

Neuroticism to GAD: The Influence of Thought Processes and Metacognitions





Generalized Anxiety Disorder & Worry

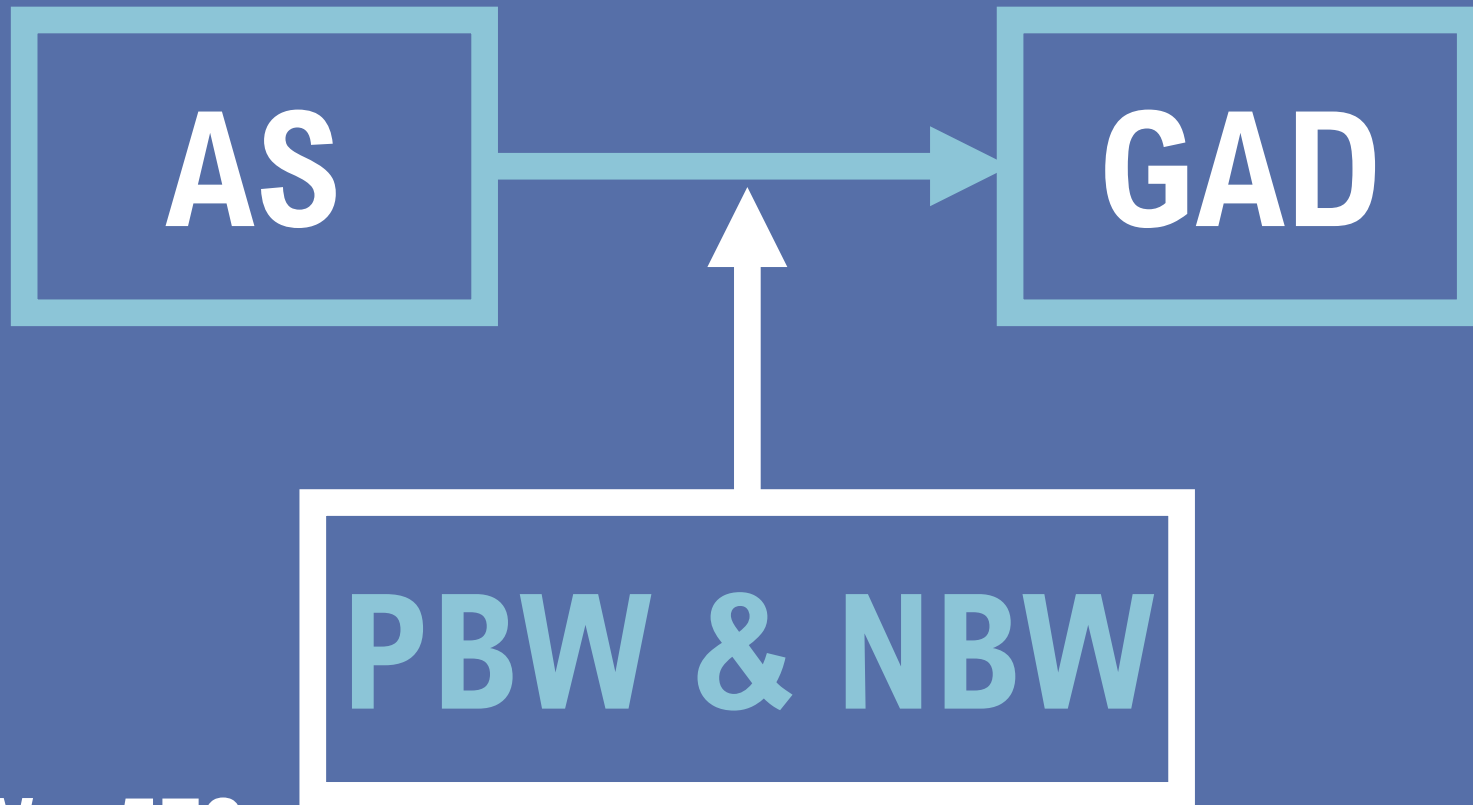
(American Psychiatric Association, 2022)

- **Anxiety Sensitivity**
- **Positive & Negative Beliefs About Worry**

(Taylor et al., 2007; Wells & Cartwright-Hatton, 2004)

