

Worry: a potentially valuable concept

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Dr O'Neill (1985, this issue, pp. 479–480) has questioned the utility of the concept of worry and the usefulness of developing therapy techniques for its treatment. His position is based primarily on two arguments:

- (a) Our definition of worry adds little to our understanding of human behavior; worry is best viewed as the cognitive component of anxiety.
- (b) Our definition of worry, with its emphasis on its problem-solving function, ignores the kind of worry for which problem-solving is irrelevant (e.g. while awaiting test results).

Dr O'Neill's criticisms relate closely to two of the most bothersome issues that we have confronted in our attempts to study worry: is worry different from anxiety, and what is the function of the process? I have at this time no compelling arguments, at least no arguments that give me a feeling of satisfactory conclusion, in answer to these two important questions. Our research efforts will continue for quite some time before we have any chance to answer them. I will, however, tell you about my current thoughts on the matter.

I do presently assume that worry is a cognitive component of anxiety, just as motoric avoidance can be called a behavioral component or heart rate can be seen as a physiological component. We actually did not discard that position, as Dr O'Neill suggests. There would be a problem with ending the discussion at that point, however. To say that worry is a cognitive component of anxiety does not tell us very much about the nature of worry or the nature of anxiety. Once we say that worry is the cognitive component of anxiety, we must next define the characteristics of that component and elucidate its functional relationships with other components and variables. Analogously, we might conduct further behavioral analysis of avoidance or seek further understanding of the neurophysiology of heart rate and its relationship to emotion, cognition, behavior etc. I would suggest that we know very little about cognitive functions in general or the nature and functions of uncontrollable negative cognitive activity in particular. As yet, no satisfactory analysis of the latter activity exists which provides a complete description of the phenomenon and has empirical support for its propositions. It may well be that some form of current anxiety theory could provide such an account and lead to validated predictions. I would encourage anyone so inclined to attempt to predict the process and content of worry and its effects solely on the basis of extant anxiety theory. I am convinced of the partial validity of such an approach; our research group has depended on certain forms of learning theory to make some successful predictions about worry (e.g. the finding that worry has incubating effects). We did so because our view of worry included the proposition that worry contains periodic fear images (e.g. images of possible negative outcomes), and thus we expected worry to bear some relationship to fear process. Yet the richness of the phenomenon of worry, its flow and content, its inherent inward attention—focusing influence, all suggest to us that we might learn a great deal about human anxiety and its treatment if we could more precisely elucidate the nature of the process, its origins, its maintenance, its modification and its relationship to other behavior.

Our current belief is that worrisome cognitions, while they are initiated as a response to fear-producing stimuli, are response-produced stimuli and cognitive maintainers of anxiety. Indeed, we suggest that most of human anxiety experience is caused by the thoughts and images of worry. Like motor avoidance, worry is elicited in response to anticipated threat. In fact, we hypothesize that a prime function of worry is that of cognitive avoidance, in one of two possibly related forms exemplified by the following statements: (a) if I can anticipate all of the possible negative outcomes that might befall me, I may be in a better position to cope with the actual occurrence of negative events; and (b) if I do not worry about the negative possibilities, they become more likely to occur. These statements are exemplary of the reasons worriers give us for why they worry. Worry occurs as an attempted method of coping with an uncertain future and of avoiding the negative effects of anticipated negative events. Our original definition of worry suggested that it represents 'an attempt to engage in mental problem-solving'. That statement was included because our chronic worriers were, by their interview descriptions, trying very hard to determine how they could best handle their uncertain futures. What was remarkable, however, was that their described worrying process was very poor at generating successful solutions or effective coping responses but very good at defining possible problems. The best verbal characterization of worry is the phrase, 'What if . . .'. Worriers are superb at identifying negative outcome possibilities and at pointing out problems with any self- or other-suggested solutions. Thus, insofar as the statement of a problem in the first step in problem-solving and given that the worrier's oft-stated reason for worrying was to anticipate negative events so as to better cope with their occurrence, it seemed that characterizing worry as an *attempt* to problem-solve might be warranted.

