



Research paper

Distress intolerance as a moderator of the relationship between daily stressors and affective symptoms: Tests of incremental and prospective relationships



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ARTICLE INFO

Article history:

Received 18 April 2016

Received in revised form

20 June 2016

Accepted 18 July 2016

Available online 19 July 2016

Keywords:

Distress intolerance

Worry

Depression

Social anxiety

Longitudinal

ABSTRACT

Background: Distress intolerance (DI) is conceptualized as an individual difference reflective of the ability to tolerate aversive psychological states. Although high DI has demonstrated cross-sectional associations with multiple forms of psychopathology, few studies have tested key facets of its theoretical conceptualization. Specifically, little research has been conducted on DI's theorized role as an incrementally valid prospective moderator of the relationship between daily stressful events and affective symptoms reflective of preoccupation with aversive internal (e.g., depression, worry) rather than external stimuli (e.g., social anxiety).

Method: A non-clinical sample ($N = 147$; 77% female; M age = 19.32) in which high DI individuals were oversampled was recruited. Participants completed baseline measures of DI and trait negative affect followed by six diary entries over a two-week period in which participants reported on daily stressors, negative affect, worry, depressive, and social anxiety symptoms.

Results: Hierarchical linear models revealed that DI positively predicted depressive and worry, but not social anxiety symptoms, independent of daily stressors and negative affect. Further, a significant interaction effect was found such that the positive association between daily stressor(s) occurrence and daily worry was significant at high, but not low DI, and a similar trend-level interaction effect was observed for depressive symptoms. The interaction for social anxiety symptoms was non-significant.

Limitations: Utilization of a non-clinical sample precludes generalization of results to clinical samples. Only self-reported DI was assessed, limiting conclusions to perceived as opposed to behaviorally-indexed DI.

Conclusions: Results largely supported DI's theoretical conceptualization as an incrementally valid moderator of stress responding with relevance to particular affective symptoms.

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1. Introduction

Research on psychopathology etiology has shifted from focusing on identifying risk factors for individual conditions to identifying transdiagnostic risk factors that span multiple psychological conditions (Insel et al., 2010; Krueger and Eaton, 2015). Distress intolerance (DI), conceptualized as an individual difference variable that increases individuals' propensity to negatively appraise and respond avoidantly to acute negative affect (Leyro et al., 2010), has been identified as an important transdiagnostic risk factor. DI has been theoretically posited and empirically supported as a risk

factor for multiple psychopathological conditions, including mood and anxiety, substance use, and personality disorders (Allan et al., 2014; Corstorphine et al., 2007; Gratz et al., 2006; Leyro et al., 2010). Further, these relations appear to be robust to the influence of trait neuroticism/negative affect (NA) on psychopathology (e.g., Coughle et al., 2011; Keough et al., 2010).

Extant research on DI has primarily relied on cross-sectional designs. These data provide strong evidence of a positive association between DI and symptoms of psychopathology in non-clinical and clinical samples (Allan et al., 2014, 2015; Bujarski et al., 2012; Coughle et al., 2011; Ellis et al., 2013; Keough et al., 2010). Although important, these studies are limited in their ability to test important aspects of DI's theoretical conceptualization. Specifically, DI is conceptualized as an individual difference variable that moderates the response to acute distress rather than being

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redundant with negative affect itself (Leyro et al., 2010). Some cross-sectional work has found associations between DI and symptoms of various forms of psychopathology independent of trait negative affect and current distress (Cougles et al., 2011; Keough et al., 2010), but studies are needed to test DI's theorized role as a *prospective* predictor of maladaptive responding to acute stressors above and beyond trait/state negative affect. Studies of this kind would provide empirical support for the notion of DI as an important individual difference moderator of response to acute distress rather than an artifact of negative emotional reactivity.

Few studies have explicitly tested DI's theorized role as a moderator of acute stress responding, though some empirical support has been found in recent laboratory investigations (Norberg et al., 2015; Shaw and Timpano, 2016). Both Norberg et al. (2015) and Shaw and Timpano (2016) found DI to predict hoarding-relevant behavior after laboratory-induced stress, but not in a neutral condition. However, these studies utilized laboratory mood induction procedures, precluding the possibility of testing DI's prospective role as a moderator of response to ecologically valid stressors. Two existing prospective studies utilizing daily diary methodology found significant, positive associations between DI and daily intrusive cognition independent of trait negative affect (Macatee et al., 2015, 2013), but in only one of these studies was DI found to significantly moderate the effect of daily stressors on daily symptoms (Macatee et al., 2013). To summarize, preliminary laboratory and prospective data support DI's theorized role as a moderator of response to acute stress, though extant prospective data is mixed, suggesting the need for more investigation of this aspect of DI's conceptualization.

