



## Prospective Investigation of the Contrast Avoidance Model of Generalized Anxiety and Worry

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The factors that maintain generalized anxiety disorder (GAD) symptoms and worry over time are not entirely clear. The Contrast Avoidance Model (CAM) postulates that individuals at risk for pathological worry and GAD symptoms uniquely fear emotional shifts from neutral or positive emotions into negative emotional states, and consequently use worry to maintain negative emotion in order to avoid shifts or blunt the effect of negative contrasts. This model has received support in laboratory experiments, but has not been investigated prospectively in the naturalistic context of daily life. The present study tested the CAM in a longitudinal experience sampling study with a subclinical sample. Participants selected to represent a broad range of symptoms ( $N = 92$ ) completed baseline measures of GAD and depression symptoms, and eight weekly assessments of worry, experiences of negative emotional contrasts during their worst event of the week, and situation-specific negative emotion. Consistent with the CAM, GAD symptoms prospectively predicted higher endorsement of negative contrast experiences as worst events, independent of depression symptoms. Unsurprisingly, higher negative contrasts predicted higher negative emotion. However, both higher baseline GAD symptoms and weekly worry uniquely moderated (reduced) this relationship, providing consistent support for the idea that worry may blunt the

emotional effects of contrasts. Depression symptoms did not have the same moderating effect. These findings support the CAM in an ecologically valid context.

*Keywords:* contrast avoidance model; worry; generalized anxiety disorder

GENERALIZED ANXIETY DISORDER (GAD) is characterized by persistent worry, difficulty concentrating, feeling keyed up, trouble sleeping, chronic fatigue, irritability, and muscle tension (American Psychiatric Association, 2013), with concomitant reductions in quality of life (Bourland et al., 2000; Henning, Turk, Mennin, Fresco, & Heimberg, 2007; Massion, Warshaw, & Keller, 1993; Wittchen, Zhao, Kessler, & Eaton, 1994). Moreover, worry and other GAD symptoms are associated with distress and impairment, even among individuals with subclinical levels (Gentes & Ruscio, 2014; Kessler & Wittchen, 2002). Taxometric analyses reveal that worry (Ruscio, Borkovec, & Ruscio, 2001) and GAD symptoms (Marcus, Sawaqdeh, & Kwon, 2014) reflect continuous, latent symptom dimensions without discrete cutoffs between subthreshold and clinical levels, consistent with the National Institutes of Health's Research Domain Criteria (RDoC), which emphasize the study of symptom dimensions that impair functioning rather than solely comparing diagnosed groups (Cuthbert & Insel, 2013).

GAD is one of the most challenging anxiety disorders to treat due to difficulty pinpointing the factors that cause and maintain the symptoms and

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impairment (Newman et al., 2011). Cognitive behavioral therapy (CBT) is currently the gold-standard treatment for GAD (Otte, 2011), but efficacy rates tend to be lower than for other anxiety disorders (Brown, O’Leary, & Barlow, 2001; Newman et al., 2008). Exposure to feared situations or states is a standard tool for facilitating habituation and extinction of fear in anxiety disorders; however, there exists no consensus about the stimuli or experiences that individuals high in GAD symptoms most fear and avoid. Exposure strategies may not be optimally effective without this information, and therefore elucidation of feared stimuli and specific avoidance strategies that perpetuate fear may lead to more targeted and efficacious interventions for both those with clinical levels of GAD and those with subclinical symptoms.

#### MODELS OF GAD

Theoretical models of GAD vary in terms of what is assumed to be the core fear underlying GAD. According to the Intolerance of Uncertainty model, the uncertainty that accompanies ambiguous events is thought to constitute the core fear in GAD (Dugas, Gagon, Ladouceur, & Freeston, 1998; Dugas et al., 2005). In contrast, the Cognitive Avoidance Theory of Worry (Behar, DiMarco, Hekler, Mohlman, & Staples, 2009; Borkovec, 1994) suggests that the core fear of GAD is negative emotional imagery and associated arousal, which individuals strive to avoid by chronic use of worry, a verbal-linguistic mode of thought theorized to inhibit more emotionally evocative fear imagery. Similarly, the Emotion Dysregulation theory proposes that individuals with GAD fear and are unable to understand and manage emotional arousal (Mennin, Heimberg, Turk, & Fresco, 2005). Lastly, the Acceptance-Based Model of GAD (Hayes, Orsillo, & Roemer, 2010; Roemer & Orsillo, 2007) postulates a core fear and unwillingness to accept negative thoughts and emotional states. In summary, although distinct, each of these important theories assumes that individuals with, or at risk for, GAD, fear and avoid negative emotional states.

However, several lines of evidence suggest the need for additional clarification regarding what might be feared/avoided in people with GAD symptoms. First, studies that experimentally manipulated worry (e.g., Borkovec & Hu, 1990; Borkovec, Lyonfields, Wisner, & Deihl, 1993) have often been interpreted to suggest that worry facilitates avoidance of emotion and arousal (e.g., lower heart rate increase from worry to threat imagery compared to prior relaxation; Borkovec &

Hu, 1990), although such studies typically did not assess resting baselines and therefore were unable to show that lower reactance to feared imagery was not due to a ceiling effect of the worry period as the baseline. In contrast, laboratory studies with multiple time points including a resting baseline have found that instead of inhibiting emotion, worrying induced negative emotion (e.g., Andor, Gerlach, & Rist, 2008; Hofmann et al., 2005; Lyonfields, Borkovec, & Thayer, 1995; Ottiavani et al., 2016; Peasley-Miklus & Vrana, 2000; Stapinski, Abbott, & Rapee, 2010). In addition, exposure to fear stimuli was associated with increased anxiety from baseline whether or not such exposure was preceded by a worry induction (e.g., Stapinski et al., 2010). Moreover, worry has been shown to promote or prolong negative emotion even after worry itself is discontinued, in both GAD (Brosschot, van Dijk, & Thayer, 2007; Zoccola, Dickerson, & Yim, 2011) and nonclinical samples (Llera & Newman, 2014). Thus, it is likely that in early studies (e.g., Borkovec & Hu, 1990), individuals who engaged in worry prior to exposure to fear stimuli were already in a negative emotional state and worrying may have prevented *further* increases in arousal when exposed to fearful imagery (Newman & Llera, 2011).

Building on the observation that worry promotes negative emotion, the Contrast Avoidance Model (CAM; Newman & Llera, 2011; Newman, Llera, Erickson, & Przeworski, 2014) theorizes that the core fear associated with GAD is a *negative emotional contrast*—a sharp shift from a neutral or positive emotion into a negative emotional state. According to this model, individuals with GAD are uniquely sensitive to such emotional shifts, and consequently use worry not to avoid negative emotion or arousal, but rather to purposefully induce and perpetuate a state of negative emotional arousal, thereby avoiding or decreasing the degree of unexpected *additional* shift into a negative state. In other words, individuals with GAD would rather remain in a perpetual worry-induced negative state than risk emotional reactivity when allowing themselves the vulnerability of fully experiencing positive or neutral emotional states. This model, if empirically defensible, might explain processes whereby individuals become at risk for GAD, how GAD symptoms are maintained, and also why extant treatments have not been more effective.

Recent experimental laboratory studies provided initial evidence for the CAM. Llera and Newman (2010) randomly assigned analogue GAD and nonanxious participants to engage in worry, relaxation, or a neutral induction prior to exposure to emotion-inducing video clips. For participants

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