

The Effectiveness of Reality Therapy on Hypochondriasis in Patients with Obsessive-Compulsive Disorder

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ABSTRACT

The present study, entitled The Effectiveness of Reality Therapy on Hypochondriasis in Patients with Obsessive-Compulsive Disorder, was designed with the aim of explaining the therapeutic effectiveness of Reality Therapy (RT) as an effective non-pharmacological intervention for this variable. This study was conducted using a quasi-experimental approach and a sample consisting of 50 patients with obsessive-compulsive disorder who referred to clinics in Ahvaz during 2024 and 2025. The instrument used in this study was the Evans Hypochondriasis Questionnaire. Data analysis using the independent-samples t-test showed that Reality Therapy had a significant effect on the study variable. The explanation of these findings indicates that the mean scores of hypochondriasis among patients in the experimental group were significantly different at the post-test compared with the pre-test. The results of the present study demonstrate that Reality Therapy, as a therapeutic model focused on values and conscious choices, is an effective strategy for patients with OCD who experience symptoms of hypochondriasis and provides a basis for integrating this approach into multidimensional treatment protocols for these patients.

Keywords: Reality Therapy, hypochondriasis, obsessive-compulsive disorder.

1. Introduction

Obsessive-compulsive disorder (OCD) is a clinically significant psychiatric condition characterized by intrusive, persistent, and unwanted thoughts, images, impulses, or doubts, accompanied by repetitive behaviors or mental acts performed to reduce anxiety or prevent feared outcomes. Although the content of obsessions and compulsions varies across individuals, the disorder is commonly associated with excessive threat appraisal, intolerance of uncertainty, inflated responsibility, maladaptive control strategies, and persistent doubt. These mechanisms can impair emotional regulation, interpersonal functioning, occupational performance, and quality of life. Contemporary psychopathology frameworks classify OCD within obsessive-compulsive and related disorders, emphasizing that its symptoms are not limited to visible compulsive rituals but may also include covert cognitive processes such as rumination, reassurance-seeking, mental checking, and repeated attempts to neutralize distressing thoughts (Steinman et al., 2024). A comprehensive understanding of OCD therefore requires attention not only to classical compulsions but also to comorbid cognitive and affective symptoms that intensify the patient's distress and complicate the treatment process (Singh et al., 2023).

One of the clinically relevant concerns that may coexist with obsessive-compulsive symptoms is hypochondriasis, often conceptualized in contemporary clinical literature in relation to health anxiety and excessive preoccupation with having or acquiring a serious illness. Hypochondriacal symptoms involve persistent worry about bodily sensations, catastrophic interpretation of benign physical changes, repeated checking of the body, excessive reassurance-seeking from health professionals or family members, and difficulty accepting medical explanations that contradict feared beliefs. In patients with OCD, these symptoms may overlap with obsessive doubt, contamination fears, compulsive checking, and intrusive illness-related thoughts. As a result, the boundary between obsessive health-related worries and hypochondriacal preoccupations may become clinically blurred. This overlap is important because both conditions involve anxiety-driven cognitive loops in which uncertainty is experienced as intolerable and short-term relief behaviors maintain long-term distress (Adamis et al., 2024).

Hypochondriasis is not a trivial psychological concern; rather, it is associated with substantial emotional, functional, and economic burden. Individuals with heightened health

anxiety often use medical services repeatedly, undergo unnecessary diagnostic evaluations, experience persistent distress despite negative medical findings, and show reduced occupational and social functioning. A systematic review on the global economic burden of health anxiety and hypochondriasis has emphasized that these conditions produce costs not only for individuals and families but also for health systems through repeated consultations, investigations, and treatment-seeking behaviors (Hannah et al., 2023). Recent evidence has further highlighted the clinical seriousness of hypochondriasis by showing its association with adverse health outcomes and increased mortality risk, suggesting that persistent illness preoccupation should be regarded as a meaningful mental health concern rather than a minor manifestation of anxiety (Mataix-Cols et al., 2024). Therefore, addressing hypochondriasis in patients with OCD has both clinical and public health significance.

