



Pergamon

Anxiety Disorders
17 (2003) 165–180

JOURNAL
OF
**Anxiety
Disorders**

Anxiety sensitivity, self-reported motives for alcohol and nicotine use, and level of consumption

Amber Novak, Ellen S. Burgess, Matthew Clark,
Michael J. Zvolensky, Richard A. Brown*

Butler Hospital, 345 Blackstone Blvd., Providence, RI 02906, USA

Received 24 October 2000; received in revised form 18 April 2001; accepted 22 June 2001

Abstract

We examined the relationship between anxiety sensitivity, alcohol and nicotine use, and drinking and smoking motives in a nonclinical university population. Participants ($n = 293$) completed the 16-item Anxiety Sensitivity (AS) Index and a drinking and smoking history questionnaire. Sixty percent of participants completed the Drinking Motives Questionnaire and 29% completed the Smoking Motives Questionnaire. Level of alcohol and cigarette consumption was not related to AS but was related to motives. AS was directly related to coping-related drinking and moderated the relationship between level of smoking and mood-related smoking motives. Although AS may be more predictive of coping-related drinking motives than of level of alcohol consumption, given the relationship between these types of drinking motives and abusive drinking, high AS individuals might be an at-risk group due to their reasons for drinking. In addition, striking differences were found between drinkers who smoke and those who do not smoke, suggesting that this subgroup may also represent an at-risk group of drinkers.

© 2002 Elsevier Science Inc. All rights reserved.

Keywords: Anxiety sensitivity; Alcohol; Nicotine

Anxiety sensitivity is the fear of anxiety-related sensations, arising from beliefs that anxiety symptoms lead to disastrous physical, emotional, or social

* Corresponding author. Tel.: +1-401-455-6254; fax: +1-401-455-6424.

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

effects (Peterson & Reiss, 1992). Thus, anxiety sensitivity represents a stimulus–outcome expectancy that reflects individual differences in the propensity to experience fear in response to one’s anxiety symptoms (Zinbarg, Mohlman, & Hong, 1999). In an illustrative 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. Research suggests that anxiety sensitivity is positively associated with emotional disorders, particularly panic disorder (Taylor, Koch, & McNally, 1992) and affective disorders (Otto, Pollack, Fava, Uccello, & Rosenbaum, 1995). Furthermore, recent studies also suggest an association between anxiety sensitivity and substance use (see Stewart, Samoluk, & MacDonald, 1999, for a recent review).

In examining the relationship between anxiety sensitivity and substance use, McNally (1996) reported that patients classified as alcohol dependent with no current diagnosis of anxiety disorder had elevated anxiety sensitivity in comparison to nonclinical norms. In addition, a significant positive correlation between level of anxiety sensitivity and self-reported weekly alcohol consumption has been found in panic disorder patients (Cox, Swinson, Shulman, Kuch, & Reichman, 1993). However, studies among college-age populations have been inconsistent, with several reports of a positive relationship between anxiety sensitivity and rates of alcohol consumption (quantity \times frequency) in women (Stewart, Peterson, & Pihl, 1992, 1995), with a failure to replicate this finding in either gender when a dichotomous drinking measure (use vs. nonuse) was employed (Stewart, Karp, Pihl, & Peterson, 1996). Stewart and colleagues also investigated drug use (use vs. nonuse) in college students, finding a significant negative relationship between anxiety sensitivity and marijuana use, but no relationship with use of nicotine or caffeine (Stewart et al., 1996).

In an attempt to understand the overlap between anxiety sensitivity and alcohol consumption, the relationship between anxiety sensitivity and motive for alcohol use has been explored. In particular, anxiety sensitivity has been positively associated with coping motives (substance use to avoid or reduce negative affective states) for drinking and smoking in nonclinical populations (Stewart & Zeitlin, 1995; Stewart et al., 1996; Stewart, Zvolensky, & Eifert, 2001, 2002) and among smokers with a past history of depression (Brown, Kahler, Zvolensky, Lejuez, & Ramsey, 2001). In some of these studies, gender differences were revealed, with women showing a stronger association between anxiety sensitivity and drinking for coping reasons than men (Stewart & Zeitlin, 1995). Empirical evidence has also linked anxiety sensitivity to social motives for alcohol use. Whereas anxiety sensitivity is positively related to drinking for coping motives, anxiety sensitivity is negatively related to drinking for social motives (Stewart & Zeitlin, 1995; Stewart et al., 1996).

Laboratory findings support conclusions from self-report studies concerning the relationship between anxiety sensitivity and the risk for alcohol problems. Individuals with elevated anxiety sensitivity demonstrate elevated cognitive and

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات