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Unique contributions of anxiety sensitivity to avoidance: A prospective study in adolescents

Kimberly A. Wilson*, Chris Hayward

Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center, Stanford University, 401 Quarry Road, Stanford, CA 94305-5722, USA

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Abstract

Examination of the prospective relation between anxiety sensitivity (AS) and behavioral avoidance is largely absent from the literature. In a longitudinal study of a community sample of 2246 adolescents, participants completed the Anxiety Sensitivity Index (ASI; Reiss, Peterson, Gursky, & McNally (1986). *Behaviour Research & Therapy*, 24, 1–8), State-Trait Anxiety Inventory (STAI; Spielberger (1983). *STAI: Manual for the Stait-Trait Anxiety Inventory.* Palo Alto: Consulting Psychologists Press), and the Fear Questionnaire (Marks & Matthews (1979). *Behaviour Research & Therapy*, 17, 263–267) on an annual basis. To stringently test AS's ability to prospectively predict behavioral avoidance, linear regression was used to test whether AS factors predicted variance in follow-up behavioral avoidance scores after controlling for gender, trait anxiety, panic attacks, and baseline avoidance. Results indicted that the mental and physical subscales of the ASI predicted change in behavioral avoidance. The findings of the study are consistent with the view that AS may serve as a precursor to avoidant behavior and that, regardless of whether or not acute panic has been experienced, those who *fear* autonomic arousal may be more likely to avoid situations in which those sensations may be present.
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*Corresponding author. Tel.: +1 650 723 6308.
E-mail address: kawilson@stanford.edu (K.A. Wilson).

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Anxiety sensitivity and avoidance in an adolescent sample

Anxiety sensitivity (AS) is a dispositional tendency to attribute negative social, psychological, or physical consequences to symptoms of anxiety (e.g., Reiss, 1987; Reiss, Peterson, Gursky, & McNally, 1986). The importance of AS in predicting panic attacks has been demonstrated in lab trials of CO_2 response (McNally & Eke, 1996; Schmidt, 1999; Zinbarg, Brown, Barlow, & Rapee, 2001), and in both cross-sectional (Cox, Enns, Walker, Kjernisted, & Pidlubny, 2001; Donnell & McNally, 1990; Reiss et al., 1986) and longitudinal (Harrington, Schmidt, & Telch, 1996; Hayward, Killen, Kraemer, & Taylor, 2000; Maller & Reiss, 1992; Plehn & Peterson, 2002; Schmidt, Lerew, & Jackson, 1997, 1999) studies. Specifically, data indicate that AS is positively related to frequency, distress, intensity, symptoms, and spontaneity of attacks (Calamari et al., 2001; Donnell & McNally, 1990; Ehlers 1995; Lau, Calamari, & Waraczynski, 1996; Maller & Reiss, 1992; Plehn & Peterson, 2002; Schmidt et al., 1997, 1999), findings that persist even when analyses control for important related constructs such as trait anxiety, negative affect, and prior panic history (Calamari et al., 2001; Plehn & Peterson, 2002; Schmidt et al., 1997, 1999). AS is also elevated in patients with anxiety disorders in both adult (Taylor, Rabian, & Fedoroff, 1999) and child (Rabian, Peterson, Richters, & Jensen, 1993) samples, and is particularly high in patients with panic disorder (Cox, Borger, Enns, & Murray, 1999; Kearney, Albano, Eisen, Allan, & Barlow, 1997; Otto, Pollack, Sachs, & Rosenbaum, 1992; Taylor, Koch, & McNally, 1992). Further, evidence suggests AS is malleable and changes with successful cognitive-behavioral interventions (McNally & Lorenz, 1987; Ollendick, 1995).

Clearly, there is a sizeable literature documenting that AS is associated with anxiety disorders generally as well as with specific anxiety symptoms (e.g., panic attacks, trait anxiety). However, AS's relation to behavioral avoidance is largely unexplored. Identifying precursors to and mechanisms of avoidance is clinically important because avoidance is thought to play a central role in maintaining anxiety disorders (e.g., Barlow, 2001; Mowrer, 1960) and is associated with poorer prognosis (e.g., Noyes et al., 1990). AS may precede and exacerbate avoidance, which, in turn, exacerbates anxiety. Due to perceived consequences, those who are highly anxiety sensitive may avoid situations that may stimulate those sensations, a behavior that fuels a cascading cycle of anxiety and avoidance. The current study tests whether such fear, even in the absence of frank panic attacks, may drive avoidance more broadly. In clinical practice, this relationship would be important to recognize because attention to AS may be warranted when a clinician notices a patient engaging in avoidance.

Despite the potentially important relationship between AS and behavioral avoidance, there is a paucity of research on the association and prospective data are nearly absent from the literature. McNally and Lorenz (1987) failed to find a significant correlation between the Anxiety Sensitivity Index (ASI) and change in the agoraphobia subscale of the Fear Questionnaire (FQ) (Marks & Matthews, 1979) following behavioral treatment of 48 DSM-III defined agoraphobics. Similarly, Shadick, Craske, and Barlow (as cited in Craske & Barlow, 1988) found no significant differences in AS between extensive ($n = 17$) versus minimal ($n = 9$) avoiders in their patient sample. However, in contrast, Ehlers (1995) found a 0.57 correlation between the ASI and the Mobility Inventory (Chambless, Caputo, Jasin, Gracely, & Williams, 1985) among panic disorder patients and a 0.66 correlation within a mixed sample of panic and non-panic patients as well as non-patients. Further, Smits, Powers, Cho, & Telch (2004) found that fear of fear, operationalized as

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