

INVESTIGATING TRAIT IMPLICIT THEORIES OF WORRY IN GENERALIZED ANXIETY DISORDER

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Implicit theories refer to the beliefs people hold about personal attributes. Specifically, growth mindsets reflect believing a personal attribute is malleable, while fixed mindsets reflect believing a personal attribute is unchangeable. Limited research has examined implicit theories in relation to anxiety, and no previous research has examined implicit theories of worry in relation to generalized anxiety disorder (GAD). The present study examined the associations trait implicit theories of worry have with worry severity, GAD symptoms, related dysfunctional beliefs, and interest in and expectations for different forms of treatment. Participants were 269 undergraduate students who completed the study online. Pearson product-moment correlations were conducted. Our first hypothesis was that stronger fixed beliefs about worry would be associated with greater worry severity and GAD symptoms. Consistent with this, stronger fixed mindsets moderately correlated with higher levels of worry and GAD symptoms. Our second hypothesis was that fixed beliefs about worry would be associated with dysfunctional beliefs that are associated with GAD. This hypothesis was also supported. Fixed beliefs about worry were moderately-strongly associated with anxiety sensitivity, intolerance of uncertainty, cognitive avoidance strategies, and negative metacognitive beliefs about worry. Our third hypothesis was that individuals with stronger fixed beliefs would show lower interest in and expectations for treatment, and lower expectations that worry can change. This hypothesis was partially supported. Fixed beliefs about worry were associated with decreased expectations that worry can change and less confidence in the effectiveness of self-help treatment, but greater interest in medication-based treatment. Further, fixed beliefs were unrelated to interest in or expectations for psychotherapy. Our results highlight that implicit theories of worry are associated with GAD and related dysfunctional beliefs. Further, since fixed beliefs about worry do not appear to prevent individuals from accessing psychotherapy, clinicians may wish to consider addressing fixed beliefs early in therapy.

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