

10 Tips for Helping a Loved One Cope with Illness Anxiety

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<https://tinleyparkpsychologicalcounselingservices.com/archives/3761>

If you care about someone who is struggling with *illness anxiety*, there are several things you can do to help them.

1) **Encourage their participation in treatment.**

Illness anxiety, or “Illness Anxiety Disorder,” is not a hoax. It is a real diagnosis. Formerly called “hypochondriasis” or “hypochondria,” illness anxiety can have a significant impact on a person’s quality of life, emotions, wellbeing, relationships, and functioning.



Unfortunately people sometimes get very frustrated and even act judgmental or invalidating when dealing with someone who has illness anxiety. But it is much more helpful to acknowledge the suffering it causes, and to lovingly encourage the anxious person to seek treatment for it. It is fundamental that family members or closest friends cooperate with helping the anxious person get better.

Starting with a visit to the primary doctor is important for two reasons. First, the primary doctor can evaluate whether the illness anxiety is about any legitimate health concerns. Keep in mind, however, that even if the anxious person does have legitimate health symptoms or concerns, their anxiety may still be disproportionate to the health concerns. Second, the primary doctor can evaluate whether the anxiety *itself* is being caused or exacerbated by biological factors. If neither of these account for the reported level of anxiety, then a diagnosis of “Illness Anxiety” may be considered. Some primary doctors may also offer to treat the anxiety by prescribing medications.

Illness anxiety is a mental health condition; therefore it is usually treated by mental health professionals. Psychiatrists can evaluate, diagnose the condition, and prescribe medications to help manage anxiety; although most psychiatrists no longer provide talk therapy. Psychologists, mental health counselors, and clinical social workers can also evaluate and diagnose illness anxiety, and can provide talk therapy to help the anxious person cope and to improve the patient’s quality of life.

If you are close with the anxious person, **it may also be helpful to go with them** to see their treating clinician, so that you can give your input about the nature and severity of the illness anxiety, and so that you can receive guidance in how to best help.

2) **Educate yourself about illness anxiety.**

In order to best help someone cope with a problem, it is helpful for *you* to understand the nature of the problem, and some general recommendations for coping with it. Therefore, it would be helpful if you could educate yourself about illness anxiety. You can do so by reading articles, handouts, or books about it; or by listening to videos, podcasts, or audiobooks.

You could start with a Google search for terms such as:

- illness anxiety or “Illness Anxiety Disorder”
- hypochondriasis or hypochondria (the older terms for Illness Anxiety)
- somatic disorders

Depending on whether and which of the following are present for the person you're trying to help, it may also be helpful to educate yourself about:

- anxiety
- worry or Generalized Anxiety Disorder
- panic, panic attacks, or Panic Disorder
- obsessions, compulsions, OCD, or Obsessive Compulsive Disorder

Try to rely on reputable sources such as large medical institutions like the [Mayo Clinic](#) or [Cleveland Clinic](#), [authors who have degrees in mental health](#), or handouts from a mental health professional (such as this handout). One strategy is to look for .org (such as [MountSainai.org](#)) or .gov websites (such as [MedlinePlus.gov](#)), although some .com websites are also well known as reputable (such as [WebMD.com](#)). Additionally, some specialty magazines, such as [Psychology Today](#), can also provide useful information.

Learning about illness anxiety can help you by:

- increasing your understanding of what is happening within the person you care about
- helping you understand the factors that contribute to anxiety (where it comes from)
- increasing your empathy and patience
- informing you about tips for coping with or managing illness anxiety, so that you can coach the person whom you're trying to help
- informing you about how not to feed in to, exacerbate, or enable their anxiety

Also, just like the anxious person you care about, be careful not to do too much compulsive research.

3) **Encourage the person whom you're trying to help to educate themselves about illness anxiety, but not too much.**

In addition to educating yourself, encourage the person whom you're trying to help to also educate themselves. Ultimately it is *they* who need to understand their own anxiety and to learn how to cope with it.

