

Experiential Avoidance and Anxiety Sensitivity in the Prediction of Health-Related Anxiety

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Collaborators

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Health Anxiety

- Occasional health concerns are normal
- Hypochondriasis (health anxiety)
 - DSM-V
- Psychological models and treatments
 - Anxiety sensitivity (AS)
 - Misinterpretations of body sensations lead to anxiety
 - Cognitive restructuring and exposure therapy
 - Experiential avoidance (EA)
 - Psychological inflexibility (unwilling to endure body sensations)
 - ACT

The Present Study

- Purpose
 - Investigate the role of AS and EA in explaining health anxiety symptoms
- Hypotheses
 - Both AS and EA would be associated with health anxiety symptoms
 - Both AS and EA would uniquely predict health anxiety symptoms

Method

- Participants
 - 124 undergraduates at UNC-Chapel Hill
 - Scored ≥ 18 on the Short Health Anxiety Inventory (SHAI)
 - Mean age = 19.9 years (SD = 2.24)
 - 69% female
- Assessment
 - Acceptance and Action Questionnaire
 - Anxiety Sensitivity Index-3rd version
 - Center for Epidemiologic Studies Depression Scale
 - SHAI
- All measures completed online

Results

Mean scores on study measures

Measure	<i>M</i>	<i>SD</i>
SHAI	22.77	5.87
CES-D	22.16	9.85
ASI-3 physical	7.89	5.04
ASI-3 social	10.85	4.28
ASI-3 cognitive	6.38	5.26
AAQ-II	42.34	9.16

Results

Correlations among study variables

Variable	ASI-3 social	ASI-3 physical	ASI-3 cognitive	AAQ-II	CES-D
SHAI	.32*	.45*	.25*	-.28*	.15
ASI-3 Social		.54*	.37*	-.47*	.21
ASI-3 Phys			.58*	-.27*	.09
ASI-3 Cog				-.33*	.08
AAQ-II					-.39*

* $p < .006$

Results

Partial Correlations with the SHAI

Predictor variable	Controlling for	Partial <i>r</i>
ASI-3 Physical	AAQ-II	.41*
ASI-3 Social	AAQ-II	.23
ASI-3 Cognitive	AAQ-II	.18
AAQ-II	ASI-3 Physical	-.19
AAQ-II	ASI-3 Social	-.16
AAQ-II	ASI-3 Cognitive	-.22

* $p < .006$

Results

- Regression #1 predicting SHAI
 - Step 1: CES-D ($R^2 = .02$, $p = ns$)
 - **Step 2: AAQ ($\Delta R^2 = .06$, $p < .01$)**
 - **Step 3: ASI-3 ($\Delta R^2 = .16$, $p < .01$)**
- Regression #2 predicting SHAI
 - Step 1: CES-D ($R^2 = .02$, $p = ns$)
 - **Step 2: ASI-3 ($\Delta R^2 = .20$, $p < .01$)**
 - Step 3: AAQ ($\Delta R^2 = .02$, $p = ns$)

Results

Final Regression Model Predicting SHAI Scores

Variable	R ²	Beta	<i>t</i>	<i>p</i>
Final Model	.24			<.01
CES-D		.05	0.55	n.s.
AAQ-II		-.15	-1.53	n.s.
ASI-3 Physical		.41	3.78	< .01
ASI-3 Social		.04	0.34	n.s.
ASI-3 Cognitive		-.05	-0.47	n.s.

Conclusions

- Both AS and EA are broadly related to health anxiety symptoms
- Fears of *physical*, but not social or cognitive, manifestations of anxiety explain health anxiety over and above EA
 - Relative to unwillingness to endure negative private experiences, dysfunctional beliefs about these experiences provide a more empirically valid basis for understanding health anxiety
 - EA might be too general to explain health anxiety

Implication for Treatment

- Treatment procedures targeting AS might be more effective and efficient relative to those targeting EA
 - Psychoeducation about the nature of anxiety
 - Cognitive restructuring
 - Interoceptive exposure
- Need for a study to directly compare the efficacy of exposure-based and ACT

Limitations and Future Directions

- Non-treatment seeking sample
 - But high scores on SHAI (analogue?)
- Correlational design
- Third variables not measured in the present study?
- AAQ-II measures EA very broadly
- Need to develop more problem-specific measures of EA