Is This Program Right for You?
The Nature of Generalized Anxiety

Goals

- To understand the characteristics of generalized anxiety disorder
- To learn the difference between normal worry and abnormal worry
- To understand what this program is and what it will involve
- To determine whether or not this program is right for you

What is generalized anxiety disorder (GAD)? There are two core features of generalized anxiety. The first is excessive worry about things that are unlikely to happen, or, if they were to happen, would be much more manageable than worriers think. Examples include worrying about the health of one's family, worrying about not getting everything done on time at work or at home, and worrying about not being good enough as a parent or as a husband or wife. Worry is almost always about events that could happen in the future, and therefore, it is characterized by “What if” types of statements.

Excessive worry is typically difficult to stop, or is experienced as if it is out of control. At times, you might try to resist worrying because it seems that it is excessive, abnormal, or at least not much fun. At other times, you might feel that if you do not worry, something terrible might really happen, as if the worrying serves some kind of protective, or even superstitious, function. Sometimes people who are chronic worriers report that they become nervous if things seem to be going well in their lives, as if they are experiencing the “calm before the storm.” In other words, there might be a tendency to worry, even if there is nothing to worry about, because you are so used to worrying. We will talk about the quality of this type of worry later in this chapter and other chapters.

The second core feature of generalized anxiety is a generally high level of physical tension, nervousness, or a feeling of being “uptight” or “high-strung.” The physical tension is likely to result from excessive and chronic worrying. In
addition, high levels of tension add to excessive worrying, since it is hard
to be worried when feeling physically relaxed. Obviously, the high level of
physical tension and the excessive worrying feed off of each other, creating
a vicious cycle. It is this cycle that the program described in this workbook
is designed to break. The physical tension produces a variety of symptoms,
such as muscular tension and soreness, headaches, difficulty sleeping, poor
concentration, diarrhea and frequent urination, and restlessness and gen-
eral difficulty relaxing.

With the combination of excessive worry and high levels of physical tension,
it's not hard to understand why you might feel anxious, irritable, tired, and
generally distressed. If you are a chronic worrier and are overly concerned
about everything that could go wrong, if you find yourself exhausted at the
end of the day from driving yourself too hard, and yet wonder what you
have accomplished and how you are going to get tomorrow’s work done,
this program is likely to be useful for you. Similarly, if you find yourself ir-
ritable, tense, and apprehensive a lot of the time, or if you have a nervous
stomach, headaches, or nausea, associated with stress, then this program is
likely to be useful for you.

Case Studies—Do You Relate?

To help you evaluate whether this program is suitable for you, read the fol-
lowing examples of people who were treated at our clinic for GAD.

Anne

Anne was a 38-year-old mother of two children, who were 12 and 14 years
of age. She was a nurse, and was recently promoted to chief of her nursing
unit. She had returned to nursing 6 years ago, after some time away from
work while raising her children. Anne came to our clinic with complaints of
excessive fatigue (tired all the time), irritability, headaches, and poor sleeping.
On further questioning, it became apparent that Anne worried a great deal
about managing her nursing unit, and she frequently became irritated and
angry with the nurses she supervised for not devoting as much care to their
duties as she thought they should. Therefore, she preferred to do many of the
tasks herself, believing that it was her responsibility to make sure that every-
thing was done in just the right way. In addition, Anne reported that she was
frequently concerned about the future of her two children—not only their
current safety, but also how they would do in college and whether they would be happy when they got older. Finally, although she and her husband had no debts to speak of, Anne was continuously worried about whether they would have enough money to maintain their style of living, which was not overly indulgent, by any means.

Anne reported that she typically lay awake at night for an hour or two thinking of all of these things and of what she had to do the next day. When she was busy, such as dealing with a patient in distress or arguing with her family, her mind focused on the task at hand, and she didn’t worry. However, whenever she was doing something routine, such as driving or household chores, her mind continually raced from one potential disaster to another. The disastrous images included being fired for not getting her work done and finding that her children were involved in a car accident. She continuously worried about the things that she needed to do to prevent these terrible things from happening. Her family had told her that, in recent months, she had become especially touchy and irritable. Anne herself noted that, since her promotion, her level of stress and anxiety had increased, and she never had a moment to relax. Anne stated that she remembered a time when she did not feel this way. She said that things did not worry her when she was in college the way they worried her now. It was not until the birth of her first child that she noticed herself taking everything so seriously, feeling as if she had to be prepared for any possibility of things going wrong, and worrying nearly every day.