Because learning about anxiety can sometimes actually trigger anxiety in anxious people, it may be a difficult process for them. **They may need support and encouragement to continue educating themselves and seeking out helpful tips.** In some cases, it may be helpful to educate yourselves together, like study-buddies. That way you can both discuss what you're learning as you go, and the two of you can compare and contrast your understanding of the materials you're reviewing together.

If you find a particularly good article, book, YouTube video, documentary, etc., you could share them with the person whom you're trying to help. Or you could ask them to share with you what they're reading or viewing.

Educating themselves about anxiety can help them by:

- increasing their understanding of what is happening within them
- increasing their awareness of automatic thoughts, emotions and impulses
- helping them understand the factors that contribute to anxiety (where it comes from)
- helping them see that they're not alone and that there are things they can do to feel better

But again, because compulsive research can be a symptom of anxiety, let the anxious person know if you think they are going overboard with it. It's important for them to take breaks from research, and to pace themselves so that they're not spending too much time gathering information, even information about how to cope with anxiety.

4) **Talk about illness anxiety with the person whom you're trying to help.**

Be available to talk about the illness anxiety with the person whom you're trying to help. This includes the above recommendation of educating yourselves together, but also extends to giving them a safe place to process their feelings and impulses. It can be difficult to deal with someone who constantly believes they are

struggling with disease. Hearing repeated concerns about symptoms can be very frustrating, so this requires a lot of patience.

Anxiety can be an overwhelmingly intense experience at times, and can be quite challenging for the anxious person to cope with it on their own, to keep quiet about, or to hide the anxiety. Sometimes the person whom you're trying to help will need to share the fact that they're feeling a lot of anxiety or strong impulses. They will need an understanding and compassionate ear.

You can be a helpful listener by taking some time to pay attention to their concerns. Put aside other things for a moment, make good eye contact, and focus on **understanding** what they're expressing. Ask for clarification and ask them to describe their thoughts, emotions, and impulses. Paraphrase what they're saying and let them know what you see (e.g.: how they're feeling). Allow them to have a supportive and caring witness to their struggle. Don't dwell on illness. Encourage them to verbalize fears about their health, but don't join in. Be supportive, but don't show too much concern and try to stay neutral in your answers. Express that you understand their struggle, without encouraging their obsessive thoughts.

Empathize with how difficult their anxiety is for them, but be careful not to get hooked in to worrying about their health, enabling repetitive checking, or giving overly-repetitive reassurance. The health isn't the problem... the anxiety about the health is the problem. (See also #4 and #5.)

You can share useful observations by giving feedback to the person whom you're trying to help. You can kindly let them know if you see them doing better or worse, give them credit for working on their anxiety, share how their anxiety is impacting you, make observations about their anxiety is impacting others around them, and the such.

You may need to establish time limits on when, how often, or for how long the two of you talk about illness anxiety. You don't want these conversations to become obsessive, excessive, intrusive, demanding, compulsive, compulsory or disruptive. Use your judgment to estimate what you think is reasonable.

We all need support sometimes, but it's not always a good time for the other person to give it. For example, you may be exhausted, hungry, in a hurry, in pain, or occupied by something important. Or the situation might not be appropriate. For example, you might want to maintain some privacy with acquaintances, neighbors, colleagues, children, or other anxious people who could get triggered by hearing the conversation. The duration of your conversations may vary, but would preferably usually only be a few minutes. And the frequency may vary, but would preferably be less than one in five conversations. If you feel yourself getting uncomfortable, gently change the subject.

5) **Discourage their excessive worry, checking, research, and reassurance-seeking.**

Illness anxiety causes an inordinate amount of worry and stress, excessive checking and re-checking of what appear (to the anxious person) as signs or symptoms of an illness; as well as compulsive research, and for some, also excessive reassurance-seeking.

