



# What? Me Worry!?!

## Module 5

### **Negative Beliefs About Worrying: “Worrying Is Dangerous”**

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## Introduction

Ask yourself the question: *if you believed your worrying couldn't harm you or wasn't dangerous (either mentally or physically), how much would your worrying bother you?* Chances are you wouldn't feel as bad if you thought your worrying was a harmless mental activity, as opposed to believing your worrying can hurt you.



Also, if you didn't see worrying as being such a bad and dangerous thing, then chances are you wouldn't feel the need to suppress your worrisome thoughts when they pop into your head. Remember, we have mentioned before that thought suppression can be really unhelpful, because it backfires and makes you think even more about whatever you are trying not to think about, hence leading to more worrying. So, looking at your belief that worrying is dangerous is really important in order to get out of the 'thought suppression trap'.

In this module we will look at changing beliefs like:

- “Worrying will make me go crazy”
- “If I keep worrying I will have a nervous breakdown”
- “I'll get sick if I don't stop worrying”
- “Worrying will damage my body”
- “I'll go nuts if I keep worrying”
- “Worrying will make me ill”

## Changing Your Belief

Before we start changing your belief that worrying is dangerous and harmful, we need to know how much you believe it.

### How much do you believe your worrying is dangerous/harmful?

(Circle the percentage that best describes the strength of your belief)

0%    10%    20%    30%    40%    50%    60%    70%    80%    90%    100%

If you do not think you hold this belief at all, still work through this module just to be sure, but chances are you can move on quickly from this module to the next.



To change your belief that your worrying is dangerous, you need to do something you are already familiar with from Module 3. That is, **challenge** or dispute your belief. This means dissecting the belief that your worry will cause you physical or mental harm, by evaluating if it really is accurate and true, and examining what evidence you base your belief on. In this way you will be like a detective, trying to get to the facts of whether worrying really is dangerous to you. We would encourage you to be curious and open minded about changing this belief.

## Challenging Your Belief

Below is a list of questions you can ask yourself to challenge whether worrying really is dangerous. Remember, you are a detective examining the evidence for and against your belief. An example is given below of how to use these questions to challenge your belief, and on page 5 you will find a worksheet to help you do this for yourself.

### Evidence For

- What makes you think worrying is dangerous/harmful?
- What’s the evidence for your belief?
- Exactly how does worrying cause mental/physical harm (be specific)?
- Is the evidence for your belief good/solid/reliable?
- Is there another way the evidence for your belief could be viewed?



### Evidence Against

- Is there any evidence that goes against your belief?
- How long have you worried for? What specific physical or mental harm has resulted over this time?
- During a worry episode have you ever become ill or gone crazy?
- Are there other explanations or greater risk factors for the illnesses you are concerned worrying will cause? (e.g., genetics, diet, exercise, lifestyle, smoking, alcohol, etc).
- Can you think of other people/professions that are constantly under intense stress or anxiety, have they all suffered physical or mental harm? (e.g., students studying for exams, people in stressful jobs – army officers, police, emergency department staff, etc).
- How can you believe that worrying is both dangerous on the one hand and has many positive benefits (motivates, prepares, prevents, etc) on the other hand?

