Emotion regulation among individuals classified with and without generalized anxiety disorder☆

Melissa L. Decker a, Cynthia L. Turk b,*, Brian Hess a, Casey E. Murray a

a La Salle University, Philadelphia, PA, United States
b Washburn University, Topeka, KS, United States

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Abstract

Generalized anxiety disorder (GAD) has been conceptualized as being characterized by the experience of intense emotion, limited understanding of the emotional experience, poor ability to adaptively modulate emotions, and an aversive response to emotions [Mennin, D. S., Turk, C. L., Heimberg, R. G., & Carmin, C. N. (2004). Focusing on the regulation of emotion: a new direction for conceptualizing and treating generalized anxiety disorder. In: M. A. Reinecke, & D. A. Clark (Eds.), Cognitive therapy over the lifespan: theory, research and practice (pp. 60–89). New York: Wiley]. In order to test aspects of this model, participants completed daily diaries and a questionnaire measuring emotion regulation strategies. As hypothesized, relative to controls, individuals classified as having GAD reported more intense daily emotional experiences. Contrary to predictions and previous research, those with GAD did not show poor emotion differentiation and used several emotion regulation strategies more often than control participants. The implications for both the emotion dysregulation model and treatment of GAD are discussed.

Keywords: Generalized anxiety disorder; Emotion regulation; Worry; Experiential avoidance

Worry, the defining feature of GAD, can be thought of as anxious self-talk that is typically about the future (Borkovec, Alcaine, & Behar, 2004). According to their avoidance theory of worry, Borkovec et al. state that the verbal nature of worry limits one’s access to vivid, emotionally distressing imagery. Consistent with this proposal, several studies have demonstrated that worry is more characterized by thought than images (Borkovec & Inz, 1990; Freeston, Dugas, & Ladouceur, 1996; Stober, 1998). Second, worry allows for the suppression of somatic anxiety and sympathetic activation (e.g., Borkovec & Hu, 1990; Hoehn-Saric & Masek, 1981). GAD seems to be instead characterized by increased central nervous system activity (e.g., muscle tension). Third, Borkovec et al. suggest that worry may suppress negative affect, either through intentional emotional avoidance or secondarily from a constant focus on cognitive activity, which simply decreases awareness of emotional states. Although Borkovec et al. propose that worry interferes with the full experience of emotions (e.g., imagery, arousal), they do not specify why individuals with GAD may be so susceptible to worry in the first place (Mennin, Turk, Heimberg, & Carmin, 2004). Mennin et al. suggested that an examination of recent work in the areas of emotion theory and emotion regulation may provide insight into this issue.

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* Corresponding author. Tel.: +1 785 670 1562.
E-mail address: cindy.turk@washburn.edu (C.L. Turk).

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Emotion regulation refers to the ability to understand emotions and modulate emotional experience and expression (Feldman-Barrett, Gross, Christensen, & Benvenuto, 2001; Gross, 1998, 2001). Adaptive emotion regulation has been linked to positive self-esteem and social interactions (Gross, 2002; Saarni, 1990), an increase in the frequency of positive emotional experiences (Gross, 2002), more effective coping in the face of stressful situations, and even an expansion of possible actions in response to social situations (Tugade & Fredrickson, 2002).

According to Mennin et al.’s (2004) emotion dysregulation model, difficulties with emotion regulation are a central characteristic of GAD. More specifically, persons with GAD are hypothesized to be emotionally sensitive individuals, experiencing emotions quickly, easily, and with high intensity. This emotional sensitivity is thought to make emotions challenging to modulate. Furthermore, individuals with GAD are proposed to have difficulty identifying and understanding their emotions. Rather than being a source of information that guides behavior, emotions are perceived as aversive and undesirable. This aversiveness prompts the person to attempt to avoid, control, or dull the emotions. For individuals with GAD, worry is a cognitive process used to control the experience of emotion, although other strategies may be used as well (e.g., avoidance of expression of needs in interpersonal situations).

Preliminary support for the emotion dysregulation theory was provided by Mennin, Heimberg, Turk, and Fresco (2005). In a series of studies, both patients and undergraduate students meeting criteria for GAD reported experiencing emotions more intensely, having more difficulty identifying, understanding, and describing their emotions, and experiencing greater fear of their emotions than their nonanxious counterparts. Emotion dysregulation measures were found to predict the presence of GAD, even when controlling for worry and depression. In the last study in this series, college students meeting criteria for GAD and college students not meeting criteria for GAD by self-report questionnaire underwent a mood induction. After a negative mood induction, GAD-classified participants reported finding their mood less acceptable and changeable than control participants.

An extension of this research was completed with college students classified as GAD, social anxiety disorder (SAD), or normal control according to questionnaires (Turk, Heimberg, Luterek, Mennin, & Fresco, 2005). GAD-classified participants reported stronger bodily reactions to emotions and more fears of attempts to control depression, which differentiated them from SAD-classified participants. GAD and SAD-classified participants had similar deficits regarding understanding and identifying their emotions.

In a recent study examining the emotion dysregulation model of GAD, college students meeting criteria for GAD according to self-report had higher levels of emotional awareness than controls (Novick-Kline, Turk, Mennin, Hoyt, & Gallagher, 2005). Emotional awareness was assessed by the Levels of Emotional Awareness Scale (LEAS; Lane, Quinlan, Schwartz, Walker, & Zeitlin, 1990). The LEAS required participants to write down their own feelings and the feelings of another person in response to a hypothetical vignette. These written descriptions were then coded for level of emotional awareness by raters. Novick-Kline et al. speculated the unexpected findings of higher emotional awareness in GAD may have been due to the fact that the GAD participants were more adept at verbally analyzing impersonal, hypothetical situations. They stated the need for more naturalistic, personally relevant research to provide a better test of the emotion dysregulation theory of GAD and clarify contradictory findings with regard to ability to identify, differentiate, and understand emotions in GAD.

The present study aimed to provide a personally relevant test of the emotion dysregulation theory of GAD. According to Mennin et al. (2004), individuals with GAD experience emotions more intensely and differentiate among those emotions less than others without GAD. They also propose that individuals with GAD have a small repertoire of strategies to manage their emotions. Feldman-Barrett et al. (2001) examined similar processes (intensity of emotion, emotion differentiation, types of emotion regulation strategies utilized) in a recent study; therefore, many of their procedures were adopted in the current study. Their study had the advantage of deriving measures of emotional intensity and emotion differentiation from daily diaries. Such an approach has the advantage of emphasizing personally-relevant material as well as not requiring the individual to reflect upon their own emotion skills as most of the previous studies in the area of emotion dyregulation in GAD have done. In the current study, it was hypothesized that: (a) individuals classified as GAD would have higher scores on an index of momentary intensity of emotion relative to control participants; (b) participants classified as GAD would have less emotion differentiation than controls; and (c) participants classified as GAD would use a narrower range of strategies for regulating their negative emotions compared to control participants.
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