

How Does Normal Worry Become Abnormal Worry?

There are really two questions to be addressed in this section. First, how does excessive worry and anxiety develop in the first place, or "Why did I become a worrier?" Second, what maintains excessive worry, or "Why can't I control this problem?"

Causes of Abnormal Worry

Understanding the initial causes of extreme anxiety and worry is not necessary in order to benefit from treatment, but it is helpful. A full understanding of the causes is not necessary because the factors that cause a problem to develop are not necessarily the same as the factors that keep the problem going.

Discovering the causes of anxiety is very difficult and is the focus of a great deal of scientific work. We do not know all of the answers yet. However, the research does not suggest that generalized anxiety is a disease or a specific biological or chemical dysfunction. On the other hand, as described in chapter 3, biological, physiological, and chemical processes are very much a part of the state of anxiety when it is present. So, what causes generalized anxiety?

There is good evidence that biological factors contribute to anxiety. Research has demonstrated an inherited component to feeling anxious, excitable, or tense, but this does not mean that GAD is genetic. What is probably inherited is a general sensitivity, or emotionality, that can be categorized as

being “uptight,” “high-strung,” or “excitable.” This type of sensitivity is not always unpleasant. For example, some people tend to get emotional at weddings or sporting events, and they actually enjoy these events more when they do “get into it.” Therefore, having sensitivity or being emotional and reactive to positive and negative events is not necessarily a guarantee of an anxiety problem. It does seem, however, that being “high-strung” may be one of the factors that contributes to anxiety disorders.

What type of learning experiences contribute to becoming anxious? First is learning to view the world as a more dangerous and threatening place than other people do. Associated with this view of the world may be a set of beliefs concerning perfectionism, responsibility, and control (the underlying beliefs that make it difficult to stop worrying). That is, since threat is perceived to be ever-present, it makes sense that you would try to make everything “work” perfectly. It also makes sense that you would feel responsible for doing everything possible to prevent negative events (since, if you foresaw an event, but did nothing to prevent it, you would be to “blame”) and to remain in control and on guard by worrying so that you can be ready to deal with dangers when they do arise, or even to prevent dangers. And how do we learn this? It seems that all of us, very early in life, develop a sense of whether we can cope with the unexpected, and sometimes challenging or stressful, events that we face. Healthy development during early childhood generates a sense that we can handle or control challenges and negative events, if they come along. If we do not develop this sense of control, perhaps due to an unfortunate series of unpleasant events in childhood or because as children we are constantly warned of the dangers that lurk around every corner, then we may develop a view of the world as a dangerous place and find ourselves always dwelling on the worst possible outcomes.

Remember, this type of view of the world does not, in and of itself, cause GAD; it just contributes to the chances of developing anxiety. Instead, a combination of biological and psychological factors is believed to explain anxiety problems.

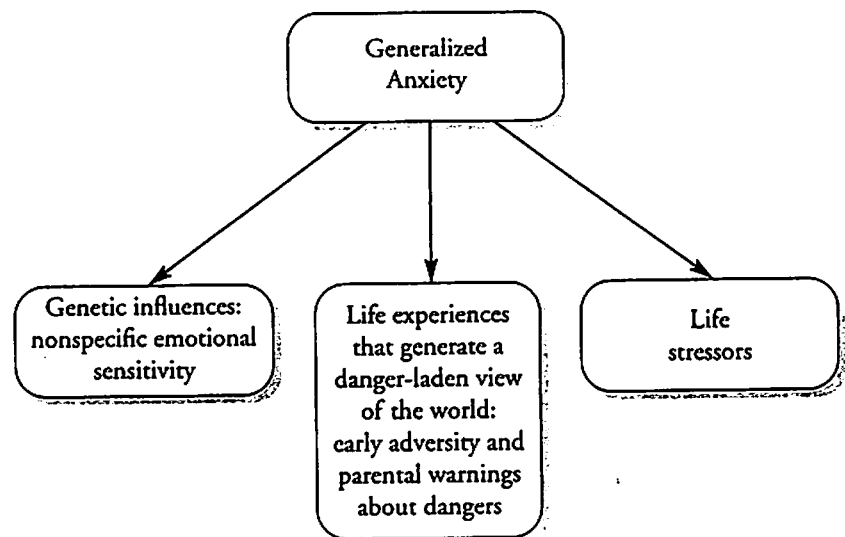
Another feature of learning experiences that contribute to anxiety problems is stressors, or specific events that occur at specific points in time and trigger the development of an anxiety problem. On many occasions, patients seeking treatment report that they have always been somewhat more cautious than most people. In fact, being extra-prepared often led them to be

more effective or productive in their functioning. However, when they left school, got married, had children, received a job promotion, lost a parent, or went through some other major positive or negative life experience, their anxiety intensified and became problematic. The anxiety increased and shifted from being a productive driving force to being a problematic, interfering force.

