A GUIDE FOR FAMILY & LOVED ONES

Understanding Health Anxiety

Helping someone respond differently to frightening health worries while respecting genuine symptoms, reducing reassurance cycles and protecting the supporter too.

Health anxiety is not 'making symptoms up'

The sensations and fear are real. Health anxiety involves persistent worry that symptoms, body changes or medical information may indicate serious illness, often despite appropriate reassurance. Some people repeatedly seek tests and reassurance; others avoid doctors because they fear what might be found. Good support takes concerns seriously without feeding an endless search for certainty.

What it can feel like from the inside

A headache may become a brain tumour, a skipped heartbeat a cardiac emergency, a mark on the skin cancer. The person may know there are ordinary explanations, yet the possibility of serious illness feels urgent and impossible to dismiss. Attention narrows onto the body, making normal sensations more noticeable.

Anxiety itself can produce physical sensations - muscle tension, dizziness, tingling, nausea, palpitations, breathlessness, bowel changes and headaches. Those sensations can then be interpreted as evidence of illness, increasing anxiety and producing still more sensations.

The health-anxiety cycle

A typical loop is **sensation or health information - catastrophic interpretation - anxiety - checking or reassurance - brief relief - renewed doubt.** The relief matters: because checking worked for a few minutes, the brain asks for it again. Over time, the threshold for alarm can become lower.

Body checking

Checking may involve pulse, blood pressure, temperature, oxygen readings, lymph nodes, skin, pupils, breasts, testicles, bowel movements or repeated comparison of both sides of the body. Some people photograph symptoms or keep detailed logs. Appropriate monitoring for a diagnosed condition is different; the issue is repetitive checking driven by anxiety rather than a clinical plan.

Googling and online searching

Internet searches can rapidly escalate fear because serious conditions appear alongside common symptoms and the anxious mind focuses on worst-case possibilities. A ten-minute search can become hours of comparing images, reading forums and checking survival statistics. Loved ones may be recruited to search too.

Reassurance seeking

Questions such as 'Does this look normal?', 'Would you be worried?', 'Promise this isn't cancer' or 'Do you think the doctor missed something?' can be repeated even after medical review. Family reassurance often becomes less effective with repetition, while the supporter becomes increasingly exhausted.

Medical appointments and repeated tests

It is important not to dismiss genuine symptoms. Appropriate medical assessment is necessary. But once a symptom has been assessed and a reasonable clinical plan agreed, repeatedly seeking additional opinions or tests solely to remove all uncertainty can maintain anxiety. The challenge is deciding when to follow the plan and when a genuinely new or changing symptom requires review.

The family's impossible job

Families can feel asked to decide whether every symptom is serious. That is not a reasonable role. You can support the person to follow an agreed medical plan, notice red flags and seek appropriate care without becoming their doctor, diagnostic service or 24-hour reassurance line.

What to say when they ask for reassurance

Avoid ridicule or irritation: 'You're imagining it' usually increases shame. Equally, repeated certainty - 'I promise you're definitely fine' - gives anxiety another reassurance hit. Try: 'I can see you're frightened. You were assessed and you have a plan for what would require another review. I don't think repeating reassurance will help right now. Shall we use the plan?'

Agree reassurance boundaries while calm

Decide in advance how the family will respond. For example: factual information can be discussed once; new red-flag symptoms follow medical guidance; repeated questions about the same assessed concern are acknowledged but not endlessly answered. Consistency is kinder than one person reassuring while another becomes angry.

When symptoms are genuinely new

Health anxiety does not make somebody immune to illness. New, severe, rapidly worsening or medically concerning symptoms need appropriate assessment. Follow NHS advice, the person's clinician or emergency guidance. Do not use a mental-health label to explain away symptoms that have not been properly considered.

After medical reassurance

A normal test may provide relief for hours or days, then anxiety may ask, 'What if the test missed it?' This is the point where more reassurance may not solve the problem. Treatment helps the person tolerate reasonable uncertainty rather than obtaining impossible proof that illness can never occur.

Doctor avoidance

Health anxiety can also cause avoidance. Some people miss screening, refuse to open letters or avoid appointments because diagnosis feels terrifying. Support should not reinforce avoidance. Help them attend appropriate healthcare while reducing unnecessary checking between appointments.

Medication and symptom leaflets

Starting medication can trigger intense monitoring for side effects. Encourage the person to discuss expected effects and important warning signs with the prescriber or pharmacist, then follow that plan rather than repeatedly scanning the body. Never advise another person to stop prescribed medication abruptly.

News, illness stories and social media

Stories about cancer, heart attacks, sudden death or rare conditions can trigger spirals. Complete avoidance of all health information is rarely realistic, but reducing compulsive searching, muting triggering feeds temporarily and choosing reliable health sources can reduce overload.

