

Health Anxiety with Karen Lynn Cassiday

Karen Cassiday: [00:00:00]

One mistake that people think is like, oh, okay. If I just could be really rational and logical. Then I could talk my way out of this. And, and in fact, that's what many doctors try to do or friends is they say your last, you know, 20 years of physicals have been great. What are you worrying about?

Stop worrying or your friend says, oh, stop worrying. You know, the last 500 times you thought it was cancer, you know, you're fine. and this isn't about logic. It's about knowing how to respond to an intense fear signal that's accidental

Debbie Sorensen: That was Dr. Karen Lynn Cassiday on psychologists off the clock

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Debbie Sorensen: I'm Dr. Debbie Sorensen, practicing in mile high, Denver, Colorado, and coauthor of ACT Daily Journal.

Yael Schonbrun: I'm Dr. Yael Schonbrun, a Boston based clinical psychologist, assistant professor at Brown University, and author of the upcoming book Work, Parent, Thrive.

Jill Stoddard: And from sunny San Diego, I'm Dr. Jill Stoddard author of be mighty and the big book of act metaphors.

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Debbie Sorensen: Hi everyone. This is Debbie. Today. We have an episode for you on health anxiety with Dr. Karen Lynn Cassidy, who is a anxiety expert, and who has a new book out on health anxiety. And I'm here today with Yael to talk about what's ahead in the episode.

Yael Schonbrun: Yeah.

The [00:03:00] discussion of health, anxiety is so timely because I think health anxiety is like, you can almost like see it in the air these days but as a mental health practitioner, health anxiety has always been something that I've struggled with treating.

And I thought that this was a great conversation because she talked about sort of the ways that we can understand, like when is health anxiety helpful and when is it really becoming problematic?

Debbie Sorensen: Yeah. I mean, I think that's something I was struggling with in my own mind when I was thinking about talking with her, because it's like, who doesn't have at least a little bit of health, anxiety. I mean, maybe there's a few rare birds out there that just never worry about their health. Never, you know, doom scroll about every symptom.

But I think most of us probably do some of that. And in the pandemic era, you know, it's like, I just read about the new variant, that sore throat is the main thing. And so now I'm like, is my throat sore? I can't tell. And I'm just like overly attuned to it. [00:04:00] I can't tell I'm thirsty or if it's a sore throat, but it's like, that's kind of normal, right? I mean,

Yael Schonbrun: Yeah, I think it's so normal. And like when somebody, that you're close to has an illness and has some symptoms that are common, you start noticing those things in yourself. And, the more you notice them, the more dominant they become in your awareness. The other thing that I just wanted to point out is like a real challenge.

So in, in your conversation with Karen, she was talking about how it's often the case that people with health anxiety will pursue like lots of testing from lots of different sources to look for a final answer of is something wrong or am I okay? And most often, the answer is it's unclear cuz the human body is so complicated.

And I don't think that there is science that will ever show us, you know, conclusively, like, will you live or will you die? You know, with all the many systems that are in play and like the interaction with the environment, et cetera, et cetera. And so often the advice from medical practitioners is like, [00:05:00] watch and wait but it's advice that most people are really uncomfortable taking because it feels like you should take action. And this actually kind of reminds me of my episode with Leidy Klotz about subtract is like when there's uncertainty. When it comes to our health, there's so much uncertainty again, because we can't predict like what's gonna happen in our body when will die.

What, what health events will come down the road or in our own bodies or , in the bodies of people we love. And so the automatic impulse in the place of uncertainty is like, Do something like make it more certain, even if the certain thing is painful and uncomfortable, like more testing, more surgery, more medication, we'd rather do something than not do something.

And I actually wrote about this in a piece with Barry Schwartz, right at the beginning of the pandemic. This idea of, as humans, we don't like uncertainty. And so, Barry Schwartz wrote a book called practical wisdom where he talks about using practical wisdom to navigate uncertainty.

But the point is that [00:06:00] as humans do almost anything to avoid uncertainty, but the, but we can't. And so again, like those actions actually make. The, the life that we're living less rich, more uncomfortable, um, less in

line with the kinds of lives that we'd ideally like to be living because we're trying so hard to work against a reality that we can't make more certain.

Debbie Sorensen: That's so interesting. I think that's such a good point that it is hard to wait or to not know, or to just be sitting with that. Yeah. We're not quite sure why you have that particular thing going on, or, I mean, I even remember when I was pregnant, especially the first time, because you're so, you know, it's so scary and new, but, and, and just waiting for.

For test results and waiting for, you know, oh, you have to get to a certain number of weeks to get your next ultrasound and just feeling, you know, I'd be a little bit preoccupied by, is everything okay in there? I don't really know what's going on. Is this gonna work out or not work out? And it's a scary feeling.

And so you might start doing all these things, whether it's like [00:07:00] web searches online or just at tuning to every symptom or. Getting extra tests when you can. And it does feel like somehow that's gonna take away the anxiety. Um, but it really, it doesn't really, and, you know, if we could just peacefully wait four weeks for our next test or for the result to come through, that would probably sometimes be the best course of action, but it's really hard to tolerate that waiting period.

Yael Schonbrun: Totally. And somebody might, uh, People have argued, like why not get the test, cuz at least it'll give you some piece of information and maybe that piece of information will be actionable. And maybe the action that you take will save the pregnancy or save your life or save the life of your child. And I think that's always a possibility and that's why we feel so motivated to take action instead of not taking action.

And to me, I think. Important thing to assess with, again, with eyes open is, is to recognize that there's always opportunity costs this idea [00:08:00] that there's never too much that we could do for our own health or the health of our child, I believe is incorrect. I think when we do too much, it has an important cost.

And that doesn't mean that you shouldn't, it just means that isn't the only answer and that considering the value of doing more versus the value of doing less can be an important piece of reflection that you do when it comes to medical care. Get.

Debbie Sorensen: you know, we were just talking about this offline in terms of aging and how it's like on the one hand, it's really important to take care of yourself as you. You know, go through life and to do right. Do things to

maintain your health, if that's important to you, but that it can be a slippery slope into like becoming almost an obsession.

