Risk Factors in the Development of Anxiety Disorders:

Negative Affectivity

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Recently, several articles have been published in the Strides newsletter describing a variety of influences involved in the development of anxiety disorders. Watt and DiFrancescantonio (Fall 2010) discussed how learning, particularly classical conditioning, vicarious conditioning, and operant conditioning, appears to be involved in the development of anxiety disorders. McNally (Summer 2010) explores various factors that seem to be involved in the development of Post-Traumatic Stress Disorder, Stein (Spring 2010) discusses genetic factors implicated in anxiety disorders, while Watt and Stewart (Winter 2010) provided an overview of Anxiety Sensitivity, a trait-like sensitivity that appears to prospectively predict onset of panic attacks, is associated with panic disorder, health anxiety, and many other anxiety presentations. In the current paper, the role of Negative Affectivity will be examined in relation to anxiety disorders and depression.

What is Negative Affectivity?

The construct of negative affectivity arose from the emotion research literature, and has been described generally as “a stable, heritable trait tendency to experience a broad range of negative feelings such as worry, anxiety, self-criticisms, and a negative self-view” (Keogh & Reidy, 2000; p. 108). Clark, Watson, and Mineka (1994) defined negative affect as a temperamental sensitivity to negative stimuli resulting in feelings of fear, anxiety, depression, guilt and self-dissatisfaction. Put more simply, people who are seen as higher in Negative Affectivity tend to experience negative emotions more frequently than do people who are lower in Negative Affectivity. In their highly influential Tripartite Model, Clark and Watson (1991),
Negative Affectivity is seen as a common underlying factor contributing to both anxiety and mood disorders. It has been proposed that the sharing of this common factor may explain the high rates of comorbidity and similarity between mood disorders and anxiety disorders, particularly generalized anxiety disorder (Clark, Watson, & Mineka, 1994) which is frequently seen as most closely reflecting the negative affect construct (see Brown, Barlow, & Liebowitz, 1994; Brown, Chorpita, & Barlow, 1998). Anxiety and Depressive Disorders are differentiated by low Positive Affectivity (specific to depressive disorder) or high physiological reactivity (common to anxiety disorders; but see Brown, Chorpita, & Barlow, 1998).

Negative affectivity bears close resemblance to the constructs of neuroticism (e.g., Eysenck, 1967) and trait anxiety (Gray 1982; Speilberger, 1985). Eysenck’s (1967; 1983) conceptualization of this construct reflects a stable personality trait of emotional instability and elevated baseline sympathetic activity. Eysenck suggests that such individuals tend to react to events with strong emotions, and are highly conditionable. Gray’s (1982) formulation of the construct elaborates upon the conditionability hypothesis. He posits that individuals high on this construct react to perceptions of punishment and reward more readily than do other individuals. Craske (1999) and Barlow (1988, 2000) tie this construct of generalized vulnerability to Beck and Emery’s (1985) models of danger schemata, and suggest that the vulnerability “is associated with a perceived inability to predict, control, or obtain desired results” (Barlow, 1988; p. 248). Indeed, following reviews of the primary characteristics of these constructs, Zinbarg and Barlow (1996; Barlow, 2000) concluded that the similarity and overlap among the definitions of these constructs is so pronounced that the terms likely reflect the same construct.

More recently, several studies have examined how Negative Affectivity relates to other established risk variables, such as Anxiety Sensitivity, in the prediction of Anxiety Disorders and
Depression. In the first such study, Sexton, Norton, Walker, and Norton (2003) found that Negative Affectivity held a superordinate relationship among the risk variables, influencing Anxiety Sensitivity and Intolerance of Uncertainty which, in turn, predicted Panic and Health Anxiety symptoms, and Generalized Anxiety symptoms respectively. Nearly identical relationships have been subsequently observed in independent non-clinical (Norton and Mehta, 2007) and clinical samples (Norton, Sexton, Walker, & Norton, 2005) (see Figure 1).

Based on this evidence, as well as substantial genetic, developmental, comorbidity, and treatment response findings suggesting considerable commonalities among the anxiety disorder diagnoses (Norton, 2006), several independent research teams have begun to explore transdiagnostic or unified cognitive behavioral therapies that de-emphasize specific diagnoses and target the common processes underlying the anxiety disorder (e.g., Barlow, Allen, & Choate, CITE; Erickson 2003; Norton & Hope, 2005). Although still early in their development and evaluation, preliminary evidence suggests that these treatments are efficacious (Norton & Philipp, 2008), and a forthcoming pilot trial (Norton & Barrera, unpublished) suggests that a transdiagnostic group anxiety treatment is equally efficacious as diagnosis-specific group CBT for panic disorder, social anxiety disorder, or generalized anxiety disorder.
In the Summer 2010 edition of Strides, Professor Richard McNally made, as he is prone
to do, a very poignant observation regarding the value of neuroticism or negative affectivity as a
risk factor for the development of anxiety disorders. Specifically, Professor McNally wrote:

Other scholars question the explanatory potential of neuroticism (Ormel, Rosmalen, &
Farmer, 2004). To be sure, measures of this broad construct predict diverse negative
outcomes, including life stress, depression, unexplained medical symptoms, and
substance abuse. Yet because neuroticism reflects a person's average level of emotional
distress over time, the connection between neuroticism and its predicted outcomes
borders on the tautological. People who experience anxiety, depression, and anger at one
point in time are those mostly likely to experience these emotions in the future.
(McNally, 2010; retrieved 01/27/2011: http://www.anxietybc.com/feature-article-risk-
factors-ptsd).

Put another way, the general tendency to experience negative emotional states predicts the
development of negative emotional disorders. At first glance, this seems akin to stating that the
tendency to engage in criminal or anti-social activities predicts the development of anti-social
personality disorder. Indeed, much of the published research on neuroticism or negative
affectivity and anxiety disorders has been conducted cross-sectionally, which means that an
individual’s current level of anxiety undoubtedly influences their current level of negative
emotions (of which anxiety is a part). More longitudinal and lifespan research is clearly
necessary to better understand if negative affectivity does in fact predict later onset of
diagnosable disorders.
In contrast, however, we may not want to discard the proverbial baby with the bathwater. Returning to Professor McNally’s concern regarding the value of neuroticism as a predictor of PTSD (or other anxiety and depressive disorders, for that matter), perhaps this borderline “tautology” is exactly the point. If anxiety disorders represent the inappropriate experience of the negative emotion of fear, and if depressive disorders represent the inappropriate experience of the negative emotion of sadness, and if these tendencies covary so highly, should we not focus our attention on the general tendency to experience negative emotions more broadly rather than take a piecemeal approach and focus on anxiety and depression independently?

Rest assured, this question will be the subject of considerable debate in the coming years.
References


