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Developmental antecedents of anxiety sensitivity

Christine D. Scher^{a,b,*}, Murray B. Stein^b

^a*San Diego State University, San Diego, CA, USA*

^b*University of California, San Diego, CA, USA*

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Abstract

Anxiety sensitivity (AS) has been implicated in the etiology of anxiety and depressive disorders. Nonetheless, little is known about the developmental antecedents of AS or about its role as a mediator of emotional distress. To investigate these issues, 249 university students completed a battery of self-report measures. Regression analyses and partial correlations were used to evaluate hypotheses. Analyses revealed that exposure to parental threatening, hostile, and rejecting behaviors (1) predicted overall AS and (2) appeared differentially related to AS factors. Additionally, AS acted as a mediator between parenting and both current emotional distress and history of emotional disorder symptoms. These data support the notion that parental behaviors hypothesized as etiologic in the development of emotional disorders may also be etiologic in the development of AS and that AS may serve as a mediator between childhood experience and emotional distress.

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1. Introduction

The expectancy model of fear and anxiety posits that anxiety sensitivity (AS), that is, concern over anxiety sensations such as shakiness, nervousness, and lack

* Corresponding author. Present address: Department of Psychology, California State University, 5500 University Parkway, San Bernardino, CA 92470, USA. Tel.: +1-909-880-5570; fax: +1-909-880-7003.

E-mail address: cscher@umsl.edu (C.D. Scher).

of concentration, helps to explain fearful behavior in any situation during which such sensations might be encountered (Reiss, 1991; Reiss & McNally, 1985). Congruent with these implications, much empirical research has focused on relationships between AS and anxious distress (Taylor, 1999). Indeed, increased levels of AS have been found among persons with a wide range of anxiety disorder diagnoses, including panic disorder with and without agoraphobia, posttraumatic stress disorder, generalized anxiety disorder, obsessive–compulsive disorder, and social phobia, as well as among nonclinical persons with panic symptomatology (Brown & Cash, 1990; Lau, Calamari, & Waraczynski, 1996; Rabian, Peterson, Richters, & Jensen, 1993; Stewart, Knize, & Pihl, 1992; Taylor, Koch, & McNally, 1992). Moreover, several studies have found that AS prospectively predicts panic attacks and anxious symptomatology (Maller & Reiss, 1992; Schmidt, Lerew, & Jackson, 1997, 1999). Thus, AS may play a role in the development of pathological anxiety.

Of late, research has also begun to focus on AS in forms of distress bearing some relationship with anxiety; most of this research has focused on AS in depression. Such studies have indicated that AS is a concomitant of major depression and depressive symptomatology (Otto, Pollack, Fava, Uccello, & Rosenbaum, 1995; Taylor, Koch, Woody, & McLean, 1996). Moreover, AS has also been shown to prospectively predict depressive symptomatology (Schmidt et al., 1997). Thus, AS may be important in the development of depression as well as anxiety.

Despite evidence that AS plays a role in both anxiety and depressive disorders, and the possibility that this role may be etiologic in nature, little is known regarding the developmental antecedents of this sensitivity. Indeed, only one study to our knowledge has investigated such antecedents. In that study, Watt, Stewart, and Cox (1998) (1) examined the ability of childhood operant and vicarious learning experiences to predict overall AS among university students and (2) compared the childhood operant and vicarious learning experiences of university students with high, moderate, and low levels of overall AS. They found that parental reinforcement of sick role behavior in response to both childhood anxiety symptoms and childhood cold symptoms, observation of parental uncontrolled behavior (e.g., due to being drunk or angry), and observation of parental sick role behavior in response to parents' own anxiety symptoms predicted overall AS. Additionally, students with high AS retrospectively reported: (1) more parental reinforcement of sick role behavior in response to their childhood anxiety symptoms than moderate and low AS students, (2) more parental reinforcement of sick role behavior related to their childhood cold symptoms than moderate and low AS students, (3) more frequent observation of parental sick role behavior in response to parents' own anxiety symptoms compared to low AS students, and (4) more frequent observation of parental uncontrolled behavior compared to moderate AS students. Thus, both operant and vicarious learning processes were implicated in the development of AS. Given such findings, further investigation of childhood experiences in the development of AS seems warranted.

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