

IMPACT OF HYPOCHONDRIASIS ON SOCIAL ADJUSTMENT AND INCEPTION OF DELUSIONAL SYMPTOMS AMONG ADULTS

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ABSTRACT

The present study aimed to investigate the impact of hypochondriasis on social adjustment and the inception of delusional symptoms among adults, focusing on gender differences. Research participants are 200 adults (n= 100 males, n= 100 females). Ranging from 20 to 30 years old. Several measures are used to investigate the variables of the study – Short Health Anxiety Inventory to measure Hypochondriasis (health anxiety), Work and Social Adjustment Scale to measure social adjustment and Brown Assessment of beliefs Scale to measure inception of delusional symptoms. Convenient sampling technique has been used. Pearson Bivariate correlation, Independent Sample T test analysis was employed for the analysis of data. The results of the present study indicated that hypochondriasis has significantly positive correlation with social adjustment and inception of delusional symptoms. The results also show that female and male adults have significant difference on social adjustment and inception of delusional symptoms. Females score higher than male adults on social adjustment and inception of delusional symptoms. These findings emphasise the need for focused interventions in clinical settings to alleviate health anxiety and promote social functioning, particularly among women. The study's shortcomings include its restricted age group and single-city emphasis, which suggests that future research should cover broader demographics to improve ability to be generalised This study sheds light on the link between hypochondriasis, social adjustment, and delusional symptoms, emphasising the need of treating health anxiety in professional settings

I. INTRODUCTION

With changing time, psychological problems are getting in the spotlight. Many people are acknowledging how and why mental illness can take away one's peace of mind. People are now more concerned about their health and wellbeing. In recent times people have developed a fear of catching the virus and those who were already hypochondriac during this time period are facing great difficulty attaining peace of mind during pandemic. According to evidence, up to 50% of Europeans (European Commission, 2013) and 72% of Americans (Fox, 2013) utilized the Internet to look for health information in 2013, a proportion that has most certainly climbed subsequently. The COVID-19 pandemic also has just added to the numbers and furthermore there is no specific research in Pakistan related to that. The COVID-19 pandemic, with its high morbidity and death, has already harmed people's psychological and physical well-being all around the world. An episode of health anxiety

can occur, according to the cognitive-behavioral model (CBT; Warwick & Salkowski's, 1990), when dysfunctional health-related beliefs (e.g., "dizziness is a sign of brain cancer") are activated by internal (i.e., physical symptoms) or external (i.e., media stories, family illness) stimuli, causing them to be misinterpreted as evidence of a serious health threat. Hypochondria is a fear of developing a serious disease based on a misreading of body signs (Marcus et al. 2007). Furthermore, DSM-5 recommendations take DSM-IV criticism into consideration and adjust the diagnostic criterion regarding the reassuring behavior of hypochondriac patients. According to the suggestion: "The individual performs excessive health-related behaviors (e.g., repeatedly checking one's body for signs of illness), or exhibits maladaptive avoidance (e.g., avoiding doctors' appointments and hospitals)" (Kikas et al. 2024). According to recent research Individuals with higher health concerns are more likely to have peritraumatic stress, anxiety, and depression due of the extraordinarily high COVID-19 infection rate and moderately high death. Hypochondria, also known as hypochondriasis in medical language, was defined by Arthur J. Barsky as an unhealthy obsession with one's health and a dread of having or acquiring an illness despite physical evidence to the contrary. Hypochondria is defined by obsession with the dread of having or contracting a disease (American Psychiatric Association, 2000).

