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The Relationship between Differentiation of and Health Anxiety

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Abstract:
This study aims to examine the extent of the relationship between the level of differentiation and "healthy anxiety" among a group of elderly patients. A quantitative research based on questionnaires that test the relationship between the different alters. The study includes 90 participants (men and women). The main findings of the study clearly indicate that people with a high level of differentiation are characterized by a low level of health anxiety. People with a high level of differentiation tend to have high awareness of the emergence of traumatic situations. The findings distinguish between four elements that characterize health anxiety among the people and they are: concern and preoccupation with the health of the people; Fear of illness or death; Treatment in search of reinforcements from nearby and distant surroundings; Interference in daily life when the physical symptoms of anxiety keep a person from working, concentrating on their actions and enjoying life. These findings indicate differences in health anxiety by gender. Men are characterized by high anxiety more than women are. The findings also suggest that elders have a higher health anxiety level than young people.

Keywords: *Health Anxiety, traumatic situations, elderly patients, reinforcements, physical symptoms*

1. Introduction

The term "health anxiety" or hypochondria in foreign language describes a situation where the person is concerned about their physical health and are constantly in search of illnesses and health problems. Every person that has continuous and uninterrupted regarding of their health, allowing it to become an obsession and when anxiety appears it does not allow a person to assume concerns and take care of himself rationally (Hart &Björgvinsson, 2010).

However, the concept of "differentiation" defines the person's ability to get out their emotional "self" and examine their health conditions rationally. Bowen (1978) argues that every person has an autonomous self and that there is a sliding scale of self-differentiation. This scale helps to assess the level of differentiation at its lowest possible degree, the lack of differentiation, to the highest theoretical level of differentiation. People who are on the lower scale are more vulnerable to pressure, and for them the healing symptoms may be slow or impossible, while people on the high part of the scale tend to recover quickly. People on the lower half of the scale in a world are dominated by "feeling", where emotions and subjectivity dominate most of the time on an objective judgment process. They do not distinguish between feelings to facts. People in the higher half of the scale tend to have a high level of self-defined and less self-imagined, they have a greater ability to create a sense of differentiation between feelings to objective reality (Hedman at el. 2012).

This study is trying to examine the relationship between the level of differentiation and "healthy anxiety" among a group of elderly patients from the medical clinics of Haifa.

2. Review to Literature

2.1. Anxiety as a Feature and State of Being

Spielberger at el (1975) argues that anxiety is the result of the perception of the external or internal world of mankind. When a person meets with dangerous or threatening stimulus, their inner world which is ran by emotions and feelings that emerge from their inner being subjectivity. As well as the outside world which is ran by the responses of the surroundings and others who mean well to them. Accordingly Spielberger at el sees that anxiety is a two dimensional structure: On one dimension anxiety is as a feature, and the second dimension of anxiety as a state.

Anxiety is defined by Bowen (1978) as a response to individual threats, real or imaginary. Then and always expressed human emotional reactivity increased from surrounding threats, but the physiological systems that's involved in anxiety has become more complex as the evolution of modern life forms evolved. There are subjective and objective manifestations of anxiety. The subjective manifestation include a heightened sense of fear disaster is expected, and objective manifestations include various levels, for example,