James

James attended our clinic because he had generalized anxiety. He was a single, 35-year-old computer consultant and also was the co-owner of a bed and breakfast inn. James stated that he could not stop worrying about the future of the inn, and he became especially irritated with his business partner, who did not seem to be as worried about it. Little things around the inn, such as the way the towels were laid out on the beds or where the decorative items were placed, “bugged” James a great deal. He felt as if he could not sit still until everything was in its right place and perfect. In addition, he was very concerned with the financial status of the business, although it was doing very well and the rooms were occupied 90% of the time. In addition, James was always worried about making mistakes at work. He was concerned that he might be fired, despite the fact that his performance evaluations were satisfactory (and often complimentary), and no one had ever complained about his work.
As a result of his constant state of worry, James frequently experienced panic attacks. That is, he would experience a sudden rush of intense dread and very strong symptoms of shortness of breath and a racing heart that lasted only a short time. He understood that his high level of stress caused the panic attacks, and they were not a major concern for him. He was far more worried about his inn and his job than about panic attacks. In addition, James was very easily irritated by the smallest inconveniences, such as poor weather conditions that slowed the drive home after work and minor delays in receiving supply deliveries for the inn. His anger tended to interfere with his social relationships, since he frequently became irritated at the "stupidity" or "slowness" of others and felt that he could not rely on his friends and family to do things for him. In contrast to Anne, James reported that he had been a chronic worrier for as long as he could remember. Even in grade school, he recalled being worried about fitting in with the other kids and doing and saying the right things in class.

As these examples show, problems with generalized anxiety don't usually become so out of control that one can never get their tasks done. On the contrary, sometimes worriers use much more energy than they have to in completing unnecessary tasks, or completing tasks in an unreasonably short time (due to the sense of pressure from believing that everything has to be done immediately). On the other hand, worrying about possible negative outcomes can sometimes lead to procrastination and perfectionism. For example, you might "sit on" a report about the progress of a given project at work because of worries that it will be strongly criticized, and because of worries that you will be fired as a result. The most common impairment that results from generalized anxiety is a feeling that one isn't enjoying life, either because leisure activities are given up as one begins to think that there are too many other things to do or because the worry interferes with enjoying activities that once were pleasurable.

What Are the Specific Criteria for a Diagnosis of Generalized Anxiety Disorder?

To diagnose a person with GAD, mental health professionals use criteria set forth in the *Diagnostic and Statistical Manual of Mental Disorders*, published by the American Psychiatric Association (*DSM-IV*; APA, 1994).

In this disorder, the key feature is excessive and pervasive (or wide-ranging) worry about several life circumstances, such as relationships with family and
friends, the health and well-being of oneself or one’s family, home management and work responsibilities, finances, and self-worth, and various other concerns about neatness, being on time, and so on. Typically, the worry is focused on striving for perfection, avoiding making mistakes, maintaining a strong sense of responsibility, and attempting to maintain guardedness and control as a means of being prepared for and preventing bad things from happening. According to the DSM-IV, this type of worry must persist for at least six months and must not be the direct result of a real-life trauma, such as the kidnapping of one’s child or a recent divorce. The DSM-IV also emphasizes the difficulty in stopping or “turning off” the worry, as would occur if you had difficulty going to sleep due to worrisome thoughts at bedtime. In addition, three or more of the symptoms shown in the following list must be present chronically for at least six months. These symptoms must not be the direct result of a physical disease or condition, such as menopause or a thyroid disorder. We recommend that our patients have a full medical examination to check for possible physical causes of anxiety symptoms (e.g., hyperthyroidism), especially if they have not had an examination within the last year.

Physical Symptoms of Generalized Anxiety Disorder
(Diagnostic and Statistical Manual of Mental Disorders, 4th edition)

- Restlessness or feeling keyed up or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)

How Common Is This Problem?

Generalized anxiety is very common. The prevalence rate of GAD in the general population over the past year is estimated to be approximately 4%. In the United States, as many as 12 million people suffer from generalized
anxiety. However, the experience of severe generalized anxiety is also an important part of most other anxiety and phobic disorders. In combination with other phobic and anxiety disorders, the percentage of the general population suffering from a disorder that involves generalized anxiety as a major component increases to approximately 10% to 12%. This represents a larger proportion of the general population than those who have alcohol or drug abuse problems, and makes anxiety disorders the number one mental health problem in the United States. All sorts of people, at all levels of socioeconomic status and in all professions, experience GAD.

**Generalized Anxiety Disorder in the Elderly**

Generalized anxiety disorder becomes more of a problem as we get older. In fact, GAD occurs less frequently in younger people, but increases dramatically with age, such that more than 7% of our elderly suffer from this condition. As we get older, our worry is more focused on health and safety, rather than work, family, and social functioning. For this reason, our elderly friends and relatives often think that they are less healthy than they really are, and that they should visit the doctor more often, or that they are in more danger of being harmed or of falling than they really are. While it is true that we are all at greater risk for falling and are less capable of defending ourselves as we get older, persons with GAD overestimate these risks.

