



Perceived attachment: Relations to anxiety sensitivity, worry, and GAD symptoms

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ARTICLE INFO

Article history:

Received 5 November 2007
Received in revised form
13 February 2008
Accepted 5 March 2008

Keywords:

Alienation
Anxiety sensitivity
Attachment
Worry
GAD

ABSTRACT

This investigation examined the relation between perceived alienation from parents and peers, anxiety sensitivity (AS), and current worry and generalized anxiety disorder (GAD) symptoms with the goal of expanding the knowledge base on factors that may contribute to the development of AS and its role in worry. The mediating role of AS between perceptions of alienation and current worry and GAD symptoms was also examined. Ninety-four non-clinical worriers completed self-report questionnaires assessing their perceptions of attachment, AS levels, and worry and GAD symptoms. Even after controlling for worry and GAD symptoms, greater perceptions of alienation from mothers and peers were significantly associated with higher AS symptoms. AS as a unitary construct mediated the relation between perceptions of alienation from mothers and peers and worry and GAD symptoms. The facets fear of publicly observable symptoms and fear of cognitive dyscontrol also mediated this relation. The role of alienation in relation to AS, worry, and GAD symptoms is discussed along with directions for future research.

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Introduction

Anxiety sensitivity (AS) (Reiss & McNally, 1985; Reiss, 1991) is defined as the fear of anxiety-related sensations arising from the belief that these sensations pose social, physical, or psychological threat to the individual. AS has been hypothesized as a risk factor for the development of anxiety disorders, especially panic disorder, because of its hypothesized role in increasing preexisting levels of anxiety. Research with both adults and adolescents has shown that AS is elevated in individuals with anxiety disorders and, despite having been initially conceptualized in longitudinal studies as a risk factor solely for panic (Maller & Reiss, 1992), correlational studies have shown that the construct is relevant to several other anxiety disorders (see Cox, Borger, & Enns, 1999; Rabian, Peterson, Richters, & Jensen, 1993). For example, Taylor, Koch, and McNally (1992) found that Anxiety Sensitivity Index (ASI; Reiss, Peterson, Gursky, & McNally, 1986) scores were elevated in all anxiety disordered groups except simple phobia, in comparison to controls.

Recent evidence has suggested a relation between AS and worry levels, the latter being a construct central to generalized anxiety disorder (GAD). Furthermore, specific AS facets (i.e., fear of cognitive dyscontrol) are significantly elevated in individuals with GAD relative to individuals with other anxiety diagnoses (Rector, Szacun-Shimizu, & Leybman, 2007). A significant relation between worry and AS has also been found among non-clinical populations; recently, pre-levels of worry predicted post-challenge panic intensity above and beyond AS during a hyperventilation task (e.g., Leen-Feldner, Feldner, Tull, Roemer, & Zvolensky, 2006). These associations may be explained in part by worriers' excessive

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focus on interoceptive cues (Nay, Thorpe, Roberson-Nay, Hecker, & Sigmon, 2004). In addition, the experience of uncontrollability that characterizes worry (Borkovec, Ray, & Stoeber, 1998) may contribute to an individual's heightened fear of anxiety sensations, which may also be perceived as uncontrollable. Indeed, studies have shown that perceptions of uncontrollability predict panic attacks (Sanderson, Rapee, & Barlow, 1989) as well as general anxiety (Leen-Feldner et al., 2006).

Given evidence that 45% and 55% of the variance in AS may be attributable to genetic and environmental influences (Stein, Jang, & Livesley, 1999), respectively, AS researchers have devoted efforts to investigating the role of learning histories and interpersonal variables as potential environmental influences that may be implicated in the development of AS. Retrospective reports of childhood experiences showed that in comparison to controls young adults with high AS had parents who more frequently reinforced their displays of ill role behavior in response to child anxiety symptoms and who more often modeled fear of anxiety symptoms and more frequently displayed uncontrolled behavior (Watt, Stewart, & Cox, 1998). Similarly, the psychological concerns dimensions of AS mediated the relation between exposure to parental dyscontrol (as a result of parental anger and drinking) and panic and anxiety symptoms in adulthood (Watt and Stewart, 2003).

