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The Claustrophobia Questionnaire[☆]

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Abstract

The content and psychometric properties of the Claustrophobia Questionnaire (CLQ) are described. An earlier version of the CLQ was developed to test the hypothesis that claustrophobia is comprised of two distinct but related fears — the fear of suffocation and the fear of restriction [J. Anxiety Disord. 7 (1993) 281.]. The scale was used to assess patients undergoing the magnetic resonance imaging (MRI) procedure [J. Behav. Med. 21 (1998) 255.] and in participants with panic disorder [J. Abnorm. Psychol. 105 (1996) 146; Taylor, S., Rachman, S., & Radomsky, A. S. (1996). The prediction of panic: a comparison of suffocation false alarm and cognitive theories. Unpublished data.]. On the basis of these studies, we decided to revise and shorten the CLQ, collect normative data, and provide information on the scale's predictive and discriminant validity as well as its internal consistency and test–retest reliability. This was done through a set of four interconnected studies that included psychometric analyses of undergraduate and community adult questionnaire responses and behavioural testing. Results indicate that the CLQ has good predictive and discriminant validity as well as good internal consistency and test–retest reliability. The CLQ appears to be a reliable and sensitive measure of claustrophobia and its component fears. We encourage the use of the CLQ in a variety of clinical and research applications. The scale is provided in this paper for public use. © 2001 Elsevier Science Inc. All rights reserved.

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1. Introduction

Claustrophobia is a fear of enclosed spaces (*claustr*o means closed). It can be unpleasant and distressing, but most people who experience the fear find ways to cope, usually through the deliberate avoidance of small or enclosed places. Small or locked rooms, tunnels, cellars, elevators, subway trains, and crowded places are all stimuli that can provoke the fear, and people who react to one of these situations are likely to react to them all (Rachman, 1997). Fears of restriction and of being trapped, such as sitting in a dentist's chair or waiting in a long queue, are also associated with a fear of being enclosed and usually are regarded as signs of claustrophobia.

A person who is claustrophobic is not frightened of an enclosed space per se, but is frightened of what might happen in the enclosed space. Just as agoraphobia is increasingly being regarded as a fear of what might happen in a public place (e.g., a fear of experiencing an episode of panic), so too can claustrophobia be re-conceptualized in this manner (Rachman, 1990).

A subjective feeling of being trapped certainly features in the accounts of many claustrophobic people. Most closed places entail an amount of entrapment, but they also entail a restriction of movement. The fear reaction resembles the one animals display when their escape is prevented, and it is possible that the human fear of enclosed spaces is a vestigial fear of being trapped in a way that prevents escape when threatened (Rachman, 1997). Animals certainly, and people probably, are more vulnerable "in conditions of confined space"; experimental neuroses are more easily induced when an animal is confined (Wolpe, 1958).

A fear of suffocation is prominent in claustrophobia and is also reported by many people who are not troubled by enclosed spaces (Kirkpatrick, 1984). This extremely intense, but remarkably common, component of claustrophobia has evaded the attention of psychologists both in clinical practice and in research. Being confined in an enclosed space could well be interpreted as a threat to one's breathing, and it is therefore understandable that for people who have a strong fear of suffocation, enclosed spaces are interpreted as serious threats. A majority of claustrophobic people express a fear of suffocating while in an enclosed space, and in experimental investigations, this fearful cognition was closely associated with the bodily sensation of shortness of breath (Rachman, 1988). Even though this fear of suffocation is exaggerated in the large majority of claustrophobics, it is understandable given that many people, even non-fearful people, overestimate how much oxygen is needed to survive. For example, a group of highly educated students greatly overestimated how much oxygen they would need to survive in a small, enclosed room that was not airtight (Rachman, Levitt, & Lopatka, 1987,

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