

**HOW TO STOP OBSESSIVE WORRY:
A KEY TO PEACE OF MIND
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This article is designed to be educational in nature and it is not intended to provide professional advice. The reader is encouraged to contact a licensed mental health professional if professional advice, diagnostic consultation, or treatment is being sought.

There is a story of an old tombstone that contained the inscription: “95% of what put me here never happened.” Dale Carnegie once wrote, “Those who do not know how to fight worry die young” (Carnegie, 1944, p. 36).¹ Yet most people worry about things occasionally, which can be adaptive and useful if it motivates the person into taking constructive action such as preparing for a test, considering a job change, or planning for the future. However, when worrying becomes excessive, unproductive, or difficult to control, it may be maladaptive or even pathological. Difficulty controlling worrying is one of the primary features that distinguishes pathological worry from the everyday anxieties that most people experience when they anticipate and prepare for an important event. Pathological worrying is sometimes described as obsessive worrying, which may become a true obsession (from the Latin *obsessus*, meaning “besieged”). The Latin root is instructive because when a person is obsessed, it is as if the person were besieged by uncontrollable thoughts.

Obsessions are intrusive thoughts that a person tries to control, resist, or eliminate. In other words, an obsession is a recurring thought that outweighs any other thought. There are some important differences between true obsessions and worry. For example, worry involves an apprehensive expectation about some type of realistic domain of activities or events (e.g., family, health, finances, or school/work), whereas true obsessions have an irrational quality (e.g., a contamination phobia). In general, true obsessions are not as common as obsessive worry.

In order to cope with the weight of obsessive worry, psychologists have identified several cognitive-behavioral activities that can be useful in reducing the frequency and intensity of obsessive thoughts. Some of these same ideas are contained in a variety of sources such as *The Anxiety and Worry Workbook* (Clark & Beck, 2012), *The Anxiety and Phobia Workbook* (Bourne, 2010), and other sources.

Stopping worry may be unrealistic. Perhaps a more realistic title would be “How to Avoid Obsessive Worry.” In reality, attempting to stop a behavior—whether overt or covert—may have the unintended effect of strengthening it through behavioral reactance (e.g., “Keep off the grass” typically elicits the impulse to walk on the grass). A more realistic option would be to better manage obsessive worry, by reducing its *frequency* (how often it occurs), *intensity* (how intensely it occurs), *duration* (how long it occurs), *context* (where it occurs), or *time* (when it occurs).

Obsessive worry is like a negative spiral. The longer you spend time with an obsession, the deeper into it you can get stuck. Neurologically, through the process of synaptic neuroplasticity, the repetition or practice of an activity or thought reinforces neural pathways much like a well trod path in a forest. Psychologically, a mental obsession can also be viewed as a form of trance (Nakken, 1996). The more you induce it by repetition, the more entranced you become and the more difficult it may be to “break the spell.”

The downward pull of an obsessive spiral can be very compelling. Following the path of least resistance is likely to keep you going round and round until you are eventually feeling down and out. Deliberately choosing to break out of the obsessive thinking may be difficult at first,

especially if you're highly anxious. With practice, it can become easier. Below are some examples of alternative activities and experiences that will help you shift your mind away from obsessive thinking.

A deliberate act of will is required to stop obsessing. You need to make a deliberate effort to move away from circular mental activity and get out of your head by “shifting gears” to another modality of experience, such as bodily activity, expressing emotions, interpersonal communication, sensory distraction, or a specific ritual. In some cases, an alternative, positive obsession may help. For example, the vicious cycle of negative worry can sometimes be replaced by positive obsessions such as uplifting thoughts, affirmations, or slogans (e.g., “This too shall pass”).

Find an alternative positive obsession. In addition to focusing on uplifting affirmations or slogans, there are other types of “positive obsessions” that can be helpful. For example, try performing a complicated mental activity, solving a complex puzzle, practicing a mental agility game, studying an interesting subject, or even writing letters or articles.

Engage in positive physical activities. Although difficult at first, engaging in physical activities can help break an obsessive cycle. Physical activities can include engaging in indoor or outdoor exercise, performing household chores, or simply taking a walk. The more entrenched the obsessive cycle, the more vigorous the activity may be needed to dig out of the rut.

Use visual and sensory-motor distractions. Find an enjoyable activity in which you can “lose yourself” in the moment of the activity itself. Active distractions are usually more effective than passive ones (e.g., watching a movie). Effective distractions can involve working on your computer, playing a complex video game, engaging in uplifting reading, or even digging in the dirt. Spend time engaging in arts and crafts, repairing something, or gardening.

Any healthy activity can be useful if it is one in which you lose track of time while engaging in the experience of the activity.

Listen to evocative music to release repressed feelings. Repressed feelings—particularly dysphoric emotions such as sadness or anger—may underlie and “drive” the obsessive thinking. In such cases, music may help you get in touch with your feelings that are below the surface of your obsessions. This relationship may be the basis of the adage that “music soothes the savage soul.”

Talk to someone. Use the old adage, “Don’t worry alone.” Instead, talk with a trusted person about something other than the worry, unless you want to express your feelings about it. People who engage in obsessive thinking tend to focus on their thoughts rather than their feelings. If you can learn to share your *feelings*, it may help dissipate your obsessive thinking.

Use visual imagery. Some research suggests that chronic worriers are people who engage in frantic, intense thought processes without accompanying images of the threat (Borkovec, Alcaine, & Behar, 2004; Borkovec, Shadick, & Hopkins, 1991; Fisher & Wells, 2009; Roemer & Borkovec, 1993). In other words, chronic worriers may spend so much time thinking about upcoming problems that they don’t have any attentional activity left for the important process of creating visual images of the potential threat (Craske & Barlow, 2006). With the help of a psychologist, you may be able to learn how to form mental images associated with negative affect which, paradoxically, can be processed in a way that helps reduce anxiety and worrying.

Consider using positive imagination. Whereas creativity involves the positive use of imagination, worry involves the negative use of imagination. People who worry often imagine the worst case scenario of what might happen. However, the best case scenario is often as likely as the worst case

scenario. Rather than thinking of the worst short term consequence of what might happen, use imagination to visualize the best long-term consequence of what might happen.

Use progressive muscle relaxation. Progressive muscle relaxation is a stress management technique by which you can learn to reduce anxiety by learning how to relax the muscle tension. Relaxation exercises can be done alone or in combination with abdominal breathing, which means breathing fully from your abdomen or from the bottom of your lungs. It is the reverse of the way you breathe when you're anxious or tense, which typically involves breathing that is shallow and high in your chest. Practice progressive relaxation for 5-10 minutes until you feel fully relaxed and free from obsessive thoughts.

Consider thought-stopping techniques. Based on Cautela and Wisocki's (1977) original article, behaviorists sometimes use cognitive interventions designed to reduce unwanted thoughts. One common technique is to snap a rubber band placed on the wrist with the goal of providing an aversive consequence whenever the unwanted thought occurs. However, some psychologists (e.g., Leahy, 2006, 2010) believe thought stopping not only doesn't work but that it can lead to *thought-rebounding*, which refers to an increase in unwanted thoughts that makes matters worse. For example, suppressing thoughts of white bears can lead to an increase or rebound of these thoughts after the suppression (Wegner, 1989). The purpose of the rubber band is to increase one's self-awareness. Rather than stopping a thought, it may be more helpful to redirect one's thoughts (i.e., Stop, Interrupt, and Redirect).

Reframe worry as being less important. Rather than thinking of obsessive worry as something that hijacks your thoughts, think of it simply as a heckler wanting to be noticed. Just as worry can be empowered by giving it too much attention, it can also be disempowered as a heckler by putting it on

the back row rather than in the front of the audience.

Practice healthy rituals. Combine abdominal breathing with a positive affirmation that has personal significance. Keep this up for 5-10 minutes, or until you're fully relaxed. This type of activity can function as a positive trance induction that can overcome the negative trance enforced by the obsessive worry. For example, an affirmation can involve a statement such as "These are just thoughts" or simply "Let it go."

Consider meditation procedures. Although many of the above procedures focus on avoiding obsessive thoughts, psychologists have also developed some meditational approaches that focus on acceptance rather than avoidance of distressing thoughts and feelings (Roemer, Orsillo, & Barlow, 2002). Meditational procedures help people learn how to be more tolerant of these feelings which, contrary to common sense, can sometimes help a person reduce their obsessive thoughts.

Consider stopping thought meditation. The concept of *stopping thought* refers to the Zen mental state of *samādi*. In this state of meditative consciousness, normal mental chatter slows down or even stops for a period of time, which allows one to experience peace and serenity. *Samādi* is not achieved through force of will or normal intent, but rather through a combination of acceptance and returning to or focusing on a familiar state. For example, practitioners of *zazen* meditation typically sit while suspending all judgmental thinking and by letting ideas, images, and thoughts pass by without getting involved in them. It is a way of "letting go" of thoughts.

When all else fails, consider using prayer. In the words of Abraham Lincoln, "I have been driven many times upon my knees by the overwhelming conviction that I had nowhere else to go. My own wisdom and that of all about me seemed insufficient for that day."

Consider using the Serenity Prayer. From a spiritual perspective, excessive worry can be viewed as the antithesis of prayer. To counteract the toxic effects of an obsessive cycle, a healthy antidote can be found in the wisdom of theologian Reinhold Niebuhr's (1892–1971) Serenity Prayer, which was first popularized in the Alcoholics Anonymous *Grapevine* (1950, pp. 6-7):

God,
Grant me the serenity
to accept the things I cannot change,
the courage
to change the things I can,
and the wisdom
to know the difference.

Be realistic rather than idealistic. Despite the catchy title of this article, an accurate description of a realistic goal would be to manage obsessive worry rather than expecting to be completely free of worry. Again, some worry can be adaptive—when it leads to constructive action—and a realistic goal would be to transform worry into useful actions.

Consider medical consultation. Although beyond the scope of this article, there are medications that have been shown to be useful in the treatment of anxiety conditions. However, it is important to remember that “pills are not skills.” If regular practice of the above skills does not seem to help control your obsessive worries, it may be helpful to arrange a consultation with a board certified psychiatric physician concerning the benefits and risks of psychotropic medications.

Resources

Spitalnick, J., and Munford, M. (2021). *Raising resilience: 25 tips for parenting your child with anxiety or OCD*. Atlanta, GA: Anxiety Specialists of Atlanta.

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Notes

1. Dale Carnegie (1944, p. 36) also provides a mental intervention for controlling worry. Many years before the advent of cognitive psychology or cognitive-behavioral psychotherapy, Carnegie's book, *How to Stop Worrying and Start Living*, is packed with both cognitive and behavioral techniques. Once technique is described as the "magic formula" of Willis H. Carrier (1876–1950), who was an American engineer best known for inventing modern air conditioning. Here is Carnegie's (1944, p. 36) summary of three steps of Carrier's magic formula:

- a. Ask yourself, "What is the worst that can possibly happen if I can't solve my problem?"
- b. Prepare yourself mentally to accept the worst—if necessary.
- c. Then calmly try to improve upon the worst—which you have already mentally agreed to accept.

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