

The Roles of Emotional Reactivity and Tolerance in Generalized, Social, and Health Anxiety: A Multimethod Exploration

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Emotion regulation difficulties have been implicated in the maintenance of many anxiety disorders. However, existing research has relied mostly on self-report measures of emotion regulation or one type of mood induction. The present study examined the relationships between anxiety symptoms and emotional reactivity and tolerance using multiple assessment methodologies. Participants ($N=122$) completed measures of generalized, social, and health anxiety symptoms and reported tolerance of and reactivity to negative emotions (sadness, fear, anger, disgust) elicited by 4 film clips. Participants also completed a mirror-tracing persistence task, a behavioral measure of distress tolerance. Social anxiety symptoms predicted unique variance in tolerance of film-elicited emotions, whereas generalized anxiety symptoms predicted unique variance in total peak reactivity to film-elicited emotions. Health anxiety was not related to tolerance or peak reactivity, but it was predictive of greater anxiety following the mirror-tracing task. The results of this study suggest heightened emotional reactivity is a salient feature of generalized anxiety symptoms, whereas emotional tolerance is more strongly related to social anxiety symptoms. The unique association between health anxiety and anxious response to the distress tolerance task represents a novel finding that warrants further investigation.

Keywords: generalized anxiety; social anxiety; health anxiety; emotion regulation; distress tolerance

EMOTION REGULATION DIFFICULTIES have been implicated in the maintenance of many anxiety disorders (Mennin, Heimberg, Turk, & Fresco, 2002; Mennin, McLaughlin, & Flanagan, 2009; Tull, Barrett, McMillan, & Roemer, 2007). Emotion regulation has been defined as “the ability to monitor, understand, and accept emotions, and to engage in goal-directed behavior when emotionally activated” (Roemer et al., 2009, p. 143). It is therefore a complex, multifaceted construct that entails features ranging from emotional reactivity, tolerance of negative emotions, the need to alter such emotions, and actual responses (e.g., emotional suppression).

Emotional reactivity is defined as the intensity at which individuals tend to experience emotions (Gohm & Clore, 2000). Although some authors have questioned the view that emotional reactivity and regulation are genuinely separable, arguing that in nonartificial contexts emotions *auto-regulate* themselves (Kappas, 2011; Mesquita & Frijda, 2011), others have defended the utility of the distinction (Gross, Sheppes, & Urry, 2011). Distinguishing the constructs has been productive in that emotional regulation has been found to explain unique variance in anxiety symptoms over and above that explained by emotional reactivity (Gross et al., 2011). A recent review found that emotion regulation could be differentiated from emotional reactivity at the conceptual, behavioral, and neural levels of analysis (Cisler et al., 2010). It may be that heightened reactivity interacts with maladaptive emotion regulation strategies to cause and maintain anxiety disorders (Cisler, Olatunji, & Lohr, 2009).

Emotional tolerance has been defined in domain-general and domain-specific ways. For instance, the construct of distress tolerance refers to broad tolerance of upsetting feelings, whereas anxiety sensitivity,

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disgust sensitivity, and frustration discomfort denote specific tolerance of anxiety, disgust, and frustration, respectively. Measures of anxiety sensitivity and disgust sensitivity (Cavanagh & Davey, 2000; Reiss, Peterson, Gursky, & McNally, 1986) primarily assess fear of emotion and its consequences, whereas frustration discomfort is measured with items related to perceived aversiveness and regulation of emotion (Harrington, 2005). Measures of domain-general emotional tolerance (Simons & Gaher, 2005) incorporate elements from each of the specific emotional tolerance constructs, including fear of negative emotion, perceived tolerability of negative emotion, and regulation of negative emotion.