### EXAMPLE:

Evidence For	Evidence Against
<p><i>I don't know exactly how it will make me sick, but I have heard stress isn't good for you, so it must be something to do with that.</i> [I haven't got a very strong, specific or scientific argument for worrying being harmful. Maybe I need to look into it more, and get the facts.]</p> <p><i>It just feels like I am going to go crazy, therefore I must be.</i> [This isn't very solid evidence that worrying is going to harm me. It has never actually happened, it is just that it feels so bad at the time, so I assume something bad will happen. Just because I feel it is true, isn't really evidence it is true.]</p> <p><i>When I worry a lot, I get a cold, so worrying must be bad for my health.</i> [There have been times when I haven't worried and have gotten sick. Also when I have worried a lot and gotten sick, I guess I haven't been sleeping well, eating right or exercising. So I guess it might not be the worrying itself that caused it, but how my lifestyle changes when I worry.]</p>	<p><i>How can something be both dangerous and helpful at the same time?</i> [My beliefs about worrying don't match up. Maybe I need to re-think.]</p> <p><i>I have never actually gone crazy or gotten really sick from worrying.</i> [What I am worried about has never actually happened.]</p> <p><i>Plenty of people have worry and stress in their lives. While it doesn't feel great, these people don't all break down physically or mentally.</i> [It doesn't tend to happen to other people, so why should it happen to me.]</p> <p><i>When it comes to my health, making positive changes to my diet, exercise and lifestyle might be more important to focus my energy on.</i> [Rather than worrying about worrying.]</p>

## Additional ideas to consider...

Sometimes people think that things like increased heart rate, blood pressure, tension, or adrenalin, which can often accompany worrying, are the culprit in explaining how worrying might pose a danger. However, another way to think about these things is that they all occur when we exercise, yet most people would consider exercise as something that is good for you. Aren't we told to get our heart pumping 30 minutes a day? And surely athletes would do a lot more than 30mins? In addition, adrenalin is often used to save people's lives during cardiac arrest!

Also, the physical symptoms just mentioned are all part of the 'fight or flight' response, which from an evolutionary perspective is something that protects us. How can something that has helped us survive as a species also be harmful to us?

The fact that worrying can cause some very real physical sensations in our body (e.g., heart rate increase, tension, headaches, gastro intestinal symptoms, etc), this is often used by people as evidence of harm and danger. However, even though these sensations feel unpleasant or distressing, are the sensations actually dangerous?

People may use the argument that "stress is bad for you". But, are stress and worry the same thing? Stress occurs when we perceive the demands placed on us are too much. Worrying is then an unhelpful coping strategy in response to stress, and we can learn other more helpful ways to handle stress.

Another idea to consider is, if you purposely worried excessively right now would the danger occur? If the answer is 'no', why not? This may suggest there are other factors involved in mental or physical illness, not *just* worrying. At the end of the day, mental and physical health is complex, multifaceted, and often not well understood, and it is unlikely that worrying itself causes direct mental or physical harm.

## In conclusion...

The beliefs we hold that worrying is dangerous are often the 'stickiest' to challenge. They have built up gradually over time from things we may have heard from family, friends, the media, etc. If you are having trouble challenging this belief, don't despair. Instead consider the following...

Question: What is the consequence of believing that worrying is dangerous?

Answer: It increases my worrying, by giving me something else to worry about, and making me want to push away my negative thoughts, which just makes them push back harder.

So, the belief that worrying is dangerous is really unhelpful because it causes the very thing you don't want...more worry! Knowing this, what could you then do when thoughts about mental or physical harm from worrying come to mind? Given these thoughts don't help you, they too can be postponed along with all your other worries.

One Final Question: If worrying is controllable (via postponement), what's the danger? If we can control our worrying by getting good at postponement, any perceived danger is irrelevant.

If any of the above points were helpful in seeing your worry in a less dangerous light, make sure you include them in the 'evidence against column' of your page 5 worksheet.

# Challenging Your Belief

Belief: <i>My worrying is dangerous</i>	
Evidence For	Evidence Against

## An Important Word on “Factual Evidence”

Some people may check their concerns regarding the impact worrying will have on their mental or physical health by researching this, particularly on the internet. Spending too much time researching your worries about your health may be unhelpful, as it can just keep you preoccupied with your worry, and the information you gather may not always be reputable.

With the wealth of information readily available to us via the media and internet search engines, it is important for us to remain smart consumers of the information we receive. Unfortunately, not all health information available in magazines, newspapers and on the internet goes through the same quality control processes. Some websites, for example, may look quite convincing on the surface, but not actually represent the best practice and most up to date health-related information. This can be both confusing and dangerous for us.