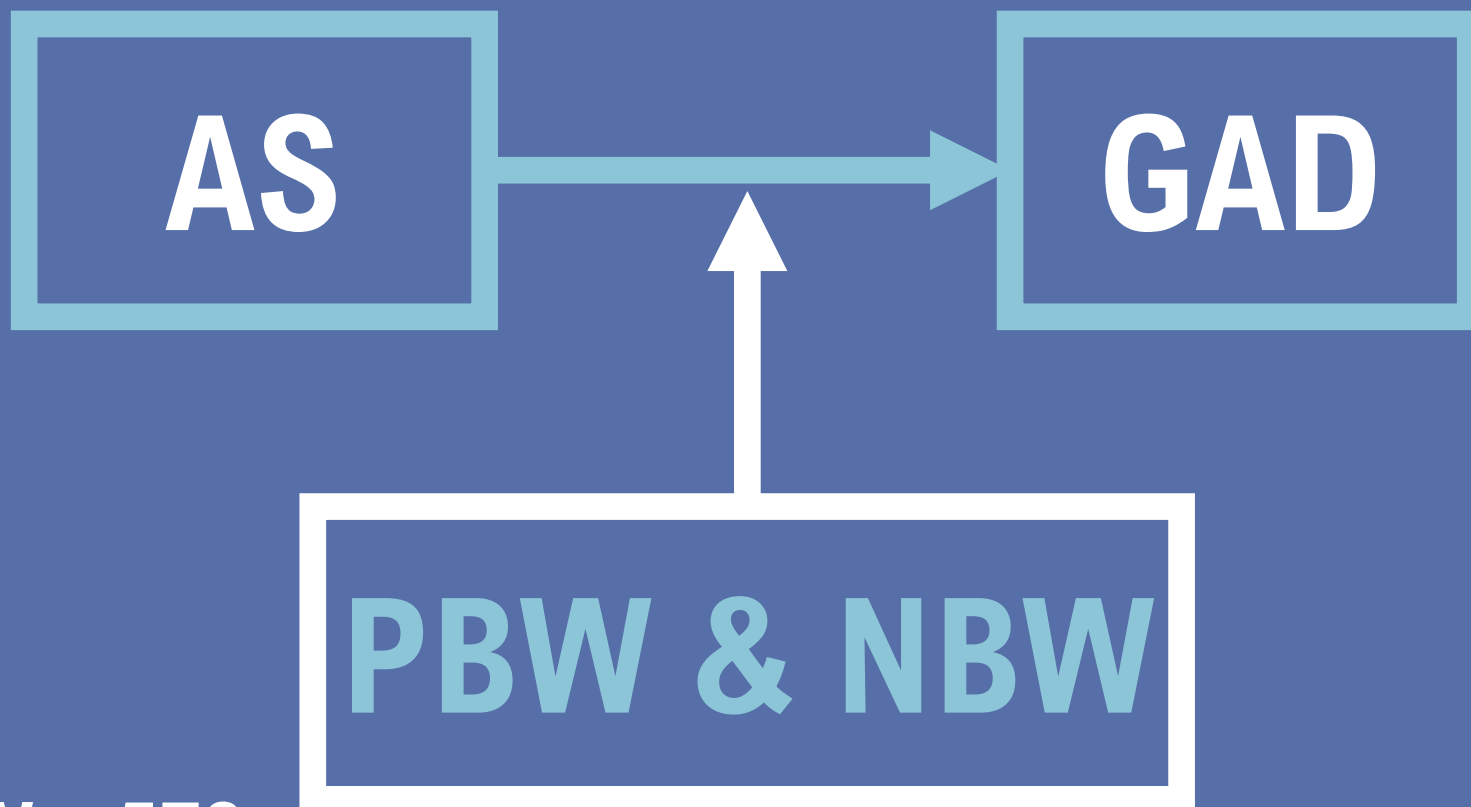


Study 1



N = 573

Study 1



$N = 573$

(Gorday & Bardeen, 2022)

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The Interactive Effect of Anxiety Sensitivity and Metacognitive Beliefs on Anxiety