And actually Karen talks in the episode about orthorexia or getting perfectionistic about health behaviors and how you know, is that really what you want your whole life to be about spending all your time and money on. Not aging or aging [00:09:00] slowing down the aging process, even though we know it's like you're aging anyway, it's just, it's such an interesting middle ground.

I think it's, it's probably an elusive middle ground, but that piece around, like, are you, you know, is this the life you wanna be living constant test results, constant health behaviors, maybe for some people. But I think for a lot of us, it's like there's other parts of life too, that we wanna be prioritizing and that can be interfering at.

Yael Schonbrun: Totally.

And Karen at one point pointed out that, you know, at some core level, it's really about an existential anxiety. If we don't know when we're gonna die. And we also don't know when our, our child, for example is gonna die. And if our child has had. Some health event and we get anxious about it.

It can feel as apparent. Like the only thing that one should do is monitor and be careful and get it checked out and get it checked out again, because at the end of the day, isn't our job as parents to make sure our [00:10:00] child, our children are alive. And, and yet what we're trying to do. And Karen points this out.

Make certain that our child isn't going to die, which we cannot do. That is an impossibility. And so recognizing that and bringing it into our awareness, that this is really an existential anxiety that we can't control no matter what we do. And that those actions of attempting to control outcome are actually interfering in a meaningful, rich, life is, is kind of helpful.

Cause then we can sort of make a more open night choice about how we handle that existential anxiety.

Debbie Sorensen: right.

And that's what I loved about this conversation. It's having the anxiety itself. Isn't necessarily a bad thing. It's like, is it driving unhelpful behaviors either for yourself or in parenting?

Yael Schonbrun: yeah.

It gets even more dicey when you have somebody coming in and they say I'm really concerned, but I actually think the anxiety, the worry about my health is driving [00:11:00] helpful, uh, seeking of intervention or, or testing.

And she gives a lot of suggestions for how to explore that with somebody . Who's. Explicitly stating that the anxiety is a problem. And I, I found those suggestions really, and exercise is really helpful.

Debbie Sorensen: Yeah. And she gives some strategies too. I think for those who do identify with this issue and recognize that it's a problem in terms of some exposure based therapies and just some different ways to think about it though, that I think people will find helpful. if this is something that either you struggle with yourself, or if you know someone who who's struggling with health, anxiety,

Dr. Karen Lynn Cassiday is the owner and clinical director of the anxiety treatment center of greater Chicago. The upper Midwest longest running exposure based treatment center for anxiety disorders. She has served as president of the anxiety and depression association of America, and chair of the scientific advisory board of beyond O [00:12:00] C D.

She has published numerous articles and scientific publications that advance the understanding of anxiety disorders. She's also a clinical assistant professor in the department of clinical psychology at Rosalind Franklin university of medical sciences. She's won several awards, including the prestigious clinician of distinction award from the ADAA is an ADA, a founding fellow certified trader of the academy of cognitive therapy. Her previous book is the no worries guide to helping your anxious child.

And today we're gonna be talking about her new book, freedom from health anxiety, understand and overcome obsessive worry about your health or someone else's and find peace of mind. Karen. Welcome. Thank you so much for being here today.

Karen Cassiday: Debbie. Thank you for inviting me. I'm just really tickled to be here.

Debbie Sorensen: Well, we are delighted too. Um, I have noticed a lot of health anxiety around, um, I don't know if I'm just paying more attention to it, or if it has something to do with [00:13:00] the pandemic that we've been through the last few years. But I think that this is something that a lot of people have been experiencing. are your thoughts on that? Are you, do you think that this is on the rise currently or is this, has it always been there and I just wasn't paying attention to it before.

Karen Cassidy: Well, I think both answers are correct. So I think one thing that has happened with the pandemic is that the public in general is much more conscious of their health. Paying attention to various symptoms that they have trying to understand it. And so that's happening. And then also it has always been a problem and we know up to 979 million people right now have diagnosable illness, anxiety disorder.

So it's, it's a real problem that's been there. I think what's happened is until recently. Um, when an actual diagnosis was named and included, it used to be understood as [00:14:00] like, I don't know, either something silly, like, oh, those silly people who get worried about their health or those neurotic people who, you know, like they just wanna be sick or, um, Or they're malingering, you know, which is the fancy medical term for, they just want attention from a doctor.

They can't get it from their children or their husband or wife or their dog. And, um, you know, and so it's always been there, but I will say clinically for me at my practice and for many of my colleagues who specialize in an anxiety disorders, we have seen an increase and. Some of it has been just directed towards COVID.

Uh, and some of it has just been COVID and everything else. And it's because people are just paying so much more attention to their health now and thinking about it. And if you look at the popular press, I mean, every single day, there are articles that have something to do with your health and COVID and new [00:15:00] symptoms and long COVID and whatever.

And I, I've never seen so much information. It just brings it to mind.

Debbie Sorensen: Yeah, and it is scary. I mean, I think I just wanna validate that. I think for most of us, if we watch the news and pay attention, With COVID, you know, there's a lot of scary stuff out there. And then, you know, I mean, I it's, it's an interesting time, I think in terms of health anxiety, because a little bit of anxiety probably makes some sense.

It might encourage some smart behaviors, you know, especially during times when rates are high of COVID. And on the other hand, sometimes I think it's a fine line. It's like, where does it become more of a health, anxiety kind of thing? And so what's your sense of the definition of like, where is it kind of just.

The typical anxiety we all might experience versus something a little bit more concerning.

Karen Cassidy: That is such a great question. And it's one where a lot of people get confused and the area where I draw the line is, um, when you're unable [00:16:00] to enjoy all the normal activities in your life, when you're unable to let go of the worry about your health. Or to let go of reassurance seeking where you're trying to make sure I did the safe thing.

I'm right. Uh, I'm checking with someone else, say, have you felt this too? Um, when you can't keep yourself from doing those things, then quite frankly, you have a problem. And what we see with the average person, um, for example, when the pandemic started is for the first couple of weeks, they were kind of worried.