Social adjustment is defined as an individual's adaptability in social connections with others, both within and outside of school, as demonstrated in attitudes and conduct (Sekar & Lawrence, 2016). Adjustment is the process of coping with tensions, stress, and conflicts in order to suit the requirements of the individual. During this process, the individual attempts to establish and maintain a positive relationship with his surroundings. The degree to which a person engages in competent social conduct and adjusts to the immediate social setting is characterized as social adjustment (Crick & Dodge, 1994). Delusions are described as persistent, erroneous beliefs that contradict reality. Despite contrary facts, a delusional individual is unable to let go of their convictions (Jaspers, 1963). Delusions are just beliefs that do not correspond to reality. People with hypochondriasis frequently have delusions of getting diseases i.e., inception of delusions. People think even when they coughed that I caught the virus and started home remedies without even getting it checked. Delusions are fixed beliefs that persist despite contradicting evidence. The hypochondria can be considered a psychological structure that contributes significantly to achieving psychological and social adjustment during the pandemic, as it includes behavioral and cognitive components that reflect the human personality in life and are associated with feelings of reassurance, calm, peace with oneself and others and general psychological satisfaction regardless of life circumstances and positive or negative events.

Hypochondriasis is also known or referred to as illness anxiety disorder. A hypochondriac is someone who suffers from hypochondriasis. Hypochondriacs are overly concerned about any medical or psychological symptoms they face, no matter how little, and believe they or others are suffering from, or are soon to be diagnosed with, a dangerous illness. Hypochondria is a type of mental illness. One research says that, in general population studies, the prevalence of hypochondriasis is reported to be between 0.02 percent and 7 percent, and between 0.8 percent and 8.5 percent in primary care research. One study in the past was conducted on hypochondria and interpersonal relationship which states that folks suffering from hypochondria may have poor connections with others because they are preoccupied with their health (Kmety, 2020). We can imagine how in the situation of COVID-19 people would have been disturbed because of hypochondriasis. A very profound relationship can be observed with Hypochondria and social adjustment as well as inceptions of delusional symptoms. Having Hypochondriasis is not an easy thing. It is mentally tormenting. It affects differently on every individual. The Internet plays a very big role in it. Many researches are carried out on how the internet influences hypochondria. Currently, the internet has a massive quantity of information on a variety of health concerns. According to a representative survey of 2411 participants, 63.5 percent of German internet users utilize the internet as a health-related resource. According to a telephone study conducted in the United States, 86 percent of internet health users said that online research had effectively addressed their information needs and that the material provided was accurate (Eichenberg & Schott, 2019). The literature on hypochondriasis is scant from developing countries like Pakistan.

The word hypochondriac illness refers to the continuous complaint of physical problems that have no underlying pathological explanation. According to psychoanalytic theory, it is a psychogenic disorder as an unconscious symbolic expression of internal conflicts and recurring frustrations, or as learned behavior, particularly from models of social normalization, according to behavioral theory, or abnormal thinking according to cognitive theory.

Preoccupation with physical symptoms and dread of having a major disease occur on a spectrum from modest to intense in people whose thoughts and behaviors revolve on an inflated danger of developing a life-threatening illness. Concern for one's health becomes a persistent source of anxiety, dread, or distress, interfering with everyday activities. The prevalence of hypochondriac symptoms in the community is estimated at 5-7%, and doubles in patients who have some previous diseases by 17% (Singh et al., 2020). Social adjustment refers to an individual's endeavor to conform to societal standards, values, and criteria in order to be accepted. Originally, the notion of adjustment was drawn from biology. It was inspired by the biology word "adaptation," which refers to a species' ability to adjust to changes in its environment. The terms adjustment and accommodation are frequently used interchangeably. Strictly speaking, the phrase refers to the outcomes of equilibrium that can be influenced by either of these processes (Monroe, 1990). Living in a human society, on the other hand, is the product of a set of values and expectations paradigm and achieving one's expectations and value framework necessitates a certain amount of adjustment. Without adjustment, the person is unable to meet many of his or her fundamental needs. A person who is incompatible with society will feel alone.