It can be **confusing** when we receive mixed messages about whether or not we need to make changes to important things such as our diets, medications, or other lifestyle choices. It can also be confusing when we receive mixed messages about the importance of particular symptoms, their relevance to serious health problems, and the need to continue to seek help from health professionals. It can be **potentially dangerous** when we do make decisions about our health or changes based on information that is not reliable or factual.

Fortunately, by changing the way we search for and evaluate health information, we can start to reduce any confusion and risks and begin to take a more helpful and critical stance.

### Information seeking

Quite often we can turn the very thing we are thinking about into the phrase we type into an internet search engine. For example, if we are concerned about the impacts of worrying on our potential for a heart attack, we may type “worry and heart attacks” and hit Search.

This type of searching can be problematic as it can lead to biased results. That is, you will most likely

- filter in web pages that do talk about there being links between worry and heart attacks, and
- filter out any that do not talk about or debunk such links.

This unhelpful searching can therefore reinforce your worrisome belief that there is a link!!

There are two steps you can take to change the way you gather and filter information from the internet.

**Step 1:** Practice using more helpful and less biased search phrases to find out what you want to know. For example,

Instead of:	You could try:
<i>“Worry and heart attacks”</i>	<i>“What causes heart attacks?” or “Leading causes of heart attacks”</i>
Less helpful More biased filtering	More helpful Less biased filtering

**Step 2:** Look for ways of filtering in alternative view points. You can do this by typing in mismatching statements. For example, you could try: “Is coffee bad for you?” and “Is coffee good for you?”

These strategies can lead to you coming up with some very different health information!

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## What? Me Worry!?!

If you are someone who has or is thinking about using the internet to search for health information, take a moment to think about some alternative ways you could search for that information:

Instead of:

I could (also) try:

_____	_____
_____	_____
_____	_____
_____	_____

### Evaluating health information

Even with good search strategies we will often come across unhelpful or even conflicting information (e.g., one magazine article stating that coffee is good for you whilst another states that coffee is bad for you).



Unfortunately, in this day and age, anyone with access to the internet can send information around the world and claim it to be factual. Some website or magazine articles can also appear to contain useful information from reputable sources. So how do we know what is good information and what is not so good?

### Ten questions to ask...

- Is this written by a qualified and registered health professional (e.g., GP, Psychologist)?
- Does the author represent an established and reputable health organisation (e.g., government body, university, major hospital)?
- Is the author free of commercial interests (i.e., they are not trying to sell you a product or sensationalise a story to sell a magazine)?
- Does the article include multiple pieces of evidence to back up its claims (i.e., discusses the results of several research studies conducted by reputable organisations rather than anecdotal stories or one-off studies)?
- Is enough information provided for you to check the background research for yourself?
- Was the background research based on people similar to yourself (e.g., similar age, height/weight, gender, diagnosis, comorbid problems etc)?
- Was the background research based on many people?
- Are statistics clearly explained?
- Is this information consistent with health information you have read from other reputable sources, (e.g., other government bodies, universities, major hospitals)?
- Is a review date provided so that you can tell the information is up-to-date?

The more ticks you have above, the better your health information is likely to be. However, it is important to remember that information from the internet and media is one resource only, and should never alone be used to diagnose a medical or psychological condition, or to make important changes to your medication, diet, or other lifestyle choices. Your GP or local health clinic can assist you in understanding the specific risks and benefits of such changes based on your full personal medical and/or psychological history.



So the focus of this module has been on challenging your belief that worrying is dangerous, trying to look at the factual evidence.

In addition, people can experiment with the belief that worrying is dangerous too, just as you did in Module 3. Such an experiment might involve pushing your worrying to the 'max'. This means trying your hardest to lose control of your worrying, seeing if you truly can 'worry yourself sick'. Typically people predict that trying to push their worrying to the limit will be awful, and that something terrible will happen. Often people are surprised that nothing bad actually happens when they allow their negative thoughts to come and don't suppress them. In fact, sometimes people actually get bored of whatever they are worrying about. Doing this can take the fear and power out of their worries, and allow people to experience their worry as harmless. However, this approach is best done very strategically with the guidance of a mental health professional to gain maximum benefit, and so it is not part of this information package.

Now that you have challenged your belief that worrying is dangerous/harmful:

**Rate again how much you believe your worrying is dangerous/harmful?**  
(Circle the percentage that best describes the strength of your belief)

0%    10%    20%    30%    40%    50%    60%    70%    80%    90%    100%

If there is some weakening (however small) of your belief that your worrying is dangerous compared to what it was at the start of this module, congratulate yourself. If there's no change yet, that's okay. Remember, changing your beliefs takes time and persistence. Just going over the evidence for and against your belief once may not be enough. You need to practice this strategy until the evidence for your belief is weak and the evidence against your belief is strong. A good gauge of when you have done enough work on this belief may be when your belief is relatively weak – say about only 20%.



## Module Summary

- Negative beliefs regarding worrying being dangerous to your mental or physical health make your worrying worse
- To change these beliefs you can:
  - Challenge them – look at the evidence for and against the beliefs.
- In order to change your belief that worrying will cause you harm, you need to persist until:
  - The evidence for your belief is weak.
  - The evidence against your belief is strong.
- Once you have achieved this ask yourself:
  - **What does all this say about my worrying?**
  - Hopefully you can start to entertain the idea that, whilst worrying doesn't feel good, it may in fact be **harmless**.
  - You can then start to deal with these old danger beliefs by postponing them if they still arise for you, and recognise that if worrying is controllable via postponement, then it can't pose any danger to you.
- If you are someone who likes to research your worries about your mental or physical health, watch how much time you spend doing this, and ensure your research is unbiased and from reputable sources.



Coming up next ...

In the next module you will learn how to change the positive beliefs you hold about worry.

## About The Modules

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### Some of the materials in the modules of this information package were taken from:

Saulsman, L., Anderson, R., Campbell, B., & Swan, A. (2015). *Working with Worry and Rumination: A Metacognitive Group Treatment Programme for Repetitive Negative Thinking*. Perth, Western Australia: Centre for Clinical Interventions.

### BACKGROUND

The concepts and strategies in the modules have been developed from evidence based psychological practice, primarily Metacognitive Therapy (MCT). MCT is a type of psychotherapy developed by Professor Adrian Wells at the University of Manchester. MCT is an extension of Cognitive-Behaviour Therapy (CBT) and is based on the theory that repetitive negative thinking, such as chronic worry in generalised anxiety, is a result of problematic metacognitions (i.e., beliefs about thinking) and behaviours. There is good scientific evidence to support that targeting metacognitions and behaviours in therapy can help many people to overcome generalised anxiety. Examples of this evidence are reported in:

McEvoy, P. M., Erceg-Hurn, D. M., Anderson, R. A., Campbell, B. N. C., Swan, A., Saulsman, L. M., Summers, M., & Nathan, P. R. (2015). Group metacognitive therapy for repetitive negative thinking in primary and non-primary generalized anxiety disorder: an effectiveness trial. *Journal of Affective Disorders, 175*, 124-132.

### REFERENCES

These are some of the professional references used to create the modules in this information package.

Barlow, D.H. (2002). *Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic (2<sup>nd</sup> ed.)*. London: Guilford Press.

Heimberg, R.G., Turk, C.L., & Mennin, D.S. (2004). *Generalized Anxiety Disorder: Advances in Research and Practice*. New York: Guilford Press.

Wells, A. (1997). *Cognitive Therapy of Anxiety Disorders: A Practice Manual and Conceptual Guide*. Chichester, UK: John Wiley & Sons Ltd.

Wells, A. (2008). *Metacognitive Therapy for Anxiety and Depression*. New York: Guilford Press.

### “WHAT? ME WORRY!?!”

This module forms part of:

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