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Anxiety sensitivity: Relations to psychopathy, DSM-IV personality disorder features, and personality traits

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Abstract

Relatively few data are available concerning the relations between anxiety sensitivity (AS) and both abnormal and normal personality traits. In particular, little is known about the associations between AS and personality disorders, although Shostak and Peterson [Behav. Res. Ther. 28 (1990) 513.] hypothesized that AS would be negatively correlated with antisocial personality disorder (ASPD) and perhaps related conditions (e.g., psychopathy). We examined the relations between AS, as assessed by the AS Index (ASI), and measures of psychopathy/ASPD, personality disorder features, and personality traits in a sample of 104 undergraduates. The ASI was not significantly associated with global measures of psychopathy or ASPD, although it was negatively correlated in some cases with the core affective deficits of psychopathy. In addition, the ASI was positively correlated with features of several Clusters B (e.g., borderline) and C (e.g., dependent) personality disorders and with features of passive-aggressive personality disorder. In addition, the ASI was positively associated with measures of several normal-range personality traits, including trait anxiety, alienation, well being, Negative Emotionality, and Constraint. Some, although not all, of the abnormal and normal personality correlates of the ASI were attributable to the variance shared by the ASI with trait anxiety measures. Implications and limitations of the present findings for the correlates and etiology of AS are outlined. © 2001 Elsevier Science Inc. All rights reserved.

Keywords: Anxiety; Psychopathy; Personality; Personality disorder; Trait; Panic Disorder

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1. Introduction

The construct of anxiety sensitivity (AS) is hypothesized to reflect relatively stable individual differences in the fear of anxiety (Reiss, 1991). Individuals with elevated levels of AS are posited to harbor beliefs that anxiety symptoms (e.g., a rapid heart beat) have adverse consequences (e.g., a heart attack). Such individuals have been found to exhibit elevated rates of a number of anxiety disorders, particularly panic disorder (McNally, 1990, 1996), and to be susceptible to marked anxiety reactions following biological challenge procedures (e.g., hyperventilation and carbon dioxide inhalation; see McNally, 1996, for a review). In addition, evidence from several longitudinal investigations (e.g., Maller & Reiss, 1992; Schmidt, Lerew, & Jackson, 1997) suggests that AS is a predictor of subsequent panic attacks in nonclinical samples. In the adult literature, AS has generally been assessed by the AS Index (ASI), a self-report instrument measuring the extent to which individuals report being frightened by their own anxiety sensations (Reiss, Peterson, Gursky, & McNally, 1986).

Although the relation of AS to anxiety disorders has received increasing attention in recent years (see Taylor, 1999 for a review), relatively little is known concerning the associations between AS and either personality disorders or normal-range personality traits. As a consequence, little information is available concerning the links between AS and the broader personality domain. Data regarding the personality correlates of AS are important for at least three reasons (see also Lilienfeld, 1999).

First, such information may lead to a better understanding of how AS maps onto the factor space defined by higher-order and lower-order personality dimensions. Because at least some higher-order personality dimensions can be conceptualized as “source traits” (Cattell, 1950), i.e., broad underlying traits that give rise to narrower and more specific “surface traits” or lower-order dimensions, a better understanding of the relation of AS to higher-order dimensions may provide important clues regarding the etiology of AS.

Second, higher-order and lower-order personality dimensions can sometimes provide competing explanations for hypotheses in the personality domain (Watson & Clark, 1992). If an investigator proposes a hypothesis concerning the relation between a lower-order dimension and external criteria but neglects to include a measure of the higher-order dimension on which this lower-order dimension loads, the investigator may mistakenly conclude that this hypothesis has been corroborated. But in fact, the observed relation may be attributable to the influence of the unmeasured higher-order dimension (e.g., see Watson & Pennebaker, 1989 for an illustration of how the association between stressful life events and self-reported health complaints appears to be mediated by the higher-order dimension of Negative Emotionality). Consequently, an examination of higher-order dimensions can provide valuable information concerning whether the personality correlates of AS are specific to AS per se.

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