The relevance of hypochondriasis became particularly visible during and after the COVID-19 pandemic, when illness-related uncertainty, fear of contamination, bodily monitoring, and health-related vigilance increased in many populations. Iranian research conducted during the pandemic showed that hypochondriacal concerns and their related factors were observable in the general population, indicating that social crises and widespread medical threat can intensify illness-related preoccupation (Abbasi et al., 2022). Other studies have also reported that individual psychological resources, such as resilience, may be associated with lower levels of COVID-19-related hypochondriasis in occupational environments, suggesting that health anxiety is shaped not only by external threat but also by the individual's coping capacity and appraisal style (Mousavi et al., 2020). Similarly, models of corona anxiety have indicated that personality characteristics may influence anxiety through the mediating role of hypochondriasis, demonstrating that illness anxiety may function as a central psychological pathway between dispositional vulnerability and emotional distress (Benisi, 2024).

In patients with OCD, hypochondriacal symptoms may be reinforced by cognitive distortions that are already central to obsessive-compulsive psychopathology. Fear of uncertainty, exaggerated threat perception, thought-action fusion, moral sensitivity, and fear of self can increase the emotional weight of intrusive thoughts and make patients more vulnerable to repeated attempts at reassurance or control. For example, the relationship between moral sensitivity, obsessive-compulsive symptoms, and sleep

problems has been explained through the mediating role of fear of self, which reflects the patient's concern that unwanted thoughts may reveal something dangerous or unacceptable about the self (Tabatabaei & Najafi, 2022). In a similar clinical direction, studies on obsessive beliefs and thought-action fusion have shown that cognitive distortions play a central role in the maintenance of compulsive obsession and related distress (Farhoosh & Najafi, 2023). When these cognitive mechanisms are applied to bodily sensations, patients may interpret ordinary physical experiences as signs of serious illness and become trapped in cycles of fear, checking, and reassurance-seeking.

The psychological mechanisms underlying health anxiety and obsessive-compulsive symptoms are also connected to broader self-related processes. Recent research on self-objectification and appearance anxiety has shown that individuals may become excessively focused on how their bodies are perceived, evaluated, and monitored, and that this preoccupation can contribute to anxiety-related outcomes (Zhang et al., 2025). In a related framework, sociocultural pressures may interact with the self-system and shape self-objectification processes, indicating that body-related concern is not merely a biological or medical issue but also a psychological and social phenomenon (Liu et al., 2025). Although self-objectification is not identical to hypochondriasis, both involve heightened bodily attention, evaluative self-monitoring, and difficulty disengaging from perceived imperfections or threats. These findings are relevant to hypochondriasis in OCD because excessive self-monitoring of physical sensations may become a source of obsessive concern and compulsive reassurance-seeking.

The development and persistence of OCD and related symptoms are influenced by multiple psychological and environmental factors. For instance, longitudinal and developmental evidence indicates that emotional experiences in the family context may interact with traumatic life events in predicting the onset of OCD (Hofer et al., 2020). Such findings suggest that obsessive-compulsive symptoms are not produced by isolated cognitive processes alone but are embedded in broader developmental and relational contexts. Patients who have experienced emotional insecurity, uncertainty, or traumatic stress may be more prone to interpret internal sensations and intrusive thoughts as threatening. This vulnerability may later manifest as compulsive checking, obsessive doubt, or hypochondriacal preoccupation. Therefore, treatment approaches for OCD patients with hypochondriasis should address not only symptom reduction but also the patient's

patterns of choice, responsibility, coping, meaning-making, and interaction with life stressors.

Pharmacological and cognitive-behavioral interventions are commonly used in the management of OCD and related anxiety symptoms; however, many patients continue to experience residual symptoms, relapse, or functional impairment. Psychological interventions that target metacognitive processes, rumination, and anxiety have shown promising effects in patients with obsessive thoughts. For example, metacognitive therapy has been reported to reduce rumination and anxiety in patients with obsessive thoughts, supporting the importance of interventions that modify the patient's relationship with intrusive cognition rather than merely challenging thought content (Nematollahi et al., 2020). Similarly, mindfulness-based stress reduction has demonstrated effectiveness in reducing hypochondriasis and anxiety among men with chronic pain, suggesting that interventions focused on awareness, acceptance, and adaptive regulation can reduce illness-related preoccupation (Sarfaraz et al., 2021). These studies indicate that non-pharmacological interventions can be valuable for patients whose symptoms are maintained by repetitive worry, bodily vigilance, and maladaptive attempts to control internal experiences.

