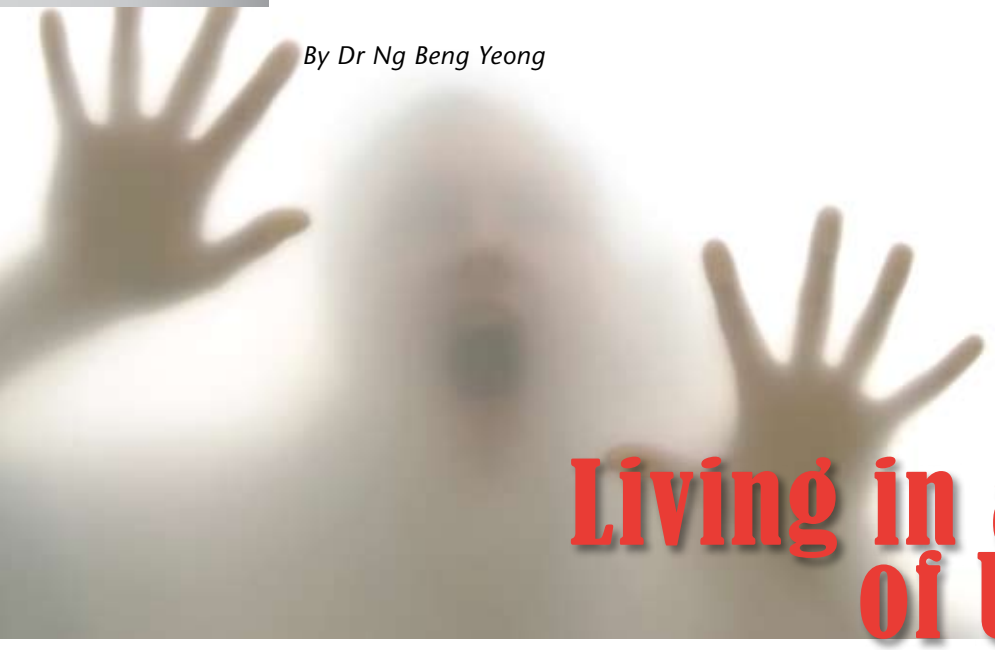

Living in an Era of Uncertainty

By Dr Ng Beng Yeong

The only certainty is that there is nothing certain.' – ancient author and natural philosopher Pliny the Elder, AD 79.

I think, therefore I fear

The current global financial crisis has been deteriorating rapidly. In challenging situations, fear is a natural reaction. To many people, life is like Forrest Gump's box of chocolates: You never quite know what you are going to get. Most attribute the increase in anxiety and tension to the current financial crisis, where people worry about whether they can keep their jobs or survive the difficult times.

Worry is a chain of thoughts and images, negatively affect-laden and relatively uncontrollable; it represents an attempt to engage in mental problem-solving on an issue whose outcome is uncertain but contains the possibility of one or more negative outcomes; consequently, worry relates closely to the fear process. Worry mainly occurs as verbal thoughts, as opposed to images. The term rumination has been used to refer to the repetitive focusing on the causes, meanings and consequences of one's feelings and symptoms.

Worry in itself is not pathological. For many, it is an attempt to predict future danger and/ or an attempt to gain control over events that appear uncontrollable and usually negative or dangerous. However, it is clear that pathological worry is dysfunctional in that it is, by definition, excessive and/ or unrealistic and feels uncontrollable. As a result, patients over-predict the likelihood of negative events and exaggerate consequences if the events were to occur.

People with generalised anxiety disorder (GAD) tend to worry most of the day, nearly every day. Over two-thirds of GAD patients report that they 'have always been worriers', suggesting that the tendency to worry reflects a trait, and features of dependent and/ or avoidant personality disorder occur in over 50% of cases. Worriers can get caught up in a whirlwind of thoughts about bad things that might happen. Once people are caught in this whirlwind, they often feel as if they cannot stop worrying. This has sometimes been called the 'what if?' syndrome because people typically focus on the possibility of negative events – 'What if the stock market does not ever recover?', 'What if I can't fall asleep again tonight?', 'What if I have cancer?', 'What if something goes wrong?', ad infinitum.

Worry is most likely to occur in either the later part of the evening or the early hours of the morning. Subsequently, many individuals worry in bed. This might be attributable to a lack of competing stimuli and further underscores the well attested relationship between worry and insomnia. The majority of insomnia sufferers would attribute their sleep disturbance to a 'racing mind.' If we were to put all their thoughts and images together, they can form a movie titled 'Things That Went Wrong Today … and Things That Will Go Terribly Wrong Tomorrow.'

Worry content tends to focus on everyday problems arising in a number of domains. Two types of worry have been described in the literature. The first type, about possible threats (e.g. worrying about shifting house, health

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concerns), is triggered by the mistaken beliefs about the benefits of worrying and tends to cluster around particular themes – social, financial, work, illness or death-related themes. The second type is about potential negative or catastrophic effects of worrying (e.g. worrying that he/ she will become crazy if worry is uncontrollable). As a consequence of worrying so much, worriers start to worry about the consequences of their worry. When the second-type of worry predominates, the sense of safety becomes increasingly elusive.

