

The contributory role of worry in emotion generation and dysregulation in generalized anxiety disorder

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Abstract

The role of worry in generalized anxiety disorder (GAD) has been posited to serve as an avoidance of emotional experience, and emotion regulation deficits in GAD have been found in several previous studies. It remains unclear whether those with GAD experience more dysregulated emotions during periods of euthymia and positive affect or whether these deficits occur only during periods of worry. Individuals with GAD (with and without co-occurring dysphoria) and non-anxious controls were randomly assigned to receive a worry, neutral, or relaxation induction. Following the induction, all participants viewed a film clip documented to elicit sadness. Intensity of emotions and emotion regulation were examined following the induction period and film clip. The results revealed that, regardless of co-occurring dysphoria, individuals with GAD in the worry condition experienced more intense depressed affect than GAD participants in the other conditions and controls participants. In contrast, presence of worry appeared to have less impact on indices of emotion dysregulation, which were greater in participants with GAD compared to controls, but largely insensitive to contextual effects of worry or of relaxation. Following film viewing, both GAD participants with and without dysphoria displayed poorer understanding, acceptance, and management of emotions than did controls. However, acceptance and management deficits were most pronounced in individuals with both GAD and co-occurring dysphoria. Implications for the role of emotions in conceptualization and treatment of GAD are discussed.

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Introduction

Generalized anxiety disorder (GAD) is a common, chronic, and disabling condition. Nearly 5% of individuals in the United States will qualify for a diagnosis of GAD at some point in their lives (Kessler et al., 1994). Despite this comparatively high rate, it has received considerably less empirical and theoretical attention than other anxiety disorders (Dugas, 2000). Much of this lack of attention has come from misconceptions about the nature and treatment of GAD, even amongst mental health professionals. For example, a commonly held misconception about GAD is that the disorder is relatively innocuous and does not cause significant distress or impairment

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(Persons, Mennin, & Tucker, 2001). Actually, GAD is associated with high levels of disability and absenteeism from work (Olfson et al., 1997), increased health care utilization (Roy-Byrne & Katon, 1997), as well as marked impairments in role functioning (Wittchen, Zhao, Kessler, & Eaves, 1994). Further, individuals with GAD often experience significant symptoms of the disorder for as long as 20 years, and less than 40% of individuals experience remission after 5 years (Keller, 2002). Thus, it's not surprising that GAD is one of the most difficult to treat anxiety disorders (Gould, Safren, Washington, & Otto, 2004).

Recent years have seen considerable advances in conceptualizing and treating GAD (cf. Borkovec, Alcaine, & Behar, 2004). Particularly instrumental in this progress has been the establishment of worry as the pathognomonic characteristic of GAD (American Psychiatric Association, 2000), and the empirical delineation of worry's avoidance function. Avoidance mechanisms in anxiety represent the hallmark of our understanding of anxiety disorders (Mowrer, 1947) and have led to improvements in treatment through the development of exposure-based therapies (e.g., Barlow, Craske, Cerny, & Klosko, 1989; Foa et al., 1999). However, whereas most anxiety disorders are characterized by overt behavioral avoidance, GAD typically does not display consistent behavioral markers and has not responded as well to traditional forms of exposure therapy as the other anxiety disorders (e.g., Gould et al., 2004). Increased focus on the avoidance function of worry and its centrality in GAD has underscored the cognitive aspects of this disorder. For example, in GAD, fear is organized around future threats or catastrophes that may occur as opposed to objects or people in the present environment.

Borkovec et al. (2004) posited that worry in GAD is associated with avoidance of emotional experience. Evidence for this conceptualization of worry in GAD has been found in a number of studies. The verbal-linguistic, as opposed to imagery-based, nature of worry provides initial evidence of worry's avoidant functions. During periods of relaxation, non-anxious participants experience a predominance of imagery-based mentation, whereas individuals with GAD experience equal amounts of thought and imagery. During subsequent worry, both control and GAD participants demonstrate increases in the experience of thought-based mentation (Borkovec & Inz, 1990). Subsequent investigations confirm that worry is experienced phenomenologically as primarily verbal-linguistic thought as opposed to imagery (Freeston, Dugas, & Ladouceur, 1996). The verbal-linguistic, as opposed to imaginal, nature of worry has important implications for understanding the avoidant function of worry.

It has been demonstrated that thinking about anxious material produces less cardiovascular response than does imagining the same anxious material (Vrana, Cuthbert, & Lang, 1986). Furthermore, worrying before repeated presentations of a phobic image precludes autonomic response to those images (Borkovec & Hu, 1990; Borkovec, Lyonfields, Wisner, & Deihl, 1993). The avoidance of anxiety-related imagery strengthens the worry process through negative reinforcement, because the aversive autonomic arousal associated with anxious images is decreased or eliminated during worry. In line with this conceptualization, decreased parasympathetic nervous system activity (vagal tone) has been found to occur in GAD and in the state of worry (Thayer, Friedman, & Borkovec, 1996). The assertion that worry in GAD is associated with avoidance of arousing fear-related imagery is thus well supported (see Borkovec et al., 2004 for a comprehensive review of evidence for this theory).

A key contributor to the avoidant function of worry may be the perceived aversive nature of the evaded emotional experience. When asked about reasons for worrying, individuals with GAD were distinguished from non-anxious controls by the greater likelihood to endorse that they engaged in worry to avoid thinking about more emotional topics (Borkovec & Roemer, 1995). An important question then is *why* individuals with GAD want to avoid emotional experience. One possibility may result from the nature of how emotions are generated and regulated (Gross, 2001). Mennin and colleagues (Mennin, Heimberg, Turk, & Fresco, 2002, 2005) argue that individuals with GAD have difficulties in four areas of emotion. Specifically, individuals with GAD reported experiencing emotions with *heightened intensity* compared to persons without GAD. Second, individuals with GAD experience marked difficulties identifying, describing, and clarifying their emotional experiences (i.e., *poor understanding*). Third, they are prone to greater *negative reactivity* to emotions by holding catastrophic beliefs about the consequences of both negative and positive emotions. Fourth, individuals with GAD struggle to manage or soothe themselves when they experience negative emotions (i.e., *maladaptive management*). Within this model, maladaptive emotion management strategies in GAD can be classified both as difficulties modulating or tempering emotional experiences (often due to their increased

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