The relationship between physical illness and psychological factors is being increasingly understood and appreciated. Psychosomatic medicine has been an important concept for the last many years. Recent evidences have resulted in linking psychological factors to almost all physical disorders. Thus in the etiology and treatment of most diseases, even cancer and AIDS, psychological factors are being increasingly studied.

Asthma is an extremely common health problem that is caused or can be worsened by emotional and cognitive factors. Asthma is a psychophysiological respiratory disorder characterized by recurrent breathing problems and symptoms such as breathlessness, chest tightness, coughing and wheezing, together with cognitive dyscontrol (for example, dizziness and nervousness). It is not unusual for individuals with asthma to experience psychological sequela including anxiety, mood, behavioural disorders and depression. Evidences show that asthmatic population is at increased risk for affective comorbidity, specially anxiety and depression.

It appears that most of the researches focus on social (family), emotional and personality factors that in one way or the other contribute to asthma. But, emotional reactions do not occur without a stimulus. They are anchored in certain events. Therefore, it is important that we probe those factors which create an attitudinal perspective that triggers off emotions. An individual’s perceptions and views of the world in which s/he functions, determine his/her reactions, feelings, and emotions. In the present research an attempt is made to study two factors, which appear important, namely attributional style and anxiety sensitivity.

Attributional style is a multidimensional and individual differences variable that refers to the habitual ways in which people explain their positive and negative life experiences. Attributional style may also define as a tendency to make particular kind of causal inferences, rather than others, across different
situations and across time. Certain attributional style have been found to be associated with certain pathologies.

Anxiety sensitivity has been defined as the fear of anxiety and anxiety-related thoughts and bodily sensations, based on belief that they have harmful somatic, social or psychological consequences. Anxiety sensitivity is regarded as a pattern of thinking that can affect health and that some one who is more sensitive to internal bodily changes is going to be at greater risk for identifying benign internal symptoms as dangerous.

The following hypotheses were formulated, further enlarged by taking into consideration the duration of disease, age and gender, may be summarized as:

1. Asthmatics will depict an attributional style different from non-asthmatics.
2. Asthmatics with different duration of illness will differ in their attributional style.
3. Asthmatics of different age groups will differ in their attributional style.
4. Asthmatic males will depict an attributional style different from asthmatic females.
5. Asthmatics will have higher anxiety sensitivity than non-asthmatics.
6. Asthmatics with different duration of illness will differ in their level of anxiety sensitivity.
7. Asthmatics of different age groups will differ in their level of anxiety sensitivity.
8. Asthmatic males will differ from asthmatic females in their level of anxiety sensitivity.

The sample of the present investigation comprised of 150 subject, 75 asthmatic patients (38 males and 37 females) and 75 healthy counterparts, in the age range of 12 to 50 years. Asthmatic patients (who were diagnosed by
specialists) selected on the basis of purposive sampling technique, with emphasis on the fact that no bias should operate.

The Attributional style Questionnaire revised by Peterson and Seligman (1982), which comprised of 12 hypothetical events, was used for measuring attributional style. The 16-item Anxiety Sensitivity Index constructed by Reiss, Peterson, Gursky and McNally (1986) was used to measure anxiety sensitivity.

The t-test was applied to study the significance of difference between the means of various groups.

The main results of the present study are:

The asthmatics differ significantly from non-asthmatic normal counterparts in terms of attributional style and anxiety sensitivity. Global attributions for negative events emerged as a significant factor. Chronicity also emerged as an important mediating variable between attributional style and asthma, as chronicity increases the patients make more internal and unstable attributions for positive events and, global and stable attributions for negative events. Patients of different age groups also reveal significant differences in their attributional style. 20 to 35 years age group show most positive attributional style and 35 to 50 years age group show the most pathological attributional style. When gender differences were probed it emerged as a significant mediating variable in the relationship between attributional style and asthma. Women patients revealed a depressogenic attributional style.

When anxiety sensitivity is taken into consideration it is found that it is undoubtedly crucial variable that may enhance the probability of asthmatic attacks. Chronicity, age and gender mediate anxiety sensitivity and asthma relationship. Patients with shortest duration of illness report more physical concerns. As duration of illness increases patients exhibit more mental incapacitation and social concerns. Age of the patients seems to mediate only the lower order factors on anxiety sensitivity, as 12 to 20 years age group
expresses more physical concerns while the highest age group (35 to 50 years) reports more mental incapacitation and social concerns.

As regards the role of gender it is found that though male asthmatics as compared to non-asthmatic males have higher level of anxiety sensitivity but as compared to female asthmatic they are low on anxiety sensitivity with no specific concerns. Female asthma patients have high mental incapacitation concerns and social concerns.