Take Dr O'Neill's example of awaiting for test results. The worrier is likely to engage in a series of 'What if . . .' self-statements. For example, 'What if I fail? My parents might shut off my funding, and I'll have to leave school. What if I can't get a job? . . . etc.' There may be some attempted solutions offered (e.g. 'I'll plead with my folks to continue supporting me'), but these will be followed by further 'What if . . .' statements (e.g. 'What if they don't listen to me? What if they are too angry to listen to reason?'). This kind of mental behavior may have very different consequences for the worrier than for someone else who is anxious about some upcoming event but does not engage in worrisome activity. Data do exist that indicate that cognitive avoidance can maintain anxiety (Borkovec, 1974) and catastrophizing self-statements can worsen anxiety (e.g. Grayson and Borkovec, 1978), both despite repeated exposure to the feared stimulus. Although the stated function of worry by the worrier is to attempt to anticipate and cope with an uncertain future, the actual functional effect may be the maintenance of anxiety and its continued and frequent elicitation prior to actual outcomes.

Dr O'Neill is probably quite correct to suggest the possible use of already existing anxiety-reduction techniques. If worry is solely the cognitive byproduct of anxiety, then elimination of anxiety should eliminate worry. Exposure techniques are quite effective when we can identify the crucial fear cues. But what are the crucial fear cues of the chronic worrier? Worriers tend to worry about a great number of topics; their worries are rarely limited to a few, circumscribed, feared situations. Straightforward application of exposure techniques is not ordinarily an efficient or effective possibility. Coping desensitization or stress inoculation training represent alternative choices. If we could teach the worrier to respond to the initiation of worry with relaxation and adaptive self-statements and, by so doing, to terminate the continuation of anxiety-provoking worry, then the client may learn a generalizable skill applicable to a wide variety of worry and other anxiety-related cues. This suggestion is currently being tested in a controlled clinical trial in a dissertation by Elwood Robinson. If, however, worry were solely a function of anxiety, I would remain curious about the documented effectiveness of stimulus control treatment, wherein worriers are instructed to postpone their daily worries to a half-hour worry period. I do not clearly see how the efficacy of this technique, recently validated in a placebo comparison design with community volunteers (Folensbee and Borkovec, 1984), is deducible from extant anxiety theory.

How to modify cognitive patterns has presented a real challenge. The application of exposure techniques to pure obsessions has been a dismal failure thus far (Foa and Steketee, 1979), and the existing literature on cognitive therapy for anxiety disorders has yet to document its efficacy (Foa and Kozak, 1984). Given those circumstances, we could continue to try new applications of these procedures aimed at anxiety reduction in order to reduce worry, obsessions or generalized anxiety disorders (characterized by 'apprehensive expectation' and 'vigilance and scanning'). Alternately, we can strike out in other research directions to determine the nature and functions of uncontrollable negative cognitive activity and other cognitive processes involved in human anxiety and develop treatments based on the resulting findings. At this point, there is likely value in both pursuits. I have chosen to emphasize the latter.

It seems to me that the study of cognitive components of anxiety, such as worry, offers a great deal for our ultimate understanding of several psychopathologies. DSM-III lists a number of disorders in which uncontrollable negative cognitive activity plays some role in their description: generalized anxiety disorder (worry, rumination), obsessive-compulsive disorder (recurrent, persistent ideas, thoughts or impulses), a major depressive episode (brooding, excessive concern with physical health, recurrent thoughts of death), compulsive personality disorder (preoccupation, rumination), agoraphobia (frequent presence of rumination). There is, of course, no guarantee that the processes underlying these cognitive events are the same, nor that the study of worry will necessarily lead to an explanation of each. On the other hand, developments in cognitive psychology, like the important influence of mood on information retrieval and on the interpretation of current environmental events (Bower, 1981), offer a possibility of expanding our understanding of the relationships among cognition, emotion and psychopathology. It is my expectation that research devoted to the topic of uncontrollable negative cognition will make some contribution to that understanding. Beyond that, we hope to learn something about that constant stream of thoughts and images that fills our daily experience, proceeds often automatically and habitually and provides either an interesting reflection of, or an important basis for, our emotional states and our constructions of reality.

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