ANXIETY SENSITIVITY

What You Should Know About Anxiety Sensitivity

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Anxiety sensitivity refers to the fear of anxiety-related bodily sensations such as racing heartbeat, increased breathing rate, shakiness, and dizziness. This fear arises from the belief that these sensations are signs of impending harmful consequences. For example, a person with high anxiety sensitivity might fear a racing heartbeat, believing that it signifies a pending heart attack; might fear dizziness, thinking that it means a mental breakdown ("going crazy"); and might fear trembling, in anticipation of suffering embarrassment in front of others. A person with low anxiety sensitivity, by contrast, would consider such sensations to be unpleasant, but transient and harmless, consequences of being anxious (Reiss & McNally 1985).

Research shows that high levels of anxiety sensitivity increase a person's risk for a variety of anxiety and related problems. In a study of cadets undergoing highly stressful basic training, Schmidt and colleagues (1997) found that cadets with high anxiety sensitivity were three times more likely to experience unexpected panic attacks during the five weeks of training than cadets with low anxiety sensitivity. High anxiety sensitivity has been linked to greater use of anti-anxiety medications in college students (Telch et al., 1989), and lack of success in stopping benzodiazepine medication (e.g., Valium) (Bruce et al., 1995).

Research shows that high anxiety sensitivity plays a role in social phobia (social anxiety disorder) due to anxiety sensitive people's fear of being negatively evaluated when displaying observable symptoms of anxiety such as trembling, sweating, or blushing. Norton and colleagues (1997) found that anxiety sensitivity levels were the best predictor of self-reported anxiety related to performing in public (social performance anxiety) and a good predictor of anxiety related to interacting with others (social interaction anxiety).

Anxiety sensitivity levels tend to be high in post-traumatic stress disorder (PTSD) (Taylor et al., 1992) and correlate with severity of PTSD symptoms (Fedoroff et al., 2000). High

anxiety sensitivity has been linked to the development of PTSD following various traumatic events including: military combat, car accidents, violent assault, sexual assault, natural disasters, and even childbirth (see Watt & Stewart, 2008). Anxiety sensitive individuals may respond more extremely to a traumatic event, distressed not only by the trauma but also by their own arousal reactions. In this way, anxiety sensitivity may lower the threshold for adverse posttraumatic fear reactions to traumatic events (Marshall, Miles, & Stewart, in press).

Anxiety sensitivity also has been linked to depression, health anxiety, chronic pain, and substance use disorder. Depressed individuals tend to report higher levels of anxiety sensitivity than non-depressed controls Otto et al., 1995), in particular more psychological (vs. physical or social) concerns such as fear of losing control when anxious (Cox et al., 2001). People with hypochondriasis (i.e., severe health anxiety characterized by an intense fear of having a serious disease) also show elevated levels of anxiety sensitivity (Cox, 1999).

High anxiety sensitivity is believed to increase one's risk for chronic pain. Asmundson and Norton (1995) found that chronic back-pain patients with high (vs. low) anxiety sensitivity reported more cognitive anxiety ("I can't think straight when I'm in pain.") and more fearful appraisals about pain ("Pain sensations are terrifying."). Moreover, patients with high anxiety sensitivity were twice as likely as patients with moderate or low levels to report use of analgesic medication to relieve pain. Anxiety sensitivity has been shown to be a better predictor of fear of pain and pain avoidance (e.g., avoiding physical activity) than pain severity. Recurrent headache patients with high anxiety sensitivity reported more fear of pain, more difficulty distracting themselves from thinking about the pain, and a greater tendency to avoid doing anything that might increase their pain, such as exercise (Asmundson et al., 1999).

High anxiety sensitivity is associated with both heavy drinking and alcohol-related

problems (Stewart et al., 1999). Individuals with high anxiety sensitivity seem to be more responsive to alcohol's anxiety-reducing effects (MacDonald et al., 2000) and more apt to drink for emotional relief (coping motives) and to fit in with others (conformity motives) (Stewart et al., 2001). A recent prospective study of 400 hundred young, healthy adults found that baseline anxiety sensitivity levels predicted diagnoses of alcohol-use disorders two years later (Schmidt et al., 2007).

Evident from this review is the significant role anxiety sensitivity plays in the development and maintenance of various disorders. Also, evident is the need for treatment to reduce high anxiety sensitivity and risk for psychopathology. Watt and Stewart (2008) developed a brief cognitive-behavioural treatment (CBT) program designed specifically to target clinically elevated levels of AS. The 3-day program includes: *psychoeducation,* learning about anxiety sensitivity and its links to stress and panic; *cognitive restructuring*, learning to identify and challenge the types of thoughts (overestimation of negative event probability, catastrophizing) that can lead to misinterpretations of bodily sensations; and *interoceptive exposure*, whereby the person is exposed (via physical exercise: running) to the feared physiological sensations and learns that they do not lead to harmful consequences. To date, the program has been administered to over 300 women (women tend to have higher anxiety sensitivity levels than men) with positive results. Participating in the 3-day program has effectively reduced levels of anxiety sensitivity, as well as associated issues of problem drinking, symptoms of depression, and pain-related anxiety. Research on the mechanism(s) by which the program works is ongoing (see Watt & Stewart, 2008).

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