Dhingra and colleagues (2005) define social adjustment as a continuous process in which one adjusts in order to be in proper adjustment with his environment, others, and oneself. It is used to emphasize a person's struggle to make ends meet or survive in his or her social and physical surroundings. Social adjustment is a psychological process through which a person copes with or handles the demands and tensions of daily life. Social adjustment, which is one of the most essential variables in pupils, is a process that helps individuals to comprehend and predict the conduct of others, manage their behavior, and govern their social relationships (Slumousky, 1996). Social adjustment, like physical, emotional, and intellectual growth, is a continual measure that is gradually refined and attained organically during life and in coping with situations. It has also been established that psychological characteristic such as self-esteem, social self-efficacy, and anxiety impact social adjustment. A socially adjusted individual can correctly interpret information from their surroundings. Such a person might establish a value system for himself/herself in order to prevent being affected by negative emotional swings and arguments with others (Cordier, 2015). The most important part of personal growth is social development, and the criteria for assessing each person's social development may be found in his or her compatibility with others. Although adjustment includes various characteristics such as social, emotional, physical, and educational dimensions, the best part is social adjustment, which is required for the other aspects of adjustment to be successful (Mazaheri et al., 2006). "Social Adjustment may take place by adapting the self to the environment or by changing the environment." - Campbell, Psychiatric Dictionary (1996).

Psychopathology, baseline social adjustment, the occurrence of psychotic relapse, length of hospitalization, severity of illness, family adaptability, and emotional over-involvement in relatives, gender, personality and social adjustment abnormalities in childhood, social skills, drug use or abuse, and health anxiety have all been identified as predictors of poor social adjustment. (Surender 2002) stated that good mental health entails much more than the absence of mental problems; it entails the development of different intelligences. Social interaction development in order to face issues and draw lessons for future living. Mental wellness is the key to our overall happiness. Every individual works really hard to obtain this. In reality, it is a current necessity that is in high demand, and it is inextricably linked to social adjustment. Because there is less land and more sea water, Alfred Adler recommended the entire world to adjust to each other in order to live. A delusion is a plainly untrue belief that shows an anomaly in the affected person's thinking content (Kirann & Chaudhury, 2009). It can also be called hypochondriacal delusions. It is very obvious that when someone has hypochondriasis, they think about different diseases and end up searching about them on the internet and diagnose themselves. Hence once the symptoms of the disease come to their knowledge, they begin to associate them with their own condition and end up having delusional symptoms. An example of delusional symptoms is that one imagines he/she might die of a certain illness. The feeling of something crawling on one's skin can also be regarded as a delusion. As hypochondria progresses the severity and frequency of such delusions increases markedly. A person with a mild cough, for example, may believe they have TB. Noises generated by organs in the body, such as the intestines, might be misinterpreted as a symptom of a serious condition. Evidence suggests that delusional disorder can be triggered by stress. Delusions are fixed, incorrect ideas that are inconsistent with a person's cultural surroundings. Despite opposing evidence, they may be upheld. These views are frequently peculiar and important to the individual, yet

difficult for others to comprehend. Delusions frequently grow in intensity over time, first being more amenable to scrutiny before becoming more entrenched. They can take many different shapes.

Given these negative connotations, those with 'psychotic symptoms' may be predicted to be more fearful of return of disease than both healthy controls and people with non-psychotic mental health disorders. Delusion is defined as a personal unconscious inner condition or struggle that is projected outwardly and attributed to the external world. Freud believed that underlying homosexual desires, in particular, were the foundation of paranoid delusions. Jaspers defines four types of beliefs, i.e. four separate modalities or ways of presenting beliefs to consciousness. Normal belief, inflated concept, psychosis-like thought, and fundamental delusion are the four types. The delusion-like thought is sometimes referred to as the secondary delusion in English literature, however Jaspers did not use this phrase. Delusion creation and breakdown processes are also of great interest in clinical study and therapy. However, capturing the psychological alterations that underpin delusions is sometimes seen as impossible, owing to the fact that delusions are assumed to be impacted by a variety of abnormalities in mental functions such as thinking, perception, memory, and affect. Gillespie (1929) and Henderson and Gillespie (1956) define hypochondria as a firm belief in physical sickness in the absence of any symptoms. Following Gillespie, Macalpine and Hunter (1995) sought to consider all hypochondria as delusional while also abolishing the boundary between psychosis and neurosis (Stenbäck & Rimón, 1964). A delusion, according to Sims (2003), is a false, unshakeable concept or belief that is inconsistent with the patient's educational, cultural, and social background; it is maintained with exceptional conviction and subjective certainty.