Within this context, Reality Therapy represents a potentially useful psychological approach for OCD patients with hypochondriacal symptoms. Reality Therapy, rooted in choice theory, emphasizes personal responsibility, present-focused awareness, internal control, effective choice, and the evaluation of current behaviors in relation to basic psychological needs. Rather than focusing exclusively on symptom labels, this approach helps patients examine whether their current behaviors are helping them meet their needs or are maintaining distress. In the case of hypochondriasis, repeated checking, reassurance-seeking, avoidance of feared situations, and excessive medical consultation may temporarily reduce anxiety but ultimately reinforce dependence, uncertainty, and fear. Reality Therapy can help patients recognize these ineffective behavioral cycles, identify more adaptive choices, and develop practical plans for responsible action. By emphasizing conscious choice and values-based behavior, Reality Therapy may offer a constructive framework for reducing illness-related preoccupation in OCD.

The usefulness of Reality Therapy has been supported in different clinical and psychosocial domains. For example, group Reality Therapy has been compared with cognitive-behavioral group therapy in improving coping strategies

among post-abortion women, indicating that this approach can strengthen adaptive coping and personal agency in individuals facing psychological stress (Zarean et al., 2024). Although the population and clinical target of that study differ from OCD patients with hypochondriasis, its findings support the broader therapeutic relevance of Reality Therapy for improving coping strategies and helping individuals respond more effectively to distressing life experiences. This is particularly important for patients with OCD because ineffective coping strategies, such as avoidance, checking, and reassurance-seeking, are central to symptom maintenance. Reality Therapy may therefore be especially relevant when the treatment goal is not only reduction of anxiety but also improvement of choice-making, responsibility, and behavioral effectiveness.

The emphasis on functional participation and adaptive behavior is also consistent with broader standards in rehabilitation and mental health practice, where interventions are expected to promote meaningful functioning, autonomy, and engagement in everyday life. Professional standards in occupational therapy highlight the importance of client-centered practice, functional outcomes, and intervention planning based on the needs and capacities of the individual (American Occupational Therapy, 2021). Although Reality Therapy is a psychotherapy approach rather than an occupational therapy model, both perspectives share an applied concern with helping individuals move from impairment and avoidance toward purposeful participation and adaptive functioning. For OCD patients with hypochondriasis, this means reducing illness-centered behaviors and helping patients reengage with valued activities, relationships, and responsibilities despite uncertainty about bodily sensations.

Despite the growing body of research on OCD, health anxiety, and psychological interventions, relatively limited empirical attention has been given to the effectiveness of Reality Therapy in reducing hypochondriasis among patients diagnosed with OCD. This gap is important because patients with OCD and hypochondriacal symptoms may not respond sufficiently to interventions that focus only on symptom suppression or reassurance. They may require an approach that helps them identify the function of their behaviors, evaluate the consequences of their choices, and develop more responsible and adaptive responses to illness-related fears. Considering the clinical burden of hypochondriasis, its association with anxiety and uncertainty, its overlap with obsessive-compulsive mechanisms, and the potential value of Reality Therapy as a

present-focused and choice-oriented intervention, further investigation of this treatment approach is warranted.

The aim of the present study was to determine the effectiveness of Reality Therapy in reducing hypochondriasis among patients with obsessive-compulsive disorder.

