



Anxiety sensitivity among Cambodian refugees with panic disorder: A factor analytic investigation

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Abstract

Among Cambodian refugees with panic disorder ($N = 208$), we performed two factor analyses, one with the ASI, another with an Augmented ASI (consisting of the 16-item ASI supplemented with a 9-item addendum that assesses additional Cambodian concerns about anxiety-related sensations). The principal component analysis of the ASI yielded a 3-factor solution (I, “Weak Heart Concerns”; II, “Social Concerns”; III, “Control Concerns”); the Augmented ASI, a 4-factor solution: I, “Wind Attack Concerns”; II, “Weak Heart Concerns”; III, “Social Concerns”; and IV, “Control Concerns.” The item clustering within the factor solution of both the ASI and Augmented ASI illustrates the role of cultural syndromes in generating fear of mental and bodily events.

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1. Introduction

The Anxiety Sensitivity Index (ASI) taps fear of anxiety-related sensations (Reiss, Peterson, Gursky, & McNally, 1986). Elevated scores on the ASI predict increased risk for spontaneous panic attacks (Schmidt, Lerew, & Jackson, 1997) and anxious response to symptom-provocation procedures such as hyperventilation or carbon dioxide inhalation (McNally, 2002; McNally & Eke, 1996). The ASI distinguishes among anxiety disorders. For example, patients with panic disorder score higher than those with generalized anxiety disorder even when their mean scores on measures of trait anxiety are indistinguishable (Taylor, Koch, & McNally, 1992).

1.1. Factor analysis of the ASI in English-speaking populations

In Western, English-speaking populations, most factor analyses of the standard 16-item ASI have revealed a 3-factor solution: Physical Concerns, Mental Incapacitation Concerns, and Social Concerns (Zinbarg, Barlow, & Brown, 1997). However, only two factor analytic studies of the 16-item ASI have been conducted in a panic disorder sample; all other studies have been done with heterogeneous groups (e.g., various anxiety disorders) or normal populations. In one study (with agoraphobic patients), Wardle, Ahmad, and Hayward (1990) found a 4-factor solution: “fear of heart and breathing symptoms,” “fear of loss of mental control,” “fear of gastrointestinal difficulties,” and “concerns about other people detecting anxiety.” Blais et al. (2001), in a sample of mixed anxiety and depression patients, found a similar 4-factor solution. In a goodness-of-fit study with a large sample of panic disorder patients, Cox, Parker, and Swinson (1996) determined that either of two different 4-factor solutions, including Wardle et al.’s, was superior to a 1-factor solution.

Taylor and Cox (1998) hypothesized that the ASI contains too few items to assess lower order factors, so they created a 36-item ASI (ASI-R), the factor analysis of which revealed a 4-factor solution: Fear of Respiratory Symptoms; Fear of Publicly Observable Anxiety Reactions; Fear of Cardiovascular Symptoms; and Fear of Cognitive Dyscontrol. Likewise, a factor study of the Body Sensations Questionnaire (Chambless, Caputo, Bright, & Gallagher, 1984) with panic disorder patients, which included a biological challenge (CO₂), indicated that anxiety sensitivity consists of important lower order factors, such as cardiovascular and gastrointestinal concerns (Schmidt, 1999). Taylor and Rachman (1994) found that the Suffocation Fear Scale (SFS) best predicted panic in response to breathing through a narrow straw, and McNally and Eke (1996) demonstrated the SFS to be the best predictor of fearful responding to hyperventilation.

1.2. Anxiety sensitivity and cultural syndromes

As reviewed in the section above, several studies (e.g., Cox et al., 1996; McNally & Eke, 1996; Schmidt, 1999; Taylor & Cox, 1998; Taylor & Rachman, 1994;

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