

Basic Science and Clinical Application of the Contrast Avoidance Model in Generalized Anxiety Disorder

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The Contrast Avoidance model (Newman & Llera, 2011) proposes that individuals with generalized anxiety disorder (GAD) are excessively sensitive to negative emotional shifts (contrasts) in response to unpleasant events, and thus recruit a state of sustained intrapersonal negativity via worry as a defensive stance against such shifting states. Here we review the basic science related to environmental, psychological, and biological risk factors in the development of such emotional sensitivities in GAD, and present evidence supporting the position that worry and maladaptive interpersonal styles are employed as defensive strategies to protect against emotional contrasts. We present 2 case examples to elucidate these issues, as well as to introduce specific clinical recommendations for targeting and treating these behaviors. Suggestions for future avenues of research are also discussed.

Keywords: experiential avoidance, emotion, generalized anxiety disorder, models of GAD

Our understanding of generalized anxiety disorder (GAD) has evolved considerably in the decades since it was introduced as a stand-alone disorder; however, the literature holds substantial inconsistencies regarding the role of worry, the principal symptom of GAD. In particular, several theories have posited that worry is used as a means to avoid distressing affect (e.g., Newman, Castonguay, Borkovec, & Molnar, 2004). However, basic research has failed to support these theories consistently. In response, Newman and Llera (2011) introduced a data-driven theory, the Contrast Avoidance model, which posits that worry is essentially a means to

avoid a shift from a neutral or positive affective state to a negative affective state, which we define as a *negative emotional contrast*. Below, we describe the evidence consistent with this new model with respect to etiology, reactivity to stress, attempts to self-regulate, and interpersonal behaviors of individuals with GAD. We also illustrate the clinical implications of this theory through two clinical vignettes.

Overview of GAD

GAD is primarily defined by its core symptom of chronic and uncontrollable worry about a number of topics most of the day nearly every day for at least 6 months. Associated physical symptoms include fatigue, muscle tension, restlessness, difficulty sleeping, feeling on edge, irritability, difficulty concentrating, and gastrointestinal symptoms. Such worry causes at least moderate distress or impairment. Lifetime GAD prevalence has been estimated to be about 14.2% with past-year prevalence of 4.2% (Moffitt et al., 2010).

Although GAD may be viewed as one of the less debilitating diagnoses, studies show

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