When the anxious person has obsessive and negative thoughts, it's important to empathize about their struggle with anxiety, but try to discourage them from excessive worry, checking, research, and reassurance-seeking. Don't reinforce their obsessions or compulsions by automatically buying in to the health concern, by helping them with excessive research, or by giving reassurance too frequently. Instead, **you can help by reminding them of what they've learned about illness anxiety, diverting their attention to other issues, or reviewing some coping strategies (see section 9). Also, remind them that their compulsive behaviors, although intended to ease their anxiety, will actually increase it in the long run.**

The person whom you're trying to help may feel tempted to look up their symptoms online. However, this can become a compulsion in and of itself, and often fuels illness anxiety. For people who have illness anxiety, trying to self-diagnose by researching their symptoms turns into a source of many new questions,

concerns, and fears. Therefore, it is important to **remind them that jumping to conclusions based on what they read online will likely add to their anxiety**, stress, and their stress symptoms. Plus it can take up inordinate amounts of time, and pull their focus away from more important things such as being present with their kids or spouse, keeping up with chores, or taking time to relax.

6) **Don't feed in to their anxiety by "checking" for them too much.**

The person you're trying to help may often ask you to check something for them (e.g.: "Look at this." "Feel this.") This may be especially pronounced if their illness anxiety is the "care-seeking type" as opposed to the "care-avoidant type." Care-seeking hypochondriacs tend to make too many doctors' appointments, and ask too often for checking and reassurance, whereas care-avoidant hypochondriacs are often convinced that they are dying and are too scared to ask a doctor about it, because they expect their worst fears to be confirmed, or because they're afraid of treatment.

Unfortunately, when someone's feels the need to check their symptoms excessively, it is probably a compulsion, which is an impulse that results from their anxiety. **Compulsions like checking are meant to reduce the anxiety, and may give temporary relief in the short run, but they actually end up having the opposite effect in the long run.** When a person acts on their anxiety, and if they get a positive response (like attention and reassurance), this actually validates the anxiety and rewards the compulsion. Therefore giving in to their request makes it more likely that they will ask for the same things again and again. Plus, an anxious person's brain will turn the anxiety back on again shortly after they've checked something or reassured themselves, so the relief they get is very brief.

Repeated checking can become more of a problem than the feeling of anxiety itself. That's because checking is an externalized expression of anxiety. That means that not only are they feeling the discomfort and alarm of their anxiety, but now they're acting on it. This can disrupt the anxious person's functioning in relationships, at work, with tasks, etc. because it stops whatever else they were doing, and possibly also involves other people.

If you are one of this person's primary supports, and if you've been giving in to their requests for checking, then it may be difficult to suddenly stop. You probably care and want to help, you don't want to hurt their feelings, and you don't want to make them mad by refusing. However, **it is in their best interest if you gradually reduce your participation in the checking until it is at a minimal level.**

If reducing your participation in checking gradually doesn't adequately reduce their requests for more checking, then it may be necessary to eventually stop participating in their requests for checking altogether, even when you think their requests are reasonable, at least for a few months. This may sound cruel, but if you think of their compulsions as a kind of addiction, then you can see that it's harder to break an addiction while continuing to indulge in it to some (even slight) degree.

Hopefully after a few months, the two of you might be able to go back to a normal level of interaction related to asking each other about health concerns. But if their compulsions return, you would need to pull back from participating in them again, and try to nip them in the bud by not setting too many new precedents of checking.

7) **Give some reassurance, but not too much.**

If the anxious person asks you for reassurance, you can **reassure them about their anxiety, and about their efforts to manage their anxiety.** However, the more you talk about the specific health concern that they're focusing on, the more you are validating it as a topic, and the more importance and value you are giving to the health concern as something worth talking about. Even if you are saying that their ideas are unfounded, you are reinforcing focus on the health concern by talking about it.

Remember any relief given by the reassurance is very short lived, and the anxiety will shortly return anyway. Plus, the more you give reassurance about health concerns, the more you are rewarding the reassurance-seeking behavior, and the more likely it is to repeat over and over.

So if you must reassure them about their health concern, do it very briefly/concisely, and do it only once for each concern. If the anxious person keeps asking you for reassurance about the same health concern, gently remind them that you've already replied to that question.

