

## Further examination of the relationship between anxiety sensitivity and depression: The mediating role of experiential avoidance and difficulties engaging in goal-directed behavior when distressed

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### Abstract

This study examined the role of experiential avoidance and difficulties engaging in goal-directed behavior when distressed in the relationship between anxiety sensitivity (AS) and depressive symptom severity. A sample of 391 undergraduate students completed a series of questionnaires assessing the constructs of interest. Results provided support for a model where experiential avoidance and difficulties engaging in goal-directed behavior mediate the relationship between the AS dimensions of fear of cognitive dyscontrol and fear of publicly observable anxiety reactions and depressive symptom severity. The ability of this model to distinguish participants ( $N = 53$ ) reporting clinical levels of depression from those without ( $N = 53$ ) was then examined. The model was found to reliably distinguish between participants with and without clinical levels of depression. However, only experiential avoidance was a significant mediator. Implications for research on the role of AS in depression vulnerability and treatment are discussed. © 2007 Elsevier Ltd. All rights reserved.

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Anxiety sensitivity (AS) is an individual difference variable that represents the tendency to fear bodily symptoms associated with anxious arousal (e.g., increased heart rate, shortness of breath, dizziness) due to beliefs that these sensations will have negative somatic, cognitive, or social consequences (Reiss, 1991). AS has historically been viewed as a cognitive vulnerability underlying the pathogenesis of panic

disorder and panic disorder-related symptoms, with studies consistently finding higher levels of AS among individuals with panic disorder compared to those with other anxiety disorders and healthy controls (for a review, see Cox, Borger, & Enns, 1999). Further, AS has been implicated in the development of spontaneous panic attacks in prospective studies (e.g., Schmidt, Lerew, & Jackson, 1997). However, recent research suggests that AS may operate as a vulnerability factor for psychopathology more broadly, with studies finding a relationship between AS and borderline personality (Gratz, Tull, & Gunderson, submitted for publication; Lilienfeld & Penna, 2001), substance use (Lejuez, Paulson, Daughters, Bornovalova, & Zvolensky, 2006), and most

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notably, depression and depressive symptoms (Cox, Taylor, & Enns, 1999; Cox, Taylor et al., 1999; Cox, Enns, Freeman, & Walker, 2001; Schmidt, Lerew, & Joiner, 1998; Taylor, Koch, Woody, & McLean, 1996; Tull, Gratz, & Lacroce, 2006; Zinbarg, Brown, Barlow, & Rapee, 2001).

In regard to the relationship between AS and depression in particular, elevated levels of AS (consistent with those associated with social phobia, generalized anxiety disorder, and specific phobia, although not panic disorder; see Taylor et al., 1996) have been found among individuals with major depression. Furthermore, studies have found that a specific dimension of AS, fear of cognitive dyscontrol, is associated with heightened depressive symptoms (Cox, Borger et al., 1999; Cox, Taylor et al., 1999; Cox, Enns, Freeman et al., 2001; Schmidt et al., 1998; Tull et al., 2006; Zinbarg et al., 2001). It has been suggested that this particular dimension of AS may be capturing a *depression sensitivity*, wherein normal experiences (e.g., concentration difficulties) are catastrophically misinterpreted as a sign of an impending prolonged depressive state, given that depression is often associated with some level of cognitive impairment (e.g., difficulties making decisions, poor concentration; Cox, Taylor et al., 1999; Cox, Enns, Freeman et al., 2001).

In an attempt to clarify this model, researchers have suggested the need to identify potential mediators for the relationship between AS (with particular focus being placed on fear of cognitive dyscontrol) and the occurrence of depressive symptoms (Cox, Enns, & Taylor, 2001; Tull et al., 2006). This need is further reinforced by the suggestion that the relationship between AS and negative outcomes is likely not direct (Zinbarg et al., 2001; Zvolensky & Forsyth, 2002). To date, only one study has examined a potential mediator of the relationship between AS and depression. Specifically, Cox, Enns, and Taylor (2001) proposed that a ruminative response style may mediate the relationship between fears of cognitive dyscontrol and depression, given the conceptual overlap between rumination and this AS dimension (i.e., both are cognitive processes involving maladaptive ways of responding to internal experience), as well as the association between rumination and depression (Nolen-Hoeksema, 1991). Drawing on the notion that heightened fears of cognitive dyscontrol constitute a depression sensitivity, Cox, Enns, and Taylor (2001) suggested that beliefs concerning the negative consequences of depression symptoms may lead to a heightened focus on these depression symptoms and their implications (i.e., a ruminative response style;

Nolen-Hoeksema, 1991), thereby contributing to their persistence and increased severity. In line with this hypothesis, Cox, Enns, and Taylor (2001) found that rumination fully mediated the relationship between a fear of cognitive dyscontrol and depressed mood (even when controlling for neuroticism) within a depressed outpatient sample.

In addition to cognitive processes, such as rumination, Tull et al. (2006) suggested that emotional factors, such as emotion regulation, may account for the relationship between a fear of cognitive dyscontrol and depression. The conceptualization of emotion regulation used here (see Gratz & Roemer, 2004) emphasizes the functional nature of emotional responses, with emotion dysregulation referring to maladaptive responses to emotions or difficulties acting effectively in the context of emotionally salient events. Specifically, Gratz and Roemer (2004) broadly define emotion regulation as the awareness, understanding, and acceptance of emotional responses, as well as the ability to control behavior in the context of emotional distress. In support of the suggestion of Tull et al. (2006), Barlow, Allen, and Choate (2004) indicated that emotion dysregulation may underlie emotional disorders such as depression, and a number of studies have found evidence for the role of emotion dysregulation in depression and depressive symptoms (e.g., Leahy, 2002; Rottenberg, Kasch, Gross, & Gotlib, 2002). Further, emotion dysregulation has been found to be associated with dimensions of AS, including fear of cognitive dyscontrol (Tull, 2006). Together, these findings demonstrate the potential importance of examining factors associated with emotion dysregulation as mechanisms for the relationship between fear of cognitive dyscontrol and depression. Specifically, previous research pertaining to emotion dysregulation in AS and depression suggests two particular aspects of emotion dysregulation (as defined here) that may be relevant to understanding the relationship between fear of cognitive dyscontrol and depression: experiential avoidance and difficulties engaging in goal-directed behavior when experiencing emotional distress.

First, research on the role of AS in the development of anxiety disorder-related pathology suggests that the relationship between AS and psychopathology is mediated by other factors (Zinbarg et al., 2001), such as experiential avoidance (Zvolensky & Forsyth, 2002). Experiential avoidance refers to the tendency to engage in behaviors that function to avoid or escape from unwanted internal experiences, including thoughts, emotions, and bodily sensations (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). In regard to the

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