



## The role of fear of anxiety and intolerance of uncertainty in worry: An experimental manipulation

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### ABSTRACT

The tendency to fear emotional experiences, such as anxiety, may be an important factor in the maintenance of excessive worry, which is the central feature of generalized anxiety disorder (GAD). The goal of the present study was to clarify the role of fear of anxiety in worry by assessing whether the experimental manipulation of fear of anxiety affects worry level. The study also assessed the combined effects of fear of anxious responding and intolerance of uncertainty (a factor already linked to pathological worry) on level of worry by grouping participants according to their tolerance for uncertainty. The results indicated that participants whose fear of anxiety was increased showed higher levels of worry compared to participants whose fear of anxiety was decreased. This finding provides preliminary support for the causal role of fear of anxiety in worry. Moreover, the results showed that increased fear of anxiety in combination with an intolerance for uncertainty led to the highest levels of worry, which suggests that these constructs have an additive effect on worry. The findings lend support to the integration of new conceptualizations of psychopathology with existing models of excessive worry, which could ultimately increase treatment efficacy for GAD.

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### Introduction

Great advances have been made in the understanding and treatment of generalized anxiety disorder (GAD) over the past two decades. Specifically, research investigating the nature of GAD has led to the generation of numerous theoretical models and subsequent treatment paradigms for GAD. An examination of treatment outcome studies suggests that cognitive-behavioral approaches for GAD produce significant symptom change that is maintained, or even increased, at follow-up (see Borkovec & Ruscio, 2001). While cognitive-behavioral treatments have been shown to be efficacious, GAD remains the most treatment-resistant anxiety disorder (Gould, Safren, O'Neill Washington, & Otto, 2004). In fact, following the completion of treatment, a significant proportion of individuals fail to attain full symptom remission (Borkovec, Newman, & Castonguay, 2003). These findings suggest that researchers may need to consider other factors that may be involved in the development

and maintenance of GAD. By re-evaluating and potentially expanding current models of GAD, we may be able to refine our interventions and increase treatment efficacy.

One avenue of research that has generated recent interest involves the potential role of fear and avoidance of emotional experiences in GAD. According to Roemer, Salters, Raffa, & Orsillo (2005), GAD may be characterized by experiential avoidance. This proposition is based on the link between Borkovec's (1994) conceptualization of worry, which is the cardinal feature of GAD, as a form of avoidance, and Hayes, Wilson, Gifford, Follette, & Strosahl (1996) proposal that experiential avoidance is the underlying process of psychopathology.

Borkovec (1994) and Borkovec, Alcaine, & Behar (2004) have conceptualized worry as a cognitive process that serves an avoidant function. More specifically, worry may be utilized as a strategy to avoid or reduce internal distress. Numerous investigations have demonstrated that worry is primarily comprised of thoughts rather than images (e.g., Borkovec & Inz, 1990; Borkovec & Lyonfields 1993; Freeston, Dugas, & Ladouceur, 1996). Mental images of feared outcomes tend to be viewed as more subjectively aversive and are associated with greater autonomic arousal (Vrana, Cuthbert, & Lang, 1986). Thus, worrying may enable individuals to avoid unpleasant emotions and dampen physiological responses (see Borkovec et al., 2004, for a review of the research supporting this

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proposition). Moreover, high worriers report using worry as a means of distracting themselves from more distressing issues or topics (Borkovec & Roemer, 1995; Freeston, Rhéaume, Letarte, Dugas, & Ladouceur, 1994). It is likely that worry is negatively reinforced, as it allows individuals to prevent or diminish distressing internal experiences.

Borkovec's (1994; Borkovec et al., 2004) avoidance model of worry can be linked to Hayes et al. (1996) proposal that experiential avoidance, which involves the unwillingness to remain in contact with unwanted internal experiences, such as thoughts, emotions, and sensations, is the central feature of psychological disorders. According to Hayes et al. (1996; Hayes, Strosahl, & Wilson, 1999), individuals come to associate specific cognitive and emotional responses with aversive stimuli. Once this association has been established, these internal experiences become threats in and of themselves, which prompt efforts to avoid them. Hayes et al. (1996, 1999) suggest that psychopathology stems from failed attempts to control or reduce unpleasant internal experiences.

Although avoidance may prove beneficial in the short term as individuals experience an initial reduction in distressing internal experiences, attempts at experiential control appear to be counterproductive. For instance, avoidance of unpleasant thoughts and feelings has been linked to a subsequent increase in the frequency and intensity of those cognitive and emotional experiences (e.g., Clark, Ball, & Pape, 1991; Wegner, 1994; Wells & Papageorgio, 1995). Moreover, avoidance of internal experiences may impede emotional processing (see Foa & Kozak, 1986, for a review of the emotional processing theory). Internal experiences, such as emotions, provide important information about life events that signify the potential relevance of those events (Greenberg & Safran, 1987). According to Borkovec (1994), worry prevents this information from being successfully processed and thus the threatening meanings associated with those experiences remain and continue to result in distress.

