

Experiential Avoidance as a Moderator of the Relationship Between Anxiety Sensitivity and Perceived Stress

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Given the significant deleterious effects of stress on psychological and physical well-being, the present two-part study sought to clarify relations among putative vulnerability factors (i.e., anxiety sensitivity, experiential avoidance) for perceived stress. Relations among anxiety sensitivity, experiential avoidance, and perceived stress were examined using a large college student sample ($N = 400$) in Study 1 and were replicated using a large community sample ($N = 838$) in Study 2. As predicted, experiential avoidance moderated the relationship between anxiety sensitivity and perceived stress. Contrary to expectations, simple effects in both studies revealed that anxiety sensitivity shared a significant positive association with perceived stress at low, but not high, levels of experiential avoidance. The moderating role of experiential avoidance was found to be robust to the effects of general distress. Moreover, anxiety sensitivity and experiential avoidance evidenced a differential pattern of relations with perceived

stress than was evidenced with related negative affective states (i.e., anxiety and depression). The present results suggest that experiential avoidance appears to be a vulnerability factor of particular importance for understanding the phenomenology of perceived stress. Conceptual and clinical implications are discussed.

Keywords: perceived stress; anxiety sensitivity; experiential avoidance; interaction effect

SUBJECTIVE PERCEPTION OF STRESS has been linked to a wide array of psychological and physiological pathology, including, but not limited to, depression (Hewitt, Flett, & Mosher, 1992), social anxiety (Cohen, Kamarck, & Mermelstein, 1983), skin picking (Singareddy, Moin, Spurlock, Merritt-Davis, & Uhde, 2003), male infertility (Band, Edelman, Avery, & Brinsden, 1998), and rheumatoid arthritis (O'Leary, Shoor, Lorig, & Holman, 1988). Moreover, empirical research has shown that perceived stress is a prospective predictor of negative health-related and pathological outcomes (Golden-Kreutz et al., 2005; Morrison & O'Connor, 2005). Furthermore, chronic perceived stress has been shown to induce neurobiological changes in brain structures associated with enhanced fear conditioning (i.e., amygdala; e.g., Holzel et al., 2010) and regulation

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of emotion (i.e., prefrontal cortex; e.g., Liston, McEwen, & Casey, 2009). These changes impair one's ability to regulate affective states and increase the likelihood that heightened levels of perceived stress will develop into a more severe pathological condition. Such findings highlight the importance of perceived stress in understanding negative psychological and physiological outcomes.

It is important to note that while stressful life events are associated with increased risk for problematic outcomes (e.g., Grilo et al., 2012; Yan-Meier et al., 2011), perceived stress appears distinct from the occurrence of stressful life events. For example, correlations between stressful life events and perceived stress are only small to medium in size ($r_s = .17$ to $.39$; Cohen et al., 1983). Further, perceived stress has been shown to share significant positive associations with indices of psychopathology after accounting for the effects of stressful life events (Pbert, Doerfler, & DeCosimo, 1992; Watson, 1988). Thus, the available literature highlights the importance of gaining greater insight into subjective appraisals of stress rather than simply counting the number of potentially stressful life events that one has experienced.

As noted, links have been drawn between perceived stress and psychopathology (Golden-Kreutz et al., 2005; Morrison & O'Connor, 2005; Pbert et al., 1992; Watson, 1988). In fact, researchers consider stress perception as a second-order cognitive vulnerability factor for psychopathology, with stress perception being influenced by first-order cognitive vulnerability. Specifically, perceived stress requires more time to appraise both the demands of a given situation and one's ability to cope with such demands relative to more automatic, or first-order, cognitive vulnerability factors (Zvolensky et al., 2002). While a good deal of effort has been put forth in examining the role of perceived stress in deleterious outcomes, examinations of putative first-order, or more automatic, vulnerability factors for heightened stress perception are limited in the extant literature. Gaining greater insight into the interplay between first- and second-order vulnerability factors for perceived stress can shed further light on how such vulnerability factors impact this phenomenon, which in turn might elucidate particular targets of interventions for reducing the impact of perceived stress on emotional functioning.

Anxiety sensitivity is purportedly one first-order vulnerability factor that influences stress perception (Zvolensky et al., 2002). Anxiety sensitivity, conceptualized as a fear of arousal-related sensations due to beliefs that such sensations will have adverse psychological, social, and physical outcomes (Reiss & McNally, 1985), has been implicated in a wide range of mood and anxiety pathology (for a review

see Naragon-Gainey, 2010). Anxiety sensitivity is most often described as a dimensional trait-like factor (e.g., Bernstein et al., 2005; 2007), which serves to escalate fearful responses to stimuli that are perceived as potentially anxiety-provoking (Taylor & Cox, 1998). Because of its trait-like nature, and the rapidity with which physiological and behavioral responses to anxiety-provoking stimuli are observed, anxiety sensitivity is considered a cognitive vulnerability factor related to bottom-up, or more automatic processing (e.g., information processing biases; Teachman, 2005). Thus, as described by Zvolensky et al., anxiety sensitivity can be considered *primary* and perceived stress considered *secondary* in the temporal chain of event appraisal. As such, Zvolensky et al. conceptualize anxiety sensitivity as a cognitive vulnerability factor for heightened stress perception.

In support of this conceptualization, research has identified a positive association between anxiety sensitivity and perceived stress (Isyanov & Calamari, 2004; Zvolensky et al., 2002). However, the available literature suggests that the impact of anxiety sensitivity on negative outcomes depends on one's willingness to accept negative emotions. As noted by Kashdan, Zvolensky, and McLeish (2008), ". . . there is a growing recognition that how individuals regulate emotional experiences, is critical in understanding how anxious and fearful responding is maintained and exacerbated" (p. 430). Following this rationale, Kashdan et al. examined the relations among anxiety sensitivity, emotion dysregulation, and anxiety symptoms in a community sample of young adults ($N = 248$). As expected, a moderation effect was observed in which the relationship between anxiety sensitivity and anxiety symptoms was strongest among participants with higher anxiety sensitivity and a greater unwillingness to accept negative emotions. Thus, findings suggest that it may be important to account not only for anxiety sensitivity when examining vulnerability factors for heightened perceived stress, but also one's willingness to stay in contact with negative internal experiences.

Experiential avoidance represents an unwillingness to stay in contact with unwanted inner experiences (i.e., negative emotions, thoughts, bodily sensations, memories; Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Although some researchers have suggested that experiential avoidance is a specific emotion regulation strategy (e.g., Aldao, Nolen-Hoeksema, & Schweizer, 2010), in its original conceptualization (e.g., Hayes et al., 1996) experiential avoidance is described as a style of interacting with inner experiences, which may ultimately lead to the use of specific emotion regulation strategies (e.g., cognitive

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