

Relationship between Catastrophizing, Attribution Style and Generalized Anxiety Disorder

Yicheng Chen^{1,*}

¹Pinghe School, Shanghai, 201206, China

*Corresponding author:
dwarde798@gmail.com

Abstract:

Generalized Anxiety Disorder (GAD) is a chronic psychiatric condition characterized by excessive worry accompanied by cognitive, somatic, and behavioral symptoms. Its development involves complex interactions among biological, psychological, and social factors. GAD is also associated with brain emotion-regulation areas changes. The findings, however, are still conflicting and suggested that the disorder cannot be sufficiently explained by brain structure per se and that neuronal connections and dynamic networks should also be examined. According to genetic and familial studies, the occurrence of GAD is increased by the presence of several genes with minor effects and environmental factors, and one of the major causes of recurrence of symptoms is psychological processes, particularly maladaptive thought patterns such as self-blame and catastrophizing. Since internal attributional styles enhance anxiety by maintaining the emotions of helplessness, and because catastrophizing results in a vicious cycle of exaggerated danger perception, reduced self-efficacy and avoidance behavior, these cognitive vulnerabilities are further shaped by developmental factors such as childhood trauma. Stigma may hinder individuals from seeking help, and social stresses and lack of support may also worsen the symptoms. The process of making a diagnosis and providing therapy is complicated by comorbidity with depression. The examples of effective therapy are cognitive-behavioral and metacognitive therapies, exposure and problem solving training to enhance self-efficacy, and neuroscience-based approaches to emotion control and mindfulness training. Considering all these, understanding GAD and developing more comprehensive treatment plans requires a synthesis of biologic, cognitive and social viewpoints.

Keywords: Generalized Anxiety Disorder; Catastrophizing; Attribution Style.

1. Introduction

Generalized Anxiety Disorder defined in the DSM – 5 says: In order to be diagnosed with GAD, at least 3 out of 6 possible symptoms must have been shown for a long time. These symptoms are: feeling restless or on edge, having trouble concentrating, having sleep or anxiety problems, having muscle tension, being irritable, and feeling fatigued..

Individuals diagnosed with GAD do not only show clear emotional distress, but they also show that there are problems with the cognitive, somatic and behavioral systems. From a biopsychosocial perspective, individuals with GAD are usually characterized by strong emotional responses and an inability to control their negative emotions, which often lead to impaired social interaction and daily functioning. This view suggests that biological factors, how individuals think and social factors play a role in when, how long and how GAD develops [1].

But then, new research came out saying that GAD does not always cause very simple and very direct changes in brain structure. Some studies did not find strong and stable relationships between GAD and changes in brain structure. This calls into question the usefulness of looking at an individual's brain shape as a way of predicting if they have GAD. That is, although researchers can see some differences in the brains of some people with GAD, the structure of the brain itself may not have a clear relationship to the disorder in other individuals. This highlights the need to consider neural function, connectivity, and dynamic networks rather than relying on static anatomical measures. It also leaves the possibility open that structural findings may reflect compensatory processes, comorbidity, or methodological differences across studies [2].

Genetic and family factors also play a role in GAD, but it's still complicated. Some people think that genes make people more likely to get anxious. This includes being more sensitive to threats, having stronger emotional reactions, and different stress responses. It's more likely that many genes with small effects, along with environmental factors and life experiences, make a person more likely. Population studies and meta - analytic work show that genes can affect how strong and how well - regulated anxiety - related responses are. They also show that genes and the environment interact a lot.

Even though biology matters, not every person with Generalized Anxiety Disorder (GAD) has an obvious biological tendency. Psychological factors are very important. They often work together with biological factors to cause and keep anxiety symptoms going. Thinking and emotions are key. Among these, always thinking the worst and blaming themselves are important ways of thinking [3].

2. Catastrophizing

Catastrophizing means that individuals expect the worst things will happen. They think that the danger more than it really is and think that they can not handle things well. Individuals who often worry in a catastrophic way usually report that they are not sure that they can solve problems. They also feel more anxious. This is a vicious circle. As they worry more, they feel that they have less control. This can make them feel more distressed. It makes threats seem closer and harder to avoid. So, individuals may avoid things more and be overly alert [4].

A lot of research has shown that catastrophizing and self - efficacy are negatively related. When people start to catastrophize, they think that bad things are more likely to happen. They also think that those bad things will be more serious [5]. This wrong way of thinking leads to bad ways of coping and long - lasting anxiety, which is related to Generalized Anxiety Disorder.

Health anxiety, an example of real world catastrophizing, often includes excessive monitoring of one's bodily sensations. People with health - related anxiety are very watchful of their bodily sensations. They often think that normal body signals mean that they have a serious illness. This wrong idea creates a self repeating cycle. In this cycle, their concerns about their bodies become more obvious. Their fear gets stronger. It becomes hard for them to function in daily life. The cognitive-neuropsychological framework says that catastrophizing makes people more focus on threat signals. At the same time, it makes them feel that they can not trust themselves. This makes it hard for them to use good ways to deal with problems [4].