So, you can see how a complex interaction of several different factors can account for the development of excessive anxiety. The following diagram shows these factors. For a complete account of the recent research on the nature and causes of anxiety, you may wish to read *Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic*, by David H. Barlow (New York: Guilford Press, 2002).

It is important to understand that having a higher level of emotionality or nervousness than others and being more likely to react strongly to life events is not a disease. Whether an anxiety problem develops is based on a complex interaction of the features that we already discussed: genetics and physiology, view of the world, and specific events that may occur. Also, it is important to understand that being an anxious person does not mean that you have some type of mental illness, but rather, it is a characteristic of your response that has developed over time. The sense of the world as being a dangerous and threatening place, the sense of responsibility, and

Interaction of Factors Causing Anxiety



the striving for perfectionism and control are all aspects of your response that can be changed.

Remember that anxiety and worry are normal states that actually serve a protective function, by preparing us for upcoming uncertainties or threatening events. During this preparation, we experience physical tension and a stream of thoughts aimed at problem-solving. This process is important to our very survival. What makes worry abnormal is when it occurs at the wrong time—when no real threat or danger exists, when it is excessive, and when it never stops.

Factors That Maintain Anxiety

Once a state of heightened anxiety occurs, high levels of tension, anxious thoughts and images, and anxious behaviors maintain the problem. Remember, being in a state of high anxiety means that your body is in a state of physical preparation (a high level of tension) and your mind is in a state of readiness for danger and is attempting to engage in problem-solving (“what if”), even though these attempts are unsuccessful, and your behaviors are aimed at preventing bad things from happening or minimizing worry. The combination of worry, increased physical tension, and cautious behavior can keep anxiety going in the long term in several ways. As we described in chapter 3, anxious thoughts and behaviors and physical tension influence each other in positive feedback loops so as to generate more and more anxiety. These feedback loops also have consequences for anxiety in the long term and therefore contribute to the maintenance of anxiety. For example, worrying about meeting deadlines and having everything “just right” may motivate you to get everything done, but thoughts of “something going wrong” remain in the back of your mind. These thoughts can become so strong and overriding that they interfere with your ability to concentrate on what you’re doing. Then, the next time you’re faced with a deadline, you may have less confidence in your ability to concentrate and finish the task, thereby influencing your anxiety over the long term.

Also, high levels of tension may interfere with effective problem-solving, and instead, encourage you to focus on worst-case scenarios. Instead of problem-solving, you may focus on negative events as if they are likely, when in fact, the probability that they will occur is very low. In addition, you may blow things out of proportion by thinking that something will turn out to be a

disaster, when in fact, it can be managed. Consequently, you may not give enough time or consideration to more realistic solutions.

Another reason that anxiety persists in the long term is related to the underlying beliefs that were discussed in chapter 3. These beliefs motivate continued worry or behaviors that eventually lead to continued worry. These beliefs include perfectionism, or the notion that one should not make mistakes and that to make mistakes is a sign of incompetence; responsibility, or the notion that it is irresponsible to dismiss worries about the possibility of negative events; control, or the notion that negative events can be prevented by worrying about them; and beliefs that excessive worry will cause you to go crazy, which leads to behaviors designed to decrease worry (such as distraction) that, in turn, contribute to the continuation of worry. Such attempts only make the worry stronger: The more you try not to think about a white elephant, the more likely it is that you will think about it. Resistance can be a very powerful reinforcer. Instead of resisting worries, it is more effective to challenge them and replace them with appropriate alternatives or solutions. Rather than trying to eliminate worry through distraction or by doing things that are designed to minimize worry (such as staying late at work to prepare for the next day), it is better to address worries directly by questioning the evidence and generating coping alternatives for the worst-case scenario. These types of challenges are described in detail in chapter 6.