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Anxiety sensitivity (AS) has been identified as a contributing factor to the development and maintenance of anxiety. Individuals with high AS are sensitive to bodily cues and anxiety-related thoughts and often misinterpret these stimuli as catastrophic or dangerous. Similarly, negative and positive metacognitive beliefs (i.e., beliefs about thinking) are believed to increase internal threat monitoring and the use of maladaptive coping strategies, which may increase the impact of AS on anxiety. As such, the purpose of the present study was to examine the moderating role of metacognitive beliefs on the relationship between anxiety sensitivity and anxiety. Adult participants ($N = 417$), recruited through an online crowdsourcing website, completed a battery of measures assessing the constructs of interest. Results from multiple linear regression indicated that the relationship between AS and anxiety became significantly stronger as negative and positive metacognitive beliefs increased, thus suggesting that negative and positive metacognitive beliefs may exacerbate the effect of AS on anxiety. The development of risk profiles that incorporate AS and negative and positive metacognitive beliefs may be beneficial for early identification of individuals at high risk for the development of anxiety.

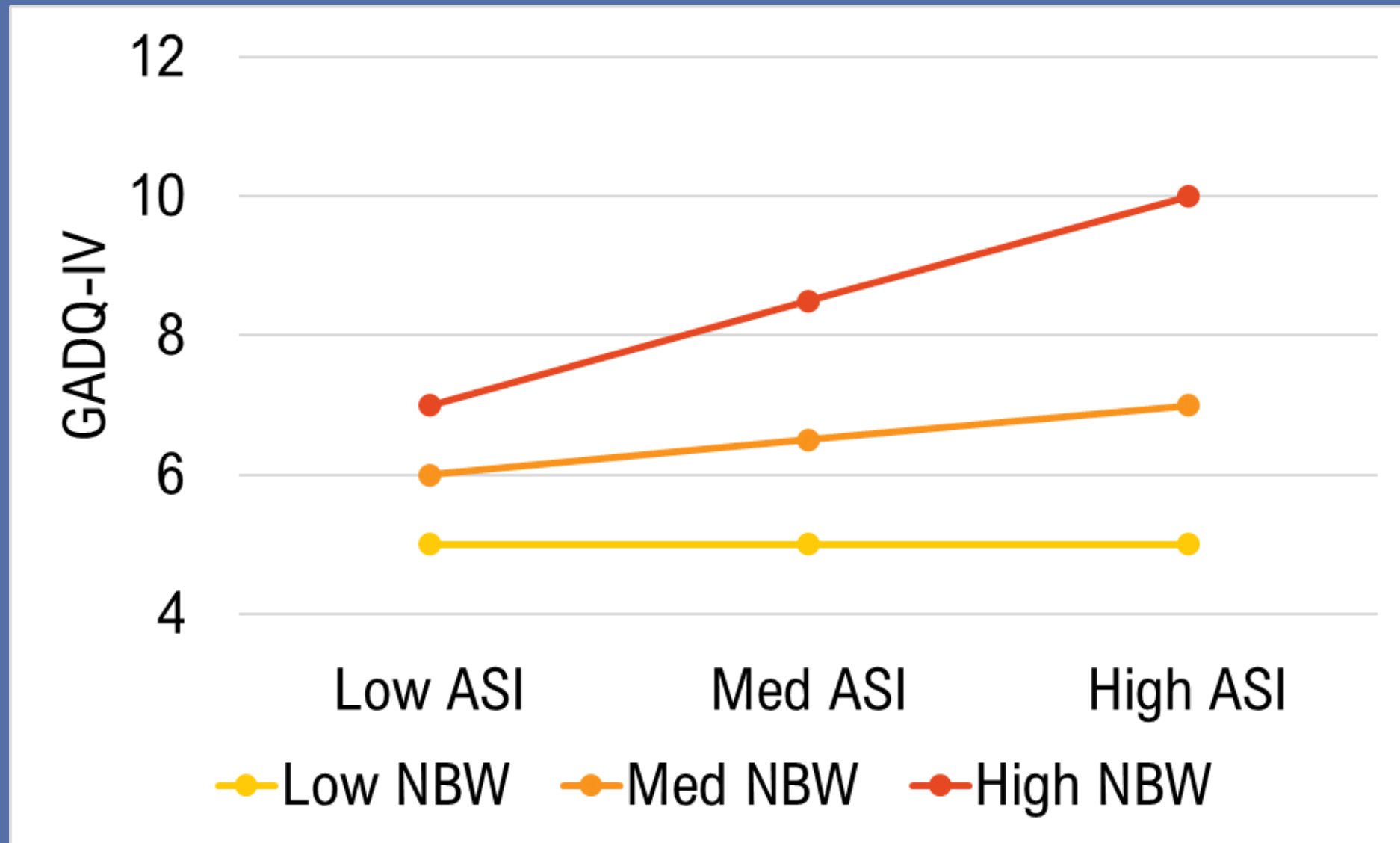
Keywords: anxiety; anxiety sensitivity; metacognition; metacognitive beliefs