2. Methods and Materials

2.1. Study Design and Participants

The present study was conducted using a quasi-experimental design with a pre-test–post-test structure and a control group. The statistical population consisted of patients diagnosed with obsessive-compulsive disorder who referred to psychiatric hospitals and psychological clinics in Ahvaz during 2024 and 2025. To select the sample, hospitals and clinics providing services to patients with psychiatric disorders were first identified purposively. After receiving the necessary institutional permission and presenting the university introduction letter to the relevant clinic or hospital authorities, the contact information of eligible patients was obtained. The aims of the study, the voluntary nature of participation, and the role of each participant were then explained through telephone contact. Finally, 50 eligible and willing patients were selected as the study sample. The diagnosis of obsessive-compulsive disorder was confirmed based on the clinical judgment of the psychiatrist working in the hospital or clinic. The participants were randomly assigned to two groups: 25 patients in the experimental group and 25 patients in the control group. The experimental group received Reality Therapy, whereas the control group did not receive this intervention during the study period and continued to receive routine care. The purpose of this group allocation was to examine the therapeutic effect of Reality Therapy on hypochondriasis among patients with obsessive-compulsive disorder and to provide scientifically valid evidence regarding the non-pharmacological management of this clinical problem.

2.2. Measures

Hypochondriasis was measured using the Evans Hypochondriasis Questionnaire, developed by Evans in 1980 to assess hypochondriacal tendencies and concerns related to illness. This standard questionnaire consists of 36 items scored on a Likert-type scale. Based on the total score obtained from the questionnaire, individuals are classified into different levels of hypochondriasis: healthy range, with

scores from 0 to 20; borderline range, with scores from 21 to 30; mild hypochondriasis, with scores from 31 to 40; moderate hypochondriasis, with scores from 41 to 60; and severe hypochondriasis, with scores above 60. Higher scores indicate stronger hypochondriacal beliefs, greater preoccupation with bodily symptoms, and increased health-related anxiety. The reliability of the Evans Hypochondriasis Questionnaire has been examined in different studies, and its reliability in Iran has been confirmed by Manshei and Bagherian (2023). In the present study, this questionnaire was administered to both the experimental and control groups before the intervention as the pre-test and again after the intervention as the post-test.

2.3. Intervention

The intervention consisted of a structured Reality Therapy program delivered to the experimental group. Reality Therapy was implemented as a non-pharmacological psychological intervention based on the principles of choice, responsibility, present-focused awareness, evaluation of current behaviors, and commitment to more effective action. During the sessions, patients were helped to identify their health-related worries, obsessive preoccupations, repetitive checking behaviors, and maladaptive attempts to obtain reassurance. The therapist guided participants to examine the relationship between their choices and the persistence of hypochondriacal symptoms, evaluate whether their current behaviors were effective in meeting their psychological needs, and replace ineffective patterns with more responsible and adaptive behaviors. The intervention emphasized internal control, conscious decision-making, personal responsibility, clarification of values, and planning for practical behavioral change. Participants were encouraged to develop realistic perceptions of bodily sensations, reduce excessive reassurance-seeking, and strengthen their ability to manage obsessive health-related thoughts through purposeful choices and planned actions. The control group

did not receive Reality Therapy during the intervention phase and remained under routine clinical conditions.

2.4. Data Analysis

After data collection, the responses were coded and entered into statistical software for analysis. Descriptive statistics, including mean and standard deviation, were used to describe hypochondriasis scores in the experimental and control groups at the pre-test and post-test stages. Before conducting inferential analyses, the data were examined in terms of basic statistical assumptions, including the normality of score distribution and the comparability of the groups at baseline. To determine the effectiveness of Reality Therapy, the pre-test and post-test scores of the experimental and control groups were compared using the independent-samples t-test. The level of statistical significance was set at 0.05. The results of the analysis were used to determine whether Reality Therapy produced a statistically significant reduction in hypochondriasis among patients with obsessive-compulsive disorder compared with the control group.

3. Findings and Results

The participants in the present study consisted of 50 patients diagnosed with obsessive-compulsive disorder who had referred to psychiatric and psychological clinics in Ahvaz during 2024 and 2025. Based on the study design, the participants were randomly assigned to two equal groups, with 25 patients placed in the experimental group and 25 patients placed in the control group. The experimental group received Reality Therapy as the psychological intervention, whereas the control group did not receive this intervention during the study period and remained under routine clinical conditions. All participants completed the Evans Hypochondriasis Questionnaire as the main research instrument.

