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Affective style among smokers Understanding anxiety sensitivity, emotional reactivity, and distress tolerance using biological challenge

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Abstract

The present investigation evaluated affective style in terms of anxiety sensitivity, emotional reactivity, and distress tolerance in heavy smokers. Specifically, heavy smokers (≥ 20 cigarettes per day) were partitioned into those who were able to quit for at least 7 days ($n = 10$) and those who were able to quit for less than 7 days ($n = 12$). All participants completed measures of anxiety sensitivity and maximum breath-holding duration and then were exposed to a 20% carbon dioxide-enriched air challenge. Results indicated that heavy smokers who had not been able to remain abstinent from smoking for at least 1 week during a quit attempt demonstrated significantly greater cognitive-affective reactivity to the challenge relative to their counterparts but did not differ at a physiological level of analysis. Contrary to our hypotheses, neither anxiety sensitivity scores nor maximum breath-holding duration significantly differed between the groups. These findings are discussed in relation to better understanding affective style among heavy smokers. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Affect; Anxiety sensitivity; Smoking; Anxiety; Reactivity; Distress tolerance

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1. Introduction

Research suggests that vulnerability to negative affective states, broadly defined, may increase the chance of smoking and perhaps relapse after a quit attempt (Piasecki, Kenford, Smith, Fiore, & Baker, 1997). For instance, smokers tend to smoke more frequently when anxious (Hughes, Higgins, & Hatsukami, 1990), and relapse to smoking typically occurs during negative affective states (Covey, Glassman, & Stetner, 1990; Shiffman, 1982). Additionally, smokers report that they believe smoking reduces anxiety, which may actually be a reduction in experiential distress that occurs as a result of acute nicotine withdrawal (Parrott, 1999; Pomerleau & Pomerleau, 1987). Smokers also demonstrate higher rates of certain emotional disorders than nonsmokers, most notably major depressive disorder and panic disorder (Breslau, Kilbey, & Andreski, 1991; Covey, Hughes, Glassman, Blazer, & George, 1994; Garvey, Bliss, Hitchcock, Heinold, & Rosner, 1992). These data converge on the general finding that affective vulnerability in terms of depressed mood, anxiety, and perhaps panic is related to cigarette smoking.

Interestingly, not only does negative affect play a role in smoking but also smoking may impact affective processing. Indeed, smoking produces bodily sensations common to anxiety-related states, including heart palpitations, elevations in blood pressure, and increased coronary blood flow (Benowitz, 1996; Pickering, Schwartz, & James, 1995). While smoking may reduce experiential distress in the short term (Kassel, 1997), a history of heavy smoking may increase the chance of interoceptive-based emotional distress in the long term. For instance, Johnson et al. (2000) recently found that smoking at least 20 cigarettes per day during adolescence was associated with a higher rate of panic disorder during early adulthood even after controlling for temperamental characteristics, depressive disorders, and parental smoking. In another investigation, Breslau and Klein (1999) found that daily smoking increased risk for the initial onset of a panic attack and panic disorder, particularly among active relative to past smokers. These initial investigations highlight the important role smoking may play in the pathogenesis of certain types of affective and anxiety-related psychopathology.

1.1. *Affective style*

Taken together, the available evidence indicates that there are important individual differences in emotional reactivity and affective regulatory processes among smokers. Drawing from basic research in affective neuroscience, Davidson (1992, 1998) has coined the term *affective style* to capture the diverse array of processes that impact an individual's response to evocative events, basal levels of mood, and higher-order cognitive-affective processes. Prototypical examples of individual differences in affective style include reactivity to challenge, expectancies, and one's relative ability to tolerate emotional distress. Despite the promise of these types of affect-relevant constructs, relatively little experimental psychopathology research has sought to clarify the role of such biobehavioral processes in emotional responding among smokers.

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