increased levels of irritability and changes in the autonomic nerve system, manifested as physiological reactions as accelerated heartbeats (Peleg, 2011). According to Weinberg (2005) Anxiety is an essential mechanism that protects us from damage by activating reaction of "run or fight," automatic mechanism of the body to detect danger. It is important to understand that this system is activated in response to perceived danger, even if it is not real. You can distinguish between two types of anxiety: chronic and acute, acute anxiety usually appears in response to real threats and is experienced for a limited time. Most people adapt to it effectively and it is usually successful. It feeds on fear of something that exists in the present, while chronic anxiety is fueled by fear that might happen in the future. Chronic anxiety usually appears as a response to similar threats and is not limited in time. This anxiety often creates stress and makes it difficult for the individual to adapt to it. Another distinction between types of anxiety when distinguishing between two types: situational anxiety, created as a result of a particular situation, for example, examinations, a dentist after the person passes the situation it returns to its normal function. . Similar to fear there are techniques that allow us to cope with anxiety in different situations. This anxiety is related to the activity of the autonomic nerve system therefore, if we have a drink and something to eat, we can relax. Another technique is time - when there is more time it reduces the level of anxiety (Beck & Amir, 2009). Psychodynamic approach argues that during the development of the human, they experience trauma and repress them, and as a result they lose mental and free energy, some of the energy becomes unbound and it becomes a kind of "volcano" that threatens to explode at any moment, and therefore a sense of appeal and anxiety is very difficult. Since it is in the human's unconscious, we cannot understand the source of anxiety (the volcano is in the unconsciousness) and unable to control it and the solution is that neurosis turns into an inadequate solution (Apple, Haim&Aaron, 2011). The human solves the problem of personality anxiety through neurosis, it channels anxiety to some specific field and place to enable the personality anxiety of ruining all fields of life, it is channeled to a specific area such as: agoraphobia, claustrophobia (Verdi, 2005).

2.2. Health Anxiety

"Health anxiety" or Hypochondria is a psychiatric disorder that belongs to a group of somatic disorders (Hart &Björgvinsson, 2010). Hypochondria is a condition in which a person is busy and troubled frequently in fear of having a serious illness, or someone else with a serious illness, while basing this fear on the incorrect interpretation of physical symptoms and behavior (Matthew at el, 2011). This is a difficult emotional situation where a person feels physical symptoms, regardless of objective medical finding. That is, no doctor diagnosed a real disease, or when there is a real disease but its involvement is too much and excessive (Hedman at el, 2012). A person with health anxiety feels safe and healthy only when there is no physical "disturbance", that must be examined immediately for any physical changes, even minimum, since every such sign may indicate their opinion on a serious disease that will lead to great suffering (Abramovich, 2013). This concept indicates that people with health anxiety are sensitive to any feelings of their bodies, and pay attention to things that did not even come to a clear awareness of others. For example, a person may feel mild fatigue or a feeling of weakness, rather than giving it attention they tempt to forget about it unless someone asks about it. However, this feeling sounds the alarm in a person's mind, they will interpret it as the beginning of a serious illness, and accordingly - would respond like another person's reaction if they were informed that they may have cancer or another serious disease. Naturally, they can't think of anything else, feeling anxious and trying to obtain information or a solution (Matthew at el. 2011). Marcelo (2011) finds that preoccupation with a disease that does not exist brings severe hardship and affects the daily, social and professional life of a person. No doctor could figure out why distress that is caused by the fear of a disease may reach the level of death. Anger and frustration are common emotions of patients at medical institutions who do not receive approval for unnecessary testing, or get satisfying reports (Abramovich, 2013). It's common to refer to the excessive preoccupation with the body's health as a diversion of tackling other emotional problems (Marcelo, 2011). People with hypochondria tend to have physical thresholds more than average. That is, they may experience minor changes in heart rate, small fluctuations in body temperature and so on. In addition to their low-mild pain that is unbearable for them. These physical tendencies affect emotional factors, such as anger, depression and anxiety disorder which the individual is unable to deal with on a conscious level (Hart &Björgvinsson, 2010). It is known that a person with health anxiety may suffer more types of anxiety and depression. In addition, in some cases hypochondria may manifest physical symptoms of right, such as chronic pain syndrome, so-called conversion disorder (so-called "blind" or "paralysis" of hysterical) or in severe cases even a syndrome called Munchausen (a phenomenon in which a person suffers from fear of health that may result various physical symptoms) (Abramovich, 2013).

A hypochondria is detected when the following criteria are met: when a person is disturbed or frightened by the idea of suffering from a serious disease based on misinterpretation of body symptoms. Concern causes significant distress or limiting clinical social functioning, occupational or any other vital function, not better explained by generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, major depression, isolative anxiety or somatic symptom disorder of any kind (Hedman at el, 2012). Hypochondriacs complain of symptoms that are very difficult to link in between them physiologically. Although they tend to describe their symptoms in a very detailed and precise way, they do not relate to one specific system, from which one can say: This is likely a problem in the digestive tract, or heart, etc. (Matthew at el. 2011).

2.3. Scope and its Characteristics

Medical studies suggest that 4-6% of the population suffer from hypochondria, without any common physical, social or other relationship. In other words, these percentages are taken from both genders. The average age of the disorder is often the from age 20 to 30, but there are cases where the disorder first appears hypochondria also other ages (Hart &Björgvinsson, 2010). Hypochondria appears at all ages (but mostly early adulthood) in women and in men the incidence of 1% to 5% (Marcelo, 2011). According to a US study year 2001, 4%- 7% of the population suffer from hypochondria (Abramovich, 2013). Studies show that the main problem to

suffer from hypochondria is interpreting normal body signs as signs of danger. Hypochondriacs are occupied with their bodies more than other patients, concerned more of formation a disease or illness and misinterpreting physical symptoms, in addition to that they get anxiety when a normal person would live with them and not even notice their gases, rapid pulse, sweating, hot flashes, etc. (Hart &Björgvinsson, 2010). Experimental studies show that these people are bias-related whom give information about patients. Despite their physical problems are not different from those of an evaluating group, they perceive their symptoms as more dangerous than they are, and they are more likely to consider commencing. As they wrongly interpret symptoms, they tend to look for proof of their patients and reduce symptoms indicating the importance of good health. They believe that being healthy is equivalent to the lack of any symptom whatsoever. They also think that their ability to deal with patients is extremely low, and consider themselves physically weak. These characteristics cause patients a cycle of anxiety which causes anxiety, which provides the basis of their conviction of the disease. If we consider the consolidation hypochondriacs receive due to their interference we can better understand how thoughts and behavior patterns bring these people's misery.

Causes and explanations of this phenomenon: hypochondria exact cause is unknown. Factors that may be involved in the development of the disorder include: a history of physical or sexual abuse, history of serious illness in childhood, low capacity to express feelings and emotions to other people, family history, that is, a parent or close relative suffering from hypochondria (Marcilloux, 2011). To date, there hasn't been one obvious reason for this phenomenon yet all sorts of hypotheses on the subject. There are those who argue that there is a genetic component to cause feelings of anxiety, if they are inherited. Some studies have shown that hypochondria sufferers often have low tolerance threshold of physical pain (Marcelo, 2011). In addition and according to Matthew, Freda, Kate & Mark (2011) various explanations define the etiology of the disorder hypochondria: 1) a psychodynamic explanation: that sees physical symptoms camouflage as feelings of anger, low self-esteem and depression resulting from past experiences of loss or abandonment: Wishes hostility and aggression others are threatening the processes of repression and displacement, and are expressed in physical questing antennae. 2) cognitive-behavioral explanation: a collection of misconceptions about oneself and the world. This is a misinterpretation of the feelings and physical symptoms, empowered by the fear of illness, perception of an existential threat, and self-perception of inability to cope with the situation or get help from others. Negative self-image, the fear and lack of faith in society contribute to creating schema cognitive-behavior characteristic of anxiety conditions. When anxiety is focused on health conditions it may be related to one's previous situation, or to somebody close, related to a serious illness or medical establishment. 3) bio-neurological explanation: apparently excessive concern about body symptoms is associated with low tolerance threshold of physical discomfort: a sense which for most is experienced as pain. 4) an explanation of the processes of social learning: physical symptoms are experienced by filling the role of unconscious part of the patient, where the body has failed the patient repeatedly and become irresponsible. That is, the symptoms of hypochondriacs refuge responsibilities and challenges in life.

2.3.1. Differentiation of Personality

The term "self-differentiation" means the degree to which the person experiences himself physically and mentally as bound and distinct part of their surroundings; The extent to which taking up the body, feelings, thoughts, desires and their own actions and not like others. This is one of the main processes of creation and design of the adaptive personality of the person (Smilansky, glamor &Snir, 1990).