**Generalized Anxiety versus Life Crises**

Many of the features described as characterizing GAD are similar to the symptoms experienced by people who have gone through a major life trauma. For example, most people who have lost a member of their family through a fatal car accident tend to worry and experience many of the physical symptoms listed earlier. The difference is that GAD does not depend on negative major life events, and in fact, the defining feature of the disorder is worrying when there is no real threat.

Another issue is the length of time that the worry and physical symptoms are experienced. If a traumatic event happens, and a year later, you are still worrying excessively about various life circumstances and still experiencing many of the physical symptoms of physical tension, it is likely that GAD
has developed, perhaps triggered by the trauma. The worry and symptoms must be present for at least six months to be considered GAD.

**Normal Worry versus Abnormal Worry**

A question that naturally arises is how to distinguish between normal and abnormal worry. All of us tend to worry some of the time. Worry can serve a very adaptive function by helping us to prepare or problem-solve and decide how to cope with upcoming difficult situations (such as exams or work performance evaluations). When does worry become unadaptive, and why? We will be talking at length about the reasons that worry becomes excessive in the next chapter. One way to determine if your worry is “abnormal” is by asking yourself the following questions:

- Do you worry about things that you recognize that most people do not worry about (such as weeds in the garden)?
- Do you worry about things that others worry about (such as the safety of your children), but in a more exaggerated manner?
- Do you find it very difficult to stop worrying, and do you have trouble relaxing as a result?
- Do you worry much of the time without ever reaching a possible solution for a particular problem?
- Do you believe that, if you do not worry, a terrible event will actually happen?
- Do you worry about not being worried, or worry when everything is going well in your life?
- Do you believe that you will go crazy with worrying?

If you answer yes to most, or all, of these questions, you are probably experiencing more worry than is normal.

**Worry in Other Emotional Disorders**

Generalized anxiety is a feature of many types of anxiety and mood disorders. If you worry excessively and, at the same time, feel sad and hopeless, with a loss of interest and loss of energy (all of which are signs of a depressed mood), then consult with your mental health professional to learn if an al-
ternative form of treatment is more appropriate than the treatment described here. Similarly, if your worry is restricted to a specific object (such as an animal), a specific situation (such as being stuck in an elevator or speaking in front of a large group), or a specific contaminant (such as certain chemicals that you avoid at all cost), seek the advice of a mental health professional as to whether this program will work for you. We have other programs in the Treatments That Work™ series that are suitable for specific phobias (Mastery of Your Specific Phobia), social anxiety (Mastery of Your Social Anxiety), and obsessions and compulsions (Mastery of Your Obsessions and Compulsions). If you are mostly worried about having panic attacks (sudden, and often unexpected, rushes of intense fear), then a program called Mastery of Your Anxiety and Panic may be more appropriate.

Is This Program Right for You?

The following list will help you to determine whether you can benefit from this program.

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 physical symptoms throughout the day: restlessness or feeling keyed up, tiredness, difficulty concentrating, irritability, muscle tension, and sleep disturbance?
- experienced worry and physical “nervousness,” for at least six 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 physical or organic causes?
- noticed that your major problem revolves around chronic and uncontrollable worry about future events, instead of fear of specific objects, fear of social evaluation, fear of contamination, self-doubt, or fear of having panic attacks?
Brief Description of the Program

In this program, you will learn to control your “out-of-control” and unproductive worry and anxiety. The program is divided into twelve components, or chapters. In each chapter, you will learn specific skills. The skills will build on each other, so that in each new chapter, you will use skills learned in earlier chapters. The types of skills that you will learn include reducing physical tension, controlling excessive worry, and dealing with real problem situations. The program is obviously structured, but within that structure, there is room for individual tailoring.

At the end of each chapter, you will find homework and a self-assessment quiz that will help you to determine whether you’ve learned and retained the information in the chapter. If not, it is a sign for you to review the material again. Most people go over the chapters repeatedly. When you believe that you understand the material and have completed the exercises, you may go on to the next chapter. The importance of the exercises cannot be emphasized enough, because the success of the program is based largely on your completing them.

The pacing of the program is somewhat up to you. The most important issue is to complete the homework thoroughly and to understand the main points of each chapter before you begin the next chapter. The basic outline of the chapters is as follows:

Mastery of Your Anxiety and Worry Treatment Program Outline

1. Is this program right for you? The nature of generalized anxiety
2. Learning to recognize your own anxiety
3. The purpose and function of anxiety
4. A closer look at generalized anxiety disorder
5. Learning to relax
6. Controlling thoughts that cause anxiety: I. Overestimating the risk
7. Controlling thoughts that cause anxiety: II. Thinking the worst
8. Getting to the heart of worrying: Facing your fears
9. From fears to behaviors
10. Dealing with real problems: Time management, goal-setting, and problem-solving

11. Drugs for anxiety and their relation to this program

12. Your accomplishments and your future

Alternative Treatments

Even though you may have had contact with other mental health professionals in the past, or may have used drugs to treat your anxiety, you may still benefit from this program. However, some consideration must be given to other kinds of treatment that may be ongoing while you are participating in this program.

