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# The Anxiety Sensitivity Index - Revised: psychometric properties and factor structure in two nonclinical samples

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## Abstract

Anxiety sensitivity (AS) is the fear of anxiety-related sensations based on beliefs about their harmful consequences. Despite its status as the most popular measure of AS, the anxiety sensitivity index is too abbreviated to adequately measure the somatic, cognitive, and social facets of the construct. The Anxiety Sensitivity Index - Revised (ASI-R) is a revised and expanded version of the ASI that was developed to improve the assessment of AS and its dimensions. The present study was conducted to examine the psychometric properties and factor structure of the ASI-R. Two large undergraduate samples completed a psychometric assessment package that included the ASI-R and measures of anxiety, depression, and related constructs. Exploratory factor analysis revealed four lower-order ASI-R factors: (1) beliefs about the harmful consequences of somatic sensations; (2) fear of publicly observable anxiety reactions; (3) fear of cognitive dyscontrol; and (4) fear of somatic sensations without explicit consequences. These factors loaded on a single, higher-order factor. Correlations between the ASI-R factors and related variables were consistent with AS theory. Results across both samples in the present study were highly similar. The strengths and limitations of the ASI-R are discussed, and the implications of our findings for the nature and measurement of AS are considered. © 2003 Elsevier Ltd. All rights reserved.

*Keywords:* Anxiety sensitivity; Factor analysis; Measurement; Anxiety

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## 1. Introduction

Anxiety sensitivity (AS) refers to the fear of anxiety-related sensations, which is thought to arise from beliefs that these symptoms have harmful physical, psychological, or social conse-

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quences (Reiss & McNally, 1985). AS is considered a dispositional trait that amplifies fear and other anxiety reactions and places individuals at risk for the development of anxiety-related conditions, particularly panic disorder (Reiss, 1991). AS is distinct from trait anxiety (i.e. the tendency to respond with fear to a wide range of stressors) and describes a more specific tendency to fearfully respond to one's own anxiety symptoms. The construct validity of AS is supported by an impressive body of research (summarized in Taylor, 1999) that documents the role of AS in anxiety and panic. For example, research has reliably demonstrated that AS distinguishes panic disorder from other anxiety disorders (Apfledorf, Shear, Leon, & Portera, 1994), predicts fearful responding to panic symptom provocation procedures (e.g. Rapee, Brown, Antony, & Barlow, 1992), and predicts prospective development of panic attacks (e.g. Schmidt, Lerew, & Jackson, 1997).

The factor structure of AS has important implications for the nature of AS and its role in anxiety-related psychopathology. Factor analysis allows researchers to study the basic mechanisms of AS (Taylor & Cox, 1998a), because distinct factors may correspond to distinct mechanisms (Cattell, 1978). Different AS mechanisms may have distinct causes (e.g. learning experiences) that may lead to specific anxiety reactions. For example, as a result of observing a family member die of a heart attack, an individual might develop a fear of cardiac sensations that could trigger a panic attack when that individual experiences heart palpitations (Cox, 1996). There is converging evidence from recent factor analytic studies that the Anxiety Sensitivity Index (ASI; Reiss, Peterson, Gursky, & McNally, 1986), the most commonly used measure of AS, measures three replicable, lower-order factors: (1) fear of somatic sensations, (2) fear of cognitive dyscontrol, and (3) fear of publicly observable anxiety symptoms (see Zinbarg, Mohlman and Hong, 1999, for a review). These lower-order factors appear to be hierarchically arranged beneath a single higher-order factor (i.e. general AS). Studies examining the correlates of ASI factors have confirmed the importance of a multidimensional perspective of AS. The ASI fear of somatic sensations factor is most strongly associated with a diagnosis of panic disorder (Zinbarg, Barlow, & Brown, 1997; Taylor, Koch, Woody, & McLean, 1996) and is the strongest predictor of fearful responding to panic symptom provocation procedures (Zinbarg, Brown, Barlow, & Rapee, 2001). The AS fear of cognitive dyscontrol factor appears less specific to panic disorder and more sensitive to depression (Blais et al., 2001; Taylor, Koch, Woody & McLean, 1996). The third factor from the ASI, fear of publicly observable anxiety symptoms, appears to be associated with negative evaluation sensitivity and a diagnosis of social phobia (McWilliams, Stewart, & MacPherson, 2000; Zinbarg, Barlow & Brown, 1997). Knowledge about AS has been significantly enhanced by studies on the association between AS factors and various types of psychopathology, and important theories about the role of AS dimensions in the development of panic (e.g. Cox, 1996) await empirical validation.

Current conceptualizations of the factor structure of AS (e.g. Zinbarg, Mohlman & Hong, 1999) are based almost exclusively on factor analytic studies of the ASI. The ASI is a 16-item self-report scale that was constructed to measure what was originally conceptualized as a unitary construct (Reiss, Peterson, Gursky & McNally, 1986). Because the ASI contains a relatively small number of items, most of which measure fears of somatic sensations (e.g. Stewart, Taylor, & Baker, 1997), the scale is too abbreviated to adequately measure the major AS factors. For example, the ASI has too few items to ascertain whether the 'fear of somatic sensations' factor may actually consist of several factors, such as fears of cardiac symptoms and fears of gastrointes-

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