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## Anxiety sensitivity, controllability, and experiential avoidance and their relation to drug of choice and addiction severity in a residential sample of substance-abusing veterans<sup>☆</sup>

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### Abstract

The aim of the present study was to evaluate anxiety-related psychological risk factors (e.g., anxiety sensitivity, perceived uncontrollability, emotional avoidance) and their relation to drug of choice and addiction severity in an inpatient residential substance abuse population. Fully detoxified veterans ( $N=94$ ) meeting criteria for Axis I substance abuse disorders were enrolled in a 28-day residential substance abuse treatment program and completed the following measures at intake and discharge: Anxiety Sensitivity Index, Body Sensations Questionnaire (BSQ), Acceptance and Action Questionnaire (AAQ), Beck Depression Inventory (BDI; intake only), and the Anxiety Control Questionnaire (ACQ). Consistent with the expectation, veterans who reported more distress over bodily sensations (anxiety sensitivity, BSQ) and depressive symptoms (BDI) were more likely to avoid experiencing negative affect (AAQ) and perceived themselves as lacking in control (ACQ). Further, extent of avoidance, and to a lesser extent, controllability, discriminated between participants as a function of primary and comorbid diagnostic status, whereas anxiety sensitivity did not. No relation was found between anxiety sensitivity and drug of choice, and relations between assessed psychological factors and domains of addiction severity were mixed. Findings suggest that heightened bodily sensitivity, emotional avoidance, and perceived uncontrollability are common sequelae of patients seeking

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residential substance abuse treatment, but they do not contribute uniquely to drug of choice and measures of addiction severity. Theoretical and treatment implications are discussed with particular emphasis on approaches that may increase coping with untoward bodily cues, decrease avoidance of negative affect, and improve patient's sense of personal control over their responses and the environment.

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*Keywords:* Substance abuse; Anxiety sensitivity; Uncontrollability; Alcoholism; Acceptance

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## 1. Introduction

It is generally recognized that substance abuse and withdrawal are associated with a wide range of positive and negative psychophysiological effects that contribute, in part, to appetitive and aversive motivational systems and affective states (Wise, 1988). Moreover, substance abusers generally have a poor tolerance for unpleasant bodily states and negative affect that results from their ongoing abuse of controlled substances and cycles of withdrawal (Araujo, Goldberg, Eyma, & Madhusoodanan, 1996; Lacks & Leonard, 1986). Indeed, relapsed alcoholics often identify negative somatic and emotional states as causal factors in relapse (Carpenter & Hasin, 1999; O'Brien, Ehrman, & Ternes, 1984; Tiffany & Drobes, 1990)—a finding that has been confirmed in laboratory-based studies (e.g., Cooney, Litt, Morse, Bauer, & Gaupp, 1997; Litt, Cooney, & Morse, 2000). For example, Cooney et al. (1997) found that negative affect enhanced the effects of alcohol cue presentation on the elicitation of alcohol urges and prediction of time to relapse. Other studies have also shown that high dispositional self-awareness and the experience of predominantly negative emotional events is associated with increased risk of relapse following a detoxification program (Hull, Young, & Jouriles, 1986). Yet, the precise nature of affective motivational states in persons who abuse controlled substances is not well understood.

Recent efforts to describe the role of interoceptive sensitivity and negative affect in substance abuse populations have adopted several constructs from the anxiety literature such as anxiety sensitivity (Stewart, Samoluk, & MacDonald, 1999). Anxiety sensitivity is generally conceptualized as a tendency to respond fearfully to the occurrence of symptoms of anxiety and is believed to augment the experience of fear and negative affect in a positive spiral (Peterson & Reiss, 1992; Reiss, 1991). Indeed, several studies have shown that anxiety sensitivity, as assessed using the Anxiety Sensitivity Index (Reiss, Peterson, Gursky, & McNally, 1986), is a salient cognitive risk factor in the etiology and maintenance of anxiety disorders, particularly panic disorder (e.g., Cox, Parker, & Swinson, 1996; Taylor, Koch, McNally & Crockett, 1992). Not only is anxiety sensitivity a prominent feature of several models of anxiety symptomatology (Reiss, 1991, 1997; Zinbarg, Barlow, & Brown, 1997), but it is often associated with other psychological factors such as negative emotionality (Lillienfeld, 1997) and depression (Taylor, Koch, Woody, & McLean, 1996). In all, anxiety sensitivity represents a relatively stable trait-like psychological factor that reliably discriminates clinical and nonclinical manifestations of fear and panic.

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