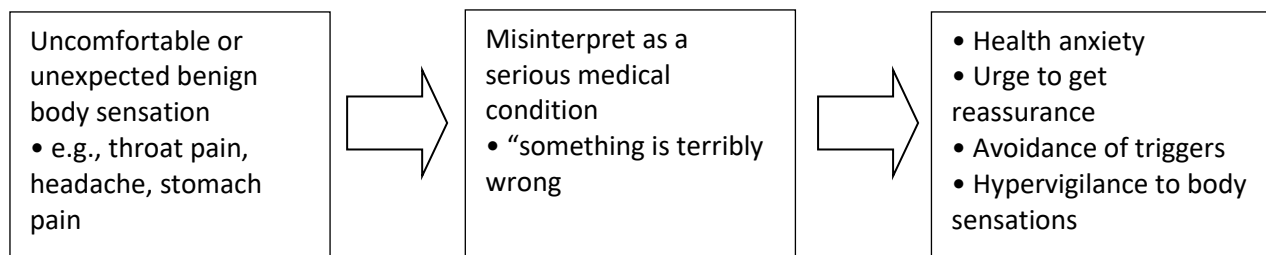
According to a study of published data on the sex distribution of hypochondriasis, illness fear is more prevalent in females, with the exception of the cardio phobic condition, which is more common in males (Juan Hernandez et al. 1992). One recent study also found that females experience higher levels of health concern and more musculoskeletal symptoms than males during the COVID-19 pandemic. According to Beck's (1976) cognitive model of emotion, health anxiety occurs when innocuous physiological sensations are misconstrued as indicators of a dangerous medical condition (e.g., "This ache in my groin suggests I have prostate cancer"). When this happens, harmless physiological sensations (for example, body noise) become the focus of concentration (hypervigilance), and the individual attempts to avoid or diminish the imagined threat. Homeostasis (the body's self-regulatory processes) Different systems are activated and deactivated depending upon the body's needs. For example, the body must maintain a near constant temperature and oxygen level. Thus, healthy people invariably experience normal fluctuations in their heart rate, breathing rate, muscle tension, sweat gland activity, etc. Diet Changes in diet may cause odorous or discolored urine, changes in stool texture, gastrointestinal discomfort, bloating, and mild hypoglycemia, which can cause sweating, tachycardia, and faintness. Emotional and physiological arousal Emotions such as anxiety, fear, worry, elation, excitement and anger are all accompanied by activation of the body's sympathetic nervous system and the release of adrenaline. This produces uncomfortable but benign body changes such as increased heart rate, breathing, muscle tension, pupil dilation, sweating, salivation, nausea, urinary urgency, dizziness, among other sensations. Moreover, physiologic arousal may lead to exhaustion and fatigue, blurred vision, numbness and tingling, feelings of choking or smothering, pain, trembling and twitching, hot or cold flashes, and dry mouth. Benign medical conditions Many benign or minor medical conditions can produce vague and diffuse bodily sensations. Examples include aerophagia, rumination syndrome, irritable bowel syndrome, postural, orthostatic tachycardia syndrome, vertigo, floaters, lipomas, hives, urticaria, nonepileptic seizures, and vasovagal syncope. Figure 1 depicts this sequence.

