

Generalized Anxiety Disorder: Connections With Self-Reported Attachment

Jude Cassidy, University of Maryland

June Lichtenstein-Phelps, Nicholas J. Sibrava, Charles L. Thomas Jr., Thomas D. Borkovec,
Pennsylvania State University

Even though generalized anxiety disorder (GAD) is one of the most common of the anxiety disorders, relatively little is known about its precursors. Bowlby's attachment theory provides a framework within which these precursors can be considered. According to Bowlby, adult anxiety may be rooted in childhood experiences that leave a child uncertain of the availability of a protective figure in times of trouble. Furthermore, adult "current state of mind with respect to attachment" is thought to relate to adult anxiety. Both attachment-related components were assessed with 8 subscales of the Perceptions of Adult Attachment Questionnaire (PAAQ). Clinically severe GAD clients who were about to begin therapy reported experiencing less maternal love in childhood, greater maternal rejection/neglect, and more maternal role-reversal/enmeshment than did control participants. In keeping with a cumulative risk model, risk for GAD increased as indices of poor childhood attachment experience increased. GAD clients, in contrast to controls, also reported greater current vulnerability in relation to their mothers as well as more difficulty accessing childhood memories. Logistic regression analyses revealed that elevations on PAAQ subscales could significantly predict GAD vs. non-GAD status. Results and the implications for advancing the theory and treatment of GAD are discussed.

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Address correspondence to Jude Cassidy, 2147C Biology-Psychology Building, University of Maryland, College Park MD 20742; e-mail: jcassidy@psyc.umd.edu.

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GENERALIZED ANXIETY DISORDER (GAD) is one of the least studied of the anxiety disorders, despite the fact that epidemiological studies reveal that it is one of the most common (Dugas, 2000; Flannery-Schroeder, 2004; Kessler, Keller, & Wittchen, 2001; Rapee, 1991). GAD is also a frequent additional diagnosis to several other anxiety disorders (Brown & Barlow, 1992; Curry, March, & Hervey, 2004) and contains a central feature (chronic worry) pervasive throughout the anxiety disorders (Barlow, 1988; Mennin, Heimberg, & Turk, 2004). According to *DSM-III-R* and *DSM-IV* criteria (American Psychiatric Association, 1987, 1994), GAD is characterized by the experience of chronic excessive worry over multiple life circumstances.

Borkovec and colleagues (Borkovec, Alcaine, & Behar, 2004) have theorized about the function of pervasive worry in GAD. They have suggested that individuals with GAD avoid experiencing distressing negative emotions (and concurrent autonomic arousal) in the short run through engagement in the abstract, verbal-linguistic process of worry. In essence, individuals with GAD distance themselves from negative feelings by shifting their attention from negative emotions towards abstracted, conceptual thoughts (i.e., worry). There is a growing body of empirical support for the avoidance model of GAD (see Borkovec et al., 2004, for a review).

Mennin, Heimberg, Turk, and Fresco (2002, 2005) developed an emotion dysregulation model of GAD that complements the avoidance model. The emotion dysregulation framework provides an explanation for why individuals with GAD would seek to avoid their emotions. Mennin and colleagues (2002) propose that individuals with GAD experience unusually intense negative emotions yet have

trouble identifying and modulating these emotions. Because these individuals do not have (or cannot access) emotion regulation skills to reduce their heightened emotionality, individuals with GAD rely heavily on the less-adaptive emotion-regulation strategy of worry to avoid suffering. Mennin et al. (2002) further suggest that by suppressing their emotional experience through overreliance on worry, persons with GAD restrict their access to important cues about the interpersonal environment and are thus vulnerable to a variety of relationship difficulties. Initial studies provide some evidence in support of the emotion dysregulation framework. In one study, students who met criteria for GAD on the Generalized Anxiety Disorder Questionnaire for DSM-IV and scored above the median on the Penn State Worry Questionnaire reported more intense emotional experience, a reduced ability to identify and describe their emotions, greater aversion to experiencing negative emotion, and greater restriction in their ability to soothe themselves than did nonanxious controls (Mennin et al., 2005, study 1). These findings were replicated in a clinical study (Mennin et al., 2005, study 2).

An additional problem of individuals with GAD, which could contribute to both the development and the maintenance of GAD, is difficulty with interpersonal relationships. For instance, individuals with GAD have been found to report considerable interpersonal problems (Borkovec, Newman, Pincus, & Lytle, 2002), to view themselves as interpersonally less effective than others (Turk, Mennin, Fresco, & Heimberg, 2000), and to report being overly nurturant and intrusive in relationships (Eng & Heimberg, 2006; Pincus & Borkovec, 1994). Moreover, GAD is associated with marital difficulties, including separation and divorce (Hunt, Issakidis, & Andrews, 2002; Whisman, Sheldon, & Goering, 2000), lack of friends (Whisman et al., 2000), and low family cohesiveness (Ben-Noun, 1998). A recent laboratory observation study identified some of the ways that students with analogue GAD behave that may contribute to their interpersonal difficulties. Compared to control students, they have greater difficulties understanding the impact that they have on others, and their displays of emotion are more negative during self-disclosure interactions (Erickson & Newman, 2007).

Thus, both recent theory and research suggest that intense emotional experience, emotion-regulation difficulties, and interpersonal problems underlie the propensity of individuals with GAD to worry. Of further interest is consideration of what factors underlie these problems. Developmental history, specifically the quality of the person's

early relationship with primary caregivers, could give rise to an experience of heightened emotionality, emotion regulation difficulties, as well as the negative interpersonal perceptions evidenced by the individual with GAD in adulthood.

Few studies have examined the childhood precursors of GAD, and the majority are limited by the lack of a control group of nonanxious participants. For instance, in one study, GAD participants without panic attacks did not differ from GAD participants with panic attacks on the Childhood Behavior Disturbance Scale (Hoehn-Saric, 1981). In another study, adults with GAD did not differ from adults with panic disorder on a variety of reported childhood events, including abuse, separation, and separation anxiety (Raskin, Peeke, Dickman, & Pinsker, 1982). The adults with panic disorder did, however, report a more "grossly disturbed childhood environment" (Raskin et al., 1982, p. 687). A third study examined several childhood problems (nightmares, various fears, parental divorce, separation) and again found no differences between these two groups, except that adults with panic disorder reported more chronic anxiety in childhood and adults with GAD reported a greater incidence of parental loss before age 16 (Torgersen, 1986). Another study found that adults with GAD were more likely to report exposure to traumatic events than nonanxious adults (Roemer, Molina, Litz, & Borkovec, 1997).

As Rapee (1991) pointed out in his review of research on the childhood experiences of individuals with GAD, a strong theoretical base has been lacking in prior studies and is essential in future research. Cassidy (1995) has proposed that Bowlby's attachment theory (1969/82, 1973, 1980; see also Cassidy & Shaver, 1999, *in press*) offers a theoretical framework within which the developmental antecedents of GAD can be usefully considered. According to Bowlby, attachment processes are central to understanding anxiety. This proposition rests on his notions about the biological bases of the attachment system, the fear system, and the interrelations between the two. Bowlby proposed that during the time in which humans were first evolving, genetic selection favored attachment behaviors because they increased the likelihood of infant-parent proximity which, in turn, increased the likelihood of infant survival. Of particular relevance when considering anxiety is the fact that the attachment system is activated especially in times of stress or threat when the fear system is also activated. At those times, it is of survival value for the child to seek proximity to and protection from the attachment figure (usually the mother). The availability and responsiveness of this figure are

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