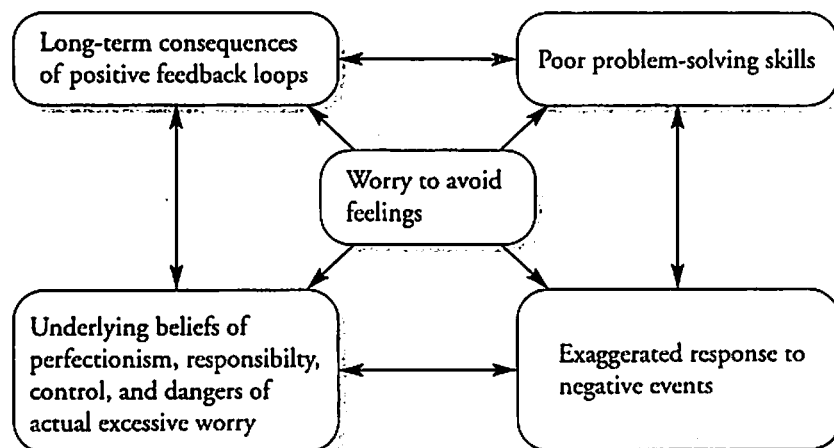
Tension and worries can also persist when negative events that happen to all of us are interpreted as further justification for worry. That is, actual negative events may strengthen worry in someone who is already a worrier, due to the belief that if negative events happen once, they are more likely to happen in the future, and the belief that worry can somehow lessen the chance of future negative events (remember the issues of responsibility and control that were discussed earlier). An example might be, "Since I was reprimanded by my boss, I worry about being reprimanded again, and by worrying about being reprimanded, it is less likely to happen." Although worrying can sometimes lead to problem-solving behaviors that do reduce the chances of negative events (for example, worry about taking an exam leads to extra study that results in better performance), the belief that worry can prevent independent negative events is wrong. Try it. See if you can cause the number of traffic accidents in your area to decrease as a result of your worrying about them. In other words, the act of worrying has little effect on whether an independent negative event occurs. Similarly,

worrying that the plane in which you are traveling may crash will not affect the probability of the plane crashing and worrying about the safety of your child who is living in another state or country will not affect the probability of injury or harm to your child.

A final reason someone with GAD continues to worry all the time when it doesn't solve any problems, and only makes things worse, relates to recent scientific discoveries. It seems that, if we engage in frantic, intense worry, our minds are so totally focused on thoughts of danger that it's not possible to focus on the feelings and images that underlie the rush of thoughts. In other words, we are thinking so hard about upcoming problems that we don't have time to really dwell on negative emotions in a productive way. This is because thinking about something and really feeling an emotion occupy different parts of our brains. But, letting ourselves experience emotions and feelings to the fullest is the only way for our emotions to eventually diminish. Thus, frantic worrying is a way to avoid dealing with the roots of the problem. The fact that this frantic worry process keeps us from dealing with the real problem is one of the reasons we keep doing it (even though we don't want to). Even though we know that the solution is to confront our real feelings and work through them, we constantly worry to avoid doing just that. One of the things you will learn to do in this program is to fully experience the images and emotions underlying your anxiety so that you can deal with them more effectively.

All of these factors contribute to the persistence of worry and tension. However, they can all be changed.

Factors That Maintain Excessive Anxiety and Worry



So far we have described (1) the intense spiral of anxiety episodes, due to interactions among the physical, behavioral, and cognitive components or response; (2) the initial causes of anxiety problems; and (3) the factors that maintain excessive anxiety and worry.

The Effects of Too Much Anxiety and Worry

While some anxiety can be a good thing, and even excessive anxiety, in the short term, can't hurt you, having generally high anxiety levels for long periods (or for many years) can take its toll. Anxiety will never make you go crazy, no matter how extreme, but being uptight for a long time can cause you to lose sleep, feel tired, have difficulty concentrating, and feel irritable. While these symptoms are not dangerous, they do make life less pleasant for you and those around you. They also lower your performance and productivity. This is why it is important to learn to control your excessive anxiety.