Supporting without taking over

Do not become the person who inspects every mark, checks every pulse or accompanies every routine appointment automatically. Ask what supports recovery: perhaps helping write questions before one GP appointment, then allowing the person to speak; or sitting nearby while they resist a checking urge.

Partners and relationships

A partner may spend evenings discussing symptoms, examining body areas or cancelling plans because another medical search has begun. Intimacy can be affected when the body feels like a source of danger. Set compassionate limits so the relationship retains topics, touch and experiences that are not organised around illness.

Parents and children

Parents with health anxiety may repeatedly check children, seek urgent appointments or restrict normal activities through fear of injury or illness. Children can absorb the message that bodies are fragile and danger is everywhere. Follow appropriate medical guidance while protecting ordinary play, school and independence.

A useful distinction

Ask: **'Is there new medical information that changes the agreed plan, or is anxiety asking us to repeat the same certainty-seeking behaviour?'** When unsure about genuine symptoms, seek appropriate professional advice rather than expecting a family member to decide.

Treatment and recovery

Health anxiety can be treated. Assessment should consider physical health, the pattern of checking and reassurance, avoidance, functional impact, depression, OCD-like processes, panic, trauma and other relevant conditions. A person should receive appropriate medical care as well as psychological support.

Cognitive behavioural therapy

CBT can help identify catastrophic interpretations, selective attention to the body, reassurance seeking, checking and avoidance. Behavioural experiments may test beliefs about what happens if checking is delayed or reassurance is not obtained. The goal is not to prove that illness is impossible; it is to respond proportionately to uncertainty.

Reducing checking gradually

If somebody checks a symptom twenty times a day, demanding they stop completely may feel impossible. A treatment plan might delay the check, reduce frequency, remove one checking method or practise redirecting attention. Progress comes from discovering that anxiety can fall without completing the ritual.

Medication

Depending on the wider presentation, clinicians may consider antidepressant medication, particularly where anxiety or depression is significant. Medication decisions should be individualised and reviewed with the prescriber. Side-effect anxiety itself may need to be included in the psychological formulation.

Reliable health information

Use trusted sources such as NHS information rather than unmoderated symptom forums. Even reliable sources can become part of compulsive checking if searched repeatedly. The issue is not only *where* the person searches, but *why, how often and what happens afterwards*.

Recovery is not certainty

No person can obtain complete certainty about future health. Recovery means being able to notice a sensation, decide whether it needs proportionate action, follow appropriate healthcare and then return attention to life. The person learns that uncertainty is uncomfortable but survivable.

Relapse planning

Stress, illness in the family, bereavement, medical tests or media stories can reactivate health anxiety. Identify early signs: more Googling, repeated checking, asking multiple people, avoiding appointments or losing hours to symptom monitoring. Reintroduce treatment strategies early.

When urgent help is needed

Seek urgent medical help for genuine emergency symptoms according to NHS guidance. Seek urgent mental-health support if distress is accompanied by suicidal intent, serious self-harm, inability to stay safe or another acute crisis. Call 999 or attend A&E; when there is immediate danger to life. NHS 111 can advise on urgent health needs.

The goal

The aim is neither **'ignore your body'** nor **'investigate every sensation'**. It is to build a proportionate relationship with health: appropriate care when needed, and enough tolerance of uncertainty to return to living when further checking is not indicated.

Safeguarding yourself as the supporter

Health anxiety can consume enormous amounts of family time. You may be asked to inspect symptoms, search online, attend appointments, remember every test result and repeatedly answer whether somebody is dying. Over time, you may become anxious about their body too.

Reassurance fatigue

When reassurance never lasts, supporters can become impatient. They may snap, withdraw or give increasingly dramatic reassurance just to end the conversation. Agreeing a calm, consistent response protects both people: acknowledge fear, refer to the agreed plan, and do not repeatedly debate the same concern.

You are not the clinician

A family member should not carry responsibility for deciding whether every symptom is benign. If there is a legitimate medical question, use appropriate healthcare. If the same assessed concern is returning through anxiety, use the psychological plan. This separation reduces the pressure on the relationship.

Boundaries

Examples include: 'I will listen for ten minutes, but I won't inspect the same mark repeatedly.' 'I won't Google symptoms with you tonight.' 'I can come to the appointment if you need support, but I won't ask the doctor for tests they have said are not indicated.' 'If something genuinely changes, we will follow the medical plan.'

Protecting family life

Keep meals, outings, children's activities and conversations that are not about health. If every evening becomes symptom analysis, deliberately create health-anxiety-free periods. This is not forbidding the person to feel anxious; it is protecting the relationship from becoming a permanent clinic.