Among mood and anxiety symptoms, accumulating data suggests that DI is less robustly associated with symptoms of social anxiety and compulsive behavior relative to worry, obsessions, and depressive symptoms (Cougles et al., 2011, 2012, 2013; Keough et al., 2010; Macatee et al., 2013, 2015; Magidson et al., 2013; Norr et al., 2013). Both social anxiety and compulsions (e.g., washing/checking behavior) are characterized by specific, external situations (i.e., social situations, contact with contaminants) that elicit anxiety and avoidance. Further, such situations are generally avoided primarily to prevent specific feared outcomes rather than reduce the incidental negative emotional arousal (McKay et al., 2004; Moscovitch, 2009). In contrast, generalized worry and obsessional symptoms are thought to be primarily driven by avoidance of aversive internal stimuli rather than specific external situations and their associated feared outcomes (Borkovec et al., 2004; Newman and Llera, 2011; Rachman, 1997). Similarly, behavioral (e.g., social withdrawal) and cognitive (e.g., rumination) characteristics of depression are thought to function as attempts to reduce aversive internal stimuli (e.g., low mood) (Giorgio et al., 2010; Jacobson et al., 2001). Thus, individuals with high DI may be more likely to respond to stressor-elicited increases in negative emotional arousal with behavior primarily focused on escape from the unpleasant affect as opposed to behavior focused on avoidance of a specific feared outcome. Although these data are suggestive of DI's specificity to psychopathology symptoms in which aversive internal rather than external stimuli are central, extant work is limited in that few studies have prospectively examined DI's theorized role as a moderator of response to acute stressors across multiple types of mood/anxiety symptoms.

To summarize, a large body of literature has consistently demonstrated positive associations between DI and a broad array of psychopathology, but few studies have explicitly tested important aspects of DI's theoretical conceptualization (Leyro et al., 2010). First, most research has examined DI/psychopathology associations using cross-sectional designs. Prospective studies in which daily-level stressors and symptoms of psychopathology are assessed are needed to test DI's theorized role as an incrementally

valid moderator of response to acute stressors independent of more parsimonious constructs. Specifically, it needs to be shown that poor tolerance of distress moderates the effect of acute stressors on symptoms above and beyond the general tendency to experience negative emotions (i.e., trait negative affect) and daily negative emotional reactivity (i.e., state negative affect). Second, few studies have tested theoretically-driven hypotheses regarding DI's specificity with particular psychopathology symptom types. Studies are needed in which DI's theorized role as a moderator of stressor responding is tested with respect to psychopathology symptoms that vary in the centrality of avoidance of aversive internal versus external stimuli.

To address these limitations, daily diary methodology was used to test the theorized role of DI as a moderator of response to acute stress independent of trait and state negative affect across a two-week period. Daily social anxiety, worry, and depressive symptoms were assessed to test DI's expected differential relationship across symptoms that primarily reflect preoccupation with aversive internal versus external stimuli. These specific symptoms were chosen due to their high co-occurrence (Brown et al., 2001), providing a particularly stringent test of DI's hypothesized differential relationship across symptom types. We predicted that baseline DI, but not trait negative affect, would interact with the occurrence of an acute stressor(s) such that higher DI would predict greater daily depressive/worry symptoms on days in which stressors occurred above and beyond the effects of negative emotional reactivity, but would be unrelated to social anxiety symptoms.

2. Method

2.1. Participants

To test the present study's hypotheses, a non-clinical sample recruited as part of a larger study on DI and emotional information processing was utilized. However, note that the results reported herein have not been published or submitted elsewhere. The sample was recruited from the undergraduate psychology student population at a large southeastern university ($N = 165$; 77% female; M age = 19.32, $SD = 1.96$) over three semesters. Participants earned course credit for completing the study. The sample was predominantly Caucasian (70.9%), although other ethnicities were also represented (Hispanic: 13.3%, African-American: 11.5%, Asian: 1.2%, American Indian or Alaskan Native: 0.6%, Other: 2.4%).

3. Measures

3.1. Baseline measures

3.1.1. Distress intolerance

The Distress Intolerance Index (DII; McHugh and Otto, 2012) is a 10-item self-report measure designed to assess an individual's perceived ability to tolerate distressing affective states (e.g., "I can't handle feeling distressed or upset"). The DII is composed of the items from three DI measures (i.e., Distress Tolerance Scale; Simons and Gaher, 2005; Anxiety Sensitivity Index; Peterson and Reiss, 1992; Frustration-Discomfort Scale; Harrington, 2005) that consistently demonstrated the strongest loadings on a latent DI factor across three samples (McHugh and Otto, 2012). Items are scored on a 5-point Likert-type scale ranging from 0 (*very little*) to 4 (*very much*) such that higher scores indicate less perceived ability to tolerate distressing states ($M = 10.01$, $SD = 8.73$). The DII has demonstrated good test-retest reliability (Cakir, 2016) and strong internal consistency across multiple studies (Cakir, 2016; McHugh and Otto, 2011; Szuhany and Otto, 2015). Most

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