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Anxiety sensitivity in six countries

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Abstract

In the present study, the Anxiety Sensitivity Index—Revised (ASI-R; Taylor & Cox, *Journal of Anxiety Disorders* 12 (1998) 463; *Behaviour Research and Therapy* 36 (1998) 37) was administered to a large sample of persons ($n = 2786$) from different cultures represented in six different countries: Canada, France, Mexico, The Netherlands, Spain, and the United States. We sought to (a) determine the factor structure and internal consistency of the ASI-R and (b) examine the correlations of the measure with psychiatric symptoms and personality dimensions in a single European non-English speaking country (The Netherlands). Partially consistent with the original hypothesis, the underlying structure of the anxiety sensitivity construct was generally similar across countries, tapping fear about the negative consequences of anxiety-related physical and social-cognitive sensations. Lower-order factors were moderately to strongly correlated with one another and showed good internal consistency. The observed lower-order ASI-R factors correlated with established psychiatric symptoms and with the personality trait of neuroticism. Partial correlations indicated that both factors are useful in accounting for variance in symptom measures. We discuss the results of this investigation in relation to the cross-cultural assessment of the anxiety sensitivity construct.

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A recent American Psychological Association (APA) conference on the psychology of diversity issues, broadly defined, called explicit attention to the absence of meaningful and systematic information on issues relevant to understanding psychopathology across and within diverse peoples (APA, 2001). Aside from diversity issues being historically unrecognized at a general level, there are at least three main reasons why behavioral scientists need to develop a more sophisticated understanding of diversity-related issues and their relevance to psychopathology.

First, a strict reliance on Eurocentric-based conceptualizations of psychopathology processes will neglect understanding the relative consistencies and inconsistencies of the nature of mental health issues between and within various cultural groups (Good & Kleinman, 1985). Thus, classification systems such as the *Diagnostic and statistical manual for mental disorders* (DSM-IV, APA, 1994) and the assessment and treatment procedures derived from them will at best be relevant to only certain types of psychopathology and at worst entirely miss many culturally specific mental health problems. Second, many cultural groups have been disproportionately exposed to various types of social persecution (e.g., McNeil, Porter, Zvolensky, Chaney, & Kee, 2000). Such negative life events can promote clinically significant psychological distress and human suffering within and across generations, potentially impeding adaptive behavioral functioning for subgroups of society (Clark, Anderson, Clark, & Williams, 1999). Finally, to address the global-based public health needs of mental health issues from multiple vantage points (i.e., consumers, practitioners, payers, policy makers) in a meaningful way, behavioral scientists will need to understand how social context, defined as the direct and interactive effects present at the intersections between the individual, society, and organizational levels of analysis, influences the development, maintenance, treatment, and prevention of psychopathology (National Advisory Mental Health Council Behavioral Science Workgroup, 2000).

Keeping within an empirical philosophical tradition (but see Trimble, 1990), it is possible to begin to address psychopathology-based diversity issues using an inductive approach, intensively studying specified groups of society without necessarily relying on existing information to guide theory and research. A main advantage of this approach is that it theoretically should reduce the inherent biases included in existing knowledge and technology (Tanaka-Matsumi, Seiden, & Lam, 1996). An alternative, but not necessarily competing, approach is to utilize deductive reasoning, drawing from existing knowledge and measurement technology to test competing theories about the structure and function of putative psychopathological processes (Arrindell, Cox, Van der Ende, & Kwee, 1995; Fiske, 1995). A main advantage of this approach is that it allows specific types of comparisons across identified groups and relative convergence/divergence with existing models of mental health functioning. In the present study, we rely on the latter conceptual-based approach in the context of better understanding the nature of anxiety sensitivity across six cultural groups.

Anxiety sensitivity represents a stimulus-outcome expectancy that reflects individual differences in the propensity to experience fear in response to one's arousal-related bodily sensations (Peterson & Reiss, 1992; Reiss & McNally, 1985). For example, if persons believe bodily sensations are a sign of imminent personal harm or threat, these "high anxiety sensitive" individuals

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