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An examination of the fear of bodily sensations and body hypervigilance as predictors of emotion regulation difficulties among individuals with a recent history of uncued panic attacks

Matthew T. Tull [a,*], Samantha A. Rodman [a], Lizabeth Roemer [b]

[a] *Center for Addictions, Personality, and Emotion Research and the Department of Psychology, University of Maryland, College Park, MD, USA*

[b] *Department of Psychology, University of Massachusetts Boston, Boston, MA, USA*

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Abstract

Recent studies have demonstrated that individuals with a history of uncued panic attacks exhibit heightened difficulties in emotion regulation, including experiential avoidance, emotional non-acceptance, and lack of emotional clarity. The purpose of this study was to extend these findings by examining whether the fear of bodily sensations predicted the presence of experiential avoidance and emotional non-acceptance and whether body hypervigilance predicted a lack of emotional clarity in a sample of 91 individuals with a recent history (past year) of uncued panic attacks. Findings indicated that the fear of bodily sensations predicts experiential avoidance, emotional non-acceptance, and lack of emotional clarity above and beyond other panic-relevant variables. No evidence was found for a relationship between body hypervigilance and any emotion regulation difficulty. Findings are discussed in terms of their implications for improving the understanding of the development and treatment of emotion regulation difficulties among individuals with a history of panic attacks.

Keywords: Anxiety; Avoidance; Panic; Panic attacks; Emotion; Emotion dysregulation; Regulation

Panic attacks are defined as discrete episodes of intense arousal experienced through a variety of bodily sensations and accompanied by feelings of fear and/or discomfort (American Psychiatric Association [APA], 1994). Although panic attacks are evident across the anxiety disorders, uncued panic attacks (i.e., attacks with no apparent precipitating factor; experienced as coming ''out of the blue'') are a core, defining feature of panic disorder (PD; APA, 1994). PD is a common condition, with a lifetime prevalence rate of 4.7% reported in the National Comorbidity Survey Replication (NCS-R; Kessler, Berglund, Demler, Jin, & Walters, 2005). Moreover, the experience of uncued panic attacks in the general population is also common, with estimates of 7.4% yearly prevalence in one undergraduate sample (Deacon & Valentiner, 2001) and 12% lifetime prevalence in another (Telch, Lucas, & Nelson, 1989). Uncued panic attacks are clinically relevant in that they are associated with a higher frequency of panic attack occurrence and greater panic symptom severity (Norton, Dorward, & Cox, 1986), greater risk for the eventual development of PD

* Corresponding author at: Department of Psychology, University of Maryland, College Park, MD 20742, USA. Tel.: +1 301 405 3281; fax: +1 301 405 3223.

E-mail address: mtull@psyc.umd.edu (M.T. Tull).

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(Barlow, 2002), and reduced quality of life across a number of domains (e.g., health, occupation, relationships; see Mendlowicz & Stein, 2000; Quilty, Van Ameringen, Mancini, Oakman, & Farvolden, 2003; Rapaport, Clary, Fayyad, & Endicott, 2005).

Further, recent research has suggested that the experience of uncued panic attacks may be associated with heightened difficulties in emotion regulation (e.g., Baker, Holloway, Thomas, Thomas, & Owens, 2004; Tull, 2006; Tull & Roemer, in press). The conceptualization of emotion regulation used here (see Gratz & Roemer, 2004) emphasizes that emotional responses are adaptive and serve an important function (i.e., providing information about our internal and external environments), with emotion regulation difficulties referring to maladaptive responses to emotions or difficulties acting effectively in the context of certain emotional experiences (e.g., fear). Specifically, Gratz and Roemer (2004) broadly define emotion regulation as the awareness, understanding, and acceptance of emotional responses, as well as the ability to engage in goal-directed behavior regardless of what emotions may be present. Baker et al. (2004) found that PD patients, compared to healthy controls, reported a significantly greater tendency to suppress and constrict the experience and expression of negative emotions, as well as a greater difficulty in labeling emotions. Likewise, Tull (2006) found difficulties in emotion regulation to be associated with the severity of uncued panic attacks, above and beyond negative affectivity and anxiety sensitivity dimensions. Finally, Tull and Roemer (in press, Study 1) demonstrated that individuals with a recent history of uncued panic attacks reported significantly higher levels of experiential avoidance (i.e., attempts to alter the form or frequency of unwanted internal experiences, primarily emotions; see Hayes, Wilson, Gifford, Follette, & Strosahl, 1996), lower levels of emotional non-acceptance (i.e., exhibiting secondary emotional reactions, such as fear or anger, to a primary emotional experience; Gratz & Roemer, 2004), and less emotional clarity (i.e., the ability to distinguish between different emotional states; Gratz & Roemer, 2004) than individuals without a recent history of uncued panic attacks. Further, Tull and Roemer (in press, Study 2) found evidence that emotion regulation difficulties among uncued panickers may extend to both negative *and* positive emotional experiences.

Although a growing body of studies provides evidence for greater emotion regulation difficulties among individuals who experience uncued panic attacks, it remains unclear why or how these emotion regulation difficulties may develop in this population. That is, there may be individual difference variables unique to individuals who experience uncued panic attacks that increase vulnerability for the presence of particular emotion regulation difficulties (i.e., experiential avoidance, emotional non-acceptance, and reduced emotional clarity). Two potentially relevant individual difference variables underlying this relationship may be the extent to which individuals who experience uncued panic attacks fear bodily sensations and/or are hypervigilant for bodily sensations.

The fear of bodily sensations and body hypervigilance may be relevant to understanding emotion regulation difficulties specifically among individuals who experience uncued panic attacks due to extensive evidence that these two factors are particularly elevated among both clinical and non-clinical samples of panickers. For example, Chambless and Gracely (1989) found that a fear of bodily sensations discriminated individuals with PD from non-panicking controls and individuals with other anxiety disorders. Likewise, Clark et al. (1997) demonstrated that PD patients and infrequent panickers as compared to other anxiety disorder patients and non-treatment controls were more likely to associate threat with the experience of panic-related bodily sensations, resulting in an increased tendency to catastrophically interpret those sensations. In regard to body hypervigilance, Schmidt, Lerew, and Trakowski (1997) found that body hypervigilance was greater among PD patients as compared to social phobia patients and non-panicking samples, and among non-clinical panickers, greater levels of self-reported body hypervigilance was associated with a history of uncued panic attacks. Researchers have also found evidence of increased interoceptive awareness (particularly concerning heart and gastrointestinal sensations) among PD patients as compared to other anxiety disorder patients (Ehlers & Breuer, 1992) and healthy control participants (King, Margraf, Ehlers, & Maddock, 1986).

The tendency to fear bodily sensations may increase the risk for experiential avoidance and emotional non-acceptance among individuals who experience uncued panic attacks, thus explaining the relationship between panic and these aspects of emotion regulation difficulties. Williams, Chambless, and Ahrens (1997) suggested that a learned fear of bodily sensations that develops as a result of experiencing panic attacks may eventually generalize to stimuli that produce physiological reactions similar to anxiety, such as intense emotional states (e.g., anger). Likewise, Clark (1986) suggested that panic attacks do not necessarily have to result from the catastrophic misinterpretation of bodily sensations. Instead, a panic attack may result from the catastrophic