



Fear and perceived uncontrollability of emotion: Evaluating the unique contribution of emotion appraisal variables to prediction of worry and generalised anxiety disorder

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ABSTRACT

Novel theoretical frameworks place the symptom profile of generalised anxiety disorder (GAD) within the context of dysfunctional emotional processes. It is suggested that fear and intolerance of emotions exacerbate subjective distress and motivate the use of maladaptive coping strategies, such as worry. To date, studies evaluating these models have suffered two key limitations. Firstly, few studies have involved treatment-seeking samples, and secondly, none have evaluated the unique variance attributable to emotion appraisal variables above and beyond previously established predictors of worry and GAD. The present study begins to address these limitations by assessing the contribution of fear and perceived uncontrollability of emotions in predicting worry and clinical GAD status after controlling for variance attributable to depressive symptoms, meta-cognitive beliefs, intolerance of uncertainty, and perceptions of external threat. Supporting current models, results showed that perceived control over emotional reactions was a unique predictor of GAD diagnostic status and both clinical and non-clinical worry.

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Introduction

Characterised by persistent anxiety and chronic uncontrollable worry, generalised anxiety disorder (GAD) represents a considerable public health concern, with an estimated lifetime prevalence of 5.1% in the general population (Wittchen, Zhao, Kessler, & Eaton, 1994). The cost of GAD to the individual and to society is substantial, particularly in view of its chronic course (Wittchen & Hoyer, 2001), and the significant impairment to occupational, social and day-to-day functioning. Despite this, the development of efficacious treatments for GAD has lagged behind other anxiety disorders (Brown, Barlow, & Liebowitz, 1994), and until recently, cognitive behavioural treatment approaches for GAD were relatively non-specific, with no unifying theoretical foundation (Craske, 1999). Consequently, the past two decades have seen a timely increase in

studies seeking to enhance theoretical models and treatment for this disorder. These advances have led to the delineation of important cognitive mechanisms (e.g., Dugas, Gagnon, Ladouceur, & Freeston, 1998; Wells, 1999), and novel conceptual frameworks that place GAD in the context of dysfunctional emotional processes (Borkovec & Roemer, 1995; Mennin, Heimberg, Turk, & Fresco, 2002).

Consistent with conceptualisations of other anxiety disorders, biases in the interpretation and detection of threat are central to models of GAD (Borkovec, 1994; Rapee, 1991). A considerable body of research indicates that GAD is associated with preferential attention towards threat and inflated interpretation of subjective personal risk both in terms of the probability and cost of danger occurring (see Craske, 1999). Barlow and colleagues have extended this threat model by underscoring the importance of perceptions of control (e.g., Chorpita & Barlow, 1998; Craske, Rapee, Jackel, & Barlow, 1989). From this control perspective, the core of GAD and other emotional disorders is not the inflated perception of negative events per se, but the perceived uncontrollability of these experiences, and consequent amplification of emotional distress (Craske et al., 1989).

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Additional psychological mechanisms have been identified as relevant to the specific symptom profile associated with GAD. Several investigations indicate that worry and GAD are strongly associated with intolerance of uncertainty, which is defined as the tendency to exhibit negative cognitive, emotional and behavioural reactions to uncertain situations and events (Buhr & Dugas, 2006; Dugas, Freeston, & Ladouceur, 1997; Dugas et al., 1998). Given the considerable degree of uncertainty present in everyday life, intolerance of uncertainty is thought to contribute to the symptoms of heightened distress and worry observed in GAD (Buhr & Dugas, 2006). The construct of intolerance of uncertainty may also encompass aspects of perceived uncontrollability and inflated threat perception, as these conditions are likely to create a sense of unease and uncertainty regarding the possibility of future threat.

Several models suggest that worry itself may be self-perpetuating, due to maladaptive appraisal of one's own cognitive processes (Davey, Tallis, & Capuzzo, 1996; Wells, 1999). More specifically, the selection of worry as a coping strategy may be influenced by maladaptive beliefs about the positive consequences of worrying, while appraisals focused on the potential negative impact of worrying amplify subjective distress by triggering "meta-worry" (worry about worry; Wells, 1999). Several studies provide support for the relationship between meta-cognitive beliefs and worry proneness (Cartwright-Hatton & Wells, 1997; Wells & Papageorgiou, 1998), with some studies supporting the specificity of these appraisals to GAD (Wells & Carter, 2001).

A number of groups have pointed to the importance of dysfunctional emotional processes in conceptualising GAD and chronic worry (Borkovec & Roemer, 1995; Mennin et al., 2002; Roemer & Orsillo, 2002). The emotion dysregulation model of GAD suggests these individuals have limited access to regulation strategies, and experience emotions as threatening, difficult to understand, uncontrollable and overwhelming. Consequently, individuals with GAD may be prone to maladaptive coping strategies, particularly worry, in an effort to dampen or avoid negative affect and associated perceived negative outcomes (Borkovec, Alcaine, & Behar, 2004; Mennin et al., 2002). This aversion to affective experience is thought to apply across a range of discrete emotional experiences, including positive emotional experience, although it may be most evident for anxious affect given its prominence in GAD (Mennin, 2004).

