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Marital predictors of symptom severity in panic disorder with agoraphobia

Roger Marcaurelle^a, Claude Bélanger^{a,b,*},
André Marchand^{a,c}, Theodora E. Katerelos^a,
Nicole Mainguy^c

^a*Department of Psychology, University of Quebec in Montreal, CP 8888,
Succ. Centre-Ville, Montreal, Que., Canada H3C 3P8*

^b*McGill University and Douglas Hospital Research Center,
Montreal, Que., Canada H3C 3P8*

^c*Fernand-Seguín Research Center, L.-H. Lafontaine Hospital,
Montreal, Que., Canada H3C 3P8*

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Abstract

Twenty-six to forty percent of individuals suffering from panic disorder with agoraphobia (PDA) do not benefit significantly from cognitive-behavior therapy. Marital problems are among risk factors that may explain this limited impact. Some studies suggest that PDA treatment outcome is related to the couple's ability to communicate and solve problems during and after treatment. It may be also useful to further clarify the interplay of marital interpersonal variables with PDA severity before any intervention. This study aims at specifying the links between PDA symptom severity on the one hand and, on the other hand, marital adjustment, attachment style and personal problem-solving skills in both spouses. Results obtained from a group of 67 PDA patients (44 women and 23 men) and their partners showed that some PDA symptoms or comorbid depressive symptoms were more severe when both spouses independently scored low on problem-solving skills or marital adjustment, and when attachment style of PDA patients was insecure. Marital adjustment and difficulties in problem-solving, more specifically, avoidance of problem-solving activities in PDA patients, were the best predictors of PDA symptom severity. In light of these findings, a more complete program of problem-solving and acceptance strategies could be developed as part of

* Corresponding author. Tel.: +1-514-987-3000/1452; fax: +1-514-987-7953.
E-mail address: belanger.claude@uqam.ca (C. Bélanger).

a cognitive-behavior treatment of PDA. Other theoretical and clinical implications are discussed.

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Cognitive-behavior therapy is, as of now, the most documented and efficient psychological treatment for panic disorder with agoraphobia (PDA) (Clum, Clum, & Surls, 1993; Gould, Otto, & Pollack, 1995; White & Barlow, 2002). Seeking to improve the treatment of PDA, researchers have tried to understand the role of interpersonal difficulties and marital problems in the development and maintenance of this disorder. Until now, however, studies regarding the role of marital variables in the etiology and treatment of PDA are mixed (Bouchard, Bolduc, Boisvert, & Gauthier, 1995; Carter, Turovsky, & Barlow, 1994; Marcaurrelle, Bélanger, & Marchand, 2003; Marchand, Comeau, & Trudel, 1994).

Some studies examined whether marital relationship of PDA patients was more problematic than for people without this disorder. According to data from the Epidemiological Catchment Area (ECA) study, 12% of people suffering from panic disorder with or without agoraphobia did not get along well with their spouse, this number being six times more than for people without this disorder (Weissman, 1991). Although the ECA study was done on a large sample (18,000 participants), the assessment of the marital relationship was done through a single question only, namely, whether the participants felt they got along well or not with their partners. Thus these findings should be interpreted with reserves. A number of experimental studies concluded that, compared to normal individuals, people suffering from PDA were less adjusted or satisfied in their marriage (Fauerbach, 1992; McCarthy & Shean, 1996), experienced more dysfunctional couple communication (Buglass, Clarke, Henderson, Kreitman, & Presley 1977; Chambless et al., 2002) or perceived less support from their spouse (Buglass et al., 1977). But still others have found no significant difference in marital adjustment or communication of PDA patients as compared to general population (Fisher & Wilson, 1985; Powers, 1984). To sum up, apart from the CAE epidemiological study, four studies supported the hypothesis of more marital problems in PDA patients than in normal population, whereas two others did not confirm it. In these six trials, the type of measurement (self-report or interaction coding) and the participation of the non-agoraphobic spouse in the assessment does not seem to be associated with either conclusion. Participants were selected according to proper structured interview (SCID, etc.) or validated questionnaires, and matched for comparison in a well-controlled manner. However, none of these trials included a significant number of men with PDA. On a total of 151 agoraphobic participants in these six studies, only 11 (7%) were men, while in reality about 33% PDA patients are males according to recent epidemiological

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