And, and one thing that's been very. Challenging about this pandemic is it has some conditions that are ripe for illness, anxiety, and in particular, there's a ton of uncertainty and there's tons of competing information and competing beliefs about information about what's accurate. And then as we learn, we change, um, the ways that we.

COVID or the ways that we prepare for it. [00:17:00] So in the start of the pandemic, we were being told don't touch anything, don't be near anything. Um, we were being showed movies of like sterile technique for the operating room on how to handle anything. We brought into the house and then we found that's pointless and it's all about masking.

Then we had vaccines, then we weren't sure then some vaccines maybe were better than others. And so. It's um, when there's uncertainty, then we found that's the area where people have an actual disorder get tripped. And what they do is they take this better safe than sorry, strategy. And they figure I can't handle all the uncertainty.

I'm just gonna focus on the worst case scenario just to play it safe so I can be prepared. And then unfortunately, what happens when you just think about the worst thing that could happen is your brain and your body are kind of stupid and they can't tell the difference between [00:18:00] imagine fear and a.

Dangerous situation. And this is why we like to go to amusement parks and do those scary rides or watch scary movies or read scary books as we get a fear reaction that is. Um, and if we know what it is, we think it's thrilling. If we don't know what it is, then our brain misinterprets that reaction and goes, oh my goodness, this makes such sense for me to think about long COVID and being disabled or about how I'll be on a ventilator.

And my family will have to turn it off or, you know, thinking terrible things like that. Uh, and then. On top of that with the pandemic. The other problem we had was we had huge changes in how healthcare delivery was delivered and that created more uncertainty where we were being told on the one hand, don't go to the emergency room.

On the other hand, if it's really, really bad then go to the hospital right away. Um, and then we're being told, [00:19:00] no, don't go to the hospital. It's dangerous to be in the hospital. and you know, and that was just more confusion where nothing felt familiar, nothing felt safe. Um, nothing was reassuring about anything to do with healthcare.

Uh, and so we know that that really promoted this idea of, or not idea, but people focusing on the worst case and getting stuck there and then trying to handle it by doing all the wrong things. Yeah.

Debbie Sorensen: Yeah, it's so interesting. I mean, it is so confusing. And again, I think that it's, you know, we're all still continuing to navigate how much risk we

take what's worth the risk and that kind of thing. Um, and I, but I think one really key point that you made here that is, it's not just about COVID, it's just health anxiety in, in general is about.

You know, where does it start to take over your life? Right? Where does it keep you from doing other things you care about? Where do you just get really, really [00:20:00] stuck there because maybe for some of us, this comes and goes, or we have it in certain situations. But I think when you really, the book that you have here is really for people where this is a problem, right?

This is getting to be severe enough that it's like taking over and making it hard to live.

Karen Cassidy: Right. Right. Well, one of the things that's tough is that we know when people have illness, anxiety, that they have some beliefs that are a

little bit unhelpful and one of them is. It's the safe and responsible thing for me to do, to worry about my health or about someone else's cuz you can have health anxiety about another person.

So a mother might, or a grandmother or a husband about a wife or a partner about a partner. Um, and that we, they think it's responsible in loving that I'm doing this. And then also they view getting sick or dying or having a terrible innocence being unusually tragic. And so instead of viewing illness or death or [00:21:00] dying, as you know, this is a normal part of life and it's unfortunate when it happens, they think of it as like, this is the worst thing ever that could happen to me or someone else.

And I'm not downplaying how horrible it is to have a serious illness or to a terminal illness. Um, what I am saying is it gets put out of proportion. And then what happens is that sometimes for people who have this, where it's out of proportion is even though they're miserable, when they're trying to get reassurance, when they're looking on the internet and trying to make sure this rash or this pain or this lump or this bump, um, is it.

A Cardinal sign of something, is it, is it a bad sign? Does it mean something, you know, at the same time they're feeling well, this is the right thing to do. And so one of the tells is when other people are complaining to you about your checking and your information seeking, which is just plain old reassurance seeking, [00:22:00] um, or you're checking this other person.

And so I will give you a good example. I've had patients where they'll take their temperature in each ear and like many people, it won't be exactly the same. Or they'll do their forehead and their ear and then their armpit and they don't all match up properly. And then they start getting worried about which one's the accurate one, which one's the right one.

What does this mean? That one side of my body is hotter than another, or, um, or they'll be, um, feeling a lump or a bump so much that it actually gets sore and swollen. And then of course that looks more alarming and then you don't. Well, is it actually getting worse or was it me touching it too much? Um, and you get, it's like a, a fly stuck on fly paper.

The more you struggle, the more you get stuck. And so that's an experience. People will recognize this realizing the more I think about this and try to solve it, the more it gets stuck. and the more I have to do to try and get unstuck, the [00:23:00] more I find myself talking to other people trying to compare, have they had this, do they know anyone?

If they did? Who did they go to? Um, researching, uh, about it on the internet, um, constantly feeling or looking or saving pictures of the symptom. And, and one thing I need to emphasize is with this particular problem, it's about real symptoms. So it's never anything that you make up in your mind, and that's a common misunderstanding.

It's about noticing a real symptom that you have. And then, because it's ambiguous, your anxious mind wants to say, Hmm, better safe than, sorry. Let's assume that yellow light is a red light. What if it's cancer? What if it's a brain aneurysm, what if it's long COVID, uh, what if it's multiple sclerosis or whatever it might be.

Uh, and then the other thing that we see that happens with people is that they also, [00:24:00] um, have this sense of, even though I'm doing the right thing, I'm getting outta. And I'm having to delay doing things that really matter to me, or I can't go to bed as early, cuz I have to do more research or I have to get up and wake up my kid again, to check their fever or to check their lymph nodes or to look at this mole that all of a sudden, I thought, what if the edges were irregular?