Anxiety is consistently identified as one of the most prevalent classes of psychiatric problems (Simpson et al., 2010). Approximately 18% of the U.S. population will be afflicted with clinically significant levels of anxiety in a given year and nearly 30% of Americans will meet the diagnostic criteria for at least one anxiety disorder in their lifetime (Kessler et al., 2005). In addition to the emotional suffering experienced by those with anxiety, these individuals experience poorer physical health with more bodily pain and discomfort and relatively worse interpersonal functioning and job performance when compared to those who do not have anxiety (Hoffman et al., 2008). Likewise, the economic burden of anxiety disorders is staggering, costing about 40 billion dollars per year in the United States (DuPont et al., 1996; Greenberg et al., 1999) and 40 billion euros per year in the European Union (EU; Andlin-Sobocki & Wittchen, 2005). Findings from the Global Burden of Disease (GBD) Study of 2010 found that among disorder classes, anxiety accounted for the second highest number of disability-adjusted life years (i.e., approximately 26.8 million; Whitford et al., 2013). Given the considerable emotional, social, and economic burden associated with anxiety, it is important to identify risk and protective factors to better understand the pathogenesis and maintenance of anxiety pathology.

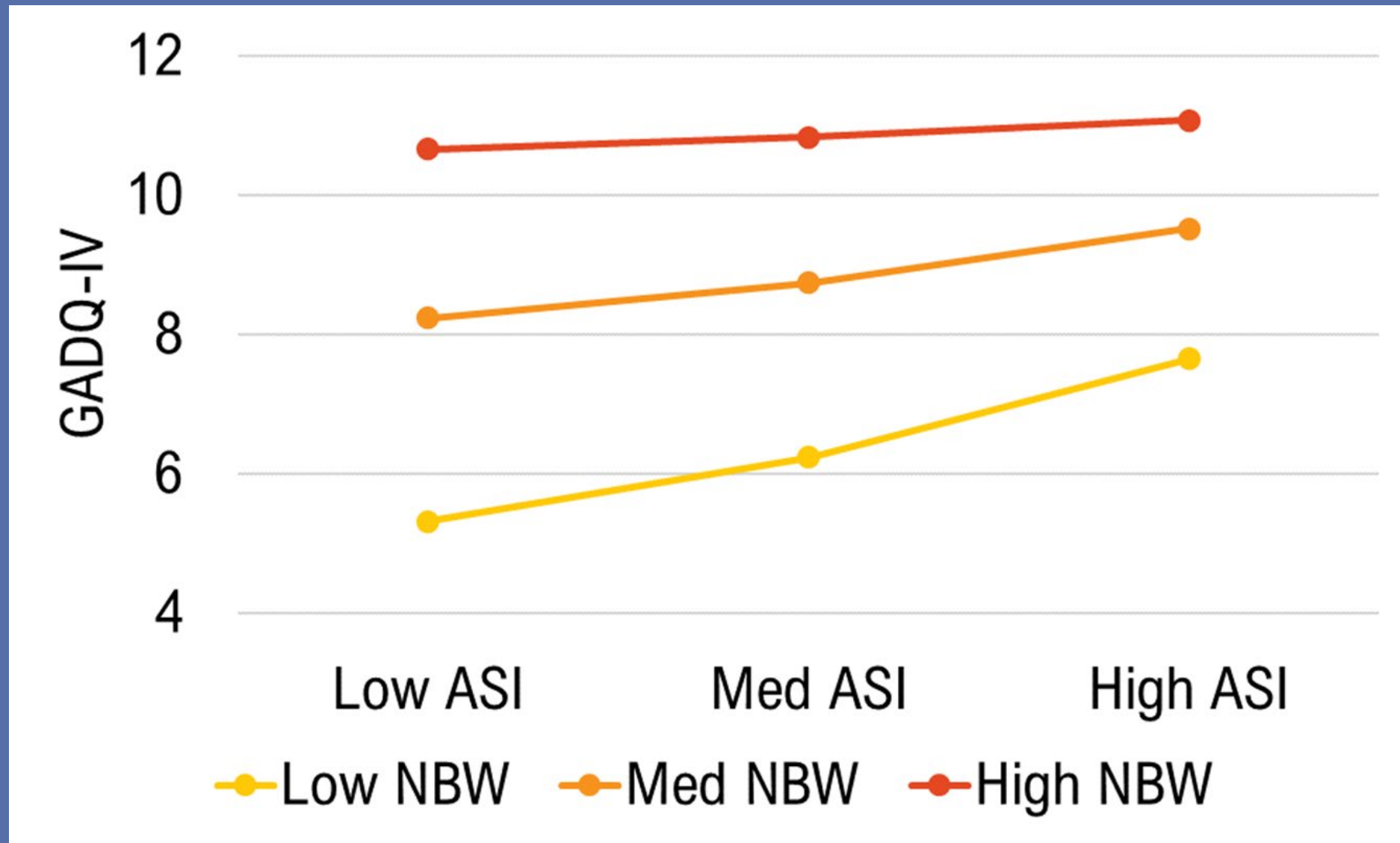
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Study 1 Expected Results



