Dealing With Worry and Rumination

"Worry gives a small thing a big shadow." (Swedish proverb)

“Worry is a special form of fear. To create worry, humans elongate fear with anticipation and memory, expand it in imagination, and fuel it with emotion. Worry is what humans do with simple fear once it reaches the cerebral cortex. They make it complex.”

“Worry = vulnerability + powerlessness”
(Edward Hallowell)

“Your brain is not your friend.” (Steven Hayes)

Our lower brain emotional centers and our verbally driven cerebral cortex did not evolve to issue warm and fuzzy thoughts—they are overly sensitive alarm systems!

Questions to ask yourself:
What is the difference between “good” (adaptive) worry vs. “bad” (maladaptive) worry?
How much worry is a natural part of living versus how often do we needlessly torment ourselves?
How often has your worry actually saved you from something?

Most worriers are not passively beset by worry. Although they may not realize it, most actively seek worry. Rumination is persistent and repetitive worry. (The word “rumination” describes what a cow does when “chewing its cud” or chewing, swallowing, regurgitating and then chewing it again—a well chosen word to describe the worry process.)

The neurophysiology of worry:
Primitive emotional centers in our brain (e.g., the amygdala) react to potential danger by transmitting an alarm to the area of our brain behind and above our eyes (the prefrontal cortex). The prefrontal cortex analyzes the alarm (worrying, essentially) which signals further alarm back to the amygdala. Picture a vicious cycle of escalating and self-perpetuating alarm and worry between the amygdala and the prefrontal cortex and you have a simplified understanding of the brain’s role in worry. Other parts of the brain contribute, too. For example, the cingulate cortex seems to be overly active among ruminating worriers and may be dampened by appropriate medication (SRIs).
Nature versus nurture:
Is your “worry quotient” as immutable as your height or your eye color? Might nature provide the “hardware” and life experience provide the “software” of worry? Although nature might impose a range, corrective experience may determine where in that range someone usually functions. Excessive worry should not be seen as a “given.”

Neuroticism: A worrier’s temperament?
Worriers were often conscientious, inhibited and highly sensitive children characterized by high and inflexible autonomic reactivity. (Autonomic reactivity = hyperarousal, hypervigilance, and slowness to habituate.) Studies of fetus’ and infants’ heart rates and their responses to stimuli suggest that the underpinnings for excessive worry are probably “hardwired.” Remind yourself not to hold yourself responsible for your “wiring” even though you strive to take responsibility for managing worry differently.

Typical beliefs and assumptions that fuel worry:
Intolerance for uncertainty.
Intolerance for discomfort.
Inflated sense of responsibility and culpability.
Distorted risk assessment.
Perfectionism—mistakes are unacceptable.
Thoughts are overvalued,
(e.g., “Because I have a thought, it is, therefore, an important thought, and I must give it my full attention and get it settled.”)
Worry is overvalued,
(e.g., “Worry prevents bad things from happening,” “Worry shows how deeply I care about my children,” “Worry keeps me focused and steeled for the worst so I can’t be blindsided,” “I can anticipate and avoid discomfort by worrying.”)
“Meta-worry” or worry about worrying,
(e.g., “I’m making myself sick,” “I’m going to bring on an early heart attack,” “I’m out of control,” “I’m weak.”)

The limits of reassurance: If reassurance doesn’t work the first time, it’s probably not going to work so don’t keep trying to make it work. The temporary relief you feel when reassured simply sets up your next need for reassurance. Plus, when you go looking for reassurance enough, you will usually uncover something new to worry about!

The limits of worry suppression: What we resist persists.
Control of thought content is the problem, not the solution. “Ironic processes” in our thinking and behaving seem to leave us inclined to think about that which we are striving not to think about (see Wegner).

Worry and religious faith: Your faith or your prayers may help to dampen worry, but, if not, can leave you worrying about your faith as well! Aim for meditative prayer and guidance in coping more effectively rather than supplicatory prayer asking that your worries be removed. Do not make your worries the litmus test of your faith.

Worry and insomnia often become a vicious circle. When you worry, sleep onset is delayed and when sleep onset is delayed, you worry about not sleeping. Then, as another example of ironic processes, the more important it becomes that you must sleep and the more you strive to make yourself go to sleep, the less readily you fall asleep. For occasional insomnia, accept that it’s okay if you stay up, it’s okay if you “just rest,” and it’s okay if you’re tired and not at your best tomorrow.

“Predictability diminishes worry by increasing our sense of power, even if the predictions are dire.” (Hallowell)

“The certainty of misery is better than the misery of uncertainty.” (Pogo) (For example, some people who have for many years lived in consuming fear of cancer only to develop cancer have commented that dealing with the reality of cancer is actually easier than dealing with the uncertainty that they might get cancer.)

Worry as manifest in various disorders:

**Depression:**
Worry in depression is often colored by profound feelings of excessive guilt and worthlessness. Such rumination frequently focuses on the past, a sense of hopelessness and helplessness or the sense that life is not worth living.

**Generalized Anxiety Disorder:**
Chronic, uncontrolled worry with persistent physical arousal, usually about everyday concerns; worry becomes a way of life; worry becomes irresistible; usually daily torment with little self-soothing capacity. Worry may sometimes be a strategy for avoiding more intense feelings. GAD overlaps significantly with depression.
Panic Disorder:
Worry about internal sensations, panic, loss of control and safety. The worry between panic attacks is often the worst of the disorder.

