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Discomfort intolerance: Development of a construct and measure relevant to panic disorder

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Abstract

The construct of discomfort intolerance (proposed as an individual difference in the ability to tolerate uncomfortable sensations) is introduced and psychometric properties of a measure of this trait are provided. The Discomfort Intolerance Scale (DIS), a self-report measure of discomfort intolerance, was evaluated using a variety of samples (total *N* approximately 1700), including patients with panic disorder, clinical controls, and non-clinical community members. Factor analyses suggest the DIS contains two factors, including a factor indexing the ability to tolerate discomfort and pain (Factor 1: $\alpha = .91$), and a factor, which appears to measure avoidance of physical discomfort (Factor 2: $\alpha = .72$). Cross-time reliability shows good stability across 12 weeks (Factor 1 = .63, Factor 2 = .66). Convergent and discriminant validity coefficients indicated that the DIS performed as expected against established measures of psychopathology. The DIS appears to be a sound measure of a broad individual difference variable tapping the ability to tolerate a variety of uncomfortable sensations and may be relevant to the pathogenesis of anxiety disorders.

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Discomfort intolerance (DI) refers to an individual's capacity to withstand physical perturbations or uncomfortable bodily states, and has been found to be elevated among patients with anxiety disorders (Schmidt & Cook, 1999). Recent research suggests that the differential ability to tolerate discomfort may represent a risk factor in the development of panic disorder as well as other negative health outcomes, such as increased health care utilization, increased complaints of chronic health problems, and increased use of substances in the regulation of unpleasant arousal (Cox, Swinson, Shulman, Kuch, & Reichman, 1993; McWilliams & Asmundson, 2001; Schmidt & Telch, 1997). The current study presents validation and psychometric data for a brief measure of DI as well as a conceptual model integrating this construct into existing models of panicogenesis.

Interest in the construct of DI as it relates to anxiety arises primarily from evidence suggesting that patients suffering from anxiety conditions report not only fear in response to perceived threat, but also significant physical discomfort resulting from unpleasant somatic sensations such as heart palpitations, dizziness, and feelings of choking or suffocation (Barlow, Brown, & Craske, 1994; Ley, 1985; McNally, 1994; McNally & Eke, 1996; Schmidt, Forsyth, Santiago, & Trakowski, 2002; Schmidt, Telch, & Jaimez, 1996). Patients with panic disorder (PD), in particular, report significant discomfort in association with the autonomic alarm responses that characterize syndromal panic. While uncomfortable sensations may be a necessary consequence of anxiety, we speculate that there may be individual differences in the capacity to tolerate such sensations, similar to individual differences in pain tolerance (Marlowe, 1992). Furthermore, patients with certain anxiety disorders, such as PD, may generally show diminished capacity to tolerate discomfort, which in turn contributes to their anxiety.

More recent psychological models of PD postulate a variety of interrelated perceptual and cognitive processes related to the generation and maintenance of panic (Barlow, 2002; McNally, 2002; Pennebaker, 1982; Pennebaker, Gonder-Frederick, Cox, & Hoover, 1985). In the context of these models, it is possible to delineate a potential role of DI. In the case of PD, these models presume that threatening interpretation of arousal is critical to the onset and maintenance of the condition. For example, Clark (1986) suggests that panic results from a tendency to catastrophically interpret bodily perturbations. Similarly, anxiety sensitivity models suggest that fear of anxious arousal is a dispositional tendency that will lead to fear in the context of unpleasant, unfamiliar sensations (Maller & Reiss, 1992; Reiss & McNally, 1985). Questions remain, however, in regard to how and why certain individuals acquire fear of arousal (Lillienfeld, Turner, & Jacob, 1993, 1998; Taylor, Koch, & McNally, 1992). We contend that DI may contribute to the development of these fears (McLeod & Hoehn-Saric, 1993). Essentially, DI is expected to be related to fear of arousal to the extent that DI taps into the capacity to tolerate any unpleasant sensation arising from any source. A more detailed account of this relationship can be developed by briefly reviewing aspects of the pain and anxiety literature.

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