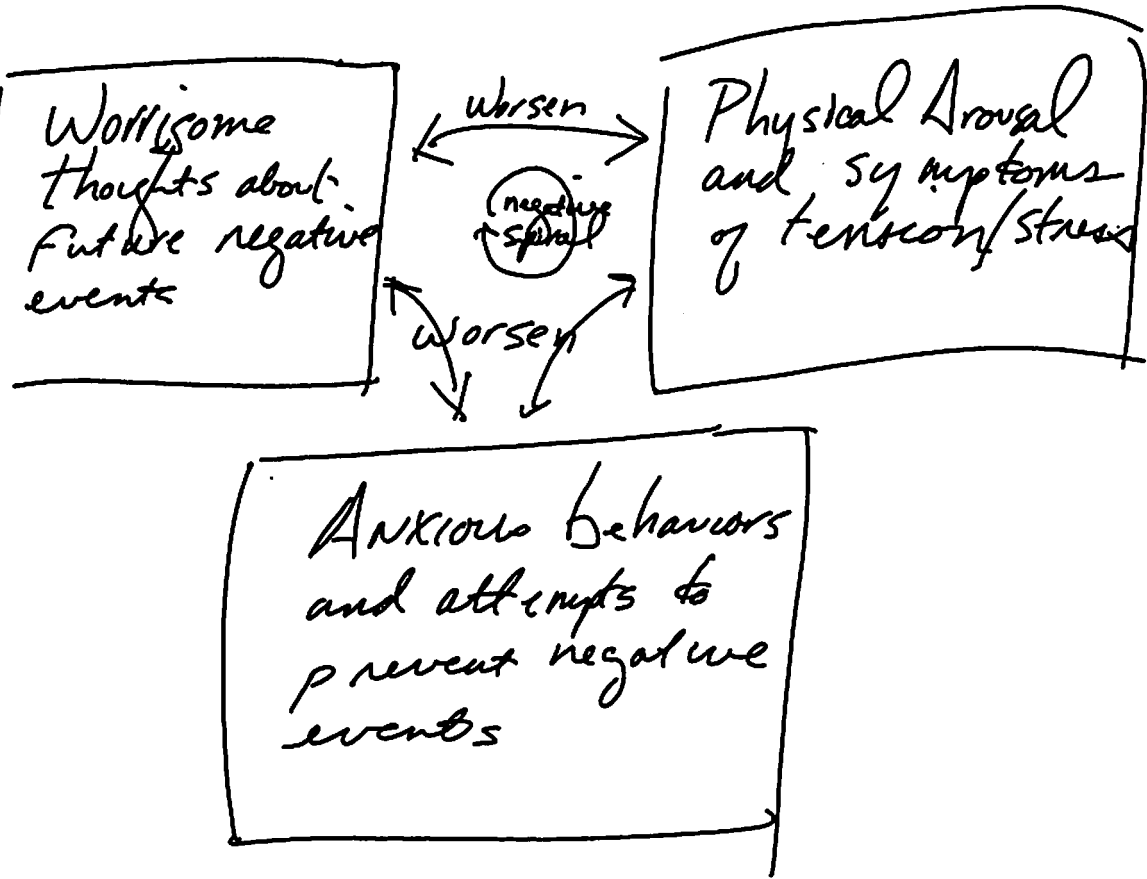
Long periods of excessive anxiety may affect your body. Having high levels of anxiety for long periods can increase the chance of heart disease, high blood pressure, diabetes, immune problems, and cancer later on in life. Stress and anxiety lower the functioning of your immune system and make you more susceptible to infectious diseases. Stress and anxiety can also interfere with your sexual functioning, so you may lose both your desire and your ability to function. There are also a number of physical problems that are mainly caused by high levels of chronic anxiety: irritable bowel syndrome, nervous stomach, frequent gas, diarrhea, ulcers, headaches, skin irritations, and temporomandibular joint dysfunction.

There is no need to be alarmed about these problems or to add more anxiety to your current level. Being highly anxious does not guarantee that you will have these diseases or problems, but anxiety can increase your chances of having them in the future. All of these facts mean that it is very worthwhile for you to learn to be less anxious.