Study 1 Actual Results





- Possible Negative Moderation
- Intro Psych Students are Anxious!

- **Neuroticism**
- **Intolerance of Uncertainty**



(Hong & Lee, 2015; McCrae et al., 2005)



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Study 2

- **Canada Wide**
- **Adults 18-65**

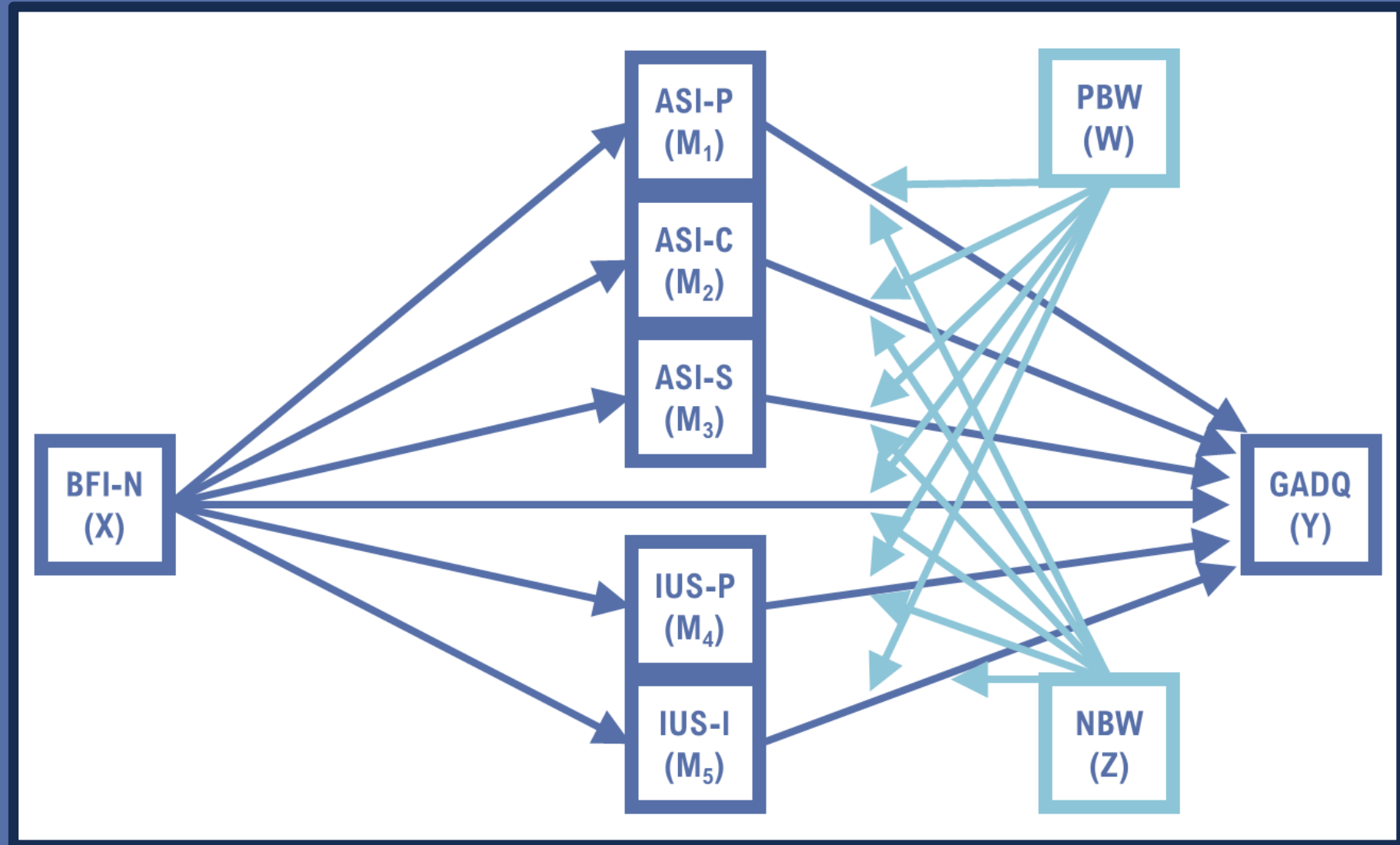