We recommend that, if you undertake this program, you should not be participating in other forms of psychotherapy that are also focused specifically on the treatment of anxiety. As with all treatments or programs that are focused on the same problem, messages can become mixed or confused. For that reason, we find it much more effective to do only one treatment program at a time. However, if you are participating in another psychotherapy program that is very general in its orientation or is focused on a very different area (for example, marital problems), then there is no reason why the two cannot be done at the same time.

If you are involved in another program right now that deals specifically with the treatment of generalized anxiety, we recommend that you continue with that program until you are sure that either it is effective (in which case you won’t need another type of treatment) or it is ineffective (in which case you can try this program). As you will soon see, the type of program described in this workbook has been found to be very effective for many people, but that does not mean that other programs should not be given a fair trial. Different forms of therapy are more or less effective for different people. You must make this decision before you commit to go ahead with the program in this workbook.

This program will be appropriate even if you are currently taking drugs to control your anxiety. Many people enter our treatments while taking drugs. After finishing the treatment, approximately 50% of the people who were taking drugs, such as minor tranquilizers, stopped needing them and stopped taking them. Others stopped taking their medication with the help of their
physician. Drugs used to treat anxiety will be described in more detail in chapter 11.

Ideally, you will be working on this program with the help of your doctor or a mental health professional, who may have given you this workbook.

What Benefits Will You Receive from This Program?

We developed this program at the Center for Stress and Anxiety Disorders, in Albany, New York. It has been substantially revised and updated at our Centers at Boston University (directed by Dr. Barlow) and the University of California at Los Angeles (directed by Dr. Craske). One of the purposes of our Centers is to develop new treatments for anxiety disorders. The National Institutes of Health and other funding agencies provide financial support, and our Centers have become well known for this activity, with the Boston Center being the largest clinical research facility of its kind in the world. From research studies conducted at our Centers, we have found that the type of treatment described in this program is quite successful. Approximately 70% of the people who complete the program are markedly improved, in terms of their physical symptoms, their tendency to worry, and the extent to which they generally find enjoyment in their daily lives. Furthermore, individuals tend to maintain their gains over the long term.

As with many of our programs designed to treat anxiety problems, one of the biggest predictors of successful outcome is the amount of practice that one does. The treatment is essentially a learning program, and it requires quite a bit of work and dedication. To help you decide if this treatment is right for you, think of all of the reasons why you want to make changes. Think of all of the times you feel exhausted and unhappy, the times you are irritable with your family and friends, and think of your own physical health. Then think of ways in which your life will be better when you learn to control your worry and anxiety.

What Is the Cost?

On the other side of the equation is the amount of time and energy needed to carry out this program over the next 10 to 12 weeks. The more you put into it, the more you will get out of it. We will be teaching you new ways of thinking and acting, but these changes have to come from you. These
skills are only as good as the dedication of the person using them. With endurance and effort, these skills can be highly effective. It is not the severity of your anxiety, your age, or the length of time you have been a chronic worrier that determines success. Your motivation and persistence in making changes will determine your success. This is a decision for you to make right now, in light of the potential benefits. Do you have the motivation at this time to give this program your best effort? Remember that you are probably putting out as much energy and effort worrying and feeling anxious as you would be by going through this program, but with this program, positive changes will result. Also, remember that you cannot judge your success with a treatment accurately until you have given the treatment a fair trial. In other words, even if you have strong doubts about this particular treatment approach, wait until you have tried it to make a judgment.

If you do not have the motivation right now, then it is better to wait for another time. You will be defeating yourself by beginning a program like this halfheartedly. The following decision tree is designed to help you reach your final decision about whether to try this treatment now or to wait until you feel ready.

**Decision Tree**

1. **Are you a chronic worrier, and is being a worrier, and the associated physical distress, your biggest concern?**
   - **NO**
     - If NO, consult with your doctor or mental health professional regarding alternative treatments.
   - **YES**
     - **Are you involved in other psychological treatments that might interfere with this program?**
       - **YES**
         - If YES, wait until the other treatment is over to decide about this one.
       - **NO**
         - **Do you think the benefits outweigh the costs? Are you motivated to give this program priority right now?**
           - **NO**
             - If NO, wait until you are ready.
           - **YES**
             - Then this program is right for you!