Training Program Rationale: How to Learn to Be Less Anxious

This program will teach you how to change your current style of responding so that your anxiety is not excessive or chronic, although it will still be present in situations in which anxiety is useful. In essence, the program en-

The Anxiety Cycle



Anxiety Disorders

Most people experience feelings of anxiety before an important event such as a big exam, business presentation, or first date. Anxiety disorders, however, are illnesses that fill people's lives with overwhelming anxiety and fear that are chronic, unremitting, and can grow progressively worse. Tormented by panic attacks, obsessive thoughts, flashbacks of traumatic events, nightmares, or countless frightening physical symptoms, some people with anxiety disorders even become housebound. Fortunately, through research supported by the National Institute of Mental Health (NIMH), there are effective treatments that can help.

How Common Are Anxiety Disorders?

Anxiety disorders, as a group, are the most common mental illness in America. More than 19 million American adults are affected by these debilitating illnesses each year. Children and adolescents can also develop anxiety disorders.

What Are the Different Kinds of Anxiety Disorders?

- **Panic Disorder**—Repeated episodes of intense fear that strike often and without warning. Physical symptoms include chest pain, heart palpitations, shortness of breath, dizziness, abdominal distress, feelings of unreality, and fear of dying.
- **Obsessive Compulsive Disorder**—Repeated, unwanted thoughts or compulsive behaviors that seem impossible to stop or control.
- **Post-Traumatic Stress Disorder**—Persistent symptoms that occur after experiencing or witnessing a traumatic event such as rape or other criminal assault, war, child abuse, natural or human-caused disasters, or crashes. Nightmares, flashbacks, numbing of emotions, depression, and feeling angry, irritable or distracted and being easily startled are common. Family members of victims can also develop this disorder.
- **Phobias**—Two major types of phobias are social phobia and specific phobia. People with *social phobia* have an overwhelming and disabling fear of scrutiny, embarrassment, or humiliation in social situations, which leads to avoidance of many potentially pleasurable and meaningful activities. People with *specific phobia* experience extreme, disabling, and irrational fear of something that poses little or no actual danger; the fear leads to avoidance of objects or situations and can cause people to limit their lives unnecessarily.
- **General Anxiety Disorder**—Constant, exaggerated worrisome thoughts and tension about everyday routine life events and activities, lasting at least six months. Almost always anticipating the worst even though there is little reason to expect it; accompanied by physical symptoms, such as fatigue, trembling, muscle tension, headache, or nausea.

What Are Effective Treatments for Anxiety Disorders?

Treatments have been largely developed through research conducted by NIMH and other research institutions. They help many people with anxiety disorders and often combine medication and specific types of psychotherapy.

A number of medications that were originally approved for treating depression have been found to be effective for anxiety disorders as well. Some of the newest of these antidepressants are called selective serotonin reuptake inhibitors (SSRIs). Other anti-anxiety medications include groups of drugs called benzodiazepines and beta-blockers. If one medication is not effective, others can be tried. New medications are currently under development to treat anxiety symptoms.

Two clinically-proven effective forms of psychotherapy used to treat anxiety disorders are behavioral therapy and cognitive-behavioral therapy. Behavioral therapy focuses on changing specific actions and uses several techniques to stop unwanted behaviors. In addition to the behavioral therapy techniques, cognitive-behavioral therapy teaches patients to understand and change their thinking patterns so they can react differently to the situations that cause them anxiety.

Do Anxiety Disorders Co-Exist with Other Physical or Mental Disorders?

It is common for an anxiety disorder to accompany depression, eating disorders, substance abuse, or another anxiety disorder. Anxiety disorders can also co-exist with illnesses such as cancer or heart disease. In such instances, the accompanying disorders will also need to be treated. Before beginning any treatment, however, it is important to have a thorough medical examination to rule out other possible causes of symptoms.

For more information about anxiety disorders, contact:

National Institute of Mental Health
Office of Communications and
Public Liaison
6001 Executive Blvd.
Room 8184, MSC 9663
Bethesda, MD 20892-9663

Toll-Free: 1-888-88-ANXIETY
(1-888-826-9438)

Phone: 301-443-4513

FAX: 301-443-4279

Mental Health FAX 4U: 301-443-5158

TTY: 301-443-8431

Email: nimhinfo@nih.gov

NIMH Web site: <http://www.nimh.nih.gov>

Anxiety Disorders One-Year Prevalence (Adults)

	Percent	Population Estimate* (Millions)
Any Anxiety Disorder	13.3	19.1
Panic Disorder	1.7	2.4
Obsessive-Compulsive Disorder	2.3	3.3
Post-Traumatic Stress Disorder	3.6	5.2
Any Phobia	8.0	11.5
Generalized Anxiety Disorder	2.8	4.0

