

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 up. 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 itself (that is, worry is the problem much more than the feared event) and may interfere with normal functions, such as sleep or concentration, particularly when one is faced with stressful circumstances.

When worry occurs 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 expected.

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 confronting our feared thoughts
- A way of feeling, like helping a person be less scared, less depressed, or less anxious
- A way of thinking, like evaluating the probability of an event occurring
- A way of dealing with physical or medical problems, like lessening back pain or helping a person stick to a doctor’s suggestions.

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.

HOW TO GET HELP: If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees and training. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website (www.abct.org) and click on “Find a CBT Therapist.”

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.

rienced periodically by most people. For some people, it is excessive, uncontrollable, and it interferes with daily functioning. People with hypochondriasis may worry excessively about their health, people with panic disorder may worry about panic attacks, and others may worry about a different specific topic. In contrast, worry among people with generalized anxiety disorder is not confined to one or two areas. Instead, 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 some imagined future that have little chance of actually happening.

Although worry can lead to problem solving, some people believe that excessive worrying will prevent what they fear from happening. They 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, being on edge or restless, feeling easily fatigued, having difficulty sleeping or concentrating, excessive muscle tension, and irritability. Generalized anxiety is also frequently accompanied by other anxiety problems (for instance, social phobia or 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 lives, and a few develop the problem in later adulthood. Some people who worry excessively have survived more traumatic events in their past, which 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 about 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. 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 see the world in a less threatening way.

In **applied relaxation**, the person learns how to relax, using such techniques as progressive muscle relaxation and diaphragmatic breathing, and learns 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 imagines scenes of the feared events or engages in worrisome thinking. As soon as the anxious spiral is started, s/he applies the relaxation response to reduce the physical anxiety symptoms and "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 individual 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 individual 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.

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For more information or to find a therapist:

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