



Psychometric properties of the French and English versions of the Claustrophobia Questionnaire (CLQ)[☆]

Adam S. Radomsky^{a,b,*}, Allison J. Ouimet^a,
Andrea R. Ashbaugh^a, Matthew R. Paradis^a,
Stefanie L. Lavoie^a, Kieron P. O'Connor^b

^a *Department of Psychology, Concordia University, 7141 Sherbrooke St. West,
Montreal, Que., Canada H4B 1R6*

^b *Centre de Recherche Fernand-Séguin, Université de Montréal, Canada*

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Abstract

Research suggests that Claustrophobia, defined as the fear of enclosed spaces, may be better conceptualized as two separate, but related fears: (1) the fear of suffocation, and (2) the fear of restriction. The Claustrophobia Questionnaire (CLQ) is a self-report measure designed to assess these two fears. The original English version of the CLQ has demonstrated excellent psychometric properties. The purpose of the present study was to evaluate a French version of the CLQ for use in clinical and research settings and to replicate the psychometric findings of previous investigations of the English CLQ. Language-appropriate versions of the CLQ, as well as self-report measures of phobic, anxious and depressive symptomatology were distributed to undergraduate students at three Montréal, Québec universities. Results show that the CLQ possesses strong psychometric properties in both languages, and that the English and French versions of the CLQ appear to measure identical constructs. These findings are discussed in terms of proposed applications of the CLQ.

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* Corresponding author. Tel.: +1 514 848 2424x2202; fax: +1 514 848 4523.

E-mail address: Adam.Radomsky@concordia.ca (A.S. Radomsky).

Claustrophobia, defined as the fear of enclosed spaces (APA, 2000), may affect as much as 2–5% of the population (Rachman, 1997). Recently, claustrophobia has been reconceptualized as the fear of what might happen in an enclosed space (Rachman, 1997). Rachman and Taylor (1993) proposed that claustrophobia can be divided into two separate, but related fear components: (1) a fear of suffocation and (2) a fear of restriction. To test this hypothesis, they devised a precursor to the Claustrophobia Questionnaire (CLQ), an early self-report questionnaire specifically assessing claustrophobic symptoms. When subjected to a factor analysis, the best fit for the items was a two-factor solution corresponding to the fear of suffocation and the fear of restriction, and accounting for over half of the variance in fear ratings following five behavioural tests in an undergraduate sample (Rachman & Taylor, 1993). The early version of the CLQ has been used in studies of panic disorder to assess whether fear of suffocation would predict response to a carbon dioxide challenge (McNally & Eke, 1996; Taylor, Rachman, & Radomsky, 1996), and also in studies of patients undergoing magnetic resonance imaging (MRI; McIsaac, Thordarson, Shafran, Rachman, & Poole, 1998), although the psychometric properties of the full CLQ had not yet been fully examined.

A fear of suffocation is frequently present in claustrophobia, and is also common to many people who do not exhibit claustrophobia symptoms (Kirkpatrick, 1984). Although individuals who suffer from claustrophobia often have difficulty identifying the exact nature of their fear when confronted with spending time in an enclosed space, this situation could be easily interpreted as a threat to one's breathing (Radomsky, Rachman, Thordarson, McIsaac, & Teachman, 2001). Furthermore, when this perceived impediment to breathing is combined with an inability to move and/or escape the situation (i.e., restriction) an intense fear may follow (Rachman, 1997). The experience of these two fears and their interaction are integral to an understanding of claustrophobia, although some individuals may suffer from claustrophobia while only reporting one of the two fears. The CLQ was designed to assess these fears separately. Currently, to our knowledge, the CLQ is the only available validated self-report questionnaire which specifically measures these two fear components as outlined by Rachman and Taylor (1993).

To revise, shorten, and evaluate the scale, Radomsky et al. (2001) administered the original items to community adults and undergraduate students, some of whom were identified as a claustrophobic group. The CLQ demonstrated excellent psychometric properties and emerged as a promising measure of claustrophobia symptoms for both clinical and research purposes (Radomsky et al., 2001).

The CLQ has recently been used to test the effectiveness of safety behaviour utilization (SBU) and safety behaviour availability (SBA) in conjunction with exposure therapy in the treatment of claustrophobia (Powers, Smits, & Telch, 2004). Participants diagnosed with claustrophobia were randomly assigned to 1 of 5 different treatment groups: (1) Exposure Only (EO; participants entered an

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