

Research Paper

An Evaluation of the Contributions of the Triple Vulnerability Model to the Prediction of Emotional Disorders



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ABSTRACT

Objectives The triple vulnerability model includes three types of vulnerability in terms of emotional disorders: general biological vulnerability, general psychological vulnerability, and disorder-specific psychological vulnerability. Since previous studies have mostly addressed only one of these components, this study was conducted to examine all the three components of the triple vulnerability model at the same time in patients suffering from emotional disorders and normal people.

Methods Using a causal-comparative design, 20 patients with obsessive-compulsive disorder, 20 patients with major depressive disorder, and 20 patients with generalized anxiety disorder were compared with 20 normal people (control group). The data were collected from March to June 2015. The patients and control group were selected through convenience sampling from the people attending private psychotherapy clinics in the city of Urmia and the normal people living in Urmia, respectively. The patients and control groups were matched with each other with regard to some demographic variables. A multivariate analysis of variance (MANOVA) was conducted to determine the differences between the patients and the control group.

Results Patients suffering from generalized anxiety disorder, obsessive-compulsive disorder, and major depressive disorder were more vulnerable to general biological vulnerability and general psychological vulnerability ($P=0.001$). With regard to disorder-specific psychological vulnerabilities, a significant difference was found between the patients with generalized anxiety and the control group where patients being more intolerant of uncertainty ($P=0.001$). We also found that obsessive-compulsive patients had more thought-action fusion and major depressive patients had more dysfunctional attitudes compared with the control group.

Conclusion Because of the significant difference between patients with emotional disorders and control group in terms of the dimensions of the triple vulnerability model, it can be argued that this model could be envisaged as comprehensive and suitable etiological and diagnostic criteria for these patients.

Key words:

Triple vulnerability model, Emotional disorders, Normal people

Extended Abstract**1. Introduction**

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nxiety disorders appear to be among the most common emotional disorders as epidemiological studies indicate that

these disorders are the most prevalent mental disorders with an incidence rate of 16-29%. Among these, Generalized Anxiety Disorder (GAD) is a common psychiatric disorder with an annual incidence rate of 3-8%. The incidence rate of Obsessive Compulsive Disorder (OCD) reported to be 2-3% over a lifetime. Affecting 4.16% of the world population, Major Depressive Dis-

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order (MDD) is another prevalent psychiatric disorder referred to as the “common cold” of mental disorders. One of the most comprehensive models about etiology of these disorders is the triple vulnerability model. According to this model, etiology of emotional disorders is associated with three types of vulnerabilities: general biological vulnerability, general psychological vulnerability (perceived control over stressful events and emotional states), and disorder-specific psychological vulnerability (caused by individual learning experiences).

Despite the prominence of this model as a framework for understating the etiological features of emotional disorders, there is a dearth of research on a comprehensive evaluation of the dimensions of this model in Iran. Therefore, this study aimed to examine all three components of the triple vulnerability model in patients suffering from emotional disorders as well as normal people to shed more light on the role of each of these vulnerabilities in the etiology and explanation of emotional disorders. Additionally, such an evaluation is expected to provide researchers with a comprehensive examination of this model.

2. Methods

Employing a causal-comparative design, the present study was conducted from March 2014 to June 2015. The statistical population of the study included all patients suffering from GAD, OCD, MDD, and the normal people living in Urmia. The participants (N=80) included 20 patients with GAD, 20 patients with OCD, 20 patients with MDD, and 20 normal people all of whom were recruited through convenience sampling. The patients were selected based on inclusion and exclusion criteria from people attending a private psychotherapy clinic in the city of Urmia. The normal people were also recruited from the public places of Urmia based on their volunteer participation. The patients and normal people were matched with each other to control for variables such as gender, marital status, and education. After receiving the initial diagnosis from a psychiatrist, the patients were given a structured clinical interview. In case their diagnosis was later confirmed, and they met the inclusion criteria, the patients were asked to sign an informed consent form and fill out the questionnaires individually. To gather the data, the following scales were used: NEO-FFI-R, Anxiety Control Questionnaire-Revised, Thought Fusion Instrument, Dysfunctional Beliefs Scale, and Intolerance of Uncertainty Scale. To analyze the data, a multivariate analysis of variance (MANOVA) was conducted using IBM SPSS 21.

3. Results

The results of the present study showed that there was a significant difference ($P<0.001$) among the four groups (patients with GAD, patients with OCD, patients with MDD, and control group) regarding the following variables: neuroticism, extraversion, anxiety control, thought-action fusion, dysfunctional attitudes, and the intolerance of uncertainty. The mean score of neuroticism in patients suffering from GAD, OCD, and MDD was higher than that in control group. However, the mean score of extraversion in patients with these disorders was lower than that in control group. Therefore, individuals suffering from emotional disorders were biologically more vulnerable than normal people. Patients with GAD, OCD, and MDD were also significantly different ($P<0.001$) from the control group in terms of anxiety control where the mean score of anxiety control in the patients suffering from GAD, OCD, and MDD being lower than that in control group. This variable is the main constituent of general psychological vulnerability. According to Barlow, individuals suffering from this vulnerability have a low perceived control over life stress and emotional states.

Additionally, the mean score of intolerance of uncertainty was highest in patients with GAD and MDD indicating a significant difference between these two groups and other groups. The other two variables, thought-action fusion and dysfunctional attitudes, demonstrated a high mean score in patients suffering from OCD and MDD, which were significantly different from other groups.

4. Discussion

The present study was undertaken to scrutinize the role played by the components of the triple vulnerability model in causing emotional disorders in patients suffering from GAD, ODD, and OCD. The prevalence of general biological vulnerability in patients with emotional disorders was higher than that in normal people. This finding suggests that patients suffering from emotional disorders are biologically and genetically more susceptible to emotional disorders. Additionally, general psychological vulnerability found to be more prevalent in patients with emotional disorders than in normal people. Interestingly, this finding is in line with the premises of triple vulnerability model. Individuals suffering from emotional disorders when encounter threatening challenges and events feel defeated, which indicate their chronic disability in the case of running into negative unpredictable and out of control events. This feeling of not having control over life events is mainly associated with the potential of negative emotional responses.

Finally, we found a disorder-specific psychological vulnerability is more prevalent in patients suffering from emotional disorders compared with normal people. Having negative, inflexible, ideal, and dysfunctional attitudes toward oneself, others, and the future leads to the development of depression in individuals due to their unrealistic nature. The metacognitive attitude of thought-action fusion leads to the development of dysfunctional attitudes, which might last for hours. As a result, there might be no opportunity for the individual to assess the content of his/her thought and behavior causing the appearance of obsessive-compulsive symptoms. Similarly, the intolerance of uncertainty tends to interpret vague information as threatening, which causes and exacerbates worry and anxiety appearing as GAD in some cases.

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Conflict of Interest

The authors declare no conflicts of interest.