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Factor structure and stability of the Anxiety Sensitivity Index in a longitudinal study of anxiety disorder patients

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Abstract

The past decade witnessed considerable debate over the factor structure of the Anxiety Sensitivity Index (ASI), with an eventual consensus emerging that supported a hierarchically organized factor structure. The present study attempted to replicate and examine the overall stability and utility of the hierarchical ASI factor pattern using a large sample of outpatients participating in an ongoing longitudinal study of anxiety disorders. Results supported a hierarchical factor structure for the ASI consisting of three lower-order factors measuring physical concerns, mental incapacitation concerns, and social concerns, all of which loaded significantly on a single second-order factor. Correlational analyses show good test–retest reliability and consistent patterns of intercorrelation for these factor-derived subscales across a 10-month time frame. Additional analyses provide support for the discriminant validity of the ASI subscales with regard to individuals with specific anxiety disorders. The theoretical implications of these findings for future evaluations of anxiety sensitivity are discussed.

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1. Introduction

As conceptualized by Reiss and his colleagues (Reiss, 1987; Reiss & McNally, 1985; Reiss, Peterson, Gurskey, & McNally, 1986), anxiety sensitivity (AS) refers to the fear of anxiety-related physical sensations resulting from the belief that these sensations may have potentially harmful

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somatic, psychological, or social consequences. An individual difference or trait variable, the concept of AS, along with the fear of anxiety more generally, has been an important aspect of many cognitive and behavioral theories of anxiety and panic (e.g. Barlow, 1988, 2001; Clark, 1986; Reiss, 1991), as well as in theoretical explanations for the development of anxiety disorders (e.g. Goldstein & Chambless, 1978; McNally, 1994). Numerous studies have also helped to illustrate empirically the role of AS in panic and other anxiety disorders (see Taylor, 1999, for a review).

The Anxiety Sensitivity Index (ASI; Reiss et al., 1986) has been one of the most widely used instruments to quantify the AS construct in empirical studies. Though intended by its developers to be a unidimensional measure of AS, several published studies factor analyzing the ASI have called into question the instrument's factor structure. While some studies report as many as four factors in the ASI (Cox, Parker, & Swinson, 1996; Telch, Shermis, & Lucas, 1989; Wardle, Ahmed, & Hayward, 1990), several other studies found a three-factor solution (Stewart, Taylor, & Baker, 1997; Taylor, Koch, Woody, & McClean, 1996; Zinbarg, Barlow, & Brown, 1997), and at least one recent study reported a two-factor model (Cox, Enns, Walker, Kjernisted, & Pidlebury, 2001). Still other analyses of the ASI reported only a one-factor solution (Reiss et al., 1986; Sandin, Charot, & McNally, 1996; Taylor, 1996; Taylor, Koch, & Crockett, 1991; Taylor, Koch, McNally, & Crockett, 1992). These discrepant factor-analytic studies have sparked a heated debate regarding the overall structure of the AS construct and its theoretical utility (see Taylor 1995a,b; 1996; and Lilienfeld, Turner, & Jacob, 1993, 1996).

More recently, however, a consensus has begun to emerge regarding the multidimensional nature of the AS construct. Typified by the work of Zinbarg et al. (1997), it now appears that the structure of the ASI is best explained by three lower order factors measuring physical concerns, mental incapacitation concerns, and social concerns, that all load on a single second-order factor of general AS. Although the goodness of fit for this hierarchical structure of the ASI has been confirmed in at least two data sets (Stewart et al., 1997; Zinbarg et al., 1997), additional independent analyses of this hierarchical model using other samples is needed to further support this position. Additionally, the acceptance of a hierarchically organized, multiple-factor solution for the ASI does raise important questions as to the construct validity and general utility of the ASI total score as employed in past studies (Lilienfeld et al., 1993; Taylor, 1996; Zinbarg et al., 1997).

Research on the structure of AS has been helpful to researchers interested in the pathology of different anxiety and mood disorders. Originally conceptualized as the key fear which differentiated people with panic disorder from other anxiety and mood disorder patients, elevated AS has been associated with the occurrence of panic attacks and the subsequent development of panic disorder in people with no history of the disorder (Schmidt, Larew, & Jackson, 1997, 1999), and with the experience of panic during panic-provocation tests (Eke & McNally, 1996; Rapee, Brown, Antony, & Barlow, 1992; Zinbarg, Brown, Barlow, & Rapee, 2001). However, studies have also found elevated AS relative to controls in patients with other anxiety disorders (for a review see Cox, Borger, & Enns, 1999). Further, patients with MDD also score higher than normal controls on the ASI, falling within the range of non-panic anxiety disorder patients (Otto, Pollack, Fava, Uccello, & Rosenbaum, 1995), and other studies have found ASI scores predictive of depressive symptoms (Schmidt et al., 1997; Taylor et al., 1997).

Studies using factor-derived subscales for the ASI have helped to shed some light on these findings. Particularly illuminating is the study by Zinbarg and colleagues comparing ASI subscale

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