Worry can be seen as a close relative of problem solving but is clearly different from problem solving in that it does not seem to lead to problem resolution. In DSM-III-R (The Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association) the main defining feature of GAD is 'apprehensive expectation' or worry, about two or more life circumstances. Future revisions to the criteria are likely to suggest that the worry need not be unrealistic but should be excessive, and is likely to have been present more days than not during the past 6 months; that the worry is not fixed on one particular concern, is hard to control and interferes with attention to the tasks in hand. Patients with GAD experience unpleasant bodily discomfort and the most common symptom reported is muscle tension. Other symptoms often associated with worry and tension include irritability, restlessness, feeling keyed up or on edge, difficulty sleeping, fatigue and difficulty concentrating.

Patients often report that their worry or rumination is largely involuntary; they might deliberately initiate worry or rumination – to try to solve problems – and then have difficulty discontinuing this pattern of thinking. Alternatively, they may find that worry and rumination are automatically triggered and difficult to terminate. Features that typify the worrier include the following: low self-esteem, perfectionism, time urgency, concern with social evaluation and poor physical health.

Managing worry

Many worriers find uncertain situations intolerable and tend to avoid uncertainty if they can. Michael Dugas and Melisa Robichaud, two psychologists, make an analogy between intolerance of uncertainty and allergy. People with an allergy, to pollen, for instance, will have a very strong reaction to even a minute quantity of the substance. In a similar vein, people who are intolerant of uncertainty are 'allergic' to uncertainty. Even when there is only a small amount of uncertainty, they will have a strong reaction; in this case, excessive worry and anxiety.

It may be useful to ask the worriers what they do to manage unwanted worrisome thoughts. Typically they will report that they try to stop worrying by 'blanking my mind' or 'trying to stop all thought.' If so, it is helpful to conduct a behavioural experiment within the therapy session to demonstrate the adverse consequences of thought suppression. This involves conducting Wegner's (1989) white bear experiment, as a behavioural experiment, within the session. The patient is asked to close their eyes and try to suppress all of their thoughts relating to white bears. After a couple of minutes, they are asked to stop and share how successful the suppression attempts were (or more typically, were not!). This effect is then discussed in terms of the patient's attempts not to think particular worries: 'If trying not to think a thought makes it occur more, what happens if you try not to think a worry?' The experiment provides a springboard to discuss alternative thought management strategies like letting the thoughts come (i.e. the opposite of suppression) or gently directing attention to interesting and engaging imagery.

Worry exposure is an interesting technique. Instead of focusing on a worry, patients with GAD attempt to avoid fully processing the worry through constant shifting of worries. Patients can be taught to purposely expose themselves to both worry and images associated with the worry for an extended period of time. The purpose is to have the patient activate the worst possible outcome in order to process it and habituate to the anxiety associated with it.

Worry hour or worry breaks are a paradoxical technique. This strategy involves eliminating all avoidance of unwanted thoughts and instead, actually approaching the thoughts. Instead of fighting the negative thoughts, the person can go in and give in to them. The individual can schedule one or more periods each day to feel worried, tense or anxious. During these periods, the person can make himself as upset as possible by bombarding his mind with negative thoughts. The rest of the time, he can focus on living his life in a productive manner. In the context of insomnia this might take the form

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of simply letting the thoughts come. A writing intervention in which individuals are encouraged to write about their unwanted thoughts may also reduce avoidance and facilitate the processing of emotional material prior to bed.

Worry control experiments can be used to modify the patient's belief in the uncontrollability of worrying. When the person first notices that he is worrying, he will postpone his worry by telling himself that he will give himself time to think about the problem later in the day. When the time arrives, and only if the person feels it is essential to do so, he will allow himself to worry for 15 minutes only. The patient typically reports that he was successful in postponing his worries and often did not use the specified worry period, thus illustrating the point that we can exercise some control over worrying.

Interestingly, relaxation has been shown to increase the amount of worry in some patients with GAD. It may be that for these patients, relaxation signals a lack of control, triggering an increase in anxiety, or that when they sit quietly with their thoughts, there is greater exposure to their worries.

Patients with anxiety disorders, with GAD in particular, overestimate the likelihood of negative events and underestimate their ability to cope with difficult situations. These negative cognitions not only play a major role in the vicious cycle of anxiety, but also accentuate the person's feelings of danger and threat.

Sometimes it may be useful to assess whether our demand for certainty is realistic or not. Beliefs such as 'I can never relax so long as I know that (a particular event) could happen' are unhelpful. To challenge the demands for certainty, the patient can consider the following question: Is it useful for me to worry about (Event X) or are my worries spoiling my life? What sorts of uncertainties am I prepared to tolerate? Have I learned to tolerate other uncertainties? It is important to realise that we already tolerate all kinds of uncertainties and therefore can learn to accept other low-probability uncertainties.

Uncertainty, an inherent element in many aspects of our lives, appears to be something we all have to learn to manage and tolerate. Frequently, for worriers, there is an implied belief that worry will make the world more controllable and predictable. Because the majority of things that we worry about never actually happen, we create a lot of unnecessary suffering and deprive ourselves of the opportunity to feel good in the here and now by focusing on events that are unlikely to arise. Some insurance makes sense in some situations, but if the cost (premium) is too high, one needs to question if the policy is really worthwhile. ■