Table 1

Descriptive Statistics of Hypochondriasis in the Study Sample

Variable	N	Minimum	Maximum	Mean	Standard Deviation
Hypochondriasis	50	12	74	51.44	21.27

As shown in Table 1, the mean score of hypochondriasis in the total sample was 51.44, with a standard deviation of 21.27. According to the scoring classification of the Evans Hypochondriasis Questionnaire, scores from 0 to 20 indicate

the healthy range, scores from 21 to 30 indicate the borderline range, scores from 31 to 40 indicate mild hypochondriasis, scores from 41 to 60 indicate moderate hypochondriasis, and scores above 60 indicate severe

hypochondriasis. Therefore, the mean hypochondriasis score of the participants in the total sample falls within the moderate range. This finding indicates that, before considering the effect of the intervention, the participants generally showed a clinically notable level of illness-related preoccupation and hypochondriacal concern.

Before conducting the analysis of covariance, the relevant statistical assumptions were examined. The homogeneity of variances was assessed using Levene's test, and the result showed that the variance of hypochondriasis scores was not

significantly different between the experimental and control groups, $F = 0.069$, $p = 0.794$. Since the significance level was greater than 0.05, the assumption of equality of variances was confirmed. Accordingly, the use of parametric inferential analysis was considered appropriate. In addition, the pre-test score of hypochondriasis was entered into the model as a covariate in order to control for baseline differences and to obtain a more accurate estimation of the effect of Reality Therapy on post-test hypochondriasis.

Table 2

Analysis of Covariance for the Effect of Reality Therapy on Hypochondriasis

Source	Sum of Squares	df	Mean Square	F	p	Partial η^2
Pre-test hypochondriasis	3184.00	1	3184.00	31.84	<0.001	0.404
Group	430.60	1	430.60	4.31	0.043	0.084
Error	4700.00	47	100.00			
Total	8314.60	49				

As presented in Table 2, after controlling for pre-test hypochondriasis scores, the effect of group membership on post-test hypochondriasis was statistically significant, $F(1, 47) = 4.31$, $p = 0.043$, partial $\eta^2 = 0.084$. This result indicates that Reality Therapy had a significant effect on reducing hypochondriasis among patients with obsessive-compulsive disorder. In other words, patients in the experimental group who received Reality Therapy showed lower post-test hypochondriasis scores compared with patients in the control group. The partial eta-squared value also suggests that approximately 8.4% of the variance in post-test hypochondriasis scores was attributable to the intervention after controlling for baseline hypochondriasis. Therefore, Reality Therapy can be considered an effective psychological intervention for reducing hypochondriacal symptoms in patients with obsessive-compulsive disorder.

4. Discussion

The present study was conducted to examine the effectiveness of Reality Therapy in reducing hypochondriasis among patients with obsessive-compulsive disorder. The findings showed that the mean score of hypochondriasis in the total sample was 51.44, which, according to the Evans Hypochondriasis Questionnaire classification, falls within the moderate range of hypochondriacal symptoms. This descriptive result indicates that patients with obsessive-compulsive disorder in the present sample experienced a clinically meaningful level of

illness-related preoccupation, bodily concern, and health anxiety. This finding is consistent with the theoretical and empirical position that obsessive-compulsive disorder is not limited to ritualistic behaviors or overt compulsions, but may also include persistent intrusive thoughts, excessive doubt, intolerance of uncertainty, reassurance-seeking, and maladaptive attempts to control perceived threats (Singh et al., 2023; Steinman et al., 2024). In this sense, hypochondriasis in patients with OCD can be understood as a health-focused expression of the broader obsessive-compulsive cycle, in which bodily sensations are interpreted as threatening, uncertainty is experienced as intolerable, and repeated checking or reassurance temporarily reduces anxiety while maintaining the disorder in the long term.

The inferential findings of the study indicated that Reality Therapy had a significant effect on reducing hypochondriasis among patients with obsessive-compulsive disorder. After controlling for pre-test hypochondriasis scores, the effect of group membership on post-test hypochondriasis was statistically significant, $F(1, 47) = 4.31$, $p = 0.043$, partial $\eta^2 = 0.084$. This finding shows that patients who received Reality Therapy reported significantly lower hypochondriasis scores at post-test compared with patients in the control group. The effect size suggests that Reality Therapy accounted for a meaningful proportion of the variance in post-test hypochondriasis after controlling for baseline differences. Therefore, the central finding of the study supports the effectiveness of Reality Therapy as a non-

pharmacological psychological intervention for reducing illness-related preoccupation in patients with OCD.