8) **Encourage consulting with a doctor when it seems warranted, but discourage excessive trips to see doctors.**

Most of us are not qualified to recognize, diagnose, evaluate, or treat medical conditions. So when the anxious person has significant enough symptoms that would cause most people to go to the doctor, then they too should go to the doctor. But it is hard to estimate what most people do. Therefore it may be helpful to **have the anxious person call the doctor's office before making an appointment, to ask whether the nurse or doctor thinks a visit is indicated.**

However, if their concern is something familiar, repetitive, and something the doctor already told them not to worry about... or if it is something clearly minor and ordinary (like an ordinary bug bite or bruise), then you can discourage them from making a doctor's appointment. Also, discourage them from seeing multiple doctors, one after another, frequently seeking a third, fourth, or fifth opinion, especially if it's for the same concern over and over.

If you do not have illness anxiety, and it is clear to you that the anxious person is making way too many visits to see doctors, then it may be helpful for you to give them such feedback, to **discourage excessive doctors' appointments**, and to point out the drawbacks of making too many doctors' appointments (such as cost, stress, time, inconvenience, and additional fears that may result from what the doctor said or from lab results). If the doctors' appointments that they make have an impact on you and your day to day life, then you may also want to set limits on how much you bend over backward to accommodate the logistics of frequent doctors' appointments.

If the person whom you want to help is "care-avoidant" then you may need to help them face their fears and go to a doctor when warranted, even if they're afraid to go. If they have an irrational fear of going to the doctor, because they feel afraid that it will confirm the existence of a health problem, then you can encourage them to go by reminding them that it's best to know whether they really have an illness, and that it's a waste of time to worry about it when they don't even know if they're sick. It may help if you go with them.

9) **Act as a coping-skills coach, to help them gradually learn to cope with illness anxiety more effectively and independently.**

There are multiple coping skills that may help the anxious person to manage their anxiety more effectively:

Some coping skills for illness anxiety: (can you think of more?)

- Challenging negative thinking patterns
 - Reminding oneself that the problem is the anxiety, rather than the health concern
 - Tying symptoms to stress or emotional upheavals (recognizing physical stress symptoms)
 - Recognizing and challenging thinking errors (such as jumping to conclusions, making assumptions, imagining worst-case scenarios, overgeneralizing, believing false alarms, etc.)
 - Using affirmations or self-encouragement
 - Thinking of positive "what-ifs"
 - Prayer or inspirational reading
 - Radical acceptance of anxiety, uncertainty, and needing to stretch your comfort zone
 - Telling feelings from facts

- Behavioral strategies
 - Exposure to anxiety and response prevention: Practicing tolerance of the anxious feeling without acting on it.
 - “Delay and distract” or “delayed gratification:” Deciding to do something different for at least 10 minutes before giving in to a compulsion. The duration of the delay should be increased gradually over time, until the anxious person realizes they can delay the compulsion indefinitely.
 - Systematic desensitization: Gradually tolerating more and more of something that is initially anxiety provoking.
 - Setting limits on compulsive behaviors: These could be time limits or repetition limits on worry, checking, research, reassurance; or limits on how many doctors’ appointments to schedule. These limits should be gradually more and more limiting until the compulsive behaviors are happening at an approximately normal frequency or duration.
 - Reinforcing effective coping strategies: Acknowledging, praising and rewarding attempts and successes at healthy coping strategies instead of compulsive behaviors.
 - Stress management skills : Delegating, prioritizing, simplifying, taking breaks, time management, organization, sleep, nutrition, and exercise.

- Catharsis (release of excess tension or anxious energy)
 - Journaling
 - Allowing some emotional experiencing
 - Exercise
 - Channeling excess energy into productive tasks
 - Listening to (or playing) a couple songs that fit the anxiety

- Self-calming and relaxation
 - Breathing techniques
 - Muscle relaxation techniques
 - Sensory soothing techniques
 - Calming visualization or imagery
 - Calming scripts about anxiety
 - Autogenic training
 - Calming music
 - Calming exercise (yoga, tai chi, mindful walking)
 - Mindfulness meditation
 - Time in nature, gardening, or with animals
 - Time in spiritual environments
 - Nature sounds
 - Massage
 - Taking a bath or relaxing in a Jacuzzi
 - Reducing artificial stimulation (e.g.: caffeine, technological overstimulation)