According to Bowen's theory there are four factors that influence the differentiation of the individual: emotional reactivity, emotional severance, merging with others and the position I (Peleg, 2004). As the level of differentiation of individual is lower, the higher the level of chronic anxiety. When chronic anxiety is at a high level, pressure and stress are likely to increase, which is reflected in the ability to deal with low pressure and a series of physiological symptoms, emotional or social. Therefore, the development of symptoms depends on the pressure level on the one hand and on the other hand the ability of an individual or family to adapt to stress (Peleg, 2011). Bowen (1978) describes the formation of "self" according to the level of differentiation, namely the extent of the individual's ability to distinguish the intellectual functioning of their emotional functioning, in other words - the ability to distinguish between the process of emotional-subjective and objective cognitive processes. When two functional systems are operating independently and harmoniously with one another, the person may have freedom of choice to function the intellectual layer - an objective and emotional dimension - subjective. However, when there is no differentiation between the two systems, thinking is influenced by the emotional system and loses the ability to choose. In other words, when both systems intermingled, the intellectual function is an emotional function and is not used as a balancing system (Apple, Haim& Aaron, 2011).

Bowen (1978) argues that there are two levels of differentiation: Differentiation basic and task differentiation. The functional level is influenced by the level of basic differentiation and life events in adulthood. It may vary depending on temporary experiences. In contrast, the level of basic differentiation is not affected by temporary situations and interpersonal facts. Its determined largely by the inter-generational emotional processes that are formed during childhood and adolescence, and remain constant over the years. A main theoretical argument of Bowen was that low level of basic differentiation is associated with high chronic anxiety.

The level of differentiation is a measure defining sequence between the mix of differentiation and the personal description of functional and relationship issues. According to Bowen (1978) differentiation of self is manifested in two aspects. One aspect is the ability to distinguish between intimacy and autonomy in relationships. The second aspect is the ability to distinguish between emotional and intellectual functioning. Poorly differentiated people have a low-level intellectual functioning, controlled by their emotions, they are less flexible, have low adaptability, anxiety is found in their relationships as they are emotionally dependent on others, with intellect and emotions fused, they tend to make decisions on the basis of what "feels right"; as they wait for others acceptance and approval above all other goals. Conversely, people with greater differentiation allows one to experience strong effect or shift to calm, logical reasoning when circumstances dictate. Flexible, adaptable, and better able to cope with stress, more

differentiated individuals operate equally well on both emotional and rational levels while maintaining a measure of autonomy within their intimate relationships (Potter & Brown, 2012).

The theoretical model described by Bowen (1978), the concept of differentiation of "self" through scale, ranging from the lack of differentiation to the stage of high differentiation. This range contains all levels of human functioning; reflected situations in life are spoken but are examined primarily under stress and anxiety. In such situations, people located at the lower levels of the scale would find it difficult to handle and exhibit a low level of functioning, because they are trapped in their emotional world. In contrast, people with high differentiation retain the intellectual functioning of their distinct emotional functioning even in stressful situations. They are able to make decisions and solve problems in a coordinated manner to the situation, and naturally feel less anxious and express fewer symptoms of stress (Kerr & Bowen, 1988).

This description by Bowen (1978), shows an important distinction between the raised response. The behavior of a person with low differentiation is guided by emotional reactivity, whereas a person with high self-differentiation responds to the situation, in choosing the behavior. Degrees of differentiation are expressed in functional capacity, thus express degrees of freedom. A merge of emotion and intellect means making rational thoughts as perceiving the emotional system; perceived as part of the instinctual forces that control the automatic functioning (Peleg& Yitzhak, 2010). People with low differentiation are, therefore, less flexible and less adaptable, because they are influenced by the emotional system. On the other hand, people with high differentiation react with greater flexibility to adapt and cope, because their intellectual and emotional functions are balanced equally which allows them to choose and act more freely. As detailed below, the full significance of these observations reveals the theory of an outgoing borderless world to interpersonal relationships in Bowen's main growth of life - relationships and family (Sakorn, 2011).

Bowen (1978) argues that human behavior is influenced by the level of anxiety, which is given, and the level of differentiation. For lower differentiation, its more difficult to adapt to anxiety, therefore they seek relief by merging with a partner. While this merge may immediate provide relief, but it later becomes a feeling of suffocation which shakes the person back to the desire to be more autonomy - and back again. In contrast, with a high degree of differentiation are less relieved by closeness or lack of closeness in marriage, and when they find themselves in anxiety they will deal with it in greater balance. Bowen's theoretical assumption about the relationship between anxiety differentiations supported a series of studies that have expanded the testing of different types of anxiety, and reported a negative relationship between differentiation fears and worries, depression, trait anxiety, state anxiety, social anxiety and separation anxiety (Peleg, 2011).

