

# The specificity of cognitive vulnerabilities to emotional disorders: Anxiety sensitivity, looming vulnerability and explanatory style

John M. Reardon<sup>\*</sup>, Nathan L. Williams

*University of Arkansas, United States*

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## Abstract

Mood and anxiety disorders share considerable phenomenological and diagnostic overlap. Several models have advanced the understanding of the phenomenological overlap of anxiety and depression; however, identification of disorder-specific etiological mechanisms remains elusive. Recently, research has advanced several cognitive vulnerability-stress models proposing that one's characteristic way of attending to, interpreting, and remembering negative events contributes vulnerability to psychopathology. These cognitive vulnerabilities may elucidate specific etiological mechanisms that distinguish mood and anxiety pathology. The present study examines the specificity of three cognitive vulnerability constructs, the looming cognitive style, anxiety sensitivity, and explanatory style, in the prediction of latent anxiety disorder symptoms and latent depression symptoms. Structural equation modeling analyses indicated that the looming cognitive style demonstrated specificity predicting only anxiety disorder symptoms whereas anxiety sensitivity and a pessimistic explanatory style predicted both anxiety disorder and mood disorder symptoms. Implications for future research are discussed.

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## 1. Introduction

Epidemiological studies (Kessler et al., 1994) report extensive diagnostic comorbidity between anxiety and mood disorders. Individuals diagnosed with a mood or anxiety disorder were twice as likely to be diagnosed with either an additional mood or anxiety disorder compared

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<sup>\*</sup> Corresponding author at: University of Arkansas, 216 Memorial Hall, Fayetteville, AR 72701, United States.  
Tel.: +1 479 283 9812; fax: +1 479 575 3219.

*E-mail address:* jreardo@uark.edu (J.M. Reardon).

to the expected prevalence (i.e., base rate) of either disorder alone (Kessler et al., 1994). Mood and anxiety disorders also demonstrate substantial phenomenological overlap, with correlations between self-report instruments of anxious and depressive symptoms hovering near .70 (Clark & Watson, 1991). To address the issue of symptom comorbidity, researchers have proposed several complementary models emphasizing the similarities and differences between depression and anxiety (e.g., Brown, Chorpita, & Barlow, 1998; Clark & Watson, 1991). These models represent the phenotypic comorbidity of anxiety and depression in a hierarchical structure consisting of a general distress factor (e.g., negative affectivity) related to both disorders and disorder specific lower-order factors (e.g., autonomic arousal in panic disorder and low positive affect in depression). However, the explanatory utility of these structural models to discriminate anxiety and depression are restricted to phenomenology and are limited regarding disorder-specific etiological mechanisms.

Increasingly, empirical attention has been devoted to the identification of disorder-specific cognitive vulnerability factors (Abramson, Metalsky, & Alloy, 1989; Garber & Hollon, 1991; Riskind, Williams, Gessner, Chrosniak, & Cortina, 2000). Cognitive vulnerabilities are conceptualized as stable trait-like personality characteristics that interact with significant life stress conferring liability to emotional disorders (Riskind & Alloy, 2005). Importantly, vulnerability-stress models attempt to differentiate not only who or when one may be susceptible to developing psychopathology, but also to specify the resulting disorder given an appropriate accumulation of life stress. According to the cognitive specificity hypothesis, each type of psychopathology is associated with a predominant maladaptive schema involving specific cognitive content, process of thought, and affective differences (Beck, 1967). For example, depression has been linked to cognitive schemata characterized by themes of loss, failure, and hopelessness about the future (Abramson et al., 1989; Beck, 1976). In contrast, anxiety has been linked to cognitive schemata characterized by themes of personal threat or danger (Beck, Emery, & Greenberg, 1985). Once activated, these schemata operate as distorted filters that guide information processing in disorder-specific ways (Beck & Clark, 1997).

Building upon information processing and schematic models of anxiety (e.g., Beck & Clark, 1997), Riskind and colleagues (Riskind & Williams, 2005a; Riskind et al., 2000) proposed a looming vulnerability model of anxiety (LVM). The LVM represents a schema-driven process in which individuals high in looming vulnerability (i.e., the looming cognitive style; LCS) systematically overestimate the spatial and temporal progression of potential threat increasing liability to developing anxiety states and disorders (see Riskind & Williams, 2005a for a review). The LVM extends current cognitive conceptualizations of anxiety by attending to the perceived temporal or dynamic progression of threat and danger rather than static probabilistic “if-then” threat contingencies. To distinguish between contemporary conceptions of anxiety and the LVM, imagine experiencing the physical symptoms of chest pain, dizziness, or feeling faint. The catastrophic misinterpretation model of panic (Clark et al., 1997) posits that panic follows from the misconception that autonomic arousal stimuli are symptomatic of an imminent heart attack. The cognitive processes described in the LVM complement the catastrophic misinterpretation model of panic by emphasizing the perceived velocity and progression in time between symptom onset and the feared outcome (i.e., a heart attack).

Several cross-sectional, prospective, and experimental studies support the LCS as a cognitive vulnerability to anxiety (see Riskind & Williams, 2005a for a review). Importantly, this research also suggests that the LCS is not simply an epiphenomenon of anxiety, nor is the LMSQ-II (i.e., the self-report inventory of the tendency to generate looming appraisals) a proxy measure for trait anxiety or redundant with anxiety symptoms (Riskind et al., 2000). Moreover, the LCS is

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