- Distraction
 - Resuming your routine or to-do list
 - “opposite to emotion action”
 - Activities or tasks (the more meaningful the better)
 - Helping others
 - Triggering other emotions that are not compatible with anxiety (through TV, music, reading, podcasts, memories, anticipation of positive events, etc.)
 - Focusing on other thoughts (e.g.: puzzles, talking about other topics, planning, paying bills, helping kids with homework, learning something, etc.)
 - Socializing

- Creativity, crafting, art, etc.
- **Phone Apps**
 - Anxiety apps
 - Relaxation apps
 - Meditation apps
 - Cognitive logging or “CBT” apps

You can act as a sort of coach for the anxious person to help them learn and practice the above coping skills. (This would be done in conjunction with both you and the anxious person educating yourselves about illness anxiety.) Once you have taken a little bit of time to understand their concern and empathize with their feelings, then you may brainstorm about which coping skills might be most helpful at the moment, and maybe even do them together.

You may want to further investigate the above coping skills for yourself, you could look them up online to learn more about them, and even practice some of them, so that you can be more familiar with them. Or you may practice some of them together, so as to facilitate and encourage the anxious person’s practice. These days there are helpful phone apps that can help with many of these... just do a search in your apps store. If both of you download and use some of the same apps, it could help you be on the same page, and they would feel that you’re truly connected and involved in their recovery efforts.

Once the coping skills get more familiar for both of you, then you can start asking the anxious person to come up with their own ideas for coping, rather than making suggestions. The idea is for them to be able to eventually use these coping skills independently, so **your assistance or coaching should decrease gradually over time**.

If you express your support through listening, empathy and coaching, rather than checking and focusing on the health concern, then the requests for checking are not being reinforced, and should decrease over time, while the coping skills are being encouraged, and should increase over time.

10) **Be patient.**

Finally, remember to try to **be patient** with your loved-one’s anxiety, and with their efforts to manage it. They are not choosing to feel anxious, and they are trying to make sense of their anxiety and cope with it as best they know how.

Unfortunately, some people’s nervous systems are wired in such a way that it is really easy to trigger the “anxiety alarm” in one’s head... and really difficult to turn it off. Or even after they turn it off for a moment, it often comes on again as loud as ever.

Imagine if every fiber of your being were sending you the message that “there’s something wrong!” Imagine that even if everyone told you that there wasn’t anything wrong, that even if all the facts indicated that there wasn’t anything wrong, the message kept blaring in your head. Imagine how difficult it would be to ignore that message, especially since sometimes things really can go wrong. So how are they supposed to tell the difference?

The first step is acknowledging that their “alarm system” is “broken.” In other words, their anxiety is an issue... it’s not working normally. Then there is a long and difficult process of learning and practicing various coping strategies to help them manage their anxiety.

There is no cure for illness anxiety, and for many anxious people the intensity of the anxiety varies over time, and can become more intense when they’re stressed or overwhelmed with other issues. So even if they learn to manage it at one point, it may be a challenge again at some point in the future. But ideally, **each time they are faced with this challenge, and each time they review and practice coping strategies, they will learn**

more and more about how to cope with it better and better. In some cases, they can learn to keep it at bay most of the time. Most people have some chronic issues or challenges... illness anxiety just happens to be it for your loved one. When you're educated about illness anxiety, and use informed approaches to helping your loved one, you can make it easier for them.

So, be patient about *illness anxiety*, be empathetic, be helpful, try not to get too judgmental or frustrated, and seek support for yourself as a caregiver if needed.

Hoover & Associates' team of licensed psychologists, counselors and social workers is here to offer you help and guidance. We've been providing mental health services in the southwest suburbs of Chicago since 1985. We're conveniently located at 16325 S. Harlem Ave., Suite 200, Tinley Park, IL 60477. Call to make an appointment: **708-429-6999**.