Hypochondriasis or Health Anxiety:
Worry about bodily signs of potential illness or preoccupying worry about getting a serious illness such as cancer or AIDS.

Social Phobia:
Worry about bungled performance and humiliation in social situations.

Specific Phobia:
Worry about encountering the feared stimulus.

Post-traumatic Stress Disorder:
Once the proverbial one-in-a-million event happens to you, all disasters seem more likely and worry seems more plausible. Your alarm system may often feel stuck in the “on” position.

Obsessive-Compulsive Disorder: Beyond “ordinary” worries, obsessions often focus on the possibility of doing the most inappropriate or reprehensible thing the individual can imagine doing. Obsessions commonly involve violent, sexual, blasphemous or harm-causing content that is extremely distressing to the individual.

Strategies for Reducing Chronic Worry or Rumination:
Reframe most thoughts as “cerebral flotsam and jetsam” or “mind junk” rather than important data that must be examined carefully. Distinguish “good” and “bad” worry whenever possible. Don’t be your own worst enemy by indulging yourself in worries and by rationalizing your continuing to do so.

Learn to accept the presence of a worried thought without having to take it so seriously and without having to get rid of it. How do you (overtly and covertly) value and seek worry? How do you worry about worry and (overtly and covertly) try to avoid it? In other words, how do you get locked into a vicious circle of (overt and covert) approach and avoidance?
Try using “scheduled worry” periods. Instead of indulging your worries by giving them your full attention whenever they intrude or by trying to avoid them, set up two or three 15-20 minute periods per day when you give your worries your complete attention. When worries intrude at other times during the day, try to defer them to your next scheduled worry period.

Learn mindfulness meditative techniques that encourage being a passive observer of worried thoughts rather than having to be an active participant in the worrying process. For example, picture your worried thought written on a banner pulled by an airplane and watch it fly around your mind without reacting to it; or, picture your worries as bubbles that burst as they rise into your consciousness. (See Kabat-Zinn)

Seek cognitive therapy that focuses on common cognitive distortions that fuel worry:
- All-or-nothing thinking
- Arbitrary inferences in ambiguous situations
- Personalization of events
- “Should” statements
- Distorted estimations of probability, risk and personal responsibility

Examine irrational beliefs that often underpin worry, such as:
- “The world should be fair and just.”
- “I must be liked by everyone.”
- “To be worthwhile, I must be thoroughly competent & exceptional.”
- “I should be free of pain, hassle or discomfort at all times.”
- “I cannot bear it when things are not as I would like them to be.”
- “I can avoid discomfort by worrying.”

Strive to relinquish the need for control and certainty. The quest for both may seem irresistible and compelling at the moment, but, over time, it is entirely futile and merely perpetuates worry.
Try methods to dampen bodily and cognitive mobilization. However, remember that your goal is to do such things while worried thoughts still rattle around your mind, not to do such things so effectively that you somehow eliminate worried thoughts!

Learn relaxation and diaphragmatic breathing skills.
Practice prayer, meditation or inspirational readings.
Take a yoga class or use a yoga videotape regularly.
Exercise or dance.
Get a massage.
Listen to your favorite music.
Cultivate humor in yourself and others; rent a funny movie.
Always have in progress a book that you enjoy reading.
Converse with a confidant.
Keep a journal.
Keep a record of irrational worries and rational rejoinders.
Minimize stimulants; minimize alcohol.
Use a rocking chair.
Learn and practice good sleep hygiene.
Contribute your time and energy to someone else.
Make healthy relationships your priority—if not now, when?

Have a plan for action—not the “right plan” or the “perfect plan”-just a reasonable plan. What is the perceived threat to your vital interests? How are you vulnerable? Do you really have the facts? One can’t escape one’s own imagination or run away from what “could” happen. Arousal of the “fight or flight” response with no place to go leads to “freeze” (i.e., inhibition of action). Once you have a plan, don’t keep checking on it—store it. In general, some kind of action is usually preferable to spinning your wheels. Likewise, some kind of large muscle activity is usually better than thinking even more.

Learn to take a mindful approach to moment-to-moment living. 1. Stay in the here-and-now instead of “catastrophizing” and “what-ifing” about what could happen. (Try focusing on your senses and surroundings more than your thoughts.) 2. Stay in the here-and-now instead of dwelling on the past. (Ruminating about the past tends to evoke and perpetuate a depressed mood). 3. Temper an aversive here-and-now by “putting yourself into” something positive remembered in your past or envisioned in your future. (Do so not to get rid of worry, but to put it into better perspective.)
Ask yourself these questions when you're stuck in worry mode:
“What’s the evidence?”
“Am I trying to control things that I can’t possibly control?”
“Am I overestimating the risk the way I usually do?”
“Will this even matter to me next year, next month or next week?”
“On my death bed, will I regret not having worried more about this?”

Notice the mistakes you tolerate or excuse in others and give yourself the same latitude. Do not rationalize your perfectionism as a virtue. Instead of perfection, give yourself permission to strive for consistent adequacy punctuated by occasional mistakes.

Look for what is good in your life:
“Just imagine how happy you’d be if you lost everything you have right now… and then got it all back.” (Bertrand Russell)

Try to see your worry as one small data point in the larger continuum of your life or as one small wave in the ocean of humanity:
“That ain’t but a zit on the face of time.” (Unknown)

Further Reading:
Worries, Rumination and Obsessions


(Especially Chapter 5, “Letting Go of Worries and Obsessions”)


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