Cognitive Behavioral Model of Health Anxiety

Salkovskis and Warwick (1986) proposed a cognitive-behavioral model for understanding the emergence and persistence of health anxiety, emphasizing cognitive variables linked with the condition. Though alternative theories to explain health anxiety have been presented in the past (e.g., psychodynamic models), the cognitive behavioral model has the most empirical evidence (Williams, 2004). According to this paradigm, health anxiety stems from previous illnesses. These experiences have an impact on how people respond to sickness information, such as hypervigilance to symptoms or defective information processing mechanisms (e.g., overestimating the severity of a symptom). The persistence of health anxiety and the level of distress experienced by an individual are the result of the interaction of four factors: (a) perceived likelihood of illness (illness likelihood), (b) perceived negative consequences of illness (negative consequences), (c) perceived ability to cope with the illness (coping

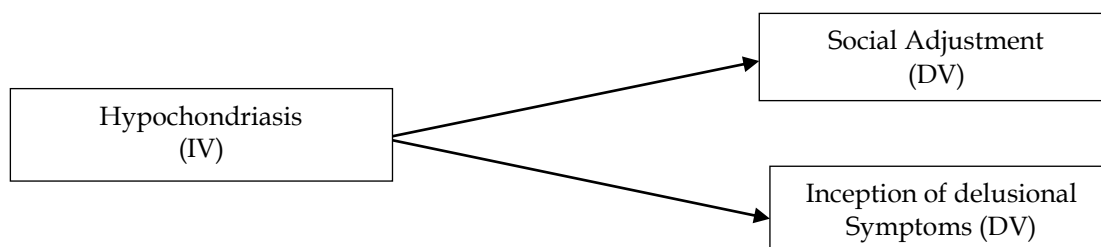
factors), and (d) availability of rescue factors, such as cures. Although anxiety-related dimensions have been investigated in connection to health anxiety, it is unclear how such factors map onto the cognitive-behavioral paradigm in accounting for the genesis and maintenance of health anxiety.

Figure I: Relationships among Body Sensations, Interpretations, and Emotional/Behavioral Responses



The framework highlights that hypochondriasis has an impact on social adjustment and inception of delusional symptoms. With an increase in hypochondriasis there will be an increase in social adjustment problems and inception of delusional symptoms.

Figure II: Conceptual Framework of the Study



Clinical Significance

This study will enable clinical psychologists to gain a deeper insight into the impact of hypochondriasis on social adjustment and on inception of delusional symptoms. Henceforth, they will be able to develop effective approaches and management plans which will lead to effective therapeutic outcomes for adults suffering from hypochondriasis. Furthermore, patients of hypochondriasis who read this research will use this knowledge to develop strategies to cope with their illness. Institutional Significance: Institutes such as universities and colleges which read this research will gain an insight of how much of a role has played in affecting the day to day lives of hypochondria patients by affecting their social adjustment capabilities and frequency and severity of delusional symptoms. Henceforth, they will realize just how much of a hindrance it is to the social life of an adult. Thus, they will take initiative themselves and use the research results to recognize susceptible cases of hypochondria among their students and hold counselling sessions on campus and run awareness campaigns so that such students can get timely diagnosis and therapy. Global significance: The study will educate readers throughout the world with in-depth understanding of the serious consequences of hypochondriasis. It will highlight how hypochondriasis is impacting adults and what problems they face. This research will show how this will affect our lives in terms of social, intellectual, and psychological aspects. This paper will illustrate to readers how this practice impacts adults in Asian culture. The objectives of the study are;

Objectives

1. To investigate the relationship between hypochondriasis, social adjustment and inception of delusional symptoms among adults.
2. To examine the role of gender on Social Adjustment and inception of delusional symptoms.

Hypotheses

1. There is a significant positive relationship between hypochondriasis and social adjustment.
2. There is a significant positive relationship between hypochondriasis and inception of delusional symptoms.
3. Female adults score higher than male adults on social adjustment and inception of delusional symptoms.

II. METHOD

Participants

The research design of this study is Correlational survey design. The sample comprises of 200 individuals (n= 100 males, n= 100 females) from Rawalpindi. Participants belong to different gender, academic level and relationship status. The Convenient sampling technique is employed to collect the sample for the study. It consists of adults ranging from 20 to 30 years. Participants were informed about the purpose and significance of the present study. A questionnaire containing Informed Consent, demographic information and English version of scales (SHAI, WSAS, BABS), were given to the participants. They were instructed to read each item carefully and mark only one preferred option in the last two scales but for the first scale marking more than one option was allowed.