Although worry appears to play an avoidant function, it is not clear why internal experiences, such as emotions, are considered so distressing that they prompt efforts to avoid them. Mennin, Heimberg, Turk, & Fresco (2002), Mennin, Turk, Heimberg, & Carmine (2004) and Mennin, Heimberg, Turk & Fresco (2005) have proposed that individuals with GAD find their emotional experiences aversive due to deficits in emotion regulation. According to their emotional dysregulation theory, GAD is characterized by emotional sensitivity, lack of emotional awareness, and inadequate emotion regulation skills. Thus, it is not surprising that individuals with GAD experience their emotions as aversive and subsequently utilize strategies, such as worry, to control or suppress internal responses. Unfortunately, worry appears to be an ineffective strategy for managing emotional experiences.

Recently, researchers have begun investigating the proposed role of fear of emotional responding and experiential avoidance in excessive worry and GAD. For instance, Roemer et al. (2005) found that experiential avoidance and fear of emotional responses, in particular fear of anxiety, were significantly associated with worry and GAD symptomatology in both non-clinical and clinical samples. Similarly, Mennin et al. (2005; Turk, Heimberg, Luterek, Mennin, & Fresco, 2005) completed a set of studies that revealed that individuals meeting criteria for GAD based on self-report responses endorsed greater negative reactivity to emotional experiences (such as anxiety, depression, anger, and positive affect) compared to controls. Moreover, the tendency to fear emotions was significantly related to worry; however, fear of anxiety was most highly associated with worry level (Mennin et al., 2005). Mennin et al. (2005) also demonstrated that individuals diagnosed with GAD reported greater fear of emotional experiences than non-clinical controls. In an effort to replicate these previous findings, we also

investigated the role of fear and avoidance of emotional experiences in excessive worry and GAD in a non-clinical sample (Buhr & Dugas, 2008). Findings indicated that fear of emotions and experiential avoidance were significantly related to excessive worry and GAD diagnostic criteria; however, fear of anxiety emerged as the strongest predictor of worry.

Taken together, the findings suggest a significant association between fear and avoidance of internal experiences, and excessive worry and GAD. Unfortunately, the current body of research provides little information about the nature of this relationship. Given the strength of the connection between fear of anxiety and worry established in previous investigations, the present study extended earlier research by attempting to clarify whether fear of anxiety might be a causal risk factor for excessive worry (see Kramer et al., 1997, for a review of the conditions necessary for establishing "causal risk factors").

In an effort to integrate new models of psychopathology with established conceptualizations of GAD, the current study also investigated the combined effects of fear of anxiety and intolerance of uncertainty on worry level. Research has shown that intolerance of uncertainty is a fundamental cognitive process involved in excessive worry and GAD. Intolerance of uncertainty can be viewed as a dispositional characteristic that results from a set of negative beliefs about uncertainty and its implications (Dugas & Robichaud, 2007) and involves the tendency to react negatively on an emotional, cognitive, and behavioral level to uncertain situations and events (Dugas, Buhr, & Ladouceur, 2004). More specifically, individuals who are intolerant of uncertainty find uncertainty stressful and upsetting, believe that uncertainty is negative and should be avoided, and experience difficulties functioning in uncertainty-inducing situations (Buhr & Dugas, 2002). These individuals find many aspects of life difficult to tolerate given the inherent uncertainties of daily living. They tend to feel threatened in the face of uncertainty and engage in futile attempts to control or eliminate uncertainty.

There is strong empirical support for the link between intolerance of uncertainty and worry/GAD. For example, previous research has established a significant connection between intolerance of uncertainty and worry, which cannot be explained by other factors related to worry, such as anxiety and depression (Buhr & Dugas, 2002; Dugas, Freeston, & Ladouceur, 1997; Freeston et al., 1994). Research has also supported the specificity of intolerance of uncertainty by demonstrating that it is more highly related to worry than to obsessions and panic sensations (Dugas, Gosselin, & Ladouceur, 2001). Moreover, worry is more highly associated with intolerance of uncertainty than with other processes known to be linked to worry, such as perfectionism and perceived control (Buhr & Dugas, 2006). Clinical research has shown that patients with GAD report less tolerance towards uncertainty than patients diagnosed with panic disorder (Dugas, Marchand, & Ladouceur, 2005), patients with various other anxiety disorders, and non-clinical controls (Ladouceur et al., 1999). Furthermore, individuals with more severe forms of GAD have greater difficulty tolerating uncertainty than those with less severe GAD (Dugas et al., 2007).

In order to examine the potential causal nature of intolerance of uncertainty, researchers experimentally manipulated tolerance for uncertainty and subsequently assessed worry levels in a non-clinical sample (Ladouceur, Gosselin, & Dugas, 2000). Results revealed that individuals in the increased intolerance of uncertainty group reported heightened levels of worry compared to those in the decreased group. Finally, treatment approaches that include interventions intended to increase tolerance for uncertainty have been shown to lead to reductions in worry (Dugas & Ladouceur, 2000; Dugas et al., 2003; Ladouceur et al., 2000) and changes in level of tolerance towards uncertainty typically precede changes in worry

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