Researchers have also explored the relation between attachment and AS, in part because of findings showing that insecure attachment predicts the development of anxiety disorders (see Kobak, Cassidy, Lyons-Roth, & Ziv, 2006, for an excellent review; also see Shaw, Keenan, Vondra, Delliquadri, & Giovannelli, 1997; Warren, Huston, Egeland, & Sroufe, 1997). Attachment theory (Bowlby, 1969, 1973, 1980) argues that, from infancy, human beings strive to establish long-lasting, meaningful connections to other significant humans. During the early years, primary caretakers—and their behavior towards the child (i.e., the caregiver environment)—assume a prominent role in the development of healthy attachments. Parental displays of sensitive and responsive behavior to the child's needs foster the development of a secure attachment and of perceptions of the parent as a safe haven in the ongoing exploration of the world and others. Thus, attachment theory argues that the quality of early attachments influences how an individual will later perceive others in interpersonal interactions. Parents who are not responsive and/or attuned to their child's needs put their child at risk for becoming insecurely attached.

Bowlby (1980) argued that parents who display threatening behaviors towards their child (e.g., "I am going to leave this house if you keep doing that") might put their child at risk for becoming an anxious adult. On the other hand, parents who display rejecting or hostile behaviors (e.g., "Do what you want, I don't care anyway") might put their child at risk for depression as adults. Based specifically on this theoretical framework, Scher and Stein (2003) examined the role of AS in mediating the relation between experiences of parental threatening, rejecting, and hostile behaviors and current anxiety symptoms. Using retrospective reports in a sample of undergraduate students, the authors found that (1) perceived parental threatening behaviors emerged as the best predictor of overall AS, (2) AS mediated the relation between perceived parental threatening behaviors and both past and current anxious symptoms, and (3) fear of publicly observable symptoms mediated the relation between perceived parental threatening behaviors and current, not past, anxiety symptoms. This study provides evidence that perceptions of negative parental behaviors during childhood, hypothesized to have a role in the development of insecure attachments, are related to AS and anxious symptomatology in adulthood. However, worry symptoms were not specifically examined.

Relatedly, Weems, Berman, Silverman, and Rodriguez (2002) found that insecurely attached individuals classified as preoccupied and fearful had significantly higher AS scores than securely attached individuals. The authors also found that higher scores on the Model of Self-dimension (higher scores are indicative of a fearful and/or preoccupied attachment style) of the Experiences in Close Relationships (ECR; Brennan, Clark, & Shaver, 1998) questionnaire predicted ASI scores even after controlling for anxiety symptoms as measured by the Symptom Checklist-90 (SCL-90; Derogatis, 1983). In a replication and extension of Weems et al.'s (2002) study, Watt, McWilliams, and Campbell (2005) examined the relation between attachment styles and AS in a non-referred sample of 226 undergraduate students and found that insecurely attached individuals reported significantly higher AS levels than those with secure and dismissing attachment styles, and that the Model of Self-dimension was significantly related to the ASI after controlling for trait anxiety. These studies are important in that they provide evidence for a significant relation between AS and attachment styles, even after controlling for anxiety symptoms, in non-referred populations of adolescents and young adults.

Extending this research to non-clinical panickers, Austin, Jamieson, Richards, and Winkelman (2006) found that AS scores did not significantly differ between those with secure and insecure attachment styles, in contrast to previous findings. Austin et al. (2006) used a different measure to assess attachment style (Attachment Questionnaire-Modified Version [AQ-M]; see Hazan & Shaver, 1987) than Weems et al. (2002) and Watt et al. (2005). Also, the proportion of individuals classified as securely attached was disproportionately greater than that of these prior studies, possibly due to the categorical nature of the measure used (i.e., three descriptions—each corresponding to an attachment classification—and the respondent must choose one). Clearly, further research is warranted as only a handful of studies overall have delved into this issue.

Although these studies have begun to provide a foundation for the role of attachment in the development of AS, they have primarily centered on romantic attachments (Weems et al., 2002), close relationships more broadly defined (Watt et al., 2005), or both (Austin et al., 2006). No study has specifically examined the role of perceived attachment to parental figures and peers and its relation to AS and symptoms of worry and GAD. This step is important because (a) parental figures typically assume a key role in the formation of attachments during early infancy and early childhood (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1973), (b) there is increasing evidence of a connection between AS and worry in clinical and

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