Measures

[1] Demographic sheet included details of gender (male and female), age (20-22, 23-25, 25-27, 28-30), Marital Status (Single, Married, Divorced, in a relationship) and Education (undergraduate, graduate and postgraduate). **[2]** Short Health Anxiety Inventory (SHAI): Salkovskis, Rimes, Warwick, and Clark (2002) developed the Health Anxiety Inventory (HAI; 64 items) and a shortened version of this scale, the Short Health Anxiety Inventory (SHAI; 18 items), to be sensitive to both normal levels of health concern and severe health anxiety. Each item is scored on a scale from 0-3 (i.e., a=0, b=1, c=2, d=3). If multiple items are endorsed, then the highest score is taken. Cronbach alpha internal consistency coefficient was found to be 0.91. **[3]** Work and Social Adjustment scale (WSAS): It's Developed by Isaac M Marks (2002) and colleagues. It is a brief (five-item) global measure of functional impairment that is widely used as an outcome measure for adults in clinical psychology/psychiatry. It is a 9-point Likert scale ranging from 0 to 8 where (0 = *Not at all* to 8 = *Very severely impaired*) with total scores ranging between 0 and 40, with high scores denoting higher levels of disability (0–10: mild functional impairment; 11–20: moderately severe functional impairment; 21 and above: severe functional impairment). The WSAS has good internal consistency (i.e., Cronbach's α between .70 and .90) and test–retest reliability (Pearson's $r = .73$). **[4]** The Brown Assessment of Beliefs scale was developed by Jane. L. Eisen and colleagues in 1998. It has been developed to rate the degree of conviction and insight patients have concerning their beliefs. The BABS consists of 7 items: the first 6 items are added to obtain the total BABS score. An additional item (ideas of reference) is not included in the total score. It's a 6-point Likert scale ranging from 0 to 4. The BABS has strong internal consistency ($\alpha=.87$), interrater reliability (ICC for total score=.96), and test-retest reliability (ICC for total score=.95). The Scale is a reliable and valid instrument for assessing delusionality in a number of psychiatric disorders.

Procedure

The data was examined by IBM SPSS software (Version 26). Frequencies, percentages and mean values were used as descriptive statistics for organizing and summarizing data. While in contrast, correlation and independent sample t-test were applied as inferential statistics to analyse the data and draw conclusions.

III. RESULTS

Table I: Descriptive Results

Variables	Categories	n (%)	Variables	Categories	n (%)
Age	20-22	130(65.0)	Gender	Male	100(50.0)
	23-25	49(24.5)		Female	100(50.0)
	25-27	14(7.0)	Education	Undergraduate	153(76.5)
	28-30	7(3.5)		Graduate	33(16.5)
Marital status	Single	162(81.0)		Postgraduate	14(7.0)
	Married	16(8.0)			
	Divorced	2(1.0)			
	In a relationship	20(10.0)			

Note. n=frequency of demographic variables, %=percentage of demographic variables

Table 1 symbolizes the descriptive statistics, i.e., frequencies and categories concerning the variables that were employed in the study. A sample of 200 adults was taken from Rawalpindi where 100 were males and 100 were females. Descriptive statistics revealed that 65% were between age 20-22, 24.5% were between age 23-25, 7% were between age 25-27, whereas 3.5% were between the age of 28-30. It also revealed that 81% were single, 8% were married, 1% were divorced whereas 10% were in a relationship. From which 50% were females and 50% were males. Among them 76.5% were undergraduates, 16.5% were graduates and 7.0% were postgraduates.

