

Preliminary Findings Regarding Anxiety Sensitivity, Trait Anxiety, and PTSD Symptomatology in Women Exposed to Trauma

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INTRODUCTION

Anxiety sensitivity has emerged as a helpful construct in explaining the “fear of fear” phenomenon commonly observed among anxiety disordered populations (Reiss, Peterson, Gursky, & McNally, 1986). Although highest among individuals with panic disorder (Schmidt, Lerew, & Jackson, 1997, 1999), research suggests that anxiety sensitivity may also be implicated in PTSD (Fedoroff, Taylor, Asmundson, & Koch, 2000; Lang, Kennedy, & Stein, 2002). Trait anxiety, a concept that some argue is non-distinct from anxiety sensitivity (see Lilienfeld, Jacob, & Turner, 1989; McNally, 1989), may also play a role in the emergence of PTSD symptomatology (Shalev, Freedman, Peri, Brandes, & Sahar, 1997). The present study tests a mediational model to ascertain whether anxiety sensitivity mediates the relationship between trait anxiety and PTSD symptomatology in two samples of women exposed to trauma (college and community).

METHOD

Each sample is comprised of participants recruited from Cleveland, Ohio and Seattle, Washington. All women reported exposure to a DSM-IV Criterion A traumatic event.

Sample 1 (College)

- 295 undergraduate women, averaging 19.73 years old ($SD = 4.26$)
- Recruited from undergraduate psychology pools
- Serious accidents were the most common trauma type

Sample 1 (Community)

- 84 women, averaging 32.14 years old ($SD = 12.04$)
- Recruited from the community via advertisements for women who had experienced a traumatic event
- Sexual assault was the most common trauma type

Measures

All participants completed the following self-report measures: **Posttraumatic Stress Diagnostic Scale (PDS)**; Foa, Cashman, Jaycox, & Perry, 1997), **Anxiety Sensitivity Index (ASI)**; Reiss et al., 1986); and **State-Trait Anxiety Inventory (STAI)**; Spielberger, Gorsuch, & Lushene, 1970).

RESULTS

According to Baron and Kenny (1986), three regression equations must be run and four conditions must be met to establish a mediational relationship. Three equations were tested in each sample: (1) Anxiety sensitivity = $B1$ Trait anxiety; (2) PTSD symptomatology = $B2$ Trait anxiety; (3) PTSD symptomatology = $B3$ Trait anxiety + $B4$ Anxiety sensitivity. Evidence of an indirect effect of anxiety sensitivity is met if (1) $B1$ is significant, (2) $B2$ is significant, (3) $B4$ is significant and (4) $B3$ is smaller than $B2$.

Sample 1: Each of the four conditions were met. Anxiety sensitivity served as a partial mediator between trait anxiety and PTSD symptomatology; the indirect effect of anxiety sensitivity was significant according to Sobel’s (1982) test for significance ($p < .0001$).

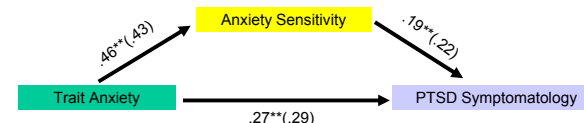
Sample 2: Each of the four conditions were not met. Specifically, anxiety sensitivity did not have a significant unique effect on PTSD symptomatology in the third regression equation ($p = .961$).

Bivariate Correlations

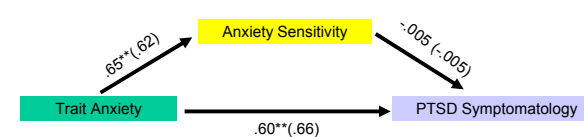
	1	2	3
<i>College Sample</i>			
1. ASI Total Score	1.00	--	--
2. STAI-T Total Score	.43**	1.00	--
3. PDS Total Score	.30**	.29**	1.00
<i>Community Sample</i>			
1. ASI Total Score	1.00	--	--
2. STAI-T Total Score	.62**	1.00	--
3. PDS Total Score	.41**	.66**	1.00

	<i>b</i>	SE	<i>p</i> -Value	β	R^2
<i>College Sample (n = 295)</i>					
Step 1: STAI-T (B1)→ASI	.46	.06	.000	.43	.19
Step 2: STAI-T (B2)→ PTSD	.27	.05	.000	.29	.09
Step 3: ASI (B4)→ PTSD	.19	.05	.000	.22	Model
Step 4: STAI-T (B3)→ PTSD	.18	.06	.001	.20	.13
<i>Community Sample (n = 84)</i>					
Step 1: STAI-T (B1)→ASI	.65	.09	.000	.62	.39
Step 2: STAI-T (B2)→ PTSD	.60	.08	.000	.66	.44
Step 3: ASI (B4)→ PTSD	-.005	.09	.961	-.005	Model
Step 4: STAI-T (B3)→ PTSD	.60	.10	.000	.66	.44

College Sample



Community Sample



** $p < .0005$; Unstandardized regression coefficients are outside parentheses, standardized are within.

DISCUSSION

Based on the above findings, anxiety sensitivity looks to play a role in mediating the relationship between trait anxiety and PTSD symptomatology in a sample of undergraduate women. This relationship, however, did not hold within the community sample. Post hoc t-tests showed that the community samples’ scores on the STAI-T, ASI, and PDS were all significantly higher than those for the undergraduate sample ($p < .0001$). Thus, general levels of anxiety may be a more powerful correlate of PTSD symptomatology than anxiety sensitivity in more clinically impaired populations. In response to the debate surrounding the relative specificity (or non-specificity) of anxiety sensitivity (see Lilienfeld, Jacob, & Turner, 1989; see McNally, 1989), these findings suggest that sample characteristics, specifically levels of psychopathology, may play a role in diminishing the distinctiveness of anxiety sensitivity as it is related to PTSD symptomatology. The present study is limited by the fact that it is cross-sectional and does not assess changes in psychopathology over time. In addition, the outcome measure (PDS) for PTSD is based on self-report; these findings may look different among individuals diagnosed with PTSD by a trained clinician.

References Available Upon Request
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