3. Attribution

Internal attribution, which is how individuals explain the causes of events, also plays a significant role in anxiety. People with Generalized Anxiety Disorder (GAD) are more likely to make internal attributions for negative events. They think that failures are because of internal and unchanging factors. They usually do not think much of the influence of external situation. At the same time, they may think that successes are due to external factors. This makes them feel that they do not have control over their own actions. This attributional style can exacerbate anxiety. It does this by making individuals believe that negative outcomes are inevitable. It makes them feel that they have less control and less confidence in themselves.

The literature on development helps people understand another of these situations. For instance, childhood trauma makes people more likely to catastrophize later in life. Papioannou and colleagues say that having bad experiences

in early life makes individuals more sensitive to threats and make them adopt bad thought patterns, like always thinking the worst [6]. This way, people can see that early life experiences are connected to later thinking styles that increase the risk of GAD. These developmental pathways show people how early experiences can lead to cognitive styles that last throughout life.

How much anxiety a person feels depends on how she attributes things. If individuals think negative events are their own fault, their anxiety will go up. That's because they feel that bad results show their own flaws, and they think they can not do anything about these flaws. This spiral continues, believing that negative situations can not be controlled makes the threat seem bigger, makes people less confident in themselves, and makes them believe less in their ability to handle things. On the other hand, if individuals think negative events are due to outside causes and think positive events are because of outside causes, they'll feel more in control and more confident in themselves. This will lower their anxiety and help them deal with things better.

Empirical studies have looked at the connection between attributional styles and anxiety in different situations. For instance, researchers interviewed 239 students from a university and checked back with them four weeks later. The researchers found that predicting higher anxiety in the future was connected to blaming negative events on internal reasons and giving credit for positive events to outside causes [7]. Also, individuals with GAD were more likely to blame negative events on themselves. This cognitive bias may intensify worry and reduce perceived control.

Another line of investigation looked at how attributional style in competitive situations. Gardner and his colleagues studied 72 soccer players. The players completed several measures. These included the Conceptions of the Nature of Athletic Ability Questionnaire-Version 2, the Sports Competition Anxiety Test, and the short form Sports Attributional Style Scale. The researchers found that attributional style and anxiety interact. Outside attribution tended to lower anxiety, while inside attribution tended to raise it [8].

This cognitive, attributional process, like catastrophizing or internal attribution, do not work by themselves. They're part of a cluster of maladaptive processes that maintain GAD, including neuro-psychological mechanisms. These mechanisms include paying too much attention to threats, constantly thinking about negative things, and having trouble controlling the thoughts.

4. Therapies

From the point of view of cognitive-neuropsychology, cat-

astrophizing causes people to focus on threat information in what they see and remember. It also makes them less confident in their ability to solve problems and less likely to use effective ways to handle situations. When people perceive more threats and lack confidence in themselves, they begin to avoid situations and worry constantly, which allows the disorder to persist.

In addition to the directly psychological reasons, social and environment factors also contribute to the Generalized Anxiety Disorder (GAD). Continuous stress, serving for others, work pressure and problems in relationship make people worry more and disorder in controlling emotion.

Co - occurring conditions are very common in Generalized Anxiety Disorder (GAD). Major depressive disorder often occurs at the same time. This co - occurrence makes assessment and treatment more difficult. That's because the symptoms of these two conditions overlap. This overlapping makes it difficult to distinguish these two conditions. And it makes the individual's outcome worse. Clinicians should check for comorbidity. They should adjust the treatment according to the situation. They need to know that how well the treatment works would change according to the number of anxiety or depressive features.

In clinical practice, these insights would lead to several things people can do. First, there are therapeutic ways which focus on cognitive process. For example, method to change maladaptive thought pattern. Take cognitive - behavioral therapy (CBT) and metacognitive therapy for example. The therapy aims at changing the tendency in thinking the worst. It changes the way that individuals attribute for things. And it improves the ability in regulating emotion. Second, there are interventions which focus on enhancing self-efficacy and the feeling of being in control, for example, gradual exposure or problem-solving training. They can break the circle of anxiety. Take gradual exposure for example. It encourages individuals to face the situations that they are afraid of gradually. And take problem - solving training for example. It improves problem - solving skills. In addition, they can give individuals experiences where individuals feel they have mastered something. Third, from the neuroscience point of view, if there are therapies that can change the neural connection and the shared networks, for example, mindfulness - based intervention. Take attention retraining and emotion regulation training for example, it would improve how well the brain can work even though the structure of brain is different.

5. Conclusion

The complex illness of GAD is mediated by social, psychological, and biological factors. The pathology of GAD

cannot be explained by brain changes or genetic risk factors alone, as seen by the conflicting findings of neuroimaging and genetic research, which focus on structure and heritability, respectively. Psychological processes are important in amplifying anxiety, reducing self-efficacy, and maintaining anxiety loops, particularly maladaptive cognitions like internal attribution and catastrophizing. Early developmental events, especially exposure to childhood trauma like abuse, neglect, or persistent stress, can build cognitive vulnerabilities that last throughout adulthood. These bad events have the power to skew people's cognitive schemas, resulting in enduringly pessimistic views about the world and themselves. Adults who engage in such maladaptive thought patterns are more likely to experience anxiety and depressive disorders over time because they may perceive unclear circumstances as dangerous or unmanageable, which perpetuates lifelong cycles of worry and emotional suffering.

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