



Pergamon

**ADDICTIVE
BEHAVIORS**

Addictive Behaviors 26 (2001) 887–899

Anxiety sensitivity
Relationship to negative affect smoking and smoking
cessation in smokers with past major
depressive disorder

Richard A. Brown*, Christopher W. Kahler, Michael J. Zvolensky,
C. W. Lejuez, Susan E. Ramsey

*Department of Psychiatry and Human Behavior, Butler Hospital/Brown University,
345 Blackstone Boulevard, Providence, RI 02906, USA*

Abstract

The present study evaluated whether anxiety sensitivity (AS) was related to negative reinforcement smoking motives and increased risk of relapse during the early stages of a quit attempt. Specifically, the role of AS was evaluated in 60 smokers with past major depressive disorder (MDD) during smoking cessation. Consistent with expectations, AS scores, as indexed by the 16-item Anxiety Sensitivity Index (ASI) [Behaviour Research and Therapy 24 (1986) 1], were positively correlated with smoking to reduce negative affect but were not significantly correlated with smoking for other reasons. Higher ASI scores also were associated with increased risk of lapsing during the first 7 days after quit day. Results suggest that smokers with heightened levels of AS may smoke more often to manage negative moods and may be less able to tolerate early withdrawal symptoms, specifically during early stages of a quit attempt. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Anxiety sensitivity; Smoking cessation; Depressive disorder

* Corresponding author.

E-mail address: richard_brown@brown.edu (R.A. Brown).

1. Introduction

Anxiety sensitivity (AS) represents a stimulus–outcome expectancy that reflects individual differences in the propensity to experience fear in response to one’s arousal-related bodily sensations (Reiss & McNally, 1985). For example, if a person believes bodily sensations are a sign of imminent personal harm or threat, this “high anxiety sensitive” individual will likely experience elevated levels of anxiety-related responding when confronted with somatic perturbation. As measured by the 16-item Anxiety Sensitivity Index (ASI; Reiss, Peterson, Gursky, & McNally, 1986), AS is a relatively stable individual difference dimension (Peterson & Reiss, 1992).

Although AS has most typically been studied in relation to anxiety and mood-related disorders, increasingly its role in substance use and abuse problems is being recognized (Cox, Swinson, Shulman, Kuch, & Reichman, 1993; Stewart, Karp, Pihl, & Peterson, 1997). The basic premise to such work is that some substance-use patterns, particularly those that are potentially problematic, are, at least in part, aimed at alleviating negative affective experiences (Mirin, Weiss, & Michael, 1987). Given that AS longitudinally predicts panic attacks (Schmidt, Lerew, & Jackson, 1997), self-report of cognitive–affective distress (Asmundson & Norton, 1995), and emotional displeasure and arousal ratings during laboratory provocation (Zvolensky & Eifert, 2001), there is compelling evidence that persons with heightened AS may be prone to experience anxiety-related sensations. Extending this theory, Stewart and colleagues, examining the role of AS in alcohol use and abuse, have suggested that high AS persons are arguably most likely to have reason to regulate such negative emotional experiences by using psychoactive substances (e.g., drinking, smoking) in an effort to temporarily reduce bodily tension and anxiety (Stewart & Pihl, 1994).

Research suggests AS is positively related to alcohol consumption aimed at forestalling the emergence, or otherwise delimiting the intensity or duration of anxiety-based interoceptive sensations (Comeau, Stewart, & Loba, this volume; Stewart, Samoluk, & MacDonald, 1999; Stewart & Zeitlin, 1995; Stewart, Zvolensky, & Eifert, in press-a, in press-b). Although the potential role of AS has been recognized and increasingly studied in problems of alcohol use and abuse (McNally, 1996), its possible relation with other addictive behavior problems has been neglected. This is particularly true in regard to cigarette smoking, the leading cause of death and disability in the United States, accounting for over 430,000 deaths in the U.S. every year (USDHHS, 1990).

AS may play a role in certain types of cigarette smoking behavior via its association with negative affect states. Recent research supports the prominent role of negative affect in smoking withdrawal and its relation to relapse (Piasecki et al., 2000). Negative affect may be related to smoking by virtue of both smoking motives and outcome expectancies. Smoking motives are thought to be a reflection of an individual’s particular pattern of smoking behavior as learned by repeated exposure to situational cues to smoke (Shiffman, 1993). Thus, if one smokes frequently in response to negative affect cues, one is said to be a negative affect smoker or to smoke for the motive of negative affect reduction. Stewart et al. (1997) reported that smoking primarily for coping motives was related to AS level in university women. Additionally, Comeau et al. (this volume) found that AS moderated the relation

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