



Generalized anxiety disorder: a preliminary test of a conceptual model

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Received 3 June 1997

Abstract

This study presents a preliminary test of a conceptual model of Generalized Anxiety Disorder (GAD) which is theoretically driven and has clear clinical implications. The model's main features are intolerance of uncertainty, beliefs about worry, poor problem orientation and cognitive avoidance. Subjects were 24 GAD patients and 20 non clinical control subjects. The results show that all main components of the model were highly related to the discriminant function and that intolerance of uncertainty was pivotal in distinguishing GAD patients from non clinical subjects. Further, the discriminant function derived from these four process variables was very effective for classifying GAD patients and non clinical subjects into their respective groups. Overall, 82% of subjects were correctly classified as 18 of 24 subjects in the GAD group and 18 of 20 subjects in the non clinical group were properly identified. The results are discussed in terms of the proposed model of GAD and its clinical implications. © 1998 Elsevier Science Ltd. All rights reserved

Key words: Generalized Anxiety Disorder, Model, Treatment

1. Introduction

Although there has been a dramatic increase of articles on anxiety disorders over the past two decades, Generalized Anxiety Disorder (GAD) remains infrequently studied (Norton et al., 1995). For instance, between 1990 and 1992, only 7.2% of published anxiety disorder studies involved GAD (Cox et al., 1995). Our research team has been working to develop a cognitive-behavioral model of GAD which is theory driven, empirically supported, and has clear clinical

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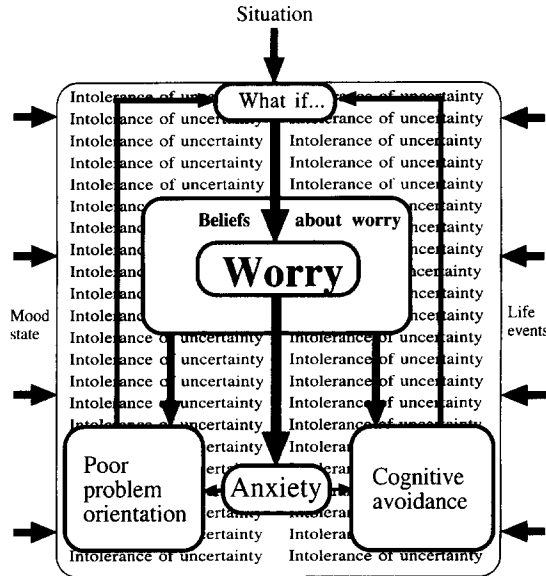


Fig. 1. Conceptual model of GAD.

implications. The model, in its present state, is shown in Fig. 1. For the present purposes, only the main features of the model will be addressed; non specific features such as mood state and life events will therefore not be discussed.

The first feature of the model is the central role given to intolerance of uncertainty, defined as the way an individual perceives information in uncertain or ambiguous situations and responds to this information with a set of cognitive, emotional and behavioral reactions (Ladouceur et al. 1997). It is our position that intolerance of uncertainty is a key process variable in GAD which can exacerbate initial ‘what if...?’ questions and even generate these questions in the absence of an immediate stimulus. Recent studies have shown that intolerance of uncertainty: (1) is highly related to worry, irrespective of anxiety and depression levels (Dugas et al., 1997); (2) distinguishes non clinical worriers meeting GAD criteria from those who do not (Freeston et al., 1994b); and (3) discriminates GAD patients from non clinical moderate worriers (Ladouceur et al., in press). Independent studies have also shown that although worriers and non worriers respond similarly to unambiguous behavioral tasks, worriers show disrupted responding as stimulus ambiguity increases (Metzger et al., 1990; Tallis, 1989; Eysenck and Mathews, 1991). In other words, when completing behavioral tasks, worriers appear to have a lower threshold of tolerance for uncertainty than non worriers. Interestingly, although the ambiguity of the task at hand (for instance, when there is no correct response) distinguishes worriers from non-worriers, level of difficulty does not (Ladouceur et al., 1997).

The model also underscores the contribution of beliefs about worry to GAD. Examples of these beliefs include “worrying helps avoid disappointment”, “worrying protects loved ones”, “worrying helps find a better way of doing things” and “worrying can stop bad things from happening” (Freeston et al., 1994b). Recent findings indicate that beliefs about worry are related to level of worry (Freeston et al., 1994b) and that compared to non clinical moderate worriers, GAD patients believe that worrying is more useful in helping to find solutions and

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