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Delimiting the boundaries of generalized anxiety disorder: differentiating high worriers with and without GAD☆

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Abstract

Investigations of the boundary between generalized anxiety disorder (GAD) and normal worry have relied primarily on comparisons of GAD-diagnosed individuals with non-anxious controls. One limitation of this approach has been its inability to determine whether characteristics associated with GAD are unique to the disorder or are typical of severe worry more generally. The present studies made this differentiation using a virtually unstudied population: severe worriers failing to meet the diagnostic criteria for GAD. These studies assessed the prevalence of non-GAD high worriers in several college samples and identified features distinguishing them from individuals with GAD. Non-GAD high worriers far outnumbered GAD high worriers and reported many of the same symptoms as their GAD-diagnosed counterparts. However, results revealed several characteristics that consistently distinguished the two groups. Implications for the conceptualization, assessment, and investigation of worry and GAD are discussed.
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1. Introduction

Since its metamorphosis from a residual diagnostic category into a principal Axis I disorder with its own defining characteristics in *DSM-III-R* (American Psychiatric Association, 1987), generalized anxiety disorder (GAD) has been a source of continued controversy. GAD was established as an anxiety disorder distinguishable from other disorders primarily by its cardinal feature: chronic, excessive worry (Borkovec, 1994; Craske, 1999). However, the preponderance of worry among other anxiety disorders and depression (Barlow, Blanchard, Vermilyea, Vermilyea, & DiNardo, 1986; Brown, Antony, & Barlow, 1992; Starcevic, 1995), the extensive comorbidity between GAD and these disorders (Brawman-Mintzer et al., 1993; Brown & Barlow, 1992), and the relatively poor diagnostic reliability of GAD itself (DiNardo, Moras, Barlow, Rapee, & Brown, 1993) have caused some to question the validity of this disorder (see Brown, 1997; Brown, Barlow, & Liebowitz, 1994 for reviews). These questions share a common concern about the boundaries that separate GAD from normal worry and from other comorbid conditions.

In response to these questions, a growing number of studies have attempted to explicate the boundary between GAD and normal worry (e.g., Craske, Rapee, Jackel, & Barlow, 1989; England & Dickerson, 1988; Eysenck, Mogg, May, Richards, & Matthews, 1990; MacLeod, Matthews, & Tata, 1986; Roemer, Molina, & Borkovec, 1997). As a group, these studies have relied almost exclusively on methodological designs comparing the worry experiences of GAD-diagnosed individuals with those of nonanxious controls, the latter carefully selected for their very low levels of worry and absence of anxiety symptoms. These studies have identified several potentially important characteristics that distinguish individuals with GAD from nonanxious participants, leading researchers such as Brown et al. (1994) to conclude that "the alterations in criteria for DSM-IV seem to have provided . . . a threshold between this diagnosis and the absence of mental disorder" (pp. 1278–1279). However, by virtue of their control samples, these studies provided only a very liberal test of the threshold between normal worry and GAD. By restricting their comparison to GAD and nonanxious extremes, the studies overlooked a group of individuals whose boundary with GAD may be far more tenuous than that of nonanxious controls—namely, severe worriers who do not meet the criteria of GAD.

A close examination of the worry and GAD literatures suggests that there may be an implicit assumption in these fields of inquiry about the existence of two types of worry: "normal worry," which is mild, transient, generally limited in scope, and experienced by the majority of individuals; and "pathological worry," which is excessive, chronic, pervasive, and experienced only by individuals with GAD. An important effect of this assumption is that pathological worry is often treated as though it were synonymous with a GAD diagnosis, and individuals reporting high levels of worry are generally presumed to have GAD (see Borkovec, Shadick, & Hopkins, 1991; Brown, 1997; Davey & Tallis, 1994).

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