ELSEVIER

Anxiety Disorders
19 (2005) 329–343

JOURNAL OF Anxiety Disorders

Further validation of a cognitive-behavioral model of generalized anxiety disorder: diagnostic and symptom specificity

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Received 6 November 2003; received in revised form 28 January 2004; accepted 13 February 2004

Abstract

The goal of this study was to investigate the diagnostic and symptom specificity of a model of GAD that has four main features: intolerance of uncertainty, positive beliefs about worry, poor problem orientation, and cognitive avoidance. The authors compared 17 patients with non-comorbid generalized anxiety disorder (GAD) to 28 patients with non-comorbid panic disorder with agoraphobia (PDA) and found that only intolerance of uncertainty showed evidence of diagnostic specificity, i.e., intolerance of uncertainty scores were higher in the GAD group relative to the PDA group. In terms of symptom specificity, when both groups were combined, all model variables were significantly related to worry but unrelated to fear of bodily sensations, agoraphobic cognitions, and behavioral avoidance. Taken together, these findings provide further support for the link between intolerance of uncertainty and GAD and underscore the importance of pursuing the issue of specificity from both a diagnostic and symptom perspective.

Keywords: Generalized anxiety disorder; Panic disorder with agoraphobia; Cognitive-behavioral model; Intolerance of uncertainty; Specificity

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doi:10.1016/j.janxdis.2004.02.002

1. Introduction

The diagnosis of generalized anxiety disorder (GAD) was initially introduced in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III, American Psychiatric Association, 1980). At that time, GAD was considered a residual diagnostic category that was defined by a protracted series of symptoms of anxiety, most of which were non-specific. Later revisions of DSM (DSM-III-R, American Psychiatric Association, 1987; DSM-IV, American Psychiatric Association, 1994) have emphasized the role of worry in GAD, and have attempted to identify somatic symptoms that do not overlap with those of other mood and anxiety disorders. Despite the significant progress made since DSM-III, identification of GAD-specific somatic symptoms has remained a challenge (Joormann & Stöber, 1999), and only one of the six GAD somatic symptoms (i.e., muscle tension) is not listed in the diagnostic criteria of at least one other mood or anxiety disorder (DSM-IV, American Psychiatric Association, 1994). This turn of events has led many experts in the area of anxiety to consider excessive and uncontrollable worry about a number of events or activities to be the cardinal feature of GAD (Borkovec & Newman, 1999; Roemer, Orsillo, & Barlow, 2002; Wells, 1999).

As research has led to more parsimonious and specific conceptualizations of GAD, with excessive and uncontrollable worry as its hallmark, many researchers have begun to identify the cognitive, behavioral, affective, and physiological processes involved in GAD. One of the many ways researchers have attempted to account for development and maintenance of GAD is by elucidating the nature of chronic, excessive, and uncontrollable worry (see, e.g., Borkovec, Ray, & Stöber, 1998; Mennin, Heimberg, Turk, & Fresco, 2002; Roemer & Orsillo, 2002; Wells & Carter, 2001). Our own research has also focused, to some degree, on understanding the nature of pathological worry in order to develop and validate a cognitive-behavioral model of GAD (Dugas, Freeston, & Ladouceur, 1997; Dugas, Gosselin, & Ladouceur, 2001b; Dugas, Letarte, Rhéaume, Freeston, & Ladouceur, 1995b). The model, which has been described in detail elsewhere (i.e., Dugas, Gagnon, Ladouceur, & Freeston, 1998), posits that intolerance of uncertainty is a key factor involved in the development and maintenance of pathological worry and GAD. Previous research shows that intolerance of uncertainty is highly related to worry (Freeston, Rhéaume, Letarte, Dugas, & Ladouceur, 1994), and that the relationship between intolerance of uncertainty and worry is not the result of shared variance with general anxiety or depression (Dugas et al., 1997). Furthermore, in non-clinical populations, intolerance of uncertainty is more highly related to worry than to obsessions or panic symptoms (Dugas et al., 2001b), and worry is more highly associated with intolerance of uncertainty than with perfectionism, need for control, and intolerance of ambiguity (Buhr & Dugas, 2001). Research also shows that experimental manipulations of intolerance of uncertainty lead to changes in worry, with decreased intolerance of uncertainty leading to less worry, and increased intolerance of uncertainty leading