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Managing Health Anxiety

ANXIETY

Health Anxiety: Inflating the Likelihood of Serious Disease

How examining the evidence and cognitive behavioral therapy can help.

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Reviewed by Lybi Ma



KEY POINTS

- With health anxiety, we tend to overestimate the likelihood of serious disease.
 - It is critical to learn how to challenge thinking errors to see probability of threat more accurately.
 - Examining the evidence is a cognitive behavioral therapy technique to help reframe thoughts.
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It is well-known among health anxiety researchers and clinicians that people with health anxiety tend to overestimate the probability or likelihood of getting a serious disease. This *threat bias*, as it is often called, can make one miserable because the threat of serious disease seems to be everywhere.

tions and symptoms are due to other causes besides serious disease:

- *body noise* or normal, regulatory physiological processes that maintain the body's homeostasis
- the anxiety or stress response
- benign and non-serious medical conditions

However, to the health-anxious person, every bodily sensation or symptom is seen as a potential catastrophe, and the cycle proceeds like this:

- They experience a symptom
- Overestimate the threat of this symptom (rather than assume the more likely causes of body noise, anxiety, or benign issues)
- They experience significant distress
- They consult with loved ones, go to the doctor, and Google symptoms

This continuous cycle takes them (and their loved ones) on an emotional roller coaster every week, making life quite challenging.

How do we learn to see threats more accurately?

One of the goals of treating health anxiety with cognitive behavioral therapy (CBT) is to see the threat of serious disease more accurately. When one learns to stop inflating the statistics (that is, the likelihood of getting a serious disease), one

see this threat, called *examine the evidence*.

The *examine the evidence* activity

Examining the evidence is a great exercise for analyzing automatic thoughts that may be distorted. Recall that we tend to assume all of our thoughts are valid when *many are not*. We move through our day just accepting our thoughts as facts and, thus, react to them as though they are facts.

For example, you notice a funny taste in your mouth and you recall a Facebook post about a family member who was diagnosed with a brain tumor after experiencing strange tastes and smells. You conclude that you have brain cancer and begin to experience the sadness and anger that accompanies this new reality. The problem is that a lot of unnecessary suffering is taking place. If you do not learn to examine the validity of your thoughts, you will spend a lot of time and energy reacting to fiction.

ARTICLE CONTINUES AFTER ADVERTISEMENT

I smoked on and off from the age of 21 to 26. My smoking escapades would haunt me for many years after I quit. For about a decade, I was vigilantly on the lookout for any signs of lung disease. Once, I was walking up the staircase in my house and I had to catch my breath at the top of the stairs. *Huh, that is weird*, I thought. *Why would I be out of breath from—uh oh*. It hit me. This is it. *Lung cancer*. My time has come.

THE BASICS

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I unwisely pulled my phone out and began the Google search: shortness of breath *and* lung cancer. I am instantly flooded with information from the American Cancer Society to every university website that ever existed, all talking about shortness of breath being one of the key symptoms of lung cancer. Engaging in this safety behavior, of course, only further inflated my estimation of this health threat.

Fortunately, having been in therapy for health anxiety, I had a few helpful techniques to pull out of my CBT toolbox. First, I was able to recognize my thinking errors in this case, which were *jumping to conclusions* and *catastrophizing*. Next, I completed *examining the evidence* to help me reassess the likelihood that I had lung cancer.

ANXIETY ESSENTIAL READS



Managing Anxiety



How to Overcome Anxiety-Driven Thoughts

Examining the evidence for the thought: *I have lung cancer*

The technique is simple. You divide the page into two columns:

- Divide the page into two columns (evidence for the thought and evidence against the thought)
- After you list out all of the evidence, reframe or challenge the evidence for the thought, as some of these points might be based on faulty or biased assumptions (given that the anxious brain tends to overestimate threat and underestimate coping)
- When completed, take a look at everything. Ask yourself, if you had 100 *amazing argument* points to divide between the two columns, how would you divide them? Is it 50/50, 80/20, or 60/40? Which side is the big winner?

ARTICLE CONTINUES AFTER ADVERTISEMENT

having lung cancer.

Examining the Evidence

Automatic thought: This shortness of break is the first sign of lung cancer.