$N = 627$



Study 2

GAD

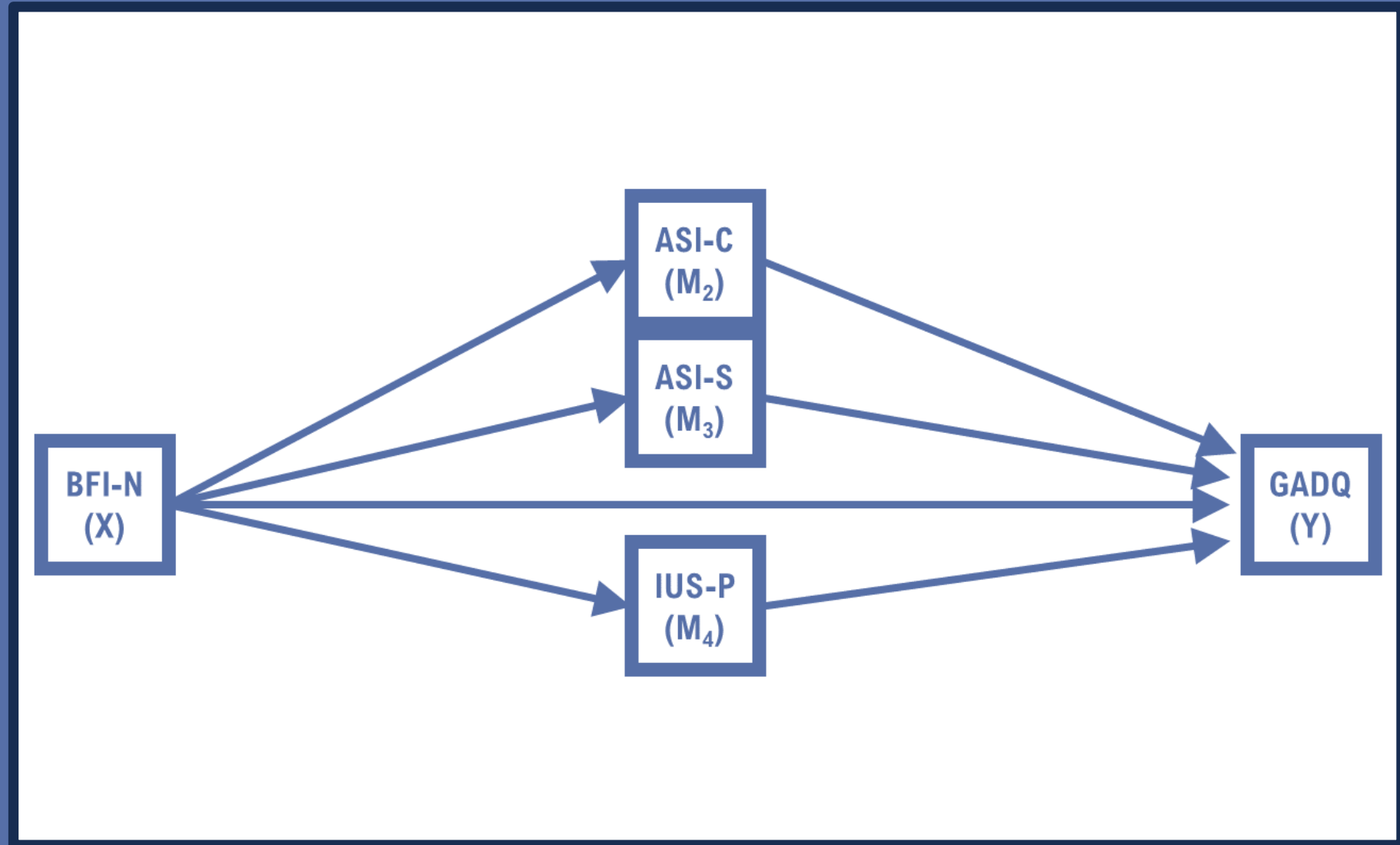
Plan



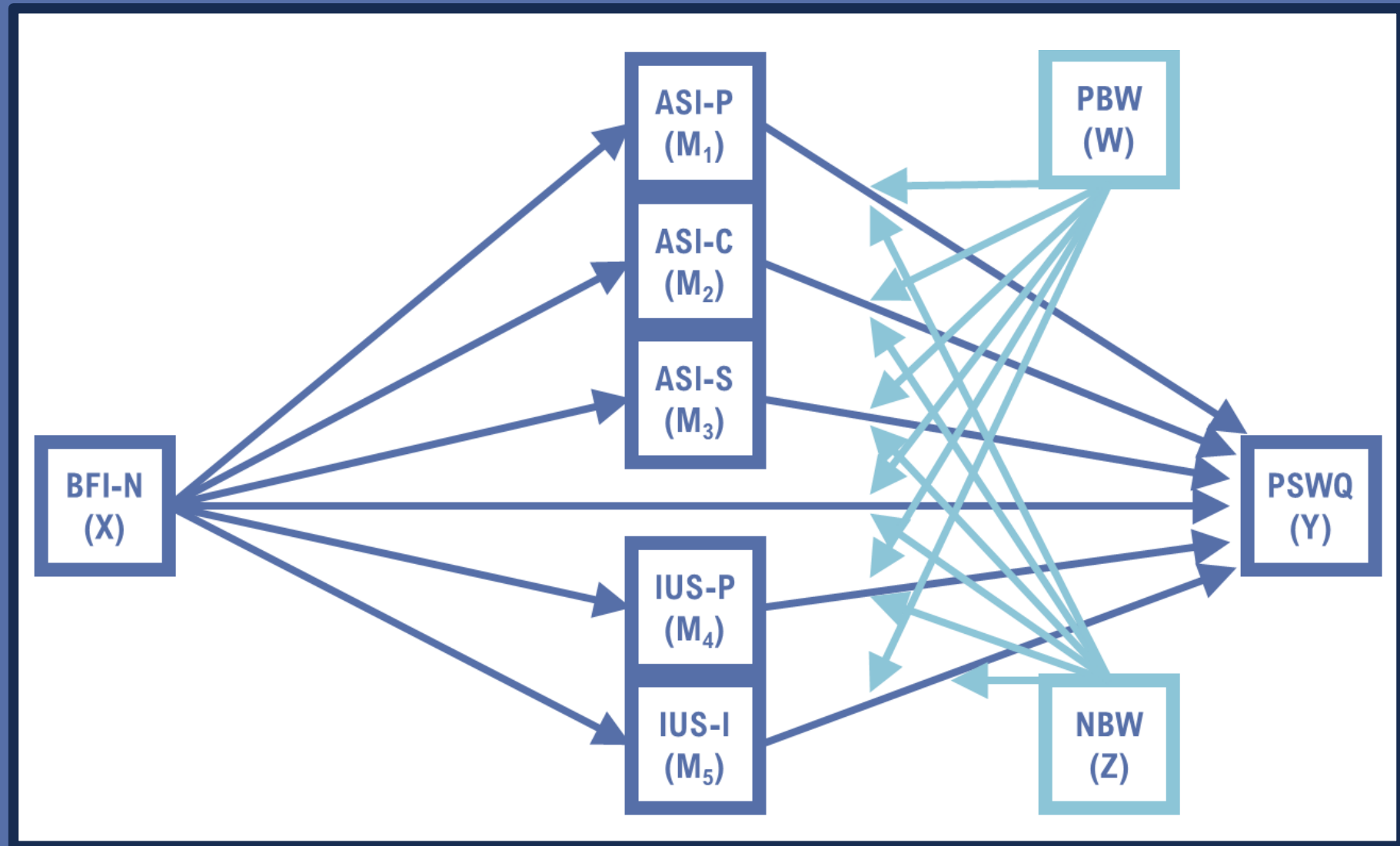
Study 2

GAD