Table II: Psychometric Properties of the study Major Scales

Variables	M	SD	Range	α
Health Anxiety	35.77	10.74	18-71	.93
Work and Social Adjustment	16.47	7.68	10-40	.91
Assessment of Beliefs	11.81	6.15	0-28	.88

Table 2 showed instruments for assessing psychological constructs. Notably, the Short Health Anxiety Inventory (SHAII). The result shows high reliability ($\alpha = .93$), with a mean score ($M = 35.77$). The Work and social adjustment scale (WSAS) displayed strong reliability ($\alpha = .91$), with a mean score ($M = 16.47$). The Brown Assessment of beliefs scale (BABS) instrument exhibited strong reliability of ($\alpha = .88$), with a score ($M = 11.81$). These psychometric properties underscore the credibility of the measurements, enhancing the research's interpretational value.

Table III: Correlation between all study variables

Variables	1	2	3
1. Health Anxiety	-	.56**	.53**
2. Work and Social Adjustment		-	.52**
3. Assessment of Beliefs			-

** $p < .01$

Table 3 indicates the correlation between all the study variables. The results indicated a strong, positive correlation between Hypochondriasis and social adjustment $r = .56$ ($p < .01$). Similarly, a positive correlation was observed between hypochondriasis and inception of delusional symptoms $r = .53$ ($p < .01$). These findings suggest significant associations among the three variables, highlighting their interrelatedness in the context of the study. From the above table it is concluded that hypothesis 1 (There will be a significant positive relationship between hypochondriasis and social adjustment) is proved true. Also, hypothesis 2 (There will be a significant positive relationship between hypochondriasis and inception of delusional symptoms) is also proved true and Null hypothesis is rejected.

Table IV: Mean Comparison of Gender with Study variables

Variables	Males		Females		t(198)	p	Cohen's d
	M	SD	M	SD			
Work and Social Adjustment	14.65	6.79	18.29	8.11	3.43	.00	.48
Assessment of Beliefs	10.19	6.33	13.42	5.54	3.83	.00	.54

Table 4 presents an independent-samples t-test, indicating statistically significant mean-level differences on work adjustment ($t = -3.43$, $p > .05$) between genders. Females exhibited higher scores on social adjustment ($M = 18.29$, $SD = 8.11$) compared to males ($M = 14.65$, $SD = 6.79$). Cohen's d value of 0.48, indicative of a small effect size. The study reveals noteworthy mean differences in inception of delusional symptoms ($t = -3.83$, $p < .01$) between male and female adults. Females exhibited higher scores on inception of delusional symptoms ($M = 13.42$, $SD = 5.54$) compared to males ($M = 10.19$, $SD = 6.33$). The associated Cohen's d value of 0.54 signifies a medium effect size, highlighting the observed differences. Hence the 3rd hypothesis "Female adults score higher than male adults on social adjustment and inception of delusional symptoms" is proved true and null hypothesis is rejected.

IV. DISCUSSION

The current research study sought to examine the influence of hypochondriasis on social adjustment and the development of delusional symptoms in adults, with a specific emphasis on exploring potential gender variations. The initial hypothesis proposed a notable positive correlation between hypochondriasis and social adjustment, which was confirmed by the results. These findings suggest that individuals with elevated levels of health anxiety may encounter greater challenges in social interactions and adaptability. Schwenzer and Mathiak (2012) observed that individuals with hypochondriacal attitudes experience a decline in their quality of life and tend to withdraw from social interactions. The cognitive-behavioral model suggests that health anxiety emerges when individuals misinterpret harmless bodily sensations as significant health risks. This misinterpretation then leads to behaviors that have a detrimental effect on social functioning (Salkovskis & Warwick, 1986). According to Warwick and Salkovskis (1990), individuals may engage in behaviors such as seeking medical consultations, seeking reassurance from others, and avoiding social interactions in order to mitigate perceived health risks. These behaviors can have a negative impact on their social adjustment.

The second hypothesis proposed a significant positive correlation between hypochondriasis and the onset of delusional symptoms, which was also validated. This finding is consistent with prior research that suggests hypochondriasis may contribute to the formation of delusional beliefs regarding one's health. Individuals with intense health anxiety may develop fixed false beliefs regarding the presence of a severe illness, even when medical evidence suggests otherwise. Research has shown that cognitive biases, such as selective attention to health-related information and confirmation bias, play a role in reinforcing these delusional convictions (Beck, 1976). For instance, an individual diagnosed with hypochondriasis may exhibit a tendency to excessively concentrate on minor bodily sensations, perceiving them as indications of a serious medical condition. This preoccupation can gradually intensify and lead to the development of delusional thoughts (Salkovskis & Warwick, 1986).