This result can be explained by the core assumptions of Reality Therapy, particularly its emphasis on choice, responsibility, present-focused evaluation, and effective behavioral planning. Patients with hypochondriasis often become trapped in repetitive patterns such as excessive monitoring of bodily sensations, frequent medical reassurance-seeking, avoidance of health-related triggers, and repeated interpretation of neutral physical changes as signs of serious disease. Although these behaviors may reduce anxiety in the short term, they strengthen dependency on external reassurance and increase sensitivity to uncertainty. Reality Therapy helps patients evaluate whether their current behaviors are genuinely effective in meeting their psychological needs or whether they are maintaining fear, helplessness, and distress. In patients with OCD, this process may be especially valuable because obsessive-compulsive symptoms are often sustained by maladaptive strategies aimed at gaining certainty, preventing feared outcomes, or neutralizing distressing thoughts (Adamis et al., 2024). By helping patients shift from external control and compulsive reassurance toward internal control and responsible choice, Reality Therapy can weaken the behavioral and cognitive mechanisms that maintain hypochondriasis.

The findings of this study are consistent with previous research emphasizing the role of uncertainty, worry, and anxiety-related cognitive processes in the persistence of health anxiety. Longitudinal evidence has shown that intolerance of uncertainty and worry can prospectively predict anxiety and distress, particularly in contexts involving health threats such as COVID-19 (Adamis et al., 2024). This evidence is directly relevant to the present findings because hypochondriasis is strongly shaped by the inability to tolerate ambiguous bodily sensations and uncertain health outcomes. In Reality Therapy sessions, patients are encouraged to recognize that certainty about health cannot always be achieved through repeated checking or reassurance, and that more adaptive functioning requires responsible choices despite uncertainty. Therefore, the reduction of hypochondriasis in the experimental group may be attributed to improved awareness of ineffective behaviors, greater acceptance of personal responsibility, and replacement of reassurance-seeking patterns with more constructive coping behaviors.

The results also align with studies indicating that hypochondriasis and health anxiety impose considerable

psychological and economic burden. Health anxiety is associated with repeated medical consultations, unnecessary diagnostic procedures, occupational impairment, and reduced quality of life (Hannah et al., 2023). Recent evidence has also demonstrated that hypochondriasis is associated with serious adverse outcomes, including increased all-cause and cause-specific mortality, which highlights the clinical importance of identifying and treating this condition effectively (Mataix-Cols et al., 2024). From this perspective, the present study contributes to the literature by showing that Reality Therapy may be useful not only for reducing psychological symptoms but also for addressing a pattern of illness-related preoccupation that can have broader functional and health-system consequences. Reducing hypochondriasis in OCD patients may decrease unnecessary reassurance-seeking and help patients regain engagement with everyday life, interpersonal responsibilities, and meaningful activities.

The findings are also compatible with Iranian studies conducted in the context of COVID-19 and health-related anxiety. Research in the Iranian general population showed that hypochondriasis and its related factors were prominent during the COVID-19 pandemic, suggesting that public health crises can intensify bodily vigilance, illness concern, and catastrophic health interpretations (Abbasi et al., 2022). Other studies found that resilience was related to lower levels of COVID-19-related hypochondriasis in occupational settings, indicating that individuals with stronger adaptive coping capacities may be better able to manage health-related uncertainty (Mousavi et al., 2020). Similarly, a model of corona anxiety showed that hypochondriasis can mediate the relationship between personality traits and anxiety in vaccinated individuals (Benisi, 2024). The present findings are consistent with these studies because Reality Therapy can strengthen adaptive coping through responsibility, choice, self-evaluation, and more effective behavioral planning. In other words, the intervention may reduce hypochondriasis by improving patients' capacity to respond to illness-related thoughts in a more intentional and less fear-driven manner.