People with an adequate level of "self-differentiation" allow themselves to maintain a balance between the emotional worlds of self-differentiation partnership with other feeling. This balance allows a person to build a complete self-identity while creating interaction within interpersonal provision (Verdi, 2005). As the level of differentiation rises, it increases the ability to distinguish between thought processes and emotions, regulating emotions and thinking clearly under pressure. In other words, a higher level of differentiation allows a person to engage in a thorough examination of the situation, being aware of their feelings and experience influence or change all calm judgments, logical, depending on the circumstances (Goldberg, 2005). Adults with higher levels of differentiation are seen as more able to deal with uncertainty and ambiguity and to keep adhere within the framework of relationships.

Found in literature research, the term differentiation of self is discussed within extensive theoretical conditions and a great therapeutic clinical application. Empirical research in the field of differentiation has been studied in the context of mental health and relationships, and a negative correlation between the level of differentiation and the sense of depression has been found (Elieson& Rubin, 2001). Likewise, a negative correlation between differentiation and state anxiety, between differentiation and trait anxiety and between differentiation and psychological dysfunction has also been found (Hazan, 2006). Whereas a positive correlation was found between marital adjustment and differentiation (Skowron, 2000).

The studies showed that self-differentiation is connected to lower chronic anxiety, to better psychological adjustment, physical health, marital satisfaction, skills and self-regulation, and less violence in the consumption of drugs and alcohol (Skaron, 2011). Kerr and Bowen (1988) argued that people with a lower level of differentiation experiencing chronic over-anxious, find it difficult to function under pressure, and vice versa suffer psychological and physical symptoms more than people who tend to be more differentiation (Kerr & Bowen, 1988). Brtl- herring and Gregory (in Sacranie, 2001) conducted a study examining the effect of self-differentiation of health-related behaviors. Among the participants and their partners that have identified a genetically inherited risk to cancer, it was found that people with higher levels of differentiation experienced less intrusive thoughts related to cancer risk, and fewer psychological symptoms over time. In addition, they found self-mediated differentiation of the relationship between the stress involved in cancer genetic testing and partner distress, the higher levels of differentiation among the partner predicted lower levels of stress and distress when your partner is in the process of genetic counseling. A study by Murray and Daniels (2007) seems that self-differentiation there is a place for physical health functioning that provides initial support and physical symptoms that are part of the manifestation of lower levels of self-differentiation.

Also in the study of Griffin and Apostal (1993), it was found that an increase in the level of differentiation reduces health anxiety levels. Additional confirmation of these results was found in the study of Peleg-Popko (2002) examining the relationship between the level of differentiation and social anxiety and physiological symptoms among students. They found that like others, they have reported less about such situations of less-mixed and / or more-mixed with others (low differentiation level) and reported on the ability to be in a state of "I position" in relationships (high differentiation levels), they found lower levels of social anxiety and somatic symptoms.

In the first study, published in Israel by Peleg (2002) the relationship between social anxiety differentiation among 117 students was examined by a questionnaire of differentiation- DSI. All dimensions of differentiation are negatively related to social anxiety and physiological symptoms. Specifically a strong, yet negative relationship was found between the level of differentiation and the level of fear. Further studies conducted in 2004 that examined the relationship between the level of interpersonal differentiation and the level

of trait anxiety, fear of exams and cognitive performance in examinations among adolescents, showed negative relations between the level of differentiation to the levels of trait anxiety and fear of exams and positive relations between differentiation levels and cognitive performance.

2.4. The Purpose of the Study

Is there a relationship between the level of differentiation among people and deficiencies with "healthy anxiety"? If so, what is the relationship?

2.5. Hypotheses

1. There is a negative correlation between the level of differentiation and health anxiety. As the higher the level of differentiation the lower the level of health anxiety
2. Men have a higher health anxiety level than women.
3. Elders have a higher health anxiety level than women.

