

Worry

Worry is an anxious way of thinking about oneself and the world. It usually involves thoughts about what bad things might happen in the future and/or whether the person will be able to cope with them. Although worry can sometimes be about events that occurred in the past, the worry is typically about how that event could affect the future.

Nearly everyone worries at some time, and it is normal that worry increases when problems or dangers exist, or when a person faces something new or unknown. The most common areas of worry involve concerns with family, interpersonal life, work or school, health, and finances. Normal worrying is usually triggered by a reminder in the environment that is related to the area of concern, although worry can also just "pop into one's mind." Normal worry usually interferes little with daily life, because the person is usually able to stop it. However, the frequency of worry and the extent of anxiety it causes is different for everyone. Worry may become distressing in and of itself and may interfere with normal functions, such as sleep or concentration, particularly when one is faced with stressful circumstances. When it is occurring too often or too intensely, a useful method for reducing normal worrying involves a five-step program.

- 1) Select a half-hour "worry period" that will take place at the same time and place each day.
- 2) Observe your daily worrying and learn to catch it earlier and earlier.
- 3) When you catch a worry beginning, postpone it to your worry period, reminding yourself that you will have time later to worry about it and that there is no use upsetting yourself now.
- 4) Focus your attention on the present moment (what you are doing, or the next thing on your list of things to do).
- 5) When you get to your worry period, you can worry about your concern as much as you like. However, it may be more useful to spend the time distinguishing between worries over which you have little or no control, and worries about problems that you can influence. If you can influence the problem, do some problem-solving and take some actions based on it (for instance, if you worry that your car might break down, consider whether it might be time to take it in for a tune-up; then do it). If the worry is largely beyond your control, recognize that little or nothing can be done and that you are only making yourself feel bad by worrying. This may help you to let go of the worrying when you catch it. In some situations, it is helpful to identify the worst thing that could happen, because often it is something that is unlikely or something with which you can easily cope.

Generalized Anxiety Disorder

For about 3% to 4% of Americans, worry goes beyond the normal degree experienced periodically by most people. For some people, it is excessive, uncontrollable, and significantly interferes with daily functioning. Individuals with hypochondrias may worry excessively about their health, individuals with panic disorder may worry about panic attacks, and others may worry about a different specific topic. In contrast, worry among individuals with generalized anxiety disorder is not confined to one or two areas. Rather, people with generalized anxiety disorder worry about a number of different things nearly every day. In fact, excessive worry about minor things --or everything-- is common in generalized anxiety. These worries often just "pop into the mind" and usually are about bad events in the future that have little chance of actually happening.

Although some worry can lead to problem solving, some individuals believe that excessive worrying will prevent feared events from happening. These individuals also tend to underestimate how well they are likely to cope should the feared events actually occur. The chronic worry and its associated feelings of anxiety have been part of their lives for months or

even years; it occurs even in the absence of stressful circumstances. The worry is often accompanied by such symptoms as feeling keyed-up, on edge, or restless; excessive muscle tension; feeling easily fatigued; difficulty sleeping; difficulty concentrating; and irritability. Generalized anxiety is also frequently accompanied by other anxiety problems (e.g., social phobia, specific phobias, panic attacks) or depression.

Generalized anxiety disorder affects women more than men, and is more common in low socio-economic groups. Most people develop the problem in their late-teens or early twenties, although many people report having been worriers all their life, and a few develop the problem in later adulthood. There is some evidence that people with the problem have survived more traumatic events in their past. Such histories could well contribute to a general sense that the world is a dangerous place and that the person may not be able to cope with it.

Treatment for Generalized Anxiety Disorder

The treatments therapists use for controlling generalized anxiety usually decrease worry and anxiety within three to six months, and the treatment benefits may continue well past the conclusion of therapy. However, for a small percentage of individuals, the worry persists despite professional help.

The most useful treatments are based on the recognition that the anxiety associated with worry starts gradually and spirals into heightened anxiety. An anxiety spiral involves a series of interactions between worrisome thinking, fearful imagery, and physical sensations. For example, a woman may think about driving her car, have an image of mechanical failure, and begin to worry how she would pay for it. These mental events cause an increase in muscle tension and restlessness and lead to worrying about how she will ever be able to save enough money for her son's college education. More images of disappointing events and failure as a mother and a provider emerge with further increases in anxious emotion and physical arousal. Some people might experience worry primarily in one area, such as negative worrisome thoughts. For example, a man may begin to worry about a deadline at work, leading to worry about the boss firing him, and then worrying about finding another job. These fears lead to worries about bankruptcy, which leads to fear of disapproval from his parents and wife, and eventually an image of being alone and homeless.

Individuals with generalized anxiety usually only recognize their anxiety when the worry has become intense. Therefore, treatment focuses on catching the cues of the anxiety spiral earlier and earlier. The therapist helps individuals identify early internal cues of anxiety by using environmental reminders (e.g., phone ringing, post-it notes) followed by coping strategies to control them. By catching the spiral early, anxiety is weaker and easier to control, and each time new coping responses replace the anxious responses, the old habits are weakened and coping is strengthened until coping becomes a habitual reaction to early anxiety cues. Coping responses include relaxation methods to combat the physical sensations of anxiety, using anxiety-producing images to desensitize the person to feared events and to provide an opportunity to practice the newly learned coping responses, and cognitive therapy to help the person perceive the world in a less threatening way.

Applied relaxation involves learning how to relax oneself, using such techniques as progressive muscle relaxation and diaphragmatic breathing, and learning to apply relaxation responses to early anxiety cues during daily living.

In self-control desensitization, the person becomes deeply relaxed in the therapist's office and then begins to imagine scenes of the feared events or engage in worrisome thinking. As soon as the anxious spiral is started, s/he applies the relaxation response to reduce the physical anxiety symptoms and to "let go" of the worry while remaining in the scene with the feared events. Presentations of imaginary scenes with coping responses are repeated until the person is able to terminate the anxious feeling or worry. Practicing lessens the anxiety associated with

the images and increases the likelihood of using coping responses whenever worry or other elements of anxiety are detected.

In cognitive therapy, the person learns to identify the thoughts that contribute to the anxious spiral (anxiety provoking thoughts, predictions, and interpretations about oneself, the world, and the future) and to evaluate the evidence of the likelihood that bad things are really going to occur. By using logic and analyzing the evidence (for instance, my car seldom breaks down and I have the number to AAA for towing in case the car does break down), the person identifies more realistic and adaptive ways of thinking and believing. Worrisome predictions about the future come to be seen as remote possibilities rather than fact. The person and therapist can also conduct experiments to see if the feared predictions happen or if, in general, things tend to turn out better than feared. In addition, even when negative events actually do occur, the person discovers that s/he typically copes quite well without the catastrophic consequences commonly expected.

Finally, all of the above treatments are sometimes combined with the suggestion to repeatedly approach situations that are the topic of worry in order to desensitize anxiety reactions.

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or Goals might involve:

- a way of acting - like smoking less or being more outgoing;
- a way of feeling - like helping a person be less scared, less depressed, or less anxious;
- a way of thinking - like learning to problem-solve or get rid of self-defeating thoughts;
- a way of dealing with physical or medical problems - like lessening back pain or helping a person stick to a doctor's suggestions; or
- a way of adjusting - like training developmentally disabled people to care for themselves or hold a job.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well, with ways of living that work, and giving people more control over their lives are common goals of behavior and cognitive behavior therapy.

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

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