CONTROL OVERESTIMATION IN ANXIETY DISORDERS

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Abstract: There are significant research antecedents that link anxiety with control (Barlow, 1988, 2000, Seligman, 1975, Wilkinson & Chamove, 1992). The relationship between control overestimation and Panic Disorder, Social Phobia and Generalized Anxiety Disorder was studied –following the DSM-IV criteria. The specific objective was to test the clinical hypothesis that considers control overestimation as a relevant variable to understand dysfunctional anxiety. The sample of patients assessed before treatment was of 103 (55%, women, and 45% men). They were assessed with specific measures: ISRA (Miguel Tobal & Cano Vindel, 1988) and the SCI (Shapiro Control Inventory), (Shapiro, 1994). Patients received specific cognitive-behavioral treatment. Correlations between anxiety and control were carried out before and after treatment (N=38). That treatment brought a remarkable reorganization that was simultaneous with control reorganization. As desire of control ameliorated, anxiety diminished. Results showed that control overestimation could be considered as a significant variable that can help patients understand dysfunctions associated with anxiety.

Introduction

It is worth highlighting that such authoritative writers as Beck (1985) and Barlow (1988) have suggested that the perception of the lack of control constitutes the main core of experiencing lack of anxiety. On the basis of this notion, several models and suggestions have been developed to explain alarm states related to threat appraisals. In anxious subjects, a typical vulnerability that implies a new level of tolerance to low controllable situations, in other words, compared to non-anxious subjects, anxious subjects are not able to control daily life situations in which they have to face different degrees of uncertainty and unsureness. Such concepts as desire for control (Burger, 1992), the degree of motivation which people tend to see themselves as being in control of life, and the overstimation of control, the proliferation of the expectation of manipulating and producing effects over areas that are not plausible of being controlled (Bogiaizian, 2005), are necessary to understand the mechanics of anxious processes.

Goals of the study

The general objective of this study is to find controlled and relevant evidence to contribute to the current discussion on anxiety disorders treatment. The specific objective is to test the clinical hypothesis that considers control overestimation as a relevant variable to understand dysfunctional anxiety. The general hypothesis of this thesis postulates that that desire for control has a critical function in the organization of certain dysfunctional anxious factors. The experimental hypothesis of this empirical study postulates that a decrease in anxiety is significantly related to the moderation of the desire for control achieved by treatment.

Methods

The design of this study comprised three phases. In the first one, we measured participants' anxiety and control profile. In the second one, the respective psychotherapeutic treatments were implemented. And in the third one, new anxiety and control measurements were administered to the participants, except for those who had dropped out treatment or could not be spotted.

Sample

- N = 103
- Social Phobia: 35%
- Generalized Anxiety Disorder: 31%
- Panic Disorder: 34%
- Gender:
- Female: 55%
- Male: 45%
- Age: Mean: 33.86; SD: 10.07
- Similar socio-economic status among participants.

Measures

The SCI (Shapiro Control Inventory) has nine scales, including 187 items in all.
- Offers feedback on four main areas: sense of control, modes of control, motivation for control and agency of control.
- Scales 1–4 assess signs that are associated with the sense of control.
- Scales 5–8: assess the modes of control.
- Scale 9: assesses Motivation for Control

The ISRA Inventory (Miguel Tobal & Cano Vindel, 1988) has 224 items.
- It assesses anxiety responses in several situations.
- It has three sub-tests which assess cognitive anxiety, physiological anxiety and motor anxiety, respectively.
- This measure comprises 22 definite situations which are organized in four groups: 1) judgement situations, 2) interpersonal situations, 3) phobic situations, and 4) common or daily life situations

Procedure

To assess anxiety, the ISRA Inventory (to assess cognitive, physiological and behavioral anxiety) was used in two instances. The first assessment was administered before treatment and the second one after treatment, in other words, between 6 and 18 months after the first assessment. To assess the patients' control profile, the SCI (Shapiro Control Inventory; Shapiro, 1994) was used before and after treatment, and at the same time as the ISRA.

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Statistics

Correlations between Anxiety and Control before Treatment

	Cognitive Anxiety	Physiological Anxiety	Behavioral Anxiety	Total Anxiety	Negative Sense of Control	Positive Sense of Control	Desire for Control
Cognitive Anxiety							
Physiological Anxiety	.683**						
Behavioral Anxiety	.716**	.641**					
Total Anxiety	.908**	.869**	.883**				
Negative Sense of Control	.518**	.324**	.490**	.503**			
Positive Sense of Control	-.502**	-.226**	-.411**	-.434**	-.466**		
Desire for Control	.305**	.433**	.367**	.412**	.230**	-.086	

n = 103
** p < .01

Correlations between Anxiety and Control after Treatment

	Cognitive Anxiety	Physiologic al Anxiety	Behavioral Anxiety	Total Anxiety	Negative Sense of Control	Positive Sense of Control	Desire for Control
Cognitive Anxiety							
Physiological Anxiety	.719**						
Behavioral Anxiety	.791**	.719**					
Total Anxiety	.934**	.878**	.917**				
Negative Sense of Control	.322	.146	.129	.230			
Positive Sense of Control	-.464**	-.236	-.248	-.362*	-.609**		
Desire for Control	.208	.260	.185	.237	.266	-.213	

n = 38
* p < .05
** p < .01

Conclusions

The overall review of the statistics springing from this empirical study suggests that the desire for control has effective relevance to understand Social Phobia, GAD and PD. The three clinical groups seem to behave in a similar way, which is consistent with the diagnostic taxonomy for Anxiety Disorders suggested by the APA. SP, GAD and PD seem to share similar psychological arquitectures and to share the same response to treatment. In measurements prior to treatment, a significant and positive correlation between anxiety and desire for control was found, as well as a positive correlation between anxiety and negative sense of control. The relevance of the sense of control, either the positive or the negative sense and its relation with anxiety, expands on findings of prior studies (Barlow, 1988, Shapiro, 1994). It seems that the higher the level of anxiety, the worse the sense (or perception) of control.

Study Limitations and Future Research

Patients with OCD, TEPT and Specific Phobias were not included in this study.
Decrease in the N for the assessment following treatment.
The results analyzed here suggest that an excessive degree of the desire for control is critically associated with the desire for anxiety. These findings present clinical implications for the design of specific treatments.

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First of all, let me introduce myself. I'm, Daniel Bogiaizian; I am from Argentina. I am the President of an Institution called AYUDA, which is devoted to the treatment, research and recovery from Anxiety Disorders. I am also the Secretary of Anxiety Disorders Association of Argentina, whose format and function resemble those of the ADAA (Anxiety Disorders Association of America).