I wasn't sure I paid good attention to it. Um, and that you see that subtly, this anxiety is carving away pieces. Of your good, healthy life. And that is a danger signal. When we see people who don't, who aren't prone to this, we find they're able to keep it from stopping other things. And so. I'll give you a good comparison example that this happens to me all the time, where I have patients who have illness, anxiety disorder, and it comes time for one of those screening tests, like a [00:25:00] colonoscopy or mamography or a prostate exam.

And my patients who don't have it, they're like, yeah, I got that exam. And you know what they're worrying about? They're worrying about either. The prep for the exam or the discomfort of the exam, or just the embarrassment of having the doctor have to look there or getting something squished. Okay. The people with illness, anxiety.

Are already crying and upset about they know this time, it's it. They were lucky up until now. And this time it's gonna be the bad thing. And I've had patients literally say, I wish they would just call me now and have a tell me I have cancer. I'd rather know for sure than be in this waiting zone. And it's another way to say I can't handle the uncertainty.

I don't know how to handle the uncertainty of my life and these symptoms that are being assessed because we know in all reality, no one wants that bad

diagnosis, but they're saying I [00:26:00] find it easier to cope knowing what's going on than I do not knowing. And that would be a good example. Yeah.

Debbie Sorensen: Yeah, that's a great example. Cause I think most people find that a little stressful, you know, waiting for a result or having to go through such things. But when it just gets to that degree and it just really makes you so anxious for so long.

And I'm glad you made the point there, there's a couple points here about what it isn't right. It's not people. Trying to do this on purpose to get attention or being kind of like a hypochondriac making stuff up. It's more just this fear. I also are. You you're familiar. I'm sure with the term , which I think

Karen Cassidy: Yes.

Yes.

Debbie Sorensen: kind of related. Could you talk a little bit about that and how that's different and they're, they're not totally different, but what's the, what's the difference?

Karen Cassidy: Well with, with orthorexia, that's where someone is trying to, um, do perfect good health, you know, so someone might be trying to eat exactly like the, um, well, I, it's not the food pity. That's that [00:27:00] plate that's divided up. You're making sure that all their macro and micronutrients are perfect, that their workout is perfectly proportioned in their body.

And their fear is that it's more about perfectionism about doing it. Right. And they may. Fear poor health as an outcome, but they usually are not, um, stuck. They're not stuck on a particular disease, so it's not a disturbance of body image. It's. Um, we think of it more as like a, a version of O C D where someone obsessive compulsive disorder, where someone is compulsive and perfectionistic about, I have to, um, live and eat and sleep and do everything perfectly, according to the best health guidelines.

And I want certainty that I've done it. Absolutely. And so it's a correct. I'd call it disorder of correctness, where with a health anxiety problem, the person actually [00:28:00] has illnesses that they're fearing or death. Um, it feels intensely real, and they may engage in certain behaviors to try and protect their health.

Um, but it isn't about being perfectly correct. It's more, um, I accident. I have someone I worked with where they ate some pizza and they really enjoyed it and they ate an extra piece and then they worried they were going to have a heart attack and that, and, and as in right away, Like I'm going to die now.

What if I have a heart attack and what if this has somehow made more plaque that then dislodges, uh, and then I get a stroke or something like that. That would be more typical of illness, anxiety. And so the person usually is focused more on trying to avoid these horrible thoughts. About illness and death and dying, trying to get reassurance that everything is okay.[00:29:00]

As opposed to focusing on living with perfect, uh, health behavior.

Debbie Sorensen: Okay. That's such an interesting distinction, I think. And I can see how someone might have a little of both of those in some cases.

Karen Cassidy: yeah. Yeah. You could have both. Absolutely.

Debbie Sorensen: Yeah.

Karen Cassidy: Yeah.

Debbie Sorensen: well, and I'm glad you raised, you know, this kind of this idea a couple times has come up and I just wanna talk about it a little bit more about thoughts. And one is that catastrophic thinking that you hear.

And I mean, we can all probably go there from time to time. You have a, you know, a funny symptom and you look it up online and then you think, oh no, you know, but, but it can be pretty extreme almost to the point. A little bit of magical thinking. I think, I mean, I don't know if that's, if that's the right word for it, but where it kind of almost feels like maybe if I worry, it's gonna, like, my thoughts are somehow gonna really matter here.

Karen Cassidy: Yes. Yes. And, and, and I think part of this comes from the fact that. [00:30:00] When you're thinking these horrible worst case scenarios. So you're imagining, oh my gosh, my child is going to, um, die some terrible wasting disease or, um, I'm going to have this horrible neurologic condition is it feels so very real.

And even though, and this is what's frustrating for many people who have, this is part of their mind will realize. I'm out of proportion. You know, this is compared to other people. I am getting more upset and I know that, but I can't

help myself. Um, and you know, and it's kind of like a freight train going down a hill on, you know, grease tracks.

You just can't stop it. And so, um, one mistake that people think is like, oh, okay. If I just could be really rational and logical. Then I could talk my way out of this. And, and in fact, that's what many doctors try to do or friends is they say your last, you know, 20 years of physicals have been great. What are you worrying about?

[00:31:00] Stop worrying or your friend says, oh, stop worrying. You know, the last 500 times you thought it was cancer, you know, you're fine. and this isn't about logic. It's about knowing how to respond to an intense fear signal that's accidental and knowing how to handle uncertainty. Um, true existential uncertainty that we all face, which is none of us knows, um, exactly how we'll die.

None of us know. How long our children will relive or our parents or our best friends or our spouse or a partner. And, um, and it's a dilemma, an uncertainty we all have to become comfortable with. Well, if you have this illness, anxiety disorder, it's like a great big wall that says, Nope, you're not gonna allow to get used to.

You have to think about all the worst things, because it's too horrible to just let go of that. You've gotta have control. [00:32:00] You've gotta figure it out.