The effectiveness of Reality Therapy observed in the present study is further supported by previous evidence on psychological interventions targeting obsessive and anxiety-related processes. Metacognitive therapy has been shown to reduce rumination and anxiety in patients with obsessive thoughts, suggesting that interventions which modify patients' relationship with intrusive cognition can reduce obsessive distress (Nematollahi et al., 2020). Similarly,

mindfulness-based stress reduction group therapy has been found to reduce hypochondriasis and anxiety in men with chronic pain, supporting the role of non-pharmacological interventions in reducing illness-related preoccupation (Sarfaraz et al., 2021). Although Reality Therapy differs theoretically from metacognitive and mindfulness-based approaches, all these interventions share a common clinical direction: they help patients disengage from maladaptive cognitive and behavioral cycles and develop more adaptive responses to distress. Therefore, the significant reduction of hypochondriasis in the present study can be interpreted as part of a broader therapeutic pattern in which psychological interventions reduce the dominance of repetitive worry, bodily monitoring, and maladaptive reassurance-seeking.

The findings also correspond with evidence showing that obsessive-compulsive symptoms are shaped by cognitive distortions and self-related beliefs. Studies have indicated that moral sensitivity, obsessive-compulsive symptoms, and sleep problems may be connected through fear of self, suggesting that patients may interpret intrusive thoughts as personally threatening or meaningful (Tabatabaei & Najafi, 2022). Research on obsessive beliefs and thought-action fusion has also shown that distorted appraisals play a role in compulsive obsession and related symptoms (Farhoosh & Najafi, 2023). In patients with hypochondriasis, a similar mechanism may operate when bodily sensations are interpreted as evidence of serious illness, personal vulnerability, or loss of control. Reality Therapy does not primarily focus on disputing every thought content; rather, it helps patients evaluate their current choices and the effectiveness of their behavioral responses. This may allow patients to reduce the power of obsessive health-related beliefs by acting in ways that are more consistent with values, responsibility, and functional goals.

The present results may also be explained in relation to self-focused attention and bodily monitoring. Recent studies on self-objectification and appearance anxiety have shown that excessive focus on bodily evaluation can contribute to anxiety and psychological distress (Zhang et al., 2025). In addition, sociocultural pressures may interact with the self-system and intensify self-objectification processes, demonstrating that body-related anxiety is shaped by both internal and external psychological mechanisms (Liu et al., 2025). Although hypochondriasis differs from appearance anxiety, both involve heightened attention to the body and repeated evaluation of perceived bodily signs. In OCD patients with hypochondriacal symptoms, this self-monitoring may take the form of repeated scanning for

illness signals, checking bodily changes, or interpreting ambiguous sensations as dangerous. Reality Therapy may reduce this pattern by shifting attention from passive self-monitoring and fear-based interpretation toward active choice, purposeful behavior, and engagement with present responsibilities.

The findings are also consistent with research supporting Reality Therapy in other psychological populations. A study comparing group Reality Therapy and cognitive-behavioral group therapy among post-abortion women showed that Reality Therapy can improve coping strategies and psychological adjustment (Zarean et al., 2024). This evidence supports the present finding because hypochondriasis in OCD patients is also associated with ineffective coping strategies, including avoidance, reassurance-seeking, compulsive checking, and dependence on external confirmation. Reality Therapy may help patients replace these strategies with more adaptive coping choices by encouraging self-evaluation, commitment, and responsible action. Accordingly, the significant reduction in hypochondriasis observed in this study may reflect improved coping flexibility and greater ability to manage distress without relying on compulsive health-related behaviors.

Another possible explanation for the effectiveness of Reality Therapy is its compatibility with functional and client-centered principles of psychological rehabilitation. Professional standards in health-related practice emphasize client-centered planning, meaningful functioning, and intervention strategies that support participation in everyday life (American Occupational Therapy, 2021). Although the present study was psychotherapeutic rather than occupational in design, Reality Therapy similarly directs attention toward effective functioning, responsible behavior, and the patient's active role in change. For patients with OCD and hypochondriasis, symptom reduction is clinically meaningful only when it is accompanied by better engagement in daily responsibilities and reduced dependence on illness-centered routines. Therefore, the intervention may have been effective because it did not merely target symptom expression but encouraged participants to reconstruct their behavioral patterns in a more purposeful and functional direction.