* Based on 7/1/98 U.S. Census resident population estimate of 143.3 million, age 18-54

Generalized Anxiety Disorder



Generalized anxiety disorder (GAD) is characterized by 6 months or more of chronic, exaggerated worry and tension that is unfounded or much more severe than the normal anxiety most people experience. People with this disorder usually expect the worst; they worry excessively about money, health, family, or work, even when there are no signs of trouble. They are unable to relax and often suffer from insomnia. Many people with GAD also have physical symptoms, such as fatigue, trembling, muscle tension, headaches, irritability or hot flashes.

Fortunately, through research supported by the National Institute of Mental Health (NIMH) and by industry, effective treatments have been developed to help people with GAD.

How Common Is GAD?

- About 2.8% of the adult U.S. population ages 18 to 54 – approximately 4 million Americans – has GAD during the course of a given year.
- GAD most often strikes people in childhood or adolescence, but can begin in adulthood, too. It affects women more often than men.

What Causes GAD?

Some research suggests that GAD may run in families, and it may also grow worse during stress. GAD usually begins at an earlier age and symptoms may manifest themselves more slowly than in most other anxiety disorders.

What Treatments Are Available for GAD?

Treatments for GAD include medications and cognitive-behavioral therapy.

Can People With GAD Also Have Other Illnesses?

Research shows that GAD often coexists with depression, substance abuse, or other anxiety disorders. Other conditions associated with stress, such as irritable bowel syndrome, often accompany GAD.

Patients with physical symptoms such as insomnia or headaches should also tell their doctors about their feelings of worry and tension. This will help the patient's health care provider to recognize that the person is suffering from GAD.

For more information about generalized anxiety disorder and other anxiety disorders, write:

**The Anxiety Disorders Education Program,
National Institute of Mental Health**

6001 Executive Blvd.,

Room 8184, MSC 9663,

Bethesda, MD 20892-9663.

Or call 301-443-4513.

Publications and other information are also available online from the NIMH Website at <http://www.nimh.nih.gov> or by calling toll-free 1-88-88-ANXIETY (1-888-826-9438).

3/ 1 27 08 Pathologic Worry (Bus Notes)

Criteria for Generalized Anxiety Disorder

Have you:

- worried excessively and pervasively about several life circumstances (such as interpersonal relations, family, health, work, finances, or minor matters such as chores or punctuality)?
- experienced difficulty controlling the worry?
- experienced at least some of the following throughout the day:
 - Restlessness
 - Feeling keyed up
 - tiredness
 - difficulty concentrating
 - irritability
 - muscle tension
 - sleep disturbance
- experienced worry, physical nervousness for at least 6 months for more days of the week than not
- tended to worry and be physically tense even when major life crises have not occurred?
- experienced physical symptoms that a medical doctor cannot attribute directly to a physical cause
- noted that your major problem revolves around chronic & uncontrollable worry about future events, instead of fears of specific danger (evaluation)

Anxiety Components

Major physical symptoms:

Major thoughts/images:

Major behaviors:

Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much.	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3
Column Sum				

Scoring - Sum each column. Then sum the column totals to achieve a grand score. Write that score here _____.

Interpretation

A grand sum between 0 – 21 indicates very low anxiety. That is usually a good thing. However, it is possible that you might be unrealistic in either your assessment which would be denial or that you have learned to “mask” the symptoms commonly associated with anxiety. Too little “anxiety” could indicate that you are detached from yourself, others, or your environment.

A grand sum between 22 – 35 indicates moderate anxiety. Your body is trying to tell you something. Look for patterns as to when and why you experience the symptoms described above. For example, if it occurs prior to public speaking and your job requires a lot of presentations you may want to find ways to calm yourself before speaking or let others do some of the presentations. You may have some conflict issues that need to be resolved. Clearly, it is not “panic” time but you want to find ways to manage the stress you feel.

A grand sum that exceeds 36 is a potential cause for concern. Again, look for patterns or times when you tend to feel the symptoms you have circled. Persistent and high anxiety is not a sign of personal weakness or failure. It is, however, something that needs to be proactively treated or there could be significant impacts to you mentally and physically. You may want to consult a physician or counselor if the feelings persist.