Debbie Sorensen: And I think sometimes worry can give people a false sense of control almost. It's

Karen Cassidy: Oh

Debbie Sorensen: thing. Because it doesn't seem like it, it seems so unhelpful, but it's like, you, you it's like your mind's way of trying to solve this problem for you. It just doesn't really get you

Karen Cassidy: Yeah. Yeah. Well, it's sort of this, um, I mean, I can think for myself when I get caught up in worry, you know, myself, cuz I tend towards G a D uh, and, and come from a long line of warriors where we're very proud of our worry. Thank you. You know, my dad is like, it's a father's job to worry my granddad. Well, it's a grandpa's job to worry.

Um, and I can't imagine leaving my family or my grandparents without them saying now drive safely and that's reassurance seeking and I'm like, I've never had a moving vehicle violation. And yet. They need to say this to me.

Um, so,

Debbie Sorensen: yeah.

Karen Cassidy: so I think what's, what's tough is worry, really does [00:33:00] travel in the disguise of you're being responsible.

You're being loving and kind, and, and it's very common for me to have patients initially argue for their illness, anxiety by saying, well, if I, if I don't call my doctor all the time, if I don't look, I could miss something serious. You're you can. Really you're asking me to do that. Karen, um, that puts me at risk or that puts my child at risk or, you know, uh, I, I here's one example.

I had someone who had a, um, a child that during infancy had to have a, uh, a breathing monitor and then they outgrew it and they no longer had risk for SIDS that sudden infant death syndrome. 11 years later, she's going in several times a night to watch this child's breathing and it's waking up the child and the child's actually angry about it.

And it's like, leave me alone, mom. And this person felt like I was asking her basically to murder her child through [00:34:00] inattention. And that tells you how strong this worry can get a grip, because it, it makes you feel like you're controlling things by being prepared for an outcome. That actually has not happened.

There's no higher likelihood what will happen, but because you're taking action, it feels better than doing nothing.

Debbie Sorensen: Yes. And actually, I maybe let's use that as an example, because I wanted to talk to you more about. Reassurance seeking. And there's so many different versions of that, right? Calling your doctor 50 times or going for multiple second, third, fourth, fifth opinions. But, but if you think about that example, the reassurance seeking was in the form of checking on the child to make sure the child's still breathing and still alive.

So can you just, I, I don't know. I guess maybe break down that cycle of, you know, there's the anxiety and then

Karen Cassidy: Yeah. [00:35:00] Yeah. Well, the, I know if you have illness, anxiety, and you're listening to this, you're probably going, so what's wrong with that? well, there's a lot, that's wrong with it. And for starters, we know that reassurance seeking is what we call a negative reinforcer. And that is a fancy name for something that allows you to escape distress quickly and then accidentally reinforces all the thoughts and feelings and behavior that happened before you escaped.

And, and in the case of someone checking their daughter's breathing, it reinforces the idea. This is necessary to check. It reinforces the scary thought. What if they're dead? If I don't check, it reinforces the, I should wake up right now and go check. It reinforces the, when I go to sleep, I don't wanna sleep too heavily.

Cuz now I should check and it actually makes it harder and harder and harder to think of a [00:36:00] different kind of helpful thought that says. Um, my daughter is now 12 and has never had, other than that one incident, she does not need to be checked. And there isn't a doctor around who says I should check. Um, and I would like to have unbroken sleep.

Thank you, cuz I might feel better and be less anxious overall just from that. And uh, but this negative reinforcement is very, very powerful and we know with all of the anxiety disorder. it is one of the most important things that has to be addressed. If you wanna recover, we have to stop that cycle of negative reinforcement.

Uh, and then, um, another negative reinforcer is avoiding. And so, um, listeners might recognize this, someone talks about an illness you're afraid of, and you're kind of like, oh, let's change the topic of conversation. And you're like, no, no, no, let's not talk about that. Or you're driving and you [00:37:00] realize, oh, there's the cemetery.

Oh, I'm not gonna look at that. Or I'm not driving this way anymore. Cuz it makes me think of, um, sad illnesses that I don't want. Um, or, uh, what I see with a lot of people is not being able to go get regular medical care. So they check and they worry, they, uh, do what I call performing medicine without a license.

Um, and don't have an actual healthcare provider check in on them. And then they actually do put themselves at greater risk for, you know, bad things to happen with em health, cuz they're not following standard care. Uh, and then, um, I have people that, where they can't listen to news. because there's gonna be

the COVID report or what if there's one of these, um, you know, sad stories of make a wish foundation, you know, here's our local news department.

They're featuring this kid or there's a fundraiser. I've had patients that can't go to fundraiser for certain things, [00:38:00] because it it's about the illness they're afraid of. And then sadly, I've got quite a few people now who can't go back to. And it's because they're so afraid of COVID including some medical professionals who have severe illness, anxiety, and, uh, or people that, um, are afraid to even help their kids when they have a health problem, because they're like, I can't take, um, the thought of anything being wrong.

It's too painful for me. They're throwing up. What if this is the beginning of the end? Uh, so it can. That's a negative reinforcement and that can really get in the way too. So we have to address that also.

Debbie Sorensen: It's so interesting behaviorally, because these are two, you, we talk sometimes about form versus function and how.

Are opposite behaviors. You know, think of one person who gets five mammograms a year, and one person who avoids it for 10 years because they don't wanna know. And it's like on the surface, those are the opposite behaviors.

But in [00:39:00] both cases, the function is really to escape from that anxiety,

Karen Cassidy: Yeah. Yeah. It's to make it. So you don't, you don't worry about the worst case scenario. You know, one person takes the outer sight outta mind and the other one takes the, um, I need someone to tell me it's okay.

Debbie Sorensen: yeah,

Karen Cassidy: approach. Yeah, I.

Debbie Sorensen: yes. And then the person tells you it's okay. And then do you believe them right?

Karen Cassidy: Yeah. Yeah. Cuz you know, and, and I'm sure people are listening will recognize this cuz the classic thing that happens, you go to that person who says the thing you want 'em to say and you walk out and then you're like, you know what? If they missed something, what if I, I didn't explain it right to them.