The third hypothesis posits that female adults would exhibit higher scores than male adults on measures of social adjustment and delusional symptoms. The hypothesis presented in this study was supported by the findings and found that females tend to display higher levels of health concern and experience related psychological outcomes, particularly in times of health crises such as the COVID-19 pandemic. Moreover, studies indicate that females are generally more susceptible to anxiety disorders, such as hypochondriasis, as a result of a combination of biological, psychological, and social factors (American Psychiatric Association, 2013). It is possible that the higher scores in social adjustment difficulties observed among females may be attributed to the increased societal and cultural pressures placed on women to fulfill multiple roles. These pressures can lead to heightened levels of stress and anxiety, which in turn may manifest as health anxiety and delusional symptoms (Jaspers, 1913). Moreover, it is worth noting that social expectations and gender roles could potentially play a role in explaining these differences. For instance, it is possible that women are more likely to actively seek help and report health-related concerns, which could lead to a higher representation of women in research studies focusing on these issues (Eichenberg & Schott, 2019).

Limitations and Implications

The present study possesses various limitations that necessitate attention in future research. Firstly, the sample was limited to adults aged 20-30 years from a single city (Rawalpindi), which may restrict the generalizability of the findings. Future research should consider incorporating a wider range of ages and collecting samples from various locations in order to increase the generalizability of the findings. Furthermore, it is important to consider the potential impact of self-report measures on response biases, including social desirability bias. These biases have the potential to influence the accuracy of the collected data. By integrating various data collection methods, such as conducting clinical interviews and performing physiological assessments, a more comprehensive understanding of the phenomena being investigated can be achieved. Furthermore, the cross-sectional design employed in this study imposes limitations on our ability to establish causal relationships. Longitudinal studies are crucial for investigating the temporal relationships between hypochondriasis, social adjustment, and delusional symptoms.

The findings of this study have important implications for clinical practice and public health. Investigating the correlation between hypochondriasis, social adjustment, and delusional symptoms can provide valuable insights for researchers in developing specific interventions aimed at addressing health anxiety and enhancing social functioning. Research has demonstrated the effectiveness of cognitive-behavioral therapy (CBT) in the treatment of health anxiety. CBT targets maladaptive beliefs and behaviors associated with this condition (Salkovskis et al., 2002). Furthermore, it is worth noting that interventions targeting the enhancement of social skills and the reduction of avoidance behaviors may have the potential to facilitate improvements in social adjustment among individuals with hypochondriasis. The gender differences observed in this study indicate that it may be necessary to develop tailored approaches to address the specific needs of female patients. It is suggested that female patients may experience higher levels of health anxiety and related difficulties. Public health campaigns and educational programs have the potential to contribute to the dissemination of information about hypochondriasis and enhance mental health literacy. These initiatives can help individuals become more aware of the condition and its impact on mental health, ultimately encouraging them to seek appropriate help and support when necessary.

V. CONCLUSION

The current study presents findings that support the hypotheses that hypochondriasis has a significant impact on social adjustment and the development of delusional symptoms in adults. Additionally, the study reveals the presence of gender disparities in the observed impacts, as females exhibit higher scores. The significance of these findings lies in the need to address hypochondriasis in clinical settings in order to enhance social adjustment and mitigate the likelihood of delusional symptoms, especially among women. However, the limitations of the study, such as its narrow focus on a particular age group and single city, indicate the need for future research to encompass a wider range of ages and diverse locations in order to improve the generalizability of the findings. Overall, this study provides valuable insights into the relationship between hypochondriasis, social adjustment, and delusional symptoms, highlighting the significance of addressing health anxiety in clinical settings.

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