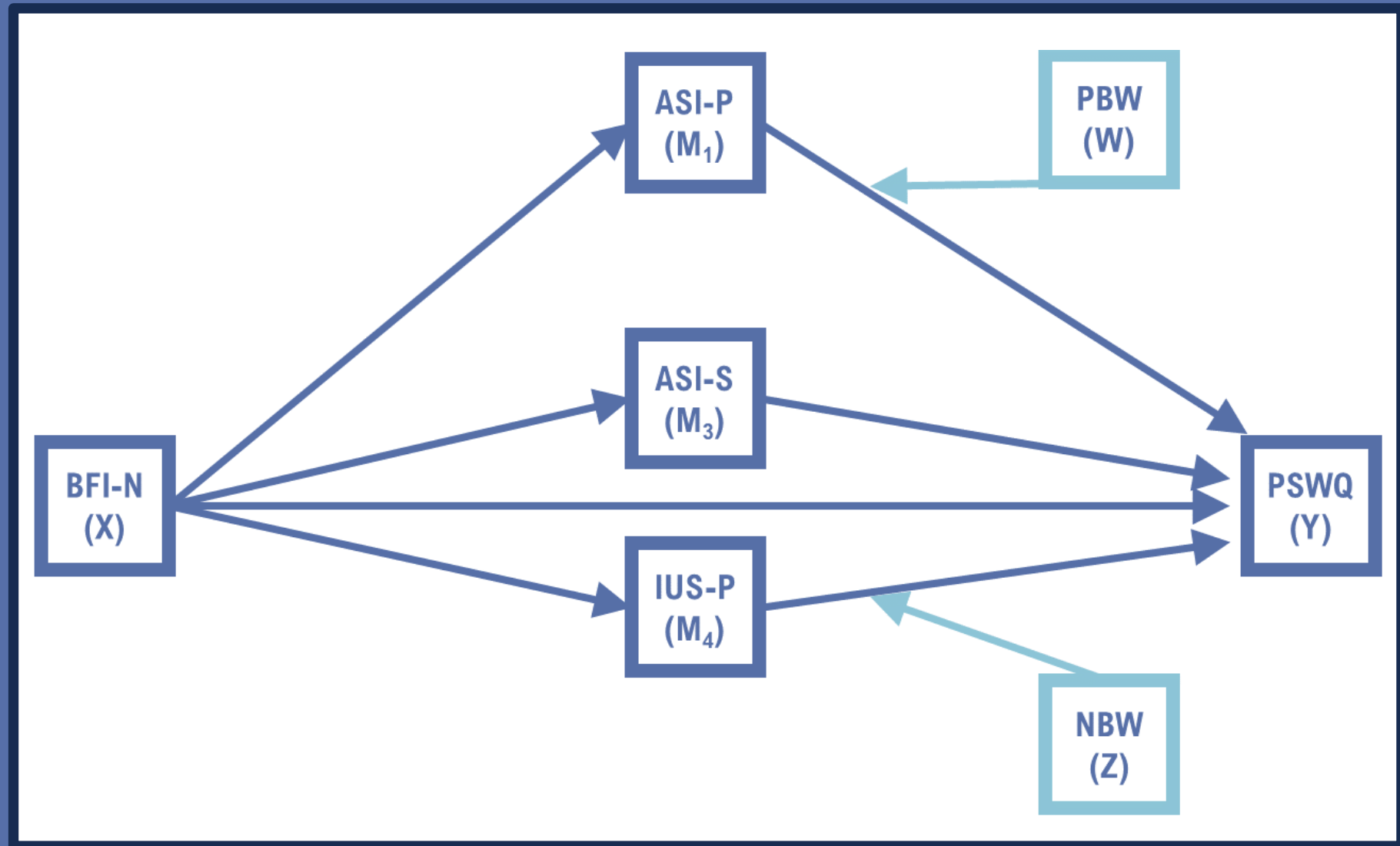
Results



Study 2 Worry Plan



Study 2 Worry Results





**What does this
all mean?**

Where do we
go from here?



Questions

