



# Investigating Contributions of Emotion Reactivity and Distress Tolerance to Health Anxiety Symptoms

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## Introduction

- Emotion reactivity (ER; i.e., emotional sensitivity, intensity, and persistence) may interact with maladaptive emotion regulation strategies in the development and maintenance of anxiety disorders.
- One aspect of emotion regulation that has been emphasized in anxiety research is distress tolerance (DT) or the capacity to experience and withstand aversive psychological states, such as anxiety.
- In the only study to explore ER and DT in relation to health anxiety, health anxiety symptoms in a non-clinical sample were related to greater self-reported in vivo anxiety following a DT mirror-tracing task, but not to ER elicited by film clips (Macatee & Cogle, 2012).
- The current study sought to better understand the contributions of DT and ER and their interaction to health anxiety symptoms.
- We hypothesized that DT, but not ER would individually predict health anxiety after accounting for general distress.
- We also explored whether the combined effect of both ER and DT would predict health anxiety over and above the individual constructs.

Table 1. Mean scores on study measures

Measure	Range	M (SD)
ERS	21-103	45.80 (16.89)
DTS	1-5	3.37 (0.78)
SHAI	0-29	12.31 (5.76)
DASS	0-86	23.05 (16.39)

## Method

### Participants and procedure

- 208 undergraduate students recruited from Introduction to Psychology Courses at UNC-Chapel Hill
- 76% female, 68% Caucasian, *M* age = 18.96 years (*SD* = 1.07)
- Participants completed the study measures (below) online.

### Self- Report Measures

- Emotion Reactivity Scale (ERS)
- Distress Tolerance Scale (DTS)
- Short Health Anxiety Inventory (SHAI)
- Depression Anxiety and Stress Scale (DASS)

Table 2. Pearson's correlations between study measures

	1.	2.	3.	4.
1. ERS	---	-.50*	.47*	.48*
2. DTS		---	-.30*	-.39*
3. SHAI			---	.45*
4. DASS				---

\*  $p < .001$

Table 3. Summary of regression predicting health anxiety symptoms (main effects only)

Predicting SHAI	$\Delta R^2$	$\beta$	<i>t</i>	<i>p</i>
Step 1: DASS	.21	.30	4.34	< .001
Step 2: ERS and DTS	.08			< .001
DTS		-.03	-0.45	.65
ERS		.30	4.04	<.001

## Results

### Regression analyses predicting health anxiety symptoms from emotion reactivity and distress tolerance (Table 3)

- The DASS (Step 1) accounted for 21% of the variance in SHAI scores ( $p < .001$ ).
- Addition of the ERS and DTS (Step 2), collectively explained an additional 8% of the variance ( $p < .001$ ). ERS but not DTS accounted for significant unique variance.
- Addition of the interaction between ERS and DTS, did not explain any additional variance in SHAI scores ( $p = .30$ ).
- The main effects are presented in Table 3.

## Discussion

- Our finding that a self-report measure of ER, but not DT or their interaction, predicted health anxiety above and beyond general distress is contrary to results utilizing behavioral measures.
- Perhaps in non-clinical individuals, it is how one *responds* to feelings of distress, over and above distress itself, that predicts health anxiety.
- This is consistent with cognitive models of health anxiety, which posit that responses to internal experiences are important in the maintenance of this problem.
- Future research should incorporate measures of additional constructs such as anxiety sensitivity and body vigilance.
- The present study is limited by the use of a non-clinical sample, online data collection, and the correlational design.