

Media exposure and dimensions of anxiety sensitivity: Differential associations with PTSD symptom clusters

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Abstract

The present investigation examined the impact of anxiety sensitivity (AS) and media exposure on posttraumatic stress disorder (PTSD) symptoms. Reactions from 143 undergraduate students in Hamilton, Ontario were assessed in the Fall of 2003 to gather information on anxiety, media coverage, and PTSD symptoms related to exposure to a remote traumatic event (September 11th). Regression analyses revealed that the Anxiety Sensitivity Index (ASI; [Peterson, R. A., & Reiss, S. (1992). *Anxiety Sensitivity Index manual*, 2nd ed. Worthington, Ohio: International Diagnostic Systems]) and State-Trait Anxiety Inventory trait form (STAI-T; [Spielberger, C. D., Gorsuch, R. L., & Lushene, R. E. (1970). *State-trait anxiety inventory*. Palo Alto, California: Consulting Psychologists Press]) total scores were significant predictors of PTSD symptoms in general. The ASI total score was also a significant predictor of hyperarousal and avoidance symptoms. Subsequent analyses further demonstrated differential relationships based on subscales and symptom clusters. Specifically, media exposure and trait anxiety predicted hyperarousal and re-experiencing symptoms, whereas the ASI fear of somatic sensations subscale significantly predicted avoidance and overall PTSD symptoms. Implications and directions for future research are discussed.

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1. Introduction

Anxiety Sensitivity (AS) – the fear of anxiety-related sensations based on the belief that they may have harmful consequences (Reiss & McNally, 1985) – has been implicated as an important construct in both the development and maintenance of anxiety disorders (Cox, Borger, & Enns, 1999). The AS construct is

comprised of three dimensions, including fear of somatic sensations, fear of cognitive dyscontrol, and fear of publicly observable anxiety reactions (Taylor, 1999). When a person with heightened AS experiences anxiety symptoms (e.g., trembling hands, sweating, racing heart), he or she may misinterpret these symptoms as signs of a serious threat (e.g., a pending heart attack), and consequently feel more anxious. Accordingly, AS serves to amplify the anxiety response in several contexts because the response itself elicits additional fear (Reiss, 1991).

The implicitly critical role of AS in panic disorder (PD) has been well documented (Taylor, 1999); however,

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additional research has suggested that levels of AS are also high among individuals with posttraumatic stress disorder (PTSD; Bryant & Panasetis, 2001; Lang, Kennedy, & Stein, 2002; Taylor, 1999; Taylor, Koch, & McNally, 1992). For example, in a comparison of AS across the anxiety disorders, people with PD and PTSD reported higher AS scores relative to people with other anxiety disorders (i.e., obsessive–compulsive disorder, generalized anxiety disorder; Taylor et al., 1992). Moreover, there were no statistically significant differences between AS scores in individuals with PD and PTSD.

Investigators have begun exploring the extent to which AS is associated with PTSD symptoms (e.g., Asmundson, Norton, Allderlings, Norton, & Larsen, 1998; Bernstein et al., 2005; Fedoroff, Taylor, Asmundson, & Koch, 2000; Feldner, Lewis, Leen-Feldner, Schnurr, & Zvolensky, 2006; Keogh, Ayers, & Francis, 2002). Although seemingly abundant, research exploring the relationship between AS and anxiety disorders might be considered limited because investigators have focused primarily on the Anxiety Sensitivity Index (ASI; Peterson & Reiss, 1992) total scores, and not the specific dimensions of AS (Deacon & Abramowitz, 2006).

Studies exploring the relationships between the dimensions of AS and PTSD symptoms have been sparse and with mixed results. For example, Feldner et al. (2006) found that ASI total and subscale scores moderated the relationship between trauma exposure frequency and PTSD symptoms. In people reporting higher AS, greater frequencies of a variety of traumatic experiences were associated with greater PTSD symptom severity; however, trauma exposure frequency had little effect on people reporting lower AS. In particular, the ASI total score and the fear of cognitive dyscontrol subscale were statistically significant predictors of PTSD symptoms. In a prospective study, mothers' prenatal AS predicted postnatal PTSD symptoms (Keogh et al., 2002). Specifically, the fear of somatic sensations subscale of the ASI was significantly correlated with all PTSD symptom clusters except avoidance; the fear of publicly observable anxiety reactions subscale was significantly correlated with all PTSD symptom clusters except hyperarousal; and the fear of cognitive dyscontrol subscale was not significantly correlated with any PTSD symptoms. Although previous studies have clearly demonstrated empirical support for the association between AS and PTSD symptoms, additional research is needed to more precisely delineate the relationship. Knowing whether particular dimensions of AS are associated with different PTSD symptoms could aid clinicians in specifically tailoring treatment to individual client needs (Taylor, 2004). For example, if the fear of

somatic sensations subscale of the ASI is found to be consistently associated with hyperarousal symptoms, it may be appropriate to incorporate techniques that specifically target somatic sensations (e.g., interoceptive exposure techniques), when treating PTSD patients who experience clinically significant symptoms of hyperarousal.

A number of studies also report that media coverage of traumatic events (i.e., vicarious exposure) is associated with PTSD symptomatology. Following events of September 11th, several studies identified a link between television exposure and PTSD symptoms. In three national samples, hours spent watching television coverage of September 11th was positively correlated with substantial symptoms of posttraumatic stress (Schlenger et al., 2002; Schuster et al., 2001; Silver, Holman, McIntosh, Poulin, & Gil-Rivas, 2002). Additional findings demonstrated that people who were exposed to greater television coverage in the week following the attacks, particularly more dramatic coverage (i.e., images of people jumping or falling from World Trade Center buildings), were more likely to meet diagnostic criteria for PTSD (Ahern et al., 2002; Ahern, Galea, Resnick, & Vlahov, 2004; Bernstein et al., 2007). Symptomatic responses were further exacerbated for viewers with pre-existing psychiatric disorders (Franklin, Young, & Zimmerman, 2002), particularly for patients with PTSD and PD (Kinzie, Boehnlein, Riley, & Sparr, 2002; Kladopoulos, Lachenmyeyer, Bastiani, Wainman, & Uccello, 2002; Asmundson, Carleton, Wright, & Taylor, 2004).

The present study was designed to further assess (1) roles of AS and media exposure in predicting PTSD symptoms, and (2) the extent to which the various dimensions of AS contribute to each of the PTSD symptom clusters (i.e., re-experiencing, avoidance and numbing, hyperarousal). To explore these issues, the relationships between AS, PTSD symptoms, and media exposure (i.e., television coverage of the events on September 11th), were examined. The different dimensions of AS, as well as media exposure, were expected to relate differentially to the various symptom clusters of PTSD. A positive correlation was expected between levels of AS and greater media exposure and self-reported PTSD symptoms.

2. Method

2.1. Participants

Participants included 143 undergraduate students (25 men, ages 17–22, $M = 18.8$; $S.D. = 1.2$, and 118

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