles listed in item 5? If so, why do you think you do this?



7. Ask your family and close friends what they think you should do to cope with your physical concerns. Record their responses (use additional paper if needed).