Preliminary empirical support for the importance of emotional appraisal and regulation deficits in GAD has begun to emerge. Analogue GAD samples report heightened intensity of negative affect relative to non-anxious and socially anxious participants (Mennin, Heimberg, Turk, & Fresco, 2005; Turk, Heimberg, Luterek, Mennin, & Fresco, 2005). Compared to non-anxious participants, analogue and treatment-seeking GAD participants experience more difficulty identifying, describing and accepting their emotions, and report greater fear of both positive and negative emotional experiences (McLaughlin, Mennin, & Farach, 2007; Mennin et al., 2005; Roemer et al., 2009; Roemer, Salters, Raffa, & Orsillo, 2005; Salters-Pedneault, Roemer, Tull, Rucker, & Mennin, 2006). Furthermore, empirical data has been put forward to support the association between fear of emotions and worry (Roemer et al., 2005), and the premise that worry serves as a cognitive avoidance strategy that dampens emotional arousal through distraction from more distressing cognitions (Borkovec & Hu, 1990; Borkovec & Roemer, 1995; Vrana, Cuthbert, & Lang, 1986).

Although initial self report studies support the association between emotion dysfunction and GAD, more rigorous methodologies are needed to confirm the importance of these processes in

the aetiology and maintenance of this disorder. Clearly, there is an overlap between processes implicated by the emotion regulation model, and mechanisms emphasised in alternate cognitive models of GAD. Aversion to negative affect is likely related to negative beliefs about the uncontrollability and consequences of worry as implicated in Wells' (1999) meta-cognitive model of GAD. Furthermore, fear of emotional experience could be considered a natural consequence of the chronic apprehension resulting from persistent threat detection and intolerance of uncertainty. To provide solid support for the emotion dysregulation model, it is important to determine whether dysfunctional emotional processes share a unique association with GAD that is not better explained by these other cognitive factors. Preliminary support has been demonstrated for the independent contribution of emotional non-acceptance and dysregulation in predicting worry and analogue GAD status above and beyond the degree of negative affectivity experienced over the past month (Salters-Pedneault et al., 2006). More recently, Roemer et al. (2009) found that self reported emotion regulation difficulties accounted for variance in analogue GAD symptom severity independently of variance shared with mindful attention and awareness, depression and anxiety symptoms. While these findings are promising, to date no study has evaluated the contribution of emotional processes in predicting GAD independently of previously established cognitive mechanisms such as inflated threat perception, intolerance of uncertainty and meta-cognitions.

Emotion appraisal and regulation models of GAD are an important avenue of investigation, particularly given the direct implications for treatment of this disorder. Indeed, recent advances in therapeutic interventions for this disorder have underscored the role of emotional processes and incorporate components targeting emotional exposure, regulation and acceptance (e.g., Mennin, 2005; Newman, Castonguay, Borkovec, & Molnar, 2004; Roemer & Orsillo, 2003). Given the considerable influence of emotion dysregulation conceptualisations of GAD, it is perhaps surprising that few studies have evaluated these models within a treatment-seeking sample. With the exception of a few smaller studies (Study 2, Mennin et al., 2005; Study 2, Roemer et al., 2005; Study 2, Roemer et al., 2009), most investigations have involved university students screened for GAD criteria on the basis of a self report diagnostic measure (GAD-Q-IV; Newman et al., 2002). Clearly, more empirical data are needed to evaluate and clarify aspects of emotional dysfunction relevant to the psychopathology of GAD.

The present study begins to address these limitations by exploring the relationship between appraisal of emotional experience and GAD symptomatology in a large treatment-seeking sample. Specifically, it was predicted that compared to non-anxious controls; GAD participants would report less perceived controllability and greater fear of their emotions. An additional aim was to extend previous research by delineating the unique contributions of these constructs after controlling for cognitive processes previously implicated in models of GAD. Furthermore, the relationship between subjective appraisal of emotional experiences and the tendency to worry excessively was assessed. The emotion dysregulation model proposes that fear and negative appraisal of emotions lead to the adoption of worry as a coping mechanism to dampen or avoid intense affect (Borkovec et al., 2004; Mennin et al., 2002), thus these variables were expected to account for unique variance above and beyond previously established predictors of worry. Given the considerable diagnostic overlap between GAD and depression (see Kessler, 1997), depressive symptoms were also controlled statistically in order to identify appraisal processes characteristic of GAD independently of those associated with a depressive personality style.

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