What if they didn't pay good enough attention to those test results? The cycle starts up again, or many of you may have had that I've had this where you get your labs back and they aren't fully in the positive zone, but they're not in the negative [00:40:00] zone. They're in that, in between where it says, just watch and see, and the doctor says, oh, it's nothing.

Well, that is precisely the kind of thing where people with illness, anxiety will just be driven nuts by it because they wanna know for sure. And, and unfortunately now I've, I've learned, you can order almost everything lab tests you wanna get off of Amazon and find someone who will do it remotely. And, um, I've had people do repeat just about everything, uh, that you could spit into poop into pee, into, or give blood to, or, you know, bodily fluids to get things retested and never get the reassurance they're looking for.

Cuz it's never the same both times.

Debbie Sorensen: Well, and this is where I think, I think that health anxiety gets really tricky to work with. And actually it's, I talked to my co-host Jill and Yael, and I said, oh, you know, I'm interviewing Karen about health anxiety, what questions you have. And they all [00:41:00] three of us kind of are saying. We find health anxiety, a little tricky because of this, because first of all, you don't really know.

And you know, sometimes people it's hard to diagnose or maybe it's like where it's, it's such a gray area of when is it. like a good idea to get a certain amount of, you know, checkups and testing done and, and that kind of thing. And sometimes people do get very sick as you mentioned.

Um, but when does it get to be too much?

And it's like, how do you know? So I don't know what your thoughts are about this, but I guess

what I'm

Karen Cassiday: would be,

yeah. So where's the line between, um, well, I think, well, I think some discomfort that therapists have actually, and some, um, healthcare professionals is. They don't wanna be caught in a potential lawsuit situation. So they, they get worried about, since I know I can't promise anyone good health, then maybe [00:42:00] I should play it safe in order a procedure.

Um, so that's one phenomena that can get difficult. And I think for those of us in mental health where we, we know we're not medical health professionals, we're kinda like, well,

Debbie Sorensen: Yeah, we can't say right.

We can never say, oh, that's definitely nothing to worry about. It's like, how do I know? Right.

Karen Cassidy: Yeah, where I had someone once send me pictures of their poop every day. And I, you know, told them, look, you know, besides the fact that I'm not a gastroenterologist, I don't wanna, um, you know, do negative reinforcement with you, but, uh, you know, but the way I handle this is to look at it and to say, okay, if we could take, um, a doctor or a nurse or a nurse practitioner who does not have.

Illness anxiety disorder themselves about being afraid to miss a diagnosis. So they're, they're comfortable with risk then what would they do? What kind of tests would they order? How often would they see [00:43:00] someone and, and that's our guideline. And then we use general guidelines from the American medical association or, um, world health organization that says people of a certain age.

Should have these screenings. If they have no other risk factors, if you have a family history, you might need that. But we try to look at just those general public health guidelines and say, this is gonna be your decision making backbone, because we don't want your anxiety making decisions about your healthcare.

And then, um, we also, uh, realized that. It doesn't matter how well we do healthcare. There's going to be random things that no one can catch and, and that none of us can be prepared for and that we wanna learn. Okay. Worry, won't prepare you. Um, if you get a serious diagnosis, no matter what, it's sad. No matter what require requires adaptation and learning, [00:44:00] but it doesn't mean your life is ruined.

Um, it just means it's going to be different than you imagined. And so we try to talk about it differently and to set up with the person, okay. What would a non-anxious person do? What would the average person who's not anxious do and how would they accept the risk of not being able to perfectly do that?

And so one thing I have in my home community, uh, in Wisconsin is they have this giant semi truck MRI that for, I forget how much money we'll do a whole body scan. And they advertise it to all the anxious people. It says, detect heart disease, detect cancer, detect, you know, whatever. I mean, it basically promises you, you know, we can tell you whether or not you're gonna live the next year and they get a long line of people.

And that would be the kind of thing where I'd say absolutely. because that's gonna play into a false sense of control over fate that none of us has, [00:45:00] and that I would only, I would want to have a wise trained person making decisions about my health rather than my anxious brain. Uh, and that one of the things that I want patients to know is when you're anxious, you're impulsive.

um, you are not looking at the whole picture. You're only looking at one tiny little part and a lot of it's imagined. And why would you wanna make wise decisions about your body or your future or your people you love using that as your big decider? Um,

and can we use other people's wisdom, uh, for that?

And, and then the other thing that's really important is to try and, um, have the therapist talking with the mental health doctor. I mean, with the medical doctor and the reason for that is most medical doctors have next to no training in mental health, and they do not want, know what to do with an anxious.

Some do or some [00:46:00] themselves have experienced anxiety and they get it. And so they say things that don't help, like don't worry, or just trust me. And they don't realize this problem doesn't have anything to do with trust in the doctor. It's difficulty with uncertainty and, uh, and to have the, the doctor or the nurse learn to talk in a different way, which says.

Something like, it looks like you're getting really anxious. And, um, you might wanna talk to your therapist about it or look at your book that Karen wrote .
Um,

Debbie Sorensen: at Karen's book. Yes.

Great

Karen Cassidy: book and, uh, and I can tell you that right now. Um, I have no concerns about you and I see. That you wanna promise from me. And I can't give you a promise, but I can give you a clean bill of health, um, and to learn

how to talk differently to the patient where they, where they're accommodating to their anxiety and saying, I see you're anxious.

And the, and I know the problem's not [00:47:00] with me or you it's just, anxiety's making it hard for you right now.

Debbie Sorensen: Yeah. Yeah, much more validating and warm toward that and still, you know, helping them understand what's going on.

Karen Cassidy: Yeah.

Debbie Sorensen: There's a piece of this. I just really wanna highlight because it goes back to that part about uncertainty. And I know that helping people tolerate uncertainty is a big part, you know, if you move into, okay.

So what do you do if you have health anxiety? And I think there's something about that fear that we have. We don't know what's in the future. We don't know how we're gonna die. We don't know if we're gonna get one of.

Karen Cassidy: Yeah.

Debbie Sorensen: random illnesses and it almost feels like we're trying to protect ourself from that uncertainty.

