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## Structure of the Anxiety Sensitivity Index psychometrics and factor structure in a community sample

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### Abstract

Converging evidence suggests that anxiety sensitivity (i.e., threatening beliefs regarding autonomic arousal) is a risk factor for anxiety pathology. Specification of premorbid risk factors requires exclusion of individuals with a history of spontaneous panic to ensure that anxiety sensitivity is not merely a consequence or concomitant of the experience of panic. However, the psychometrics and dimensional nature of anxiety sensitivity in such a sample is undetermined. The present study evaluated the factor structure of the Anxiety Sensitivity Index (ASI), a measure of anxiety sensitivity, in a community sample ( $N = 233$ ) with no history of psychiatric illness or spontaneous panic. Exploratory factor analyses (EFA) suggested a two- or three-factor solution (I, Fear of Mental Catastrophe; II, Fear of Cardiopulmonary Sensations; III, Fear of Vasovagal Sensations). Confirmatory factor analyses (CFA) comparing alternative models indicated that a hierarchical two-factor solution (I, Fear of Mental Catastrophe; II, Fear of Cardiopulmonary Sensations) best accounted for the data. This model generalized well to a nonclinical college sample ( $N = 809$ ). © 2002 Elsevier Science Inc. All rights reserved.

*Keywords:* Anxiety sensitivity; Factor analysis; Anxiety; Community sample

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## 1. Introduction

Anxiety sensitivity has played an important role in the conceptualization and research on anxiety pathology (McNally, 1990). Anxiety sensitivity refers to the extent to which an individual believes that autonomic arousal can have aversive or harmful consequences (Reiss & McNally, 1985). For example, individuals with high anxiety sensitivity may believe that shortness of breath signals suffocation or that heart palpitations indicate a heart attack, whereas those with low anxiety sensitivity experience these sensations as unpleasant but nonthreatening.

Consistent with cognitive theories of anxiety, the anxiety sensitivity conceptualization posits that cognitive misappraisal is critical for generation of anxiety. However, anxiety sensitivity is distinguished from other cognitive conceptualizations because anxiety sensitivity is believed to be a stable trait-like characteristic that may precede development of panic attacks. Individual differences in anxiety sensitivity are hypothesized to emerge from a variety of experiences that ultimately lead to acquisition of beliefs about potentially aversive consequences of arousal. Such experiences may include hearing others express fear of such sensations, receiving misinformation about the harmfulness of certain sensations, witnessing a catastrophic event such as the fatal heart attack of a loved one, and so forth. Thus, anxiety sensitivity constitutes a disposition to developing anxiety and does not require the experience of clinically significant anxiety or panic in its own development (Reiss, 1991).

One of the important and unique predictions of the anxiety sensitivity conceptualization is that anxiety sensitivity should act as a risk factor for development of panic attacks as well as related anxiety disorders. Both laboratory-based experimental studies as well as prospective quasi-experimental studies have supported this prediction. Experimental studies using nonclinical samples with no history of panic attacks have indicated that anxiety sensitivity is predictive of fearful responding in the context of hyperventilation, caffeine, and carbon dioxide inhalation (Donnell & McNally, 1990; Harrington, Schmidt, & Telch, 1996; Rapee & Medoro, 1994; Schmidt & Telch, 1994; Telch, Silverman, & Schmidt, 1996). Prospective evaluation of nonclinical samples has determined that anxiety sensitivity is a risk factor for development of spontaneous panic attacks (Schmidt, Lerew, & Jackson, 1997) as well as anxiety disorders (Maller & Reiss, 1992). Taken together, laboratory and prospective studies provide converging evidence for anxiety sensitivity as a risk factor in the development of anxiety pathology.

Anxiety sensitivity was originally proposed as a unitary construct (Reiss & McNally, 1985). Empirical evaluation of this proposition using the most widely used measure of anxiety sensitivity, the Anxiety Sensitivity Index (ASI), has yielded inconsistent findings. Several early factor analytic studies provided support for the unitary nature of anxiety sensitivity (Reiss, Peterson, Gursky, & McNally, 1986; Taylor, Koch, & Crockett, 1991). Others found that the ASI is multifactorial (Telch, Shermis, & Lucas, 1989; Wardle, Ahmad, & Hayward,

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