2.6. Method

Sample: The study included 90 participants, 51 men (57%) and 39 women (43%) aged between 23 years to 54 years, patients from the medical clinics of Haifa.
(M = 33.80, SD = 7.29).

1 .Health Anxiety Questionnaire: The questionnaire was written by Lucock&Morely (1996) and based on the cognitive behavioral approach. The questionnaire was translated into Hebrew, internal reliability was tested, and validity ranges fromα =0.76 to 0.89. The questionnaire was tested by samples including patients identified as having psychiatric and medical disorders. In these samples the questionnaire found internal consistency withα=0.92 and half-test reliability. Test-retest reliability was tested and proved that there is stability in the short-term results. Rating long-term stability was lower, probably as a result of external events. It was also found that the questionnaire had discriminant validity provision. Pearson correlation is high and significant, ranging from 0.43 to 0.77 between the overall markings of all the various items in the questionnaire. The questionnaire includes 21 items (questions, situations) that examine four factors of health anxiety are: 1: concern and preoccupation with health. 2: fear of sickness or death 3: behavior of searching for reinforcements 4: intervention in everyday life.

2. Differentiation questionnaire (DSI- Skowron Differentiation of Self-Inventory)

The questionnaire includes 46 questions on the "desired situation". The questionnaire examines the concept of differentiation through four sub-indices:

1. Emotional detachment- the degree of emotional detachment in situations of anxiety.
2. Emotions - degree of emotional reactivity to people and external events.
3. Merging with others - the emotional level with other people
4. The ability to take the position" I "- the ability to operate according to the values and personal beliefs not being influenced by the surroundings.

2.6.1. The Research Process

The transfers of the questionnaires were carried out in the clinic. Personal visits were carried out to the patients at the clinic the same day, and they were asked to complete the questionnaire instantly. All questionnaires were collected immediately. Only those who acquired help in understanding questions or explanation were helped.

2.4. Data Analysis

The analysis was done using statistical analysis software (SPSS).

Each participant was requested to answer each item to how frequently the situation described in the item occurs in their life. The response scale Likert-type questionnaire is 4 degrees from 0-3: 0 = not at all or rarely, 1 = Sometimes, 2 = Often, 3 = almost always. A score ranging from 0 to 21 states a low health anxiety level, a score ranging between 41 and 22 states a moderate level of health anxiety and a score ranging from 42 to 63 presents a high level of health anxiety. Rating Min = 0, the lack of health anxiety Max = 63 high level of health anxiety. Term differentiation questionnaire score 6 - 1: a scale of emotional reactivity, emotional severance and merging with other as high ratings (3 months or more - up to 6) means low distinctiveness. Result 1- 2.5 presents high differentiation. On the I position scale its reverse. From 1 to 2.5 - differentiated low results and results of 3.5 or higher present high differentiation.

2.6.2. The First Hypothesis

found a significant negative correlation between the level of differentiation and health anxiety. The higher the level of differentiation the lower level of health anxiety. The hypothesis was tested by examining the correlation by Pearson's correlation coefficient. Tables 1 and 2 show the test results.

Variable	Average	Standard
Concern and preoccupation	1.62	0.39
Fear of sickness or death	1.46	0.55
Behavior of searching for reinforcement	1.78	0.61
Intervention in everyday life	1.38	0.57
Health Anxiety	1.56	0.38
Emotional detachment	3.13	0.56
Emotional reactivity	3.18	0.50
Merging with others	3.32	0.52
I position	3.08	0.54
Differentiation	3.18	0.42

Table 1: The Average and Standard Deviation of Differentiation and its measurement and health anxiety and its measurement (N = 90)

	Differentiation	I position	Merging with others	Emotional reactivity	Emotional detachment
Concern and preoccupation	-.307**	-.237*	-.298**	-.267*	-.190
Fear of sickness or death	-.489***	-.224*	-.432**	-.404***	-.492***
Behavior of searching for reinforcement	-.344***	-.275**	-.258*	-.282**	-.285**
Intervention in everyday life	-.422***	-.192	-.399***	-.452***	-.325**
Health anxiety	-.527***	-.305***	-.477***	-.454***	-.449**

Table 2: Pearson's correlation coefficients between differentiation and measures and health anxiety and measures (N = 90)
**p<0.05, **p<0.01, ***p<0.00*

The findings presented in the table above indicate significant negative relations between differentiation and measurements and the fear of health and measurements in particular, a significant negative correlation between the level of general differentiation and test anxiety were found among the participants (rp = -0.527, P <0.001), that is, as the level of differentiation is higher the lower the level of health anxiety and the opposite is true. Those findings were about the connections between measurements of differentiation and measurements of health anxiety. These results confirm our first hypothesis.