We're trying to protect ourself from a potentially bad outcome. And I think the point you made is that it's going to be hard if you get that outcome at some point, no matter what. Um, but how do you work with people around tolerating [00:48:00] anxiety? What are some of the things you do with your clients to help them with that

Karen Cassidy: Yeah, well, there's a, there's a couple of different techniques. So one is to learn, to tolerate the scary thoughts and the way we do that is with what we call worry exposure or imaginal exposure, where you deliberately think the scariest thoughts. And I know this always sounds crazy to people when I suggest this.

the whole disorder is based around how can I avoid those thoughts? I don't want them in my head. They're horrible. They give me

Debbie Sorensen: Get rid of em.

Karen Cassidy: Yes. But what we see is just like, if you watched a very frightening movie over and over, you would get used to it. And then at some point you'd be like, uh, this is not so interesting.

Or if we made you ride the worst roller coaster ride a hundred times in a row, it would get to where it wouldn't bother you repeatedly thinking about it until the thoughts aren't. So sticky makes it easier. And what we see is we think people, um, who [00:49:00] don't have. health, health, anxiety do this naturally where every time you're at a funeral or you hear a sad story and you don't run away, it's kind of like, you're doing exposure to that idea.

It, it could happen to me or someone I love and you get used to it. Um, and so you can do this on your own with that practice. And I have people, um, say it out loud or write it down. We find you process it better. If you say it out loud, or if you hand write it versus typing. Um, and you do it over and over.

And for most people that takes 20 to 30 minutes the first time. And as you repeat it, it gets shorter and shorter. And the interesting thing is when people do this, I think initially they're tearful or they're very sad or they're shaking or they're crying. Um, but then usually they hit a note where they're like, um, I don't know why it just doesn't bother me or they laugh and they go like, this is so unrealistic.

I don't know why I didn't see. And it helps them look at it long enough to get perspective and [00:50:00] realize actually this thought is just an imagined awful future. It's not the real thing. So that's one, another thing that's important is to do perspective taking that helps you accept. So I ask patients questions like this.

So let's say for example, you knew you had absolutely just one year left to live. how much time would you wanna spend worrying, crying about it? Looking up the symptoms on the internet, comparing what your doctor said versus living your life. And I've never had anyone give me any answer another, like, I wouldn't wanna do that.

This sucks. I, I wanna live and then it'd say, well, actually that's our problem. Every. is because none of us knows what happens tomorrow. Our goal is to be as present focused and as joy seeking focused and, um, willing to dive into life as we can, and to look at it as it's an adventure. And then another thing I do is [00:51:00] to say, okay, I want you just to think about it.

How many people get the choice of not dying or not getting. And the answer is none of us. I mean, the, if nothing else, the pandemic has proven, it doesn't matter how much money you have. We are all equal when it comes to vulnerability to illness or dying. We, we may have privilege in terms of healthcare, but our bodies are our bodies.

And, and to say, well, wait, if everyone has to get sick and has to die, then how tragic is that? is it a tragedy or is more, it's just a sad fact of human suffering and it's just part of what it means to be human. And that, um, this is the realm we live in is that sometimes we suffer, um, physically or mentally, and it's our job to learn how to overcome it rather than to dread it.

Um, and so we try to [00:52:00] shift the language around that. And then the other thing that I try to do is to say, okay, um, the way you're thinking right now is saying, you know, why me or why my children, why the people I love, you know, wouldn't that be awful? And I said, let's reverse that. Why not you? Why not anyone?

Is there anyone among us that gets a special free pass card from death? or serious illness. And then if we look around all of us know people, um, who are. The full range of good and bad. And in between that have random, tragic things happen and it's not based on morality or, you know, I have some people that quote that Billy Joel song only the good die young, you know, and it makes them feel, things are more tragic and I'm like, oh, I wish he hadn't read, you know, done that chorus because it's.

Get so misunderstood. I think, I think it was a Vietnam protest song actually. [00:53:00] but to say no, no, no, no. Um, some people do die young and that's a fact of life, and, and to try and, dare to think about those things that our culture doesn't talk about very much. But it is a real part of our life and to come up with a different way to think about it, that is more realistic and practical.

And doesn't skirt the issue of, um, of course I'm going to die someday. Of course, everyone I love will die. Of course we'll all die. And we. don't know when, and we all hope for a rich, long life, but in the meantime, the only way to really live is to make now good.

Debbie Sorensen: Yeah. You know, we've had some episodes on the podcast before where we talked about this from more of an existential angle, and it's a really important shift because if.

Karen Cassidy: Yes. Yes.

Debbie Sorensen: If you make contact with that concept of life is [00:54:00] finite. You know, it, it really kind of reminds you to live now. And so actually it's, I think when you're avoiding it, sometimes you miss out on that, just that kind of tapping into that existential piece.

Karen Cassidy: Yeah. Well, I think, you know, I don't know. If everyone has direction, but every time I go to a funeral, it just makes me recommit to my life. And to everyone, I love to be more present, to be more focused on what really matters, um, as opposed as opposed to feeling more tragic. And I think that's probably the best response we can have.

And then, um, I talked about this in my book, but I had this unique opportunity to work with a terminally ill group of veterans. In Mississippi during my, uh, you know, graduate training. And I, I was scared to death cuz I'm like, oh gosh, I'm this 20 something. And what do I know about death and dying? And I was trying to, you know, go in and do all this [00:55:00] therapy and what they told me right at the start is, um, we want none of that.

we're so sick of people feeling sad and sorry for us. We are alive right now. And quite frankly, we wanna have fun. So could we make this the fun planning group? And basically it, it ended up being this social group. And I can remember the first time I was there. Someone's brother snuck in a bunch of watermelons, fresh out of the field that were so ripe.

They were the perfection of watermelon. I've never had a water. Good. And we ate watermelon. We talked about what a gift it was to eat watermelons and to have someone have a brother who farmed watermelons. And, uh, and, and it really challenged my thinking about what was helpful or important. And this was way before there was, um, acceptance and commitment therapy or anybody talking about present moment focus.

But. It made a strong point to me that, you know, this is not a tragic situation. These are [00:56:00] noble people doing the best they can in a hard situation. And I'm just being silly thinking I can help 'em, uh, with anything other than just living now.

Debbie Sorensen: yeah. Yeah. It kind of cuts to the chase, doesn't it? Yeah. Yeah. Well, I wanna piggyback just, I have a couple more things I wanna kind of check in with you about before we wrap up here that, uh, Kind of, again, go back to this idea of some exposure work. Um, you know, we talk about exposure and response prevention and I think, you know, what are we really trying to expose people to here?

Like you said, it's the stuff we're avoiding because it makes us anxious. And one of the ways that we, you know, we can work with health anxiety, you write a lot about this in your book is around. Stopping those behaviors like reassurance seeking and maybe also exposure to the anxiety itself. So could you maybe just talk a little bit about how you work with that in your work?

Karen Cassidy: because when you're doing [00:57:00] exposure, you're trying to expose yourself to the things that are hard to handle. So it's gonna be uncertainty, so not getting reassurance. It's gonna be to symptoms. Without doing anything other than just allowing them or to being in situations where it triggers you and makes you alarmed without doing anything to escape it or get reassurance.

So. One type of exposure we love for people to do is what we call I interceptive exposure or creating the physical symptoms. They're scared of. So getting really hot if you're afraid of a fever. Um, so having someone wear several pairs of sweats and drinking hot beverages and running up and down the stairs and drinking caffeine, um, if you're afraid of heartbeats, you know, drinking those disgusting monster drinks or, you know, Red bull or stuff like that, or, you know,

Debbie Sorensen: get

Karen Cassidy: telling Starbucks. Yeah. I want five shots.

Debbie Sorensen: just

Karen Cassidy: my [00:58:00] call. Um, yes. Where you'll feel really unpleasant, um, or, uh, you know, I had one person. We, we drew little red dots cuz they were Afro so afraid of rashes. So you couldn't tell, was it a real rash or a fake rash? Um, but doing things where you're allowing yourself to have these symptoms and you're noticing them on purpose, but you're not doing anything to get rid of it or understand it.

Um, another thing would be to have people tell you, they're worried about your health. Because what happens to everyone? They're trying to get everybody to say, oh, I'm not worried. It's great. You're okay. And so to have people look at them and go like, you know, Debbie, you seem a little pale, um, you know, could you be anemic or.

Leukemia or, you know, Hey, you don't look so good. You look like my friend who, you know, died last year. Um, or you don't [00:59:00] seem to have the

same energy you had. So that would be something or having them do physical exertion, because what a lot of people do is if they feel sick, then they will immediately stay in bed, stay at home and avoid regular activities saying, no, I want you to go out when you have a cold.

I want you, if you have a low grade fever and it's not a real fever, you go to work, you go to school, um, you do stuff and you discover, you can handle having this nonspecific symptom. That's not yet in the, you need to do something about it zone and you can do it without. Having horrible panic or having to give into it.

Um, so that's one type of exposure. And then another one is to actually listen to and read tragic news stories about real people and their real death and their real disability, so that you could be come that average person who can listen to a cocktail party conversation where it goes in that direction.

And you don't have [01:00:00] to like run out of the room or then do a lot of checking when you get. and so we have people deliberately seeking the scary information. Um, or if you're afraid to go to the doctor, you make your appointment and you go, or you get your test or you actually open the email with the test results.

Um, I've had people not do that. Uh,

Debbie Sorensen: just avoid, right? Yeah.

Karen Cassidy: just avoid. Uh, and so we, it would be all kind, anything that your anxiety makes you feel like this is too hard to do. You come up with ways to do it. And it's very powerful. And the, the biggest effect here is not so much on getting used to it. It's learning. I can do it.

I changed my belief and I realize, wow, I've got the courage and I've got the ability to make it through this without doing all this other stuff. That's equals negative reinforcement.

Debbie Sorensen: Right. Yes. And your [01:01:00] book, I have to say, I'll just do one more plug for it. Your book has so many examples. I'm gonna definitely use it in my clinical practice. When I encounter this, it's giving me some tools. And I'm just thinking if you experience health anxiety yourself, or if you, no one loves someone who does.

I think it just, depending on. The flavor of your particular health anxiety. There's a lot of ideas for things you can do to kind of move the needle on this and hopefully reduce suffering and, you know, get your life back. Maybe if your life is really invested in this, it will help free you up.

Karen Cassiday: Yes. I mean, that that's my real hope is because a lot of people with health anxiety feel very ashamed. They know other people think that they're neurotic or that they're, or they're afraid they won't believe them, or they might have even been, um, Treated harshly by a medical professional. Uh, and, and so they, they feel kind of embarrassed about it.

And I want you to know there's so much you can do and you don't have to stay [01:02:00] stuck there. You can make it a lot better or get over it completely. So that's what I hope you get from this

Debbie Sorensen: And remember you're not alone because you said it was 900 million people in

Karen Cassiday: million. Yeah.

Debbie Sorensen: Yeah.

Karen Cassiday: Yeah, no, that's an unreal number. yes.

Debbie Sorensen: I couldn't remember just a lot. A lot of people have it. Sometimes that alone is good to know. It's like, you're not alone with me. Yeah. So reach out, read the book, Karen. Um, where can people learn more?

So your book is freedom from health anxiety. Are you online or where can people find you if

Karen Cassiday: Yes. Um, this book is@amazonbarnesandnoblenewharbinger.com and almost any book seller. Um, We'll carry it. Uh, you know, so they carry new harbinger books. So it's very easy to get to. Um, if you go to my website@anxietytreatmentcenter.com, you can click on a link that will take you to Amazon and help you buy that or my other book.

Um, so it's, it's easy to get, so [01:03:00] thank you so much.

Debbie Sorensen: Yes. Thank you. I really enjoyed the conversation, Karen, and thank you again for coming on on the podcast.

Karen Cassidy: Thank you, Debbie. Bye. Bye.

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