Evidence FOR the Thought (30)	Evidence AGAINST the thought (70)
<ul style="list-style-type: none"> • I smoked on and off for about 5 years from age 21 to 26 [Reframe: It is possible to get cancer from this amount of smoking. However, I did not smoke excessively during this five-year-period and have not had a cigarette in 15 years]. • Both of my dad’s parents died of lung cancer at age 60 [Reframe: They both chain-smoked for decades, to the point that the walls in their house turned puke yellow]. • I partied and was irresponsible when I was younger so this would be payback for my poor choices. [Reframe: This is nonsensical, superstitious garbage. “Karma” does not determine who lives or dies. Genetics and lifestyle habits are a more likely cause than misdeeds]. • I just “feel” like it is cancer- something feels “off” in that area of my body 	<ul style="list-style-type: none"> • No doctor has ever been concerned about my lungs during any of my regular physicals (or any other doctor appointment ever). • I have no other symptoms. With lung cancer, there would likely be other signs such as coughing excessively, fluid-filled lungs, repeat infections, coughing up blood, pain in my back, etc. • I haven’t smoked a cigarette in almost 15 years. When I smoked in my early twenties, it was usually infrequent, such as when I was drinking. I never smoked excessively. • The first time I ever noticed shortness of breath was after I had walked up a flight of stairs. The fact that I am ridiculously out of shape is a more likely cause than cancer. Every subsequent time I felt shortness of breath (2-3 times) was likely

<p>[Reframe: Thinking something is true because it “feels” true is a thinking error-emotional reasoning. I often “feel” like I have a serious disease simply because I overestimate the threat and am hypervigilant].</p> <ul style="list-style-type: none"> • Lots of people die of lung cancer every year. I have even heard stories about people getting cancer even though they have never smoked before [Reframe: These are rare situations and often involve people who were genetically predisposed to a certain type of lung cancer. In addition, there are lots of people who smoked at some point in their life and who have not gotten cancer. But, of course, we hear about the tragic stories more than the boring, normal stories]. 	<p>due to anxiety. I flipped out and started hyperventilating after the first time I noticed it- I kept hyperfocusing on it and selectively attending to any “cues” of shortness of breath.</p> <ul style="list-style-type: none"> • There are lots of explanations for shortness of breath that aren’t related to serious diseases. (being out of shape, asthma, low blood pressure, anxiety or other type of emotional distress, obesity, pregnancy) • Overall, I live a relatively healthy lifestyle. I work out (well, not lately but usually), I eat lean meats, fruits, vegetables, organic foods, etc. I go to routine medical appointments and take my vitamins. • Other than my paternal grandparents, there is almost no cancer in my family tree. • For the most part- I seem to have great genes. Most of my relatives are living/have lived long lives. If they did die it was an accident of some kind (e.g. my mom). Most of my grandparents lived into their 90’s, the only major disease we have is Diabetes and Huntington’s Disease.
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the *evidence-for* section, even when you know it is unrealistic or even silly. You need to acknowledge *all* the reasons you feel convinced that this thought is true. By acknowledging it, you bring the discussion out into the open and allow yourself to challenge any distorted thoughts. If you pretend they aren't there, you miss out on the opportunity to reframe them. They will, most definitely, return at some point later, such as when you are in another vulnerable anxious state.

In conclusion

This exercise helped me to see the alleged threat a bit more realistically. Yes, it is possible that my shortness of breath was, indeed, the first symptom of lung cancer. It is also possible that tonight I slip, hit my head, and drown in the bath, or that tomorrow I get shot while shopping in the toy aisle at Target. Many threats are possible but how many of them are probable?

And seeing all of the evidence for and against my having lung cancer allows me to better grasp this low probability. In CBT sessions with my clients, we regularly whip out Google documents to examine the evidence of their anxious thoughts about their health. On almost every occasion, we find that the *evidence-against* column looks robust and meaty, while the *evidence-for* column looks empty and hollow.

Anxiety leads us to inflate the numbers. Use this exercise to help you see the probability of serious disease more accurately.

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About the Author



Brittney Chesworth, Ph.D., LCSW, is a psychotherapist with a private practice that focuses exclusively on the treatment of anxiety disorders through cognitive behavioral therapy and exposure therapy.

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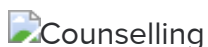
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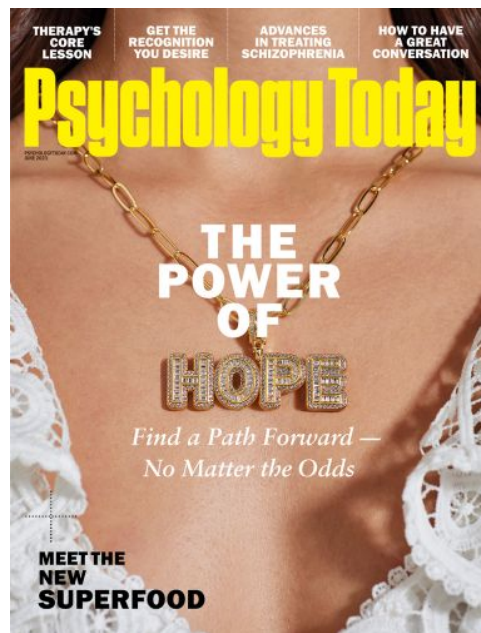
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