Distress tolerance (DT) has been hypothesized to be a maintaining factor in a number of psychiatric disorders, including anxiety disorders (Zvolensky, Bernstein, & Vujanovic, 2011). Research directly exploring the relationship between DT and anxiety pathology is limited, but some studies have found unique relationships between DT and anxiety pathology, even after controlling for other relevant factors (Cogle, Timpano, Fitch, & Hawkins, 2011; Keough et al., 2010). Considerable work has been done on emotion regulation and generalized anxiety disorder (GAD), specifically (Mennin et al., 2002; Mennin, Heimberg, Turk, & Fresco, 2005). Negative perception of emotions, a subcomponent of DT, has demonstrated positive associations with GAD symptoms across a number of studies (Mennin et al., 2005; Mennin et al., 2007; Turk et al., 2005). Likewise, many studies have also found associations between greater difficulties in regulating negative emotions, another subcomponent of DT, and elevated GAD symptoms (McLaughlin, Mennin, & Farach, 2007; Mennin et al., 2005; Mennin et al., 2007). Keough and colleagues (2010) found a domain-general self-report measure of DT to be associated with GAD symptoms, even after accounting for trait anxiety and depression.

Heightened emotional reactivity has also been linked to GAD symptoms. One study employing daily diary methodology found GAD participants to report more intense negative emotional experiences relative to controls (Decker, Turk, Hess, & Murray, 2008). Investigations comparing generalized anxiety, social anxiety, and depressive symptoms have found heightened emotional reactivity to be related to greater GAD symptoms but not social anxiety or depressive symptoms, suggesting the importance of investigating differential relationships between facets of emotion dysregulation and specific anxiety syndromes (e.g., generalized anxiety, social anxiety; Mennin et al., 2007; Turk et al., 2005).

Less research on the relationship between emotion dysregulation and social anxiety disorder (SAD) has

been conducted, but it is commonly comorbid with GAD, suggesting that emotion dysregulation may also play a role in this condition (Mennin, Heimberg, & Jack, 2000). Indeed, negative perceptions of emotions have been positively associated with social anxiety symptoms in two studies (Mennin et al., 2007; Turk et al., 2005). Emotion regulation strategies indicative of poor emotional tolerance, such as suppression, have also been found to be positively associated with greater social anxiety symptoms (Kashdan & Breen, 2008; Kashdan & Steger, 2006). Greater difficulties in regulating negative emotions (Mennin et al., 2009) and poorer DT have also been linked to elevated social anxiety symptoms (Keough et al., 2010).

Research on the relationship between heightened emotional reactivity and social anxiety has yielded mixed findings. Turk et al. (2005) found levels of emotional reactivity in a social anxiety group to be less than those in a generalized anxiety group but not different from those of a control group. However, the use of cutoff scores to determine group membership and the lack of measurement of depressive symptoms may have obscured specific relationships. Mennin et al. (2007) addressed these limitations in a subsequent study and found social anxiety to be *negatively* associated with heightened emotional reactivity. However, both studies used a measure assessing reactivity to and expressivity of both negative *and* positive emotions (Gross & John, 1997), potentially obscuring a specific relationship between greater *negative* emotional reactivity and social anxiety. A later investigation found that individuals with SAD reported greater negative emotional reactivity than the control group, but less than GAD+SAD and GAD-only groups (Mennin et al., 2009). These findings suggest that generalized and social anxiety symptoms are both characterized by heightened *negative* emotional reactivity relative to controls, yet this feature is more salient in generalized anxiety.

When accounting for co-occurring generalized anxiety and depressive symptoms, research on the relationship between social anxiety and negative perceptions of emotions is also mixed. Although Turk et al. (2005) found elevated social *and* generalized anxiety symptom groups to have comparable negative perceptions of emotions relative to controls, Mennin et al. (2007) found *only* greater social anxiety symptoms to be positively associated with negative perceptions of emotions after controlling for co-occurring generalized anxiety and depressive symptoms. In contrast, Mennin et al. (2009), using a different measure of negative perceptions of emotions (Gratz & Roemer, 2004), found that a SAD-only group did not produce significantly different

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