



Anxiety Disorders
20 (2006) 837–857

JOURNAL
OF
**Anxiety
Disorders**

Anxiety sensitivity and its dimensions across the anxiety disorders

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Received 3 February 2005; received in revised form 18 November 2005; accepted 6 January 2006

Abstract

Anxiety sensitivity (AS) refers to the fear of anxiety-related sensations, which is thought to arise from beliefs about their harmful consequences. AS is a multidimensional construct that consists of fears of somatic, social, and cognitive aspects of anxiety. In the present study, we examined the relationship between AS dimensions, assessed by factor-analytically derived subscales of the Anxiety Sensitivity Index—Revised (ASI-R), and anxiety-related psychopathology in a sample of 232 treatment-seeking patients with anxiety disorders. Correlational analyses and comparisons among anxiety disorder patient groups and undergraduate students revealed a specific pattern of relationships between ASI-R subscale scores and anxiety-related psychopathology. In contrast, ASI-R total scores evidenced less discriminant validity. Implications for theoretical models of anxiety and directions for future research are discussed.

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Keywords: Anxiety sensitivity; Anxiety disorders; Panic disorder; Factor analysis

Since its introduction, the construct of anxiety sensitivity (AS; Reiss & McNally, 1985) has received considerable attention in research on the nature and treatment of anxiety disorders (see Taylor, 1999, for a review). AS refers to the tendency to fear anxiety-related sensations and is thought to arise from beliefs

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about their harmful physical, cognitive, or social consequences. An individual with elevated AS might, for example, fear palpitations because of concerns about a heart attack or fear sweating in public based on concerns about negative social evaluation. According to AS theory (Reiss, 1991), individuals with elevated AS experience amplified fear in response to stimuli that elicit anxiety and find their own anxiety symptoms to be particularly aversive. Consistent with this view, AS appears to play an important role in the development and maintenance of anxiety-related disorders, particularly panic disorder (Cox, Borger, & Enns, 1999).

The Anxiety Sensitivity Index (ASI; Reiss, Peterson, Gursky, & McNally, 1986) is the most commonly used measure of AS. The ASI was constructed to assess what was originally believed to be a unitary construct (Reiss & McNally, 1985). However, factor analytic research on the ASI demonstrated that AS is both hierarchical and multidimensional, consisting of a higher order factor (i.e., global AS) and lower order dimensions pertaining to fears of physical, cognitive, and social anxiety symptoms (see Zinbarg, Mohlman, & Hong, 1999, for a review). Thus, individuals may be afraid of anxiety-related symptoms in general, specific aspects of the anxiety response (e.g., respiratory symptoms), or both. A multidimensional conceptualization of AS raises important questions about the nature of this construct and its role in anxiety-related psychopathology. For instance, to what extent do different levels of the AS hierarchy (i.e., global vs. dimensional) contribute to anxiety-related psychopathology? Can researchers and clinicians obtain more useful information from subscale scores than total scores on measures of AS?

Research on AS dimensions has helped elucidate the relationship between AS and various forms of anxiety-related psychopathology. The ASI fear of somatic sensations factor is most strongly associated with panic-related phenomena such as response to laboratory panic challenges and a diagnosis of panic disorder (Taylor, Koch, Woody, & McLean, 1996; Zinbarg, Barlow, & Brown, 1997; Zinbarg, Brown, Barlow, & Rapee, 2001). Alternatively, the ASI fear of cognitive dyscontrol factor is moderately associated with depression and appears to be a relatively nonspecific measure of general distress (Blais et al., 2001; Taylor et al., 1996; Zinbarg et al., 1997). The ASI social concerns factor is most strongly related to the fear of negative evaluation and a diagnosis of social phobia (McWilliams, Stewart, & MacPherson, 2000; Zinbarg & Barlow, 1996; Zinbarg et al., 1997). Taken together, these studies underscore the value of multidimensional assessment of AS and highlight the need for continued research on the extent to which established relationships between AS and anxiety-related variables are attributable to specific AS dimensions.

Most investigations into the factor structure of AS and the validity of its dimensions have used the ASI (Reiss et al., 1986). Despite this measure's popularity and well-established psychometric properties as a measure of general AS (see Peterson & Plehn, 1999, for a review), empirical research suggests that it is not well suited for the multidimensional assessment of AS. The ASI contains 16 items, most of which measure fears of somatic sensations, and is too abbreviated to assess the construct's somatic, cognitive, and social domains with sufficient

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