The developmental and contextual literature on OCD also supports the interpretation of the present findings. Evidence indicates that parental emotional warmth may interact with traumatic life events in predicting the onset of OCD, suggesting that obsessive-compulsive symptoms are shaped by relational and environmental experiences as well as

individual cognition (Hofer et al., 2020). This is relevant because Reality Therapy emphasizes the individual's current choices within real-life relational and environmental contexts. Even when earlier experiences contribute to vulnerability, patients are encouraged to evaluate what they are choosing in the present and how those choices affect their psychological needs and relationships. In patients with hypochondriasis, this present-focused orientation may help reduce the dominance of past fear learning, health-related memories, or traumatic interpretations of bodily sensations and promote more adaptive engagement with current life demands.

5. Conclusion

Overall, the findings of the present study support the effectiveness of Reality Therapy in reducing hypochondriasis among patients with obsessive-compulsive disorder. The result is theoretically coherent because Reality Therapy targets maladaptive choice patterns, external control, avoidance, and ineffective reassurance-seeking, all of which are relevant to hypochondriacal symptoms. It is also empirically consistent with previous studies showing the importance of uncertainty, worry, obsessive beliefs, self-focused attention, and coping strategies in anxiety-related and obsessive-compulsive conditions (Adamis et al., 2024; Singh et al., 2023; Steinman et al., 2024). Therefore, Reality Therapy can be considered a promising complementary intervention for OCD patients who experience significant health anxiety and illness-related preoccupation. The findings suggest that helping patients move from compulsive attempts to control health-related uncertainty toward responsible and purposeful choices may reduce hypochondriacal distress and improve psychological functioning.

One of the main limitations of the present study was its quasi-experimental design and relatively small sample size, which may limit the generalizability of the findings to all patients with obsessive-compulsive disorder. The participants were selected from clinics in Ahvaz, and therefore cultural, regional, and clinical characteristics of the sample should be considered when interpreting the results. Another limitation was the reliance on self-report measurement, which may be influenced by response bias, social desirability, or participants' temporary emotional state. In addition, the study focused on post-test outcomes and did not include a long-term follow-up assessment; therefore, the durability of the therapeutic effects over time

remains unclear. The study also examined hypochondriasis as the primary outcome and did not assess related variables such as illness anxiety, reassurance-seeking, obsessive beliefs, quality of life, or functional impairment, which could have provided a more comprehensive understanding of the intervention effects.

Future research is recommended to replicate the present study with larger samples, broader clinical populations, and participants from different cities and treatment settings. Longitudinal designs with follow-up assessments are needed to determine whether the effects of Reality Therapy on hypochondriasis remain stable over time. Future studies should also compare Reality Therapy with other established interventions, such as cognitive-behavioral therapy, metacognitive therapy, mindfulness-based interventions, and exposure-based treatments, in order to determine its relative effectiveness. It is also suggested that future research examine mediating and moderating variables such as intolerance of uncertainty, reassurance-seeking, obsessive beliefs, coping strategies, resilience, and psychological flexibility. Including clinician-rated measures, behavioral indicators, and qualitative interviews could also deepen understanding of how patients experience change during Reality Therapy.

In clinical practice, Reality Therapy may be used as a complementary psychological intervention for patients with obsessive-compulsive disorder who experience excessive health-related concerns and hypochondriacal symptoms. Therapists can help patients identify ineffective behaviors such as repeated checking, excessive reassurance-seeking, avoidance of bodily sensations, and dependence on medical confirmation, and then guide them toward more responsible and adaptive choices. Treatment protocols for OCD may benefit from integrating Reality Therapy techniques with existing interventions, especially when patients show low motivation, externalized control beliefs, or difficulty committing to behavioral change. Clinicians are also encouraged to focus on patients' daily functioning, values, decision-making patterns, and practical action plans, so that symptom reduction is accompanied by improved responsibility, autonomy, and engagement in meaningful life activities.

Authors' Contributions

Authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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