Financial impact

Repeated private consultations, tests, devices and supplements can become expensive. Anxiety can create the feeling that one more test or product will finally provide certainty. Families are allowed to set financial limits and seek professional advice rather than funding an endless diagnostic search.

When fear becomes controlling

Anxiety does not justify demanding that a partner remain constantly available, repeatedly examine intimate body areas, cancel work, stop children participating in normal activities or spend money the household cannot afford. Understanding the fear and maintaining boundaries can coexist.

Your own health anxiety

Supporters can begin checking themselves after hearing symptoms discussed repeatedly. Notice if you are Googling, monitoring your body or avoiding health information more than before. Your own GP, counselling or support network may be appropriate if the caring role is affecting your mental health.

Seven practical coaching tools

1. Health-anxiety cycle map. Trigger / feared illness / sensation / checking or reassurance / immediate relief / longer-term cost. Use it to identify where a different response could begin.

2. Medical-plan card. What has been assessed? What did the clinician advise? What specific change means seek review? Who should be contacted? What does not require another check? Keep this factual and update it with clinicians when necessary.

3. Reassurance agreement. Decide what the supporter will say after a concern has already been appropriately addressed: acknowledge fear, remind of the plan, decline repeated certainty, offer a recovery-focused activity.

4. Checking-delay experiment. Delay one non-essential check for a short agreed period. Record the predicted catastrophe, anxiety level, what happened without checking and what was learned.

5. Search reset. Before Googling ask: Have I already searched this? Is there new information? Am I looking for facts or certainty? What will I do if the search increases anxiety? Use reliable sources only when information is genuinely needed.

6. Supporter boundary plan. I will help with... / I will not repeatedly... / The medical decisions belong to... / Our health-anxiety-free time is... / My own support is...

7. Return-to-life list. What has symptom monitoring displaced - sleep, walking, work, intimacy, hobbies, friends, parenting? Choose one activity to reclaim each week, even while some uncertainty remains.

Common myths

'It's all in their head.' Physical sensations are real even when anxiety affects their interpretation. **'More tests will always reassure them.'** Reassurance can become temporary and reinforce the cycle. **'Never go to the doctor.'** Appropriate medical care remains essential. **'Family should decide whether symptoms are serious.'** That responsibility belongs with healthcare guidance. **'Recovery means knowing you are healthy.'** Recovery means coping with reasonable uncertainty.

Recommended reading

Overcoming Health Anxiety - David Veale and Rob Willson, a CBT-based guide focused on health anxiety. **It's Not All in Your Head** - Gordon J. G. Asmundson and Steven Taylor, exploring health anxiety and its treatment. **Overcoming Anxiety** - Helen Kennerley, a broader CBT-informed resource that can

complement condition-specific work.

UK resources and clinical sources

Useful starting points include NHS information on health anxiety, NHS Talking Therapies in England, NICE guidance relevant to anxiety treatment, Mind, Anxiety UK and local GP or mental-health services. For urgent health concerns use NHS 111 or emergency services as appropriate. Samaritans can be contacted on 116 123 for emotional support.

Clinical note

This guide is educational and does not diagnose health anxiety or determine whether an individual symptom is medically significant. Genuine physical illness and health anxiety can coexist. New, severe, changing or concerning symptoms require appropriate medical assessment. Psychological treatment should never be used as a reason to dismiss legitimate healthcare needs.

A message from Maggie

Health anxiety can place families in an incredibly difficult position. You want to take the person seriously because their fear is real, and because none of us should ignore genuine changes in our health. At the same time, you may have answered the same question dozens of times and watched reassurance disappear almost as soon as you give it.

It can begin to feel as though you have been given an impossible job: look at this mark, feel this lump, listen to this symptom, tell me whether the doctor missed something, promise me I am safe. You may start doubting yourself too. Please remember that you are their loved one, not their diagnostic service.

A helpful response does not have to be cold. You can say, 'I believe that you are frightened. We have followed the medical advice, and I don't think checking again will help your anxiety.' You can sit with the discomfort without joining the search for perfect certainty.

And please keep ordinary life alive. Talk about things that have nothing to do with symptoms. Go for the walk. Watch the programme. See your friends. Laugh when there is something funny. Anxiety can make the body feel like the centre of the universe, but the person you love is still much more than a collection of symptoms - and so are you.

The goal is not to stop caring about health. It is to help health take its appropriate place in life rather than allowing fear of illness to become life itself. With the right support, treatment, boundaries and patience, that balance can change.

Maggie Learoyd
Space to Breathe Therapy

Final reflection

When health anxiety asks the family for certainty, can you offer something more sustainable instead: **care, an agreed medical plan, a boundary around repeated checking, and support to return attention to life?**