



Experience and appraisal of worry among high worriers with and without generalized anxiety disorder

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Received 2 February 2003; received in revised form 14 October 2003; accepted 22 October 2003

Abstract

Recent research has revealed that a large number of highly worried individuals do not qualify for a diagnosis of generalized anxiety disorder (GAD). This raises the intriguing question of why some high worriers are more impaired and distressed by their worrying than others, particularly when the severity of their worry is the same. The present investigation sought to address this question by examining whether GAD and non-GAD high worriers differ in their actual worry experiences, their subjective appraisals of worry experiences, or both experiences and appraisals of worry. GAD and non-GAD worriers, selected for matching levels of trait worry severity, completed an attention-focus task with thought sampling before and after a brief worry induction. They also completed questionnaires assessing their experiences during and after the worry induction, as well as their general beliefs about worry. GAD worriers experienced less control over negative intrusive thoughts immediately after worrying, reported greater somatic hyperarousal following worry, and endorsed several negative beliefs about worry more strongly than their worry-matched controls. Results suggest that GAD is associated with unique experiences and appraisals that distinguish it from other forms of severe worry.

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Keywords: Worry; Generalized anxiety disorder; Anxiety; Metacognition; Control; Attention

Generalized anxiety disorder (GAD) is a psychological condition whose defining characteristic and sole unique feature is chronic, excessive, uncontrollable worry ([American Psychiatric Association, 1994](#)). However, most individuals who report high levels of worry do not qualify

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for a diagnosis of GAD (Ruscio, 2002). Non-GAD high worriers (whose trait worry scores fall within one standard deviation of GAD worriers) report many of the symptoms of GAD, but view their worry as more controllable, less distressing and impairing, and less frequently associated with cognitive and physiological symptoms than do worriers diagnosed with GAD (Ruscio, 2002). These findings suggest that many individuals experience the high levels of trait worry normally associated with GAD, yet exhibit a different symptom picture than the one traditionally associated with this disorder.

Though these results raise intriguing questions about the relationship between worry and GAD, they have at least two significant limitations: they are based on global, retrospective self-reports that may or may not correspond to actual worry experiences, and they do not address why some high worriers suffer from considerable symptoms related to their worrying, while others do not. Thus, research is needed to more directly assess the worry experiences of GAD and non-GAD high worriers and to explore possible mechanisms that may underlie observed differences between these groups.

Research comparing the two worry groups has revealed that one of their largest and most consistent differences lies in the greater tendency of GAD-diagnosed individuals to perceive their worrying as distressing and impairing—that is, to regard worry as problematic (Ruscio, 2002). This suggests that worriers' subjective appraisals of their own worry process and general beliefs about worry may be a promising area in which to begin the search for mechanisms of group differences. Indeed, Wells (1995; Wells & Carter, 1999) has proposed a metacognitive model of GAD in which specific subjective factors are hypothesized to play a central role in the development of GAD. According to this model, GAD worriers are unique in their tendency to “worry about worry”—that is, to believe that the act of worrying is somehow negative or harmful. The subjective appraisal of worry as detrimental may lead to greater distress about worrying, increased attempts (and failures) to control worry, and heightened sensitivity to the physical and cognitive impairment with which worry is associated, thereby increasing symptom reporting and the likelihood of a GAD diagnosis.

Although this metacognitive model is compelling, its ability to account for differences between GAD and non-GAD high worriers is uncertain. Because studies have tended to compare GAD worriers with minimally-worried individuals, it is unclear whether negative metacognitive appraisal of worry is truly specific to GAD or more generally associated with high levels of worry. Moreover, because GAD high worriers tend to report more severe symptoms than non-diagnosed high worriers, it is unclear whether group differences in distress and impairment stem solely from different beliefs about worry or also from differences in actual worry experiences. In other words, while divergent beliefs about worry may cause similar worry experiences to be interpreted as differently problematic by the two groups, it is possible that the worry of GAD worriers really *is* more problematic than that of non-GAD high worriers.

Consider, for example, the controllability of worry. If (as their ratings suggest) GAD high worriers truly have less control over their worrying than do non-GAD high worriers, their worry is likely to cause greater disruption of important activities and, in turn, lead to greater impairment and distress than the more controllable worry of non-diagnosed individuals. By contrast, high worriers with and without GAD may have similar control over their worrying, but only those worriers who *perceive* their worry to be uncontrollable—and who believe that

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