The second hypothesis: Men have a higher health anxiety level than women. The difference was tested using t-test for two independent samples. Table 3 below presents the calculations.

	gender	N	average	standard	t
Concern and preoccupation	Men	51	1.7311	.37694	3.190**
	women	39	1.4776	.36933	
Fear of sickness or death	men	51	1.6036	.47203	2.884**
	women	39	1.2778	.60001	
Behavior of searching for reinforcement	men	51	1.9771	.60921	3.695***
	women	39	1.5256	.52502	
Intervention in everyday life	men	51	1.4354	.54094	1.044
	women	39	1.3077	.60401	
Health anxiety	men	51	1.6846	.32798	3.887***
	women	39	1.3945	.37889	

Table 3: Average and standard deviation of health anxiety and measurement among men and women, t-test value of the difference between them
**p<0.05, **p<0.01, ***p<0.001*

The findings presented in the table above indicate significant differences between men and women in health anxiety and measurements. It was found that health anxiety and measurements - except the dimension of intervention in everyday life, were significantly higher among men than among women. Figure 1 shows this difference.

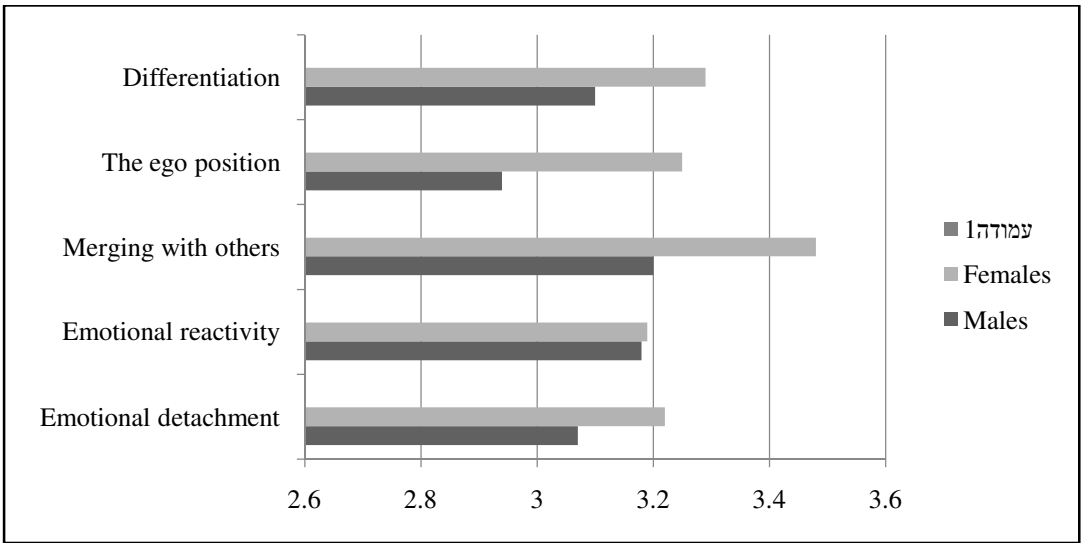

Figure 1: reflects this difference

Figure 2: Difference between women and men in terms of level of differentiation

תרשים 2:

	gender	N	average	standard	T
Emotional detachment	men	51	3.0671	.53930	-1.324
	women	39	3.2235	.57576	
Emotional reactivity	men	51	3.1797	.48797	-0.062
	women	39	3.1865	.52690	
Merging with others	men	51	3.1952	.51651	-2.678**
	women	39	3.4829	.48959	
I position	men	51	2.9444	.54192	-2.816**
	women	39	3.2538	.48140	
Health anxiety	men	51	3.0983	.41959	-2.169*
	women	39	3.2893	4.40680	

Table 4: Average and Standard Deviation differentiation and extent among men and women, t-test value difference between them

The findings presented in the table above indicate significant differences between men and women in differentiation and measurements, it is that differentiation and measurements were found lower among men than among women - except for the two dimensions of detachment and emotional reactivity, which were found significantly higher among women and then in men. Figure 3 reflects this difference

Given the results, the second hypothesis was confirmed. Men have a higher health anxiety level than women.
The third hypothesis: Elders have a higher health anxiety level than women.
Until now, we have examined the relationship between health anxiety and measurements and differentiation and dimensions and age. Table 5 below displays the test data.

	Age
Concern and preoccupation	.324**
Fear of sickness or death	.454**
Behavior of searching for reinforcement	.313**
Intervention in everyday life	.160
Health Anxiety	.461**
Emotional detachment	-.273**
Emotional reactivity	-.150
Merging with others	-.282**
I position	-.189
Differentiation	-.285**

Table 5: values of correlation coefficients between health anxiety and measurements and differentiation and dimensions and age (N = 90)
**p<0.05, **p<0.01*

The findings presented in the table above indicate:

1. a significant negative correlation between the level of differentiation and measurements and age, that with age the level of differentiation and measurements decreased.
2. a significant positive correlation between the level of health anxiety and measurements and age, that as age increases the level of health anxiety and measurements increase.

The findings indeed confirm the third hypothesis.

3. Discussion and Conclusions

The findings have clearly shown that people with a high level of differentiation are characterized by a low level of health anxiety. In other words, those who are considered to have a greater ability to distinguish between thought processes and emotions, regulate emotions, to think clearly under pressure to engage in a thorough examination of the situation and to be able to deal with different hardships as health anxiety. Results are similar to those who imitate differently as in the study of (Bowen, 1988 & Kerr), as these findings are consistent with the findings of the study by Brtl- herring and Gregory (2003), which indicates that people with higher levels of differentiation experience less intrusive thoughts related to cancer risk.
The findings distinguish between four elements that characterize health anxiety among the people and they are: concern and preoccupation with the health of the people, this concern stems from fear of the consequences of a person that suffers from a disease. Fear of sickness or death, usually this fear is characterized by a psychological condition that causes disruptions in the normal conduct of a person living in this situation. The behavior of searching for reinforcements from nearby and distant surroundings to feel safer or change the negative thoughts that occupy and affect the state of mind that results from its health. Interference in daily life when the physical symptoms of anxiety states keeps a person from working, concentrating on actions and enjoying life. Four of these situations are affected by personality traits such as the level of differentiation when growing sense of anxiety among those who are characterized by a low level of differentiation.
Also found in the results of the study were differences in health anxiety by changing the study participants. Evidence proves that men are characterized by anxiety more than women, this finding is similar to the findings of previous studies conducted by the World Health Organization, which found that men have a higher tendency to suffer from the anxiety of health, when it is that men have more physical symptoms and disorders as a result of the anxiety that their concerns are not unreasonable in comparison that the wrong people have health anxiety. Also the work of Skowron (2000) found that men have a low ability of flexibility in a state of health anxiety than women and it prevents them to adjust when the adjustment requires a person to be able to review the situation again and choose better solutions as to the time before he was characterized with health anxiety it should be noted that this figure contradicts the findings in the study of Hart &Björgvinsson (2010) that shows that health anxiety has similar percentages among men and women meaning that the gender difference is not considered as an essential element of this phenomenon.
The latest figure came from the study suggests that adults are characterized with health anxiety more than young people. These findings of Abramowitz (2013) indicate that, more adults have higher health anxiety. As the old man becomes slower, it is more difficult for him to perform chores and daily tasks, cognitive function decreases as expressed in speech slower declination in memory and cognitive abilities. In addition, older people suffer more from chronic diseases that affect the functioning of the body, and diminishing sense organs (sight, hearing). All these make older people more vulnerable to access various mental disorders, including anxiety disorders as health anxiety is one of the situations that can happen to them.

4. References

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