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What is worry? Worry is defined as a chain of negative thoughts, about the same or different topics, which may have negative consequences for you in the future. Often a solution is not reached, and the same thoughts return. It is difficult to reverse this behavior when we are thinking in this manner. The thoughts engage you mentally, expend a great deal of psychological energy, and are disturbing and intensive.<sup>1</sup>

The thinking process begins as "something bad is going to happen." These thoughts often present themselves as questions: "What if \_ happens?" or "I'll never \_\_\_." Worrying is, in actuality, an evolutionary adaptation. It allowed our ancestors to assess future threats. Thoughts of these impending threats lead to feelings of anxiety. The resultant actions from feelings of anxiety are: 1) stimulation of the sympathetic nervous system (fight or flight response) and 2) the desire to run away or separate ourselves from the threat. Anticipation, and the following anxiety, of a tiger waiting to jump out and devour us is certainly beneficial. This is why easy-going ancestors didn't fare as well in the ol' tiger scenario as the worrier did. Thanks to the theory of natural selection, guess whose genes we inherited?

We believe that worrying about the future can prevent harm by enabling us to perform better through problem solving. While strategic planning is effective, this is not what we are doing by worrying. Catastrophizing and runaway-train thinking create a condition that our body and brain perceive as a threat. The stimulation of our sympathetic nervous

> system narrows our focus and impedes our cognitive performance. It is the exact opposite of what we think we are accomplishing. Now, worry was beneficial to our ancestors because a tiger is an acute, life-threatening situation. In the chronic, overutilized way we experience worry today, it hinders our progress toward well-being.

When our brains worry, we cannot differentiate thought from what is happening in real time. The brain does not know the difference between what it sees and what it thinks about. During a study in 2000, "Imagery neurons in the human brain," Drs. Kreiman, Koch and Fried discovered that there is an 88% overlap in parts of the brain that are stimulated by direct observation versus recalling and imagining an event.<sup>2</sup> This is why our heart rates will skyrocket during a suspenseful scene in a horror movie. We can picture in our minds what is about to happen.

Worrying makes us more likely to make an emotional rather than a rational decision. The prefrontal cortex is responsible for rational, logical decision making. When worrying engages the sympathetic nervous system, the limbic system — or "lizard brain" — takes control. It hijacks control from the prefrontal cortex and sets the stage for emotional, impulsive decisions. Our worries are most often irrational. According to a recent Statistic Brain Research Institute survey, 60% of things worried about will never happen and 90% of the things feared were considered to be insignificant issues. A 2013 study commissioned by UK health and well-being corporation, Benenden Health, found the average respondent worried for 14.3 hours a week that's 744 hours a year or 1,885 days/5.2 years of worry in a lifetime. These results are similar to what has been observed in the US. The survey showed the most common subject of worry was being overweight. Finances, health and mortality slid in the top 5. Given our current COVID situation, the subjects listed would likely be similar if the survey was done today.

Worrying thoughts lead to worst-case scenario or catastrophic thinking. Another apt term is snowball thinking. These are thoughts built on top of each other, making each one particularly stronger than the one before it. They make irrational worries feel more rational than they actually are. Have you ever had the thought—whether accurate or not—of, "oh no, I've messed up this case?" The thought leads to "I'm going to get fired and brought up before the board." Following almost right on top, "if I lose my job, I'll never get another in this economy." Then, here comes "no job, no place to live—my dogs

> a d o p t i o n and I will be living in my car." The details may be different but most of us have fallen for that sort of catastrophic thinking at some point in our

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lives. If we try to relate the first thought (the mistake) to the last thought (living in my car with no pets) there is zero causation or correlation (more on this later). However, our brain makes these little hops in logic that, at a passing glance, seem reasonable. This is why we fall for the results from worry in the first place.

In a 1995 paper, Drs. Michael Scheier and Michael Bridges stated: "Being aware of one's problems and concerns is healthy and adaptive as long as being aware leads to either productive problem solving or rapid disengagement."<sup>3</sup> The issue lies with our belief that worry is problem solving. We need to find a way to separate the emotion from the problem solving itself.

## How do we re-engage our powerful and rational prefrontal cortex and stiff-arm our emotion-driven limbic system?

There are three effective ways for us to combat worry that integrate the principles of calming and focusing. In her 2006 book, *Feel the Fear and Do It Anyway*, Dr. Susan Jeffers offers the first tool.<sup>4</sup> She directs us to look back on challenges we have previously overcome in our lives. We can say

to ourselves, whatever is in front of us, "I'll handle it." Remembering our past adversities, we can tell ourselves: "I handled it then, I'll handle this now."
This isn't supposition; this is fact. She suggests we don't fear the things we think we fear. Our real fear lies with our belief that, whatever it is, we may not be able to handle it.<sup>4</sup> If we don't move forward, it leads to a self-fulfilling prophecy. When we don't act out of fear, it makes us believe we couldn't handle it in the first place. This serves to worsen the problem.

The second option is confronting and challenging the concern. We can ask ourselves: is there any action we can take right now, or as soon as we are physically able, to affect the matter in our head? If the answer is yes, take action. Just take the very first step, we don't need to solve the entire issue all at once. Allow yourself to then let go of the emotion surrounding it. If the answer is no, accept that you cannot act and acknowledge that further energy expended is energy wasted and let the emotion go. Of course, this is a skill that takes practice. However, this is incredibly important for veterinary professionals. How many of us get home after a long day and begin worrying about a patient from earlier that day? Everyone raised their hands, right? We suffer from a belief that excessive worry somehow equates to caring. This isn't true, but it's ok. We came by it honestly. Often, we learned about worry from our first role models-our parents. Many times, they had an unhealthy relationship with worry and for the same reason: errant thoughts running through our heads create a snowball effect. Often, they lead to a visualization of the worst-case scenario. This does not lend itself to a serene and peaceful experience. Again, be gentle with worry. When we become more aware of these worry thoughts (bless their heart, they think they are trying to protect us), we may feel frustrated that we have them in the first place, but worry is only trying to protect us. In the past, it saved us from tigers and so it is the reason our ancestors survived. Now, we do not have tigers trying to devour us through texting, emailing, asking questions about work or any of the other things that tend to get us going. So, how can we turn this tanker full of worry around once it is in motion?

The third tool we can use is a management tool called a threepoint estimation. We can separate outcomes into "worst case, best case, most likely." This works as a cognitive tool in positive psychology that enables our mind to visualize how unlikely our worries are. The first step is to identify the adversity itself and then the resultant catastrophic cascade. Next, begin to list each step of the scenario. Now, continue this progressive process until the last event that feels like the absolute In a 1995 paper, Drs. Michael Scheier and Michael Bridges stated: "Being aware of one's problems and concerns is healthy and adaptive as long as being aware leads to either productive problem solving or rapid disengagement."

worst-case scenario. Once all the progressions are listed, apply a percentage likelihood of each happening based on the adversity itself. For example, your manager asked to speak to you after work (the adversity). What is your initial worry?

"She wants to talk to me about the case with Mrs. Smith." Ask yourself, on a scale of 0-100%, how likely it is to happen. Is your manager going to speak to you about a specific case? Maybe. Let us say there is a 30% chance. Are you going to get fired over a misunderstanding with Mrs. Smith? This is extremely unlikely—0%. Your brain might have followed up the idea of getting fired with the loss of your license to practice, which may have snowballed into a loss of your livelihood and the need to give up your pets. The likelihood of this is also 0% too.

When we break down our worry snowball, we can visualize how irrational our worries can be.

Let us run the exercise to the other end of the spectrum. Only full throttle best-case thinking is allowed here.

The manager calls you into the office to tell you your client satisfaction score is through the roof. You are getting a high six-figure salary. With your new income, you pay off your student loans. You become a sought-after national speaker asked to share your secret. Andy Roark calls you for advice. After you hang up with him, Oprah (because you are now BFFs) texts you to host her new show on pets. You become an advocate for all things good with no haters on social media. Your message brings the world together—well done.

This exercise serves two purposes. First, we can see the bestcase scenarios our brain can come up with are just as unlikely as the worst cases. Second, we get a boost of positive emotion connecting these. Positive emotions are shown to cause our thoughts to broaden. We become more creative and are prepared for the big picture thinking involved in the next step of "worst case, best case, most likely."

Seeing how unlikely both scenarios are, our rational brain can now engage and give us the most likely course of events. The actual path usually lies somewhere between worst and best case. Most times, we can create an action plan based on the mostlikely scenario. Going through this tool with a mental health professional, a coach or a trusted friend can increase its efficacy.

Our worry thoughts are meant to alert us to an actual, current problem. They are not meant to assess innumerable events during a workday as vital threats, resulting in our fight or flight system being chronically switched on. Learning and practicing how to calm and focus ourselves and our thoughts can lead to greater peace and serenity. These tools help us to problem solve efficiently, making us better veterinary professionals. As far as the associated emotion that comes with worry, we can now channel our inner Elsa with these tools and "let it go, let it go..."

## References

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Dr. Richmond is a graduate of the University of Florida College of Veterinary Medicine (UFCVM) and practices in New Port Richey, Florida. He currently serves as the chair of both the Florida Veterinary Medical Association's Outreach and Professional Wellness & Well-being committees. He is a member of the UFCVM well-being curriculum committee. This committee was formed

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Dr. Richmond is a published writer and speaker and is certified in applied positive psychology. He is a certified resilience trainer, certified health coach-behavioral change specialist, certified compassion fatigue professional and a certified QPR suicide prevention gatekeeper instructor. He has earned the Penn Foundations in Positive Psychology Specialization certificate, the BerkeleyX Science of Happiness at Work professional certificate and the AVMA Workplace Wellness certificate. Dr. Richmond received an FVMA Gold Star Award for his service in 2019.

He is married to Dr. Carla Channell, who is also a veterinarian. They have two children, three dogs (an Aussie, a Beagle/ Dachshund, and a Maltese/Affenpinscher), a bevy of cats and turtles, a sulcata tortoise, a ball python, and a corn snake. He is a Krav Maga practitioner and enjoys weightlifting and functional training.