

Title of Project: Evaluating the Specificity of Anxiety Sensitivity in regard to Anxiety and Worry about Bodily Sensations among Adults with HIV/AIDS.

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Abstract

People living with HIV/AIDS often experience a wide range of aversive bodily sensations (e.g., fatigue, chills or sweats, feeling dizzy) as a result of the disease itself and medication regimens used to treat the disease (Justice et al., 2001). It is theorized that aversive bodily sensations may be pre-potent signals that could trigger problematic anxiety and worry among those with HIV/AIDS. One promising cognitive factor that may help to explain these relations is anxiety sensitivity (AS). AS is defined as the extent to which individuals believe that anxiety and related sensations have harmful consequences (McNally, 2002). Empirical evaluation of the AS construct indicates that there is an overall global factor and three lower-order factors: (1) concerns about mental incapacitation (AS-mental concerns), (2) concerns about physical symptoms of anxiety (AS-physical concerns), and (3) concerns about the social consequences of experiencing anxious arousal (AS-social concerns; Zinbarg, Barlow, & Brown, 1997).

The current study serves as a preliminary examination of the relation between AS sub-factors and anxiety and worry about bodily sensations among 67 (24% women; age $M = 46.61$, $SD = 10.02$) adults living with HIV/AIDS. As predicted, both AS-physical concerns and AS-mental concerns were positively and significantly related to symptoms of anxious arousal ($r = .32, p < .05$ and $r = .45, p < .001$; respectively), bodily vigilance ($r = .29, p < .05$ and $r = .28, p < .05$; respectively), and interoceptive fear ($r = .28, p < .05$ and $r = .31, p < .05$; respectively). Only AS-mental concerns were related to HIV/AIDS-related symptom distress ($r = .42, p < .001$).

Results suggest that further examination of AS